

Quality Assessment Process

The new process

The new Quality Assessment Process will take effect from late 2006 and in Thurrock, will replace the Quality Assessment Framework (QAF) that was utilised in carrying out the first service reviews.

The new standards were developed in response to findings from first service reviews and whilst incorporates criteria from the Core Objectives, for the first time also includes elements of the QAF's Supplementary Objectives. Additional criteria are also included based on the outcomes from service user experiences from the first round of service reviews. The objective was to ensure that the new Quality Assurance Standards would enable meaningful results to be obtained from scheme visits that would result in improved services and methods of delivery. The objective was to also to reduce bureaucracy for providers by streamlining the current process.

There will continue to be **no** desktop review of services – all services will be visited. The new Quality Assessment Process will place a greater emphasis on quality checks (formerly Validation Visits) that will be timetabled on an annual basis and will also involve the auditing of Performance Indicators. They will also include a much greater focus on service user involvement. This will not only utilise traditional methods of obtaining feedback but will also involve the introduction of a training programme which will enable service users to assist the Supporting People team in carrying out the required Quality checks. There will also be a complementary Contract Management Process, which will link in to the Quality Assessment Process.

The quality standards

The following standards are the minimum Quality Assurance Standards that providers will be expected to deliver as part of the new Quality Assessment Process. Providers' compliance with service standards will be investigated on timetabled quality checks and also in response to triggers e.g. poor performance, complaints or stakeholder feedback/concerns. Ad hoc visits may also be carried out.

There will be no "grading" of results as with first reviews. Schemes will either Pass or Fail the minimum standards. However where schemes do not immediately pass the minimum standards, then Action Plans will continue to be issued with expected date(s) for compliance. Should a scheme fail to meet the required standards within the stated timeframe, then the Contract Management Process will be invoked.

QAF Lite

Schemes previously assessed under the QAF Lite will now be assessed under the new Quality Assurance standards with the exception of Thurrock Council's Community Alarm Service. This will continue to be assessed under the specific relevant sections of the QAF Lite due to the specialist nature of the service provided.

Annual QAF self-assessment

As services will be visited at least annually, there will no longer be a requirement for providers to complete an annual QAF self-assessment

Appeals

The existing appeals process will remain

Reviews of process

The Quality Assessment Process will be reviewed on an annual basis, in response to legislative, DCLG requirements, or to identified improvements.

Quality Assurance Standards

Service Area	Service Standards	How evidenced
1. Needs and Risk Assessment	<p>There is a formalised approach to needs and risk assessment</p> <p>Needs and risk assessments are carried out on service users prior to or just after taking up the service and reviews are carried out at regular intervals</p> <p>Staff carrying out needs and risk assessments and reviews are competent to do so</p>	<ul style="list-style-type: none"> ❑ Needs and Risk Assessment policy/procedure ▲ ❑ Needs and Risk Assessments that link to support plans ❑ Regular reviews of assessments ❑ Staff training records ❑ Staff interviews ❑ Service user interviews
2. Support Planning	<p>There is a case management approach to support.</p> <p>All service users have individual support plans that address the needs and risks identified by the needs and risk assessment process and the outcomes that they want to secure from the service</p> <p>Support plans are outcome focussed</p>	<ul style="list-style-type: none"> ❑ Support Planning policy/procedure ▲ ❑ Support plans that link to needs and risk assessments and have achievable outcomes ❑ Regular reviews of support plans ❑ Staff interviews ❑ Service user interviews
3. Security, Health and Safety	<p>There is an up-to-date health and safety policy and staff understand and implement the policy.</p>	<ul style="list-style-type: none"> ❑ Health and Safety policy/procedure ▲ ❑ Lone Worker policy/procedure ▲ ❑ Health and safety inspection records ❑ Health and safety risk assessments of premises and service delivery mechanisms ❑ Lone worker risk assessments

