



Cyngor Castell-nedd Port Talbot
Neath Port Talbot Council

NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

SOCIAL SERVICES, HEALTH AND HOUSING

**QUALITY ASSURANCE FRAMEWORK FOR THE PROVISION OF
LEARNING DISABILITY AND MENTAL HEALTH SUPPORTED LIVING
SERVICES IN THE NEATH PORT TALBOT UNITARY AUTHORITY AREA**

February 2020

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2. Introduction and Background

Neath Port Talbot Council (“the Council”) is committed to working closely with service users, their families, service providers, partners and others to ensure services are of good quality and meet assessed needs. In line with the principles of the Social Services and Wellbeing (Wales) Act 2014 (“the Act”), the focus is on independence, choice and control.

This Quality Assurance Framework (QAF) is one way by which the Council can better understand the quality of services being delivered. The QAF will cover both Learning Disability and Mental Health services, including those services for people who may be considered as having complex needs.

It has been agreed as part of this work that the Council will formally review this QAF by **April 2022** at the latest, **and sooner if necessary**.

Note

It should be noted that the Council is continually looking to improve the way it reviews services, and may adjust this Framework in consultation with service providers and others.

3. Objectives and Key Principles

The objectives of the QAF are to:

- Benchmark services so that commissioners, service providers and others may better understand how well support is delivered relative to the outcomes agreed for service users
- Encourage continuous improvement and best practice in supported living services
- Help identify changes that would make it easier for providers to enable service users to achieve their personal outcomes

- Encourage more collaborative working with providers, service users, their family and others so a multi-faceted view of 'quality' may be obtained
- To have a clear sense of what quality means in practical terms in operational services

All current domains, sub-domains and measures can be found in Schedule 1 of this document.

4 Structure of the Quality Assurance Framework

The Framework consists of **five** overarching **Quality Domains**:

- A. Relationship, Engagement and Quality of Life;
- B. Health and Wellbeing;
- C. Leadership, Management and Staff;
- D. Care and Support Planning and Governance;
- E. The Environment, Health and Safety, and Safeguarding;

These are the high level themes which will be considered as part of the Council's monitoring work and will be used as a way of organising the **Sub-Domains**, or areas that may be considered during visits. These Sub-Domains are organised in the following way –

4.1 Relationship, Engagement and Quality of Life

- a) New Service Users and their close relatives are assisted with transition and resettlement
- b) Delivering support to meet the needs and wishes of Service Users
- c) The Provider helps ensure that Service Users have a rich and varied range of activities/interests and engage appropriately with friends, family members and the community at large
- d) There is a real sense of community in the scheme
- e) There is evidence that Service Users have a meaningful voice, choice and control over how the support service is delivered
- f) At all times personal identity is appropriately promoted and maintained in the scheme
- g) Dignity and respect is maintained at all times
- h) There is clear evidence that the views of Service Users, family members and others shape future provision and drive service improvement. A wide range of sources are used to strengthen the quality of the service

4.2 Health and Wellbeing

- a) A healthy lifestyle is always promoted within the scheme

- b) Service Users have access to a full range of healthcare services and the staff team appropriately engages with social care and health professionals when appropriate
- c) Good nutrition and hydration is maintained and service users share a positive dining experience. Service Users are appropriately supported according to best practice
- d) Medication is managed according to best practice
- e) When appropriate there is evidence to demonstrate that good moving and handling techniques are being practiced
- f) Service Users are supported and encouraged to have appropriate rest and sleep
- g) How well the service supports Service Users to meet the National Wellbeing Statement is understood by the Provider

4.3 Leadership, Management and Staff

- a) Good leadership and management is present which filters down to operational level
- b) There is a culture among management and staff that promotes service quality and continuous improvement
- c) There is an effective rota management process that allocates resources to maximise opportunities for everyone supported
- d) Staff induction and training meets the requirement of the contract and is specific to the needs of each person supported
- e) Supervision and appraisals
- f) Recruitment and selection meets the requirement of the contract and is specific to the needs of each person supported
- h) Staff feel well supported by management and terms of employment for staff are considered good by the sector