Service Area	Service Standards	How evidenced
	<p>Health and safety inspections of premises and service delivery mechanisms are conducted at appropriate intervals</p> <p>Risk assessments of premises and service delivery mechanisms are conducted periodically, at least annually and/or after an incident, to identify health and safety and security risks to staff and service users</p> <p>Service users are aware of the health, safety and security policies and understand how to report concerns</p> <p>Action is taken in response to individual concerns raised by staff or service users</p>	<ul style="list-style-type: none"> ❑ Records of action taken and responses to individuals ❑ Staff training records ❑ Staff interviews ❑ Service user interviews ❑ Service user information e.g. handbook
<p>4. Protection from abuse</p>	<p>There are robust up-to-date procedures (including a whistle-blowing policy and recruitment checks) for avoiding and responding to actual or suspected abuse or neglect</p> <p>There are procedures to prevent staff from personal benefit when working with vulnerable people.</p> <p>The policies and procedures are fully understood by staff</p>	<ul style="list-style-type: none"> ❑ Protection from abuse policy and procedures dealing with the prevention of abuse ▲ ❑ Recruitment policy ▲ ❑ Whistleblowing policy ▲ ❑ Enhanced CRB checks in place ■ ❑ Records of incidents, evidence that appropriate action has been taken and responses made to individuals. ❑ Reviews of policies/procedures are made where such action is indicated after investigation of an incident ❑ Staff training records ❑ Staff interviews

Service Area	Service Standards	How evidenced
	<p>Staff are made aware of and understand their professional boundaries</p> <p>Service users are aware of the procedures for reporting abuse or neglect</p> <p>Prompt action is taken in response to individual complaints or concerns from staff or service users</p>	<ul style="list-style-type: none"> ❑ Service user interviews
<p>5. Fair access, diversity and inclusion</p>	<p>The eligibility criteria and application process are publicised and freely available.</p> <p>There are written policies covering equal opportunities (EOP), anti-discriminatory practice (ADP) and harassment. These policies are valid for the period of the contract</p> <p>Staff are familiar with the above policies</p> <p>Service users are aware of the policies and know how to report concerns</p>	<ul style="list-style-type: none"> ❑ Fair access policy ▲ ❑ Eligibility criteria and application process ❑ EOP, ADP and harassment policies ▲ ❑ Mystery shopping ❑ Stakeholder interviews ❑ Staff interviews ❑ Service user interviews

Service Area	Service Standards	How evidenced
6. Complaints	<p>There is a written complaints procedure that makes clear:</p> <ul style="list-style-type: none"> ○ whom to complain to in the first instance ○ what the organisation will do ○ how to escalate a complaint and appeal in the case of dissatisfaction with the outcome <p>All service users and carers are made aware of the complaints procedures and how to use them.</p> <p>Staff follow this procedure and action is taken in response to individual complaints</p>	<ul style="list-style-type: none"> ❑ Complaints policy/procedure ▲ ❑ Complaints log including responses to individuals ❑ Staff interviews ❑ Service user interviews
7.Complaints (Local Authority)	<p>The organisation providing support will undertake to widely display and inform service users of their right to complain to the local authority/Supporting People team. Literature will be provided to facilitate this. This literature must be made easily available to service users</p>	<ul style="list-style-type: none"> ❑ Visit to scheme ❑ Staff interviews ❑ Service user interviews
8. Workforce training and development	<p>There is an induction programme for new staff and volunteers</p> <p>Staff are unable to commence employment without a satisfactory Enhanced CRB check. This must be renewed every 3 yrs</p>	<ul style="list-style-type: none"> ❑ Workforce employment/training policy ▲ ❑ Staff training programme/training records ❑ Supervision/appraisal policy and records ❑ Enhanced CRB checks in place ■ ❑ Staff interviews

Service Area	Service Standards	How evidenced
	<p>Staff receive appropriate training. Staff are appropriately skilled, trained and qualified</p> <p>There is a robust supervision and appraisal policy/procedure</p>	
9. Access to other services	<p>Staff are knowledgeable about and can facilitate access to support and services provided by other organisations that may meet the needs of service users (e.g. education, employment)</p>	<ul style="list-style-type: none"> ❑ Staff interviews ❑ Service user interviews ❑ Stakeholder feedback ❑ Support plans
10. Consultation and empowerment	<p>Service users and carers are consulted on all significant proposals, which affect their lives or comfort, and their views taken into account.</p> <p>Users are offered a range of opportunities to give their views, make comments, offer ideas- both individually and in groups - about the services provided.</p> <p>Service users are encouraged to take part in active decision making about their home and the services they receive</p> <p>The organisation makes support available to facilitate engagement (practical help such as hearing loops etc., advocacy, training etc.)</p> <p>There are Confidentiality, Privacy and Freedom of Information policies in place</p>	<ul style="list-style-type: none"> ❑ Consultation and empowerment policy/approach ▲ ❑ Confidentiality, Privacy and Freedom of Information Policies ▲ ❑ Meeting/Forum minutes/publicity and other forms of evidence detailing service user involvement in service delivery decisions ❑ Staff interviews ❑ Service users/carers interviews

Service Area	Service Standards	How evidenced
11. The living environment (accommodation based services only)	Premises comply with applicable legal requirements Responsive maintenance is efficient and effective The living environment is non-institutional The premises in which the service is delivered promotes privacy and dignity	<ul style="list-style-type: none"> ❑ Visit to scheme ❑ Documentation that applicable legal requirements are met e.g. Fire Certificate, HMO regulations etc. ❑ DDA Audit in place ❑ Repairs log ❑ Staff interviews ❑ Service user interviews

- ▲ All policies must have been reviewed within the last five years and be valid for the period of the contract
- Enhanced CRB checks must be carried out by the employing organisation and be renewed every three years, in line with the Supporting People contract

**MONITORING AND REVIEW OF SUPPORTING
PEOPLE SERVICES**

**QUALITY ASSESSMENT PROCESS
SERVICE STANDARDS
ASSESSMENT FRAMEWORK**

September 2006

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- 11. THE LIVING ENVIRONMENT**

1. Needs and Risk Assessment

Assessments of needs and risks are carried out for all service users. Processes place users' views at the centre, are managed by skilled staff and involve carers and/or other professionals if service users wish

Performance Level FAIL

Standards				Evidence						Evidence		Comments
										Yes	No	
Supported housing	✓	Sheltered housing	✓	Floating support	✓	Very short term accom.	✓	HIAs	✓			
i	There is no formalised approach to needs and risk assessment and the need to develop one is accepted.											

Performance Level - PASS

<u>Service Standards</u>				<u>Evidence</u>						<u>Evidence</u>		<u>Comments</u>
										Yes	No	
Supported housing	✓	Sheltered housing	✓	Floating support	✓	Very short term accom.	✓	HIAs	✓			

i	<p>There is a formalised approach to needs and risk assessment</p> <p>Needs and risk assessments are carried out on service users prior to or just after taking up the service and reviews are carried out at regular intervals</p> <p>Staff carrying out needs and risk assessments and reviews are competent to do so</p>	<p>The needs and risk assessment process is written down and staff can describe the procedures that are followed.</p> <p>There is an assessment tool appropriate to the service user group. E.g</p> <ul style="list-style-type: none"> ▪ Advocacy and communication ▪ Budgeting and managing finances ▪ Claiming welfare benefits ▪ Safety and security of the home ▪ Move-on aspirations ▪ Setting up home and maintaining home ▪ Maintaining tenancy ▪ Personal safety and risk ▪ Mobility, aids and adaptations ▪ Medication ▪ Risks to staff and community ▪ Physical health and hygiene ▪ Emotional well being and mental health ▪ Substance misuse ▪ Family & social contacts ▪ Social and leisure interests ▪ Training and employment ▪ Cultural and faith needs ▪ Recent use of other support services ▪ Housing need and recent history ▪ Child care ▪ Parenting skills ▪ Practical home care ▪ Any other concerns raised by the prospective service user 			
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<u>Service Standards</u>				<u>Evidence</u>						<u>Evidence</u>		<u>Comments</u>
Supported housing		Sheltered housing		Floating support		Very short term accom.		HIAs		Yes	No	
	✓		✓		✓		✓		✓			
ii	Staff carrying out needs and risk assessments and reviews are competent to do so.			<p>Training records and/or personnel files show that relevant staff have been trained in needs and risk assessment and review.</p> <p>Staff are able to describe the assessment and review processes and the rationale behind the key elements.</p> <p>Personnel files show that staff undertaking assessments and reviews are experienced in working with those needs most commonly encountered amongst prospective service users.</p> <p>Records show that, when necessary, assessments and reviews are carried out by more than one member of staff in order to broaden the skills / knowledge base.</p>								

2. – Support Planning

Service users have up-to-date support plans in place. Processes place users' views at the centre, are managed by skilled staff and involve carers and/or other professionals.