4.4 Care and Support Planning and Governance

- a) Care planning documentation is presented in line with best practice
- b) Support hours are well managed and the hours apportioned to each service user are clear
- c) **The provider structures a process that works well to maximise independence and includes other fundamentals under the Wellbeing Act such as maintaining appropriate choice and control**
- d) Behaviour Observation Charts or similar are used to good effect to manage behaviours

4.5 The Environment, Health and Safety and Safeguarding

- a) The property is maintained to a good standard
- b) The provider complies with the requirements of Health and Safety standards
- c) Service Users are supported to comply with the terms of their tenancy
- d) The Provider has policies and procedures for safeguarding Service Users in line with best practice

4.6 Cross Cutting Themes

Progression and Recovery Models

- The service delivered is strengthened to support Service Users in making positive life choices
- When appropriate, the progression or recovery model adopted works well and there is clear evidence of increasing independence towards more independent living

Complex Disability

- The service delivered is strengthened to support those Service Users who may be considered to have complex needs
- The Provider has systems and processes in place that monitors and reduces restrictive practice and there is clear evidence that this practice is working

Under these Sub-Domains are **Quality Measures** which are indicators against which the Council will measure service quality and performance. The Council's Contract Monitoring Officer will undertake an assessment using the criteria to judge whether each relevant Quality Measure has been fully, partially or not met by the provider.

The conclusion against each Quality Measure will form a report shared with the provider.

5. Monitoring Services

The Council's Social Services, Health and Housing Directorate is committed to working with Providers so we can offer the very best support for people with assessed social care needs in Neath Port Talbot. The Council has robust processes in place that help ensure providers are supported to continually improve the way they deliver care and support. These processes are multi-faceted and include a number of ways in which 'quality' can be benchmarked. This QAF will be used by the Council's Contract Monitoring Officers to gauge how well the provider delivers support commissioned by the Council.

It should be recognised that the QAF is only one of a number of ways in which the Council defines quality in services. Other ways include but may not be limited to –

- i) Care Inspectorate Wales (CIW) inspection reports (also compliance/enforcement notices and any other relevant information)
- ii) Safeguarding information
- iii) Information received from Social Services Care Managers
- iv) Complaints or other information received
- v) Information received from Swansea Bay University Health Board (SBUHB) nurse assessor teams (including outcomes from nurse assessor patient reviews), district nursing teams and end of life pathways coordinators
- vi) Information received from public health/environmental health departments
- vii) Information received via the Pan Wales Commissioning Network
- viii) Information on hospital conveyances received via SBUHB

These sources will help give an overall view on how well the provider is delivering supported living services in Neath Port Talbot.

Glossary of terms

COSHH – Control of Substances Hazardous to Health (and related Regulations)

National Wellbeing Statement - The statement describes the national well-being outcomes for people who need care and support and carers who need support. The statement builds on the definition of well-being in the Social Services and Well-being (Wales) Act 2014

POVA – Protection of Vulnerable Adults (and related Safeguarding Regulations)

Provider – An organisation commissioned to provide the service

Quality Domains – The main areas against which service quality will be measured

Quality Measures – Tools to help us measure the quality of service

SBUHB – Swansea Bay University Health Board – The organisation responsible for the provision of health care in the Neath Port Talbot and Swansea areas.

Scheme – The location where the service is delivered

Service – The care and support delivered by the Service Provider

Service Provider - (see Provider)

Service User – People who use or are affected by services

SMART – Specific Measurable Achievable Relevant Time-bound

Sub-Domains – A sub-division of a Quality Domain

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SCHEDULE 1 – THE NEATH PORT TALBOT COUNCIL LEARNING DISABILITY AND MENTAL HEALTH QUALITY ASSURANCE FRAMEWORK

QUALITY DOMAINS, SUB-DOMAINS AND MEASURES

The table below highlights the overarching quality domains for the Quality Assurance Framework (QAF) and the indicators linked to those domains. Each indicator below will have measures that will be used to help the provider achieve each indicator.