Performance Level - **FAIL**

<u>Standards</u>				<u>Evidence</u>					<u>Evidence ?</u>		<u>Comments</u>
									Yes	No	
Supported housing	✓	Sheltered housing	✓	Floating support	✓	Very short term accom.	✓	HIAs	✓		
i	There is no formalised approach to support planning and the need to develop one is accepted.										

Performance Level - **PASS**

<u>Standards</u>				<u>Evidence</u>					<u>Evidence ?</u>		<u>Comments</u>
									Yes	No	
i	<p>There is a case management approach to support</p> <p>All service users have individual support plans that address the needs and risks identified by the needs and risk assessment process and the outcomes that they want to secure from the service</p> <p>Support plans are outcome focussed and are regularly reviewed</p>			<p>The plans exist and copies are placed on service users' case files.</p> <p>Clear links can be seen between assessments of service users' needs and their support plans and have achievable outcomes</p> <p>Support plans are reviewed on a regular basis</p>							

3. Security, Health and Safety

The security, health and safety of all individual service users and staff are protected.

The failure to achieve Performance Level Pass represents a serious potential risk to service users and/or staff. Where Performance Level Pass is not achieved providers must take immediate steps to bring performance up to this level.

Performance Level - **FAIL**

<u>Standards</u>		<u>Evidence</u>								<u>Evidence ?</u>		<u>Comments</u>
										Yes	No	
Supported housing	✓	Sheltered housing	✓	Floating support	✓	Very short term accom.	✓	HIAs	✓			
i	There is no up-to-date health and safety policy but the need for immediate action to achieve a pass is accepted.											

Performance Level - PASS																	
<u>Standards</u>				<u>Evidence</u>						<u>Evidence ?</u>		<u>Comments</u>					
Supported housing		✓	Sheltered housing		✓	Floating support		✓	Very short term accom.		✓	HIAs		✓	Yes	No	
i	There is an up-to-date health and safety policy.			<p>The policy is less than five years old and is in accordance with relevant legislation. It includes, where applicable:</p> <ul style="list-style-type: none"> ▪ Consumer Protection Act 1987, ▪ Management of Houses in Multiple Occupation Regulations 1990 and local HMO regulations, ▪ Gas Safety (Installation and Use) Regulations 1998, ▪ Furniture and Furnishings (Fire) (Safety) Regulations 1988 (as amended in 1993), ▪ Electrical Equipment (Safety) Regulations 1994, ▪ Plugs and Sockets etc. (Safety) Regulations 1994, ▪ Health and Safety at Work Act 1974, ▪ Construction Design & Management Regulations ▪ Disability Discrimination Act 1995 													
ii	Staff understand and implement the policy.			<p>Staff induction programmes cover the health and safety policy.</p> <p>Staff are able to describe the principal features of the policy and the impact on their work.</p>													

<u>Standards</u>				<u>Evidence</u>					<u>Evidence ?</u>		<u>Comments</u>
									Yes	No	
Supported housing	✓	Sheltered housing	✓	Floating support		Very short term accom.	✓	HIAs			
iii	Health and safety inspections of shared housing and common areas of other services are conducted at appropriate intervals			There are records of the inspections, participants, key findings and action taken. Inspection intervals are proportionate to the perceived risks and the vulnerabilities of the service users.							
iv	Risk assessments of premises and service delivery mechanisms are conducted periodically, at least annually, and/or after an incident, to identify health and safety and security risks to staff and service users.			There are records of the inspections, participants, key findings and action taken. Where staff work alone, the assessment specifically addresses the risks faced by lone workers.							
v	Action is taken in response to individual concerns raised by staff or service users.			Records of concerns raised, action taken and feedback provided.							
vii	Service users are aware of the health, safety and security policies and understand how to report concerns.			Service user handbooks, welcome packs or other information explain the procedures. Concerns are documented and illustrate that service users understand and participate in health, safety and security risk identification.							

4. Protection from abuse

The right of service users to be protected from abuse is safeguarded.

The failure to achieve the pass level represents a serious potential risk to service users and/or staff. Where a pass is not achieved providers must take immediate steps to bring performance up to this level.

This objective applies to all kinds of abuse, many of which are not physical in their nature, e.g. financial or material abuse or abuse through neglect or omission. Approaches to protection from abuse therefore must be appropriate to the particular type of service concerned and based on an assessment of the full range of risks faced.

Performance Level - **FAIL**

<u>Standards</u>		<u>Evidence</u>								<u>Evidence ?</u>		<u>Comments</u>
										Yes	No	
Supported housing	✓	Sheltered housing	✓	Floating support	✓	Very short term accom.	✓	HIAs	✓			
i	There are no up-to-date policies and procedures to ensure protection from abuse and the need for immediate action to achieve performance level PASS is accepted.											

Performance Level - PASS												
<u>Standards</u>				<u>Evidence</u>						<u>Evidence ?</u>		<u>Comments</u>
										Yes	No	
Supported housing	✓	Sheltered housing	✓	Floating support	✓	Very short term accom.	✓	HIAs	✓			
i	There are robust up-to-date procedures (including a whistle-blowing policy and recruitment checks) for avoiding and responding to actual or suspected abuse or neglect.			<p>The procedures are documented and address physical, sexual, psychological, financial or material and discriminatory abuse and acts of neglect or omission.</p> <p>The procedures are in accordance with the Public Interest Disclosure Act 1998 and, where appropriate, with the Department of Health guidance “No Secrets”.</p> <p>The procedures have been reviewed within the last five years.</p>								
iii	The policies and procedures are fully understood by staff.			<p>Staff induction and training programmes specifically address protection from abuse.</p> <p>Staff are able to describe the principal elements, the reasons behind them and their implications for their work.</p> <p>Staff know to whom they should report any actual or suspected abuse or neglect.</p>								
ii	Prompt action is taken in response to individual complaints or concerns from staff or service users.			A log records details of investigations and outcomes and shows that appropriate action is taken.								
iv	There are procedures to prevent staff from personal benefit when working with vulnerable people.			There is a documented risk assessment addressing potential for personal benefit through abuse e.g. in the provision of financial advice, power of attorney, handling service users’ money, managing improvement works etc. and procedures in place to minimise identified risks.								
v	Staff are made aware of and understand their professional boundaries.			<p>There is documentary evidence that induction, training, supervision etc. specifically addresses the nature and limits of relationships between staff and service users.</p> <p>Staff are able to describe the policies concerning relationships with service users.</p>								

<u>Standards</u>				<u>Evidence</u>				<u>Evidence ?</u>		<u>Comments</u>
								Yes	No	
Supported housing	✓	Sheltered housing	✓	Floating support	✓	Very short term accom.	✓	HIAs	✓	
vi	Service users are aware of the procedures for reporting abuse or neglect.			The existence of the procedure is publicised in appropriate ways e.g. in service user induction or welcome packs or handbooks, on notice boards etc. Service users understand what constitutes abuse and know to whom they should report any actual or suspected abuse or neglect.						

5.– Fair access, diversity and inclusion

There is a commitment to the values of diversity and inclusion and to practice of equal opportunity (including accessibility in its widest sense) and the needs of black and minority ethnic service users are appropriately met.

Performance Level - **FAIL**

<u>Standards</u>		<u>Evidence</u>								<u>Evidence ?</u>		<u>Comments</u>
										Yes	No	
Supported housing	✓	Sheltered housing	✓	Floating support	✓	Very short term accom.	✓	HIAs	✓			
i	There is no written statement of equal opportunity policy (EOP) or documented approach to diversity and inclusion and the need for further work is accepted.											

Performance Level - **PASS**

<u>Standards</u>		<u>Evidence</u>								<u>Evidence ?</u>		<u>Comments</u>
										Yes	No	
Supported housing	✓	Sheltered housing	✓	Floating support	✓	Very short term accom.	✓	HIAs	✓			
i	The eligibility criteria and application process are publicised and freely available.	The eligibility criteria, means of prioritising applications and the application process are written down and described in plain language. Copies are provided to all enquirers.										