Neath Port Talbot County Borough Council, Supported Living Services

	A	B	C	D	E
Overarching themes:	Relationships, Engagement and Quality of Life	Health and Wellbeing	Leadership, Management and Staff	Care and Support Planning and Governance	The Environment, Health and Safety and Safeguarding
1	New Service Users and their close relatives are assisted with transition and resettlement	A healthy lifestyle is always promoted in the scheme	Good leadership and management is present which filters down to operational level	Care planning documentation is presented in line with best practice	The property is clean and maintained to a good standard
2	Delivering Support to meet the needs and wishes of Service Users	Service Users have access to the full range of healthcare services and the staff team appropriately engages with social care and health professionals	There is a culture among the management and staff that promotes quality and continuous improvement	Support hours are well managed and the hours apportioned to each Service User are clear	The Provider complies with the requirements of H&S standards

		when appropriate			
3	The Provider helps ensure that Service Users have a rich and varied range of activities/interests and engage appropriately with friends, family members and the community at large	Good nutrition, hydration is maintained and service users share a positive dining experience. Service Users are appropriately supported according to best practice	There is an effective rota management process that allocates resources to maximise opportunities for everyone supported	The Provider structures a process that works well, in terms of care planning, to maximise independence	Service Users are supported to comply with the terms of their tenancy
4	There is a real sense of community in the scheme	Medication is managed according to best practice	Staff induction and training meets the requirement of the contract and is specific to the needs of each person supported	Behaviour Observation Charts or similar are used to good effect	The Provider has a policy and procedures for safeguarding Service Users in line with best practice
5	There is evidence that Service Users have a meaningful voice, choice and control over how the support service is delivered	When appropriate, there is evidence to demonstrate that good moving and handling	Supervision and appraisals		

		techniques are being practiced			
6	At all times, personal identity is appropriately promoted and maintained in the scheme	Service Users are supported and encouraged to have appropriate rest and sleep	Recruitment and selection meets the requirement of the contract and is specific to the needs of each person supported		
7	Dignity and respect is maintained at all times	How well the service supports Service Users to meet the National Wellbeing Statement is understood by the Provider	Staff feel well supported by management and terms of employment for staff are considered good by the sector		
8	There is clear evidence that the views of Service Users, family members and others shape future provision and drive service improvement. A wide range of sources are used to strengthen the quality of the service.				

Specialist					
Progression and Recovery Module	The service delivered is strengthened to support Service Users to make positive life choices			When required, the progression or recovery model adopted works well and there is clear evidence of increasing independence towards more independent living	
Complex Disability				The service delivered is strengthened to support those Service Users who may be considered to have complex needs	The Provider has systems and processes in place that monitors and reduces restrictive practice and there is clear evidence this is working.

SUPPORTED LIVING MONITORING TOOL – APRIL 2019

Measure Number	Measure	Fully Met		Partially Met	Not Met	Comments/Suggested Improvements
	Domain A – Relationships, Engagement and Quality of Life					
1	New Service Users and their close relatives are assisted with transition and resettlement					
a	The Provider has transition plans in place, evidencing engagement with Service Users and families.					
b	There is evidence of inclusion with tenancy and household related tasks.					
2	Delivering support to the needs and wishes of Service Users					
a	The Provider supports Service Users with Independence, supporting with daily living tasks, tenancy and achieving long and short term personal goals.					
b	Where appropriate, the Provider fosters a culture of ‘doing with’ as opposed to ‘doing for’					
c	The Provider is delivering support in a timely and proactive way.					
d	The Provider uses equipment/aids/ including specialist equipment when appropriate to do so.					

e	The Provider supports Service Users to manage money in accordance with best practice.					
3	The Provider helps ensure that Service Users have a rich and varied range of activities/interests and engage appropriately with friends, family members and the community at large.					
a	There is evidence to demonstrate that the Provider is appropriately supporting Service Users to engage with their network of friends, family members, staff and the community at large.					
b	When appropriate to do so, there is evidence that the Provider has encouraged Service Users, when appropriate, to seek voluntary or paid employment work					
c	There is evidence to demonstrate that the Provider supports Service Users to engage with the community.					
4	There is a real sense of community in the Scheme					
a	The Provider is ensuring that each Service User feels they belong in the Scheme					
5	There is evidence that Service Users have a meaningful voice, choice and control over how the support service is delivered					
a	Service Users are fully involved and informed about the choices that affect them both in and out of the home.					