Performance Level - PASS												
<u>Standards</u>				<u>Evidence</u>						<u>Evidence ?</u>		<u>Comments</u>
										Yes	No	
Supported housing	✓	Sheltered housing	✓	Floating support	✓	Very short term accom.	✓	HIAs	✓			
ii	There are written policies covering equal opportunity (EOP), anti-discriminatory practice (ADP) and harassment.			<p>The policies exist and cover discrimination on grounds of:</p> <ul style="list-style-type: none"> ▪ gender, ▪ age, ▪ religion, ▪ race, ▪ disability, ▪ nationality and sexuality. <p>The policies cover staff and service users and address access to services and employment.</p> <p>The equal opportunities policy is in accordance with the:</p> <ul style="list-style-type: none"> ▪ Race Relations Act 1976, ▪ Disability Discrimination Act 1995, ▪ Human Rights Act 1998, ▪ Sex Discrimination Act 1975 <p>and subsequent amendments to these.</p> <p>The policies are in accordance with the Commission for Race Equality Code Of Practice.</p>								
iii	Staff are familiar with the above policies.			Policies are covered in induction programmes. Staff are able to describe key features of the policies.								

Performance Level - PASS												
<u>Standards</u>				<u>Evidence</u>						<u>Evidence ?</u>		<u>Comments</u>
										Yes	No	
Supported housing	✓	Sheltered housing	✓	Floating support	✓	Very short term accom.	✓	HIAs	✓			
iv	All service users are aware of the policies and know how to report any concerns			The existence of the procedures is publicised in appropriate ways e.g. in service user induction or welcome packs or handbooks, on notice boards etc. Service users understand how to report any concerns								

6 – Complaints

Users, carers and other stakeholders are made aware of complaints procedures and how to use them.

Performance Level - **FAIL**

<u>Standards</u>		<u>Evidence</u>				<u>Evidence ?</u>		<u>Comments</u>			
						Yes	No				
Supported housing	✓	Sheltered housing	✓	Floating support	✓	Very short term accom.	✓	HIAs	✓		
i	There is no written complaints procedure and the need to develop one is accepted.										

Performance Level - **PASS**

<u>Standards</u>		<u>Evidence</u>				<u>Evidence ?</u>		<u>Comments</u>			
						Yes	No				
Supported housing	✓	Sheltered housing	✓	Floating support	✓	Very short term accom.	✓	HIAs	✓		
i	There is a written complaints procedure that makes clear: <ul style="list-style-type: none"> whom to complain to in the first instance; what the organisation will do; how to escalate a complaint and appeal in the case of dissatisfaction with the outcome. 		The procedure exists and has been reviewed within the last five years. In accommodation-based services where the landlord and support provider are not the same body, the procedure makes clear whom to complain to regarding the support service.								

Performance Level - PASS												
<u>Standards</u>				<u>Evidence</u>						<u>Evidence ?</u>		<u>Comments</u>
										Yes	No	
Supported housing	✓	Sheltered housing	✓	Floating support	✓	Very short term accom.	✓	HIAs	✓			
ii	All service users and carers are made aware of the complaints procedures and how to use them.			The existence of the procedure is publicised in appropriate ways e.g. in service user induction or welcome packs or handbooks, on notice boards etc.								
iii	Staff follow the procedure and action is taken in response to individual complaints			<p>Staff are able to describe the procedure.</p> <p>There is a log of complaints.</p> <p>A log records outcomes to complaints and shows that appropriate action is taken within reasonable response times.</p>								

7. – Complaints (Local Authority)

Users, carers and other stakeholders are made aware of the Local Authority complaints procedures and how to use them.

Performance Level - **FAIL**

<u>Standards</u>				<u>Evidence</u>						<u>Evidence ?</u>		<u>Comments</u>
										Yes	No	
Supported housing	✓	Sheltered housing	✓	Floating support	✓	Very short term accom.	✓	HIAs	✓			
i	The organisation providing support does not undertake to display and inform service users of their right to complain to the Local Authority/Supporting People team.											

Performance Level - **PASS**

<u>Standards</u>				<u>Evidence</u>						<u>Evidence ?</u>		<u>Comments</u>
										Yes	No	
Supported housing	✓	Sheltered housing	✓	Floating support	✓	Very short term accom.	✓	HIAs	✓			
i	The organisation providing support will undertake to widely display and inform service users of their right to complain to the Local Authority/Supporting People team. Literature will be provided to facilitate this. This literature must be made easily available to service users			<p>The existence of the procedure is publicised in appropriate ways e.g. in service user induction or welcome packs or handbooks, on notice boards etc.</p> <p>Staff are aware of and can describe the procedure</p> <p>Service users are aware of the existence of the policy</p>								

Performance Level - PASS												
<u>Standards</u>				<u>Evidence</u>						<u>Evidence ?</u>		<u>Comments</u>
										Yes	No	
Supported housing	✓	Sheltered housing	✓	Floating support	✓	Very short term accom.	✓	HIAs	✓			
ii	All service users and carers are made aware of the complaints procedure and how to use it.			The existence of the procedure is publicised in appropriate ways e.g. in service user induction or welcome packs or handbooks, on notice boards etc.								

8.– Workforce training and development

Service quality and improvement are achieved through sound support, management and development of all the people working to deliver support.

Performance Level - **FAIL**

<u>Standards</u>		<u>Evidence</u>						<u>Evidence ?</u>		<u>Comments</u>
								Yes	No	
Supported housing	✓	Sheltered housing	✓	Floating support	✓	Very short term accom.	✓	HIAs	✓	
i	Adequate procedures for the recruitment, management and development of staff are not yet in place and the need to develop them is accepted.									
<u>Standards</u>		<u>Evidence</u>						<u>Evidence ?</u>		<u>Comments</u>
								Yes	No	
Performance level - PASS										
Supported housing	✓	Sheltered housing	✓	Floating support	✓	Very short term accom.	✓	HIAs	✓	
i	There is an induction programme for new staff and volunteers	The programme is documented. Records (e.g. personnel files, attendance records etc.) show that all staff and volunteers receive induction shortly after joining the service.								
ii	Staff are unable to commence employment without a satisfactory Enhanced CRB check. This must be renewed every three years	Employment policies/procedures state that this takes place Records confirm that the organisation applies for CRB checks								

<u>Standards</u>				<u>Evidence</u>				<u>Evidence ?</u>		<u>Comments</u>
Performance level - PASS								Yes	No	
Supported housing	✓	Sheltered housing	✓	Floating support	✓	Very short term accom.	✓	HIAs	✓	
iii	Staff receive appropriate training. Staff are appropriately skilled, trained and qualified There is a robust supervision and appraisal policy/procedure in place	Training is provided to all relevant staff. HR records show that the training has been attended. Staff can explain the content of the training and the impact on their work. Supervision notes show that regular supervision takes place and feedback on performance given.								

9. – Access to other services

Service users are well informed so that they can communicate their needs and views and make informed choices.

Performance Level - FAIL												
<u>Standards</u>				<u>Evidence</u>						<u>Evidence ?</u>		<u>Comments</u>
										Yes	No	
Support ed housing	✓	Sheltered housing	✓	Floating support	✓	Very short term accom.	✓	HIAs	✓			
i	Information for service users is limited and the need for further work in this area is accepted.											
<u>Standards</u>				<u>Evidence</u>						<u>Evidence ?</u>		<u>Comments</u>
										Yes	No	
Support ed housing	✓	Sheltered housing	✓	Floating support	✓	Very short term accom.	✓	HIAs	✓			
i	Staff are knowledgeable about and can facilitate access to support and services provided by other organisations that may meet the needs of service users (e.g. education, employment)			<p>Up-to-date information is secured and maintained about support and services provided by other organisations that may be relevant to the needs of service users.</p> <p>Staff are able to explain what kinds of support, training and skills development are available to facilitate independent living among service users.</p> <p>Staff are able to describe how users can access a range of appropriate services and support both within their own organisation and from other relevant organisations.</p> <p>Service users confirm (where applicable) that provider has facilitated access to services and support from other providers</p>								

10. – Consultation and empowerment

Service users are consulted about the services provided and are offered opportunities to be involved in their running. There is a commitment to empowering service users and supporting their independence.