b	If appropriate, the Provider has explained to the Service User or their family members the right to independent advocacy.					
c	There's evidence in each scheme that supports the view that the provider is clear on whether advocacy support would be required for each individual, and if so, what form would that take, and by whom. This should, as an example, take the form of an assessment.					
d	This is clearly written in the care planning documentation, including when, broadly, advocacy should be sought					
e	At times when it was reasonably required, there is evidence to demonstrate that advocacy has been used by the individual					
6	At all times, personal identity is appropriately promoted and maintained in the scheme					
a	The Provider ensures that Service Users are treated as unique Service Users which takes into account their values and cultures.					

b	Staff have good knowledge of Service Users; including likes and dislikes and personal interests.					
7	Dignity and Respect is maintained at all times					
a	Management and staff maintain professional boundaries with Service Users and are engaging with Service Users, friends, family members and others in the Scheme in a way that would be considered appropriate.					
b	At all times care and support is delivered in a way that is considered dignified and respectful					
c	Staff are observed engaging with Service Users in a respectful and dignified manner.					
8	There is clear evidence that the views of service users, family members and others shape future provision and drive service improvement. A wide range of sources are used to strengthen the quality of the service.					
	There is evidence to demonstrate that the Provider is <u>systematically</u> engaging with service users, their representatives, commissioners, staff					

	and others to shape service improvement.					
	There is evidence that service improvement has been made following feedback.					
Domain B – Health and Wellbeing						
1		A healthy lifestyle is always promoted in the scheme				
a	Service Users are supported with personal care if required and personal care is positively promoted within the Scheme.					
b	The Provider is adequately supporting or encouraging Service Users with cleanliness of personal living areas.					
c	The Provider supports Service Users to make healthy lifestyle choices.					
d	There is evidence to suggest that the Provider consults with relevant professionals with special dietary requirements when required (e.g. SALT team) in accordance with needs					
2		Service Users have access to the full range of healthcare services and the staff team appropriately engages with social care and health professionals when appropriate				

a	There is evidence in care planning documentation and elsewhere that the Provider is appropriately supporting or acting on behalf of Service Users so they are maintaining full access to the range of healthcare services including the GP and Dentist open to them.					
b	There is evidence to demonstrate that Staff are always proactive in seeking help when required, and there are clear procedures in place on what to do should the need arise.					
c	There is a hospital passport in place for Service Users to be able to supply any necessary information quickly to hospital staff.					
d	There is evidence to demonstrate that the Provider notifies the Council, Health or others should the needs of the Service User change.					
3		Good nutrition, hydration is maintained and service users share a positive dining experience in the Scheme. Service Users are appropriately supported according to best practice.				
a	The Provider appropriately supports Service Users to purchase food and drink in accordance with their preferences.					

b	Service Users are supported to prepare and serve their own meals, drinks and snacks or if appropriate, meals drinks and snacks are afforded to them as required so as to maintain their good nutrition and hydration.					
c	There is evidence that special dietary needs are appropriately supported in the Scheme and feature in care planning documentation.					
d	There is a sense of community when people get together around mealtimes and, where possible, tasks are shared.					
4	Medication is managed according to best practice					
a	Service Users are supported to take medication in accordance with best practice.					
b	Records such as MAR Charts are correctly completed and should there be errors, these are appropriately identified, followed up or reported as appropriate.					

c	Staff who support Service Users with medication are fully trained and the training is updated according to the contract.					
d	Medication is appropriately stored					
E	When appropriate, there is evidence to demonstrate that good moving and handling practices are being practiced.					
f	Service Users are supported and encouraged to have appropriate rest and sleep					
5		When appropriate there is evidence to demonstrate that good moving and handling practices are being practiced.				
a	When moving and handling is observed, the practice is undertaken in accordance with best practice					
b	When appropriate, moving and handling features in care planning documentation in a way consistent with best practice (e.g. detailed risk assessments in place).					