Performance Level - **FAIL**

<u>Standards</u>		<u>Evidence</u>								<u>Evidence ?</u>		<u>Comments</u>		
										Yes	No			
Supported housing	✓	Sheltered housing	✓	Floating support	✓	Very short term accom.	✓	HIAs	✓					
i	There is no structured consultation framework in place; the service description and/or support plans do not address empowerment and the need for further work is accepted.													

<u>Standards</u>				<u>Evidence</u>				<u>Evidence ?</u>		<u>Comments</u>
Performance level - PASS								Yes	No	
Supported housing	✓	Sheltered housing	✓	Floating support	✓	Very short term accom.	✓	HIAs	✓	
i	Service users and carers are consulted on all significant proposals, which affect their lives or comfort, and their views taken into account			Records show that formal or informal consultation has taken place and that proposals have been developed or amended in the light of feedback from service users.						
ii	<p>Users are offered a range of opportunities to give their views, make comments, offer ideas – both individually and in groups – about the services provided</p> <p>Service users are encouraged to take part in active decision making about their home and the services they receive</p>			<p>There is a documented approach to consultation, which makes clear what steps are taken to ensure that consultation occurs and is effective.</p> <p>Mechanisms for consultation are wide-ranging and aimed at securing the inclusion of all service users, to the extent and at the level they wish to be involved.</p> <p>Staff can point to several examples of how service users can and have influenced decisions about how a service is delivered, which go beyond consultation on already formulated proposals.</p>						
iii	The organisation makes support available to facilitate engagement (practical help such as hearing loops etc. advocacy, training etc.)			<p>There is evidence that the organisation is pro-active in facilitating engagement by utilising support mechanisms</p> <p>Service users confirm that they receive required support to enable them to engage in the decision making process</p>						
iv	There are Confidentiality, Privacy and Freedom of Information policies in place			Staff are aware of the organisation's policies and can describe how they impact on their work						

11. The living environment (Accommodation services only)

The living environment

- is suitable for its stated purpose, accessible, safe and well maintained
- is appropriate to the needs of residents
- meets the requirements for independence, privacy and dignity.

The failure to achieve a pass represents a serious potential risk to service users and/or staff. Where standard C(i) is not achieved providers must take immediate steps to bring performance up to this level.

Special note regarding applicability

This Objective only applies in services where accommodation and support are provided as a single linked package. If a service user may move home (within the locality) to a dwelling of his or her own choice and still receive the same service then the accommodation and support should not normally be considered as linked and so this Objective does not apply.

Performance Level - FAIL

<u>Standards</u>		<u>Evidence</u>								<u>Evidence ?</u>		<u>Comments</u>
										Yes	No	
Supported housing	✓	Sheltered housing	✓	Floating support		Very short term accom.	✓	HIAs	✓			
i	The premises do not comply with statutory requirements and the need for immediate action is accepted Or The premises are unsatisfactory in other ways and the need for urgent action is accepted.											

Performance Level - PASS												
<u>Standards</u>				<u>Evidence</u>						<u>Evidence ?</u>		<u>Comments</u>
										Yes	No	
Supported housing	✓	Sheltered housing	✓	Floating support		Very short term accom.	✓	HIAs	✓			
i	Premises comply with applicable legal requirements			<p>The provider holds certificates or other documentation to show that the premises meet the requirements of:</p> <ul style="list-style-type: none"> • local fire service • local environmental health department <p>Health and Safety Act and Buildings Acts and Regulations from 1.4.2004: Part 3 of the Disability Discrimination Act 1995</p>								
ii	Responsive maintenance is efficient and effective			<p>There is visual evidence of the building being maintained in a sound order.</p> <p>The provider has arrangements in place to ensure that maintenance needs can be responded to rapidly.</p> <p>Residents report that they are generally happy with the maintenance of the building.</p>								
iii	<p>The living environment is non-institutional</p> <p>The premises in which the service is delivered promotes privacy and dignity</p>			<p>Furnishings, fittings, adaptations and equipment are good quality and are as domestic, unobtrusive and ordinary as is compatible with fulfilling their purposes. Confirmed by visual inspection and residents.</p> <p>Private space other than bedrooms – e.g. separate meeting room, private use of a communal room - is available for interviews and meetings with staff, visitors and other residents,</p> <p>Toilets, bathrooms and residents' private spaces (e.g. bedrooms or flats) have locks.</p>								