c	Staff are trained in a way consistent with contract, and should it be required this training in renewed at least every three years.					
6	Service Users are supported and encouraged to have appropriate rest and sleep					
a	There is evidence that the Provider encourages service users to have appropriate amounts of rest and sleep.					
b	Staff continue to encourage service users to do so in instances when appropriate rest and sleep doesn't happen.					
7	How well the service supports Service Users to meet the National Wellbeing Statement is understood by the provider					
	In the context of each Service User, staff, including managers and seniors understand the importance of leading a healthy, independent lifestyle and					

	their role in how they can achieve this.					
	Domain C – Leadership, Management and staff					
1	Good leadership and management is present which filters down to operational staff.					
a	Upper and middle management show appropriate support to operational (scheme) managers - this could be in the form of monthly team meetings, including appropriate agenda's and content and 1 to 1 sessions.					
b	Middle managers visit services regularly and offer appropriate 'hands on' guidance and support to scheme managers.					
2	There is a culture among the management and staff that promotes quality and continuous improvement					
	Systems and process from the top down focus on quality and continual improvement.					
	Regular quality reviews are in place for each Scheme which link to best practice.					

3		There is an effective rota management process that allocates resources to maximise opportunities for everyone supported.				
a	Sample rotas show that the Scheme is appropriately staffed.					
b	Efforts are made to keep use of agency staff to a minimum and agency staff used have appropriate training.					
c	There is evidence that staff are changed as little as possible					
d	Staff sickness is appropriately managed.					
4		Staff Induction and Training meets the requirement of the contract and is specific to the needs of each person supported				
a	New staff members complete an induction program within first three months of employment consistent with Regulations.					
b	The Provider has a systematic way of recording the training staff have					

	received and to forward plan training in accordance with the requirements of the service specification and to meet Service User need.					
c	Staff are being trained according to contract requirements and are being highlighted for refresher training as appropriate.					
d	There is evidence of face to face training in addition to online for Mandatory training including Safeguarding.					
e	The Provider shows evidence of supporting staff to achieve NVQ/QCF					
f	There is appropriate handover between shifts that is sufficiently robust to safeguard Service Users and Staff					
g	Staff and management have staff meetings at least once a month, and these are recorded/minuted.					
5		Supervision and Appraisals				

a	There is evidence that all staff have received a 1 to 1 supervision at least once every 3 months.					
b	There is documentary evidence on Service User staff files that the management team have monitored and assessed a member of staff's competency, knowledge and performance.					
c	There is written evidence that all staff have received an appraisal in the last 12 months, and appraisals identify the training required by staff for the coming 12 month period.					
6		Recruitment and Selection meets the requirement of the contract and is specific to the needs of each person supported				
a	There is clear governance from the top down on staff recruitment and there is evidence that good decisions have been made at interview or thereafter.					
b	Staff files contain information according to regulations.					
c	Recruitment of staff who do not satisfy policy standards are clearly risk					

	assessed and have transparent approval.					
d	Records demonstrate that the provider asks staff to self-declare convictions on a yearly basis and any appropriate disclosures are risk assessed and actions implemented appropriately.					
7	There is a culture among the management and staff that promotes quality and continuous improvement.					
a	There is a clear process in place which is being followed around how the provider benchmarks itself against standards.					
b	There is ample evidence that identified changes are followed through as service changes					
8	Staff feel well supported by management and terms of employment for staff are considered good by the sector					
a	From what is known about staff employment conditions, the package of support by management is considered good.					

b	Regular staff meetings and supported by appropriate 1 to 1 sessions.					
c	Staff feedback on the Provider is positive					
Domain D – Care and Support Planning and Governance						
1		Care planning documentation are presented in line with best practice				
a	There is an up to date Care Managers Care Plan present for each Service User.					
b	Care and Support documentation is correctly presented, structured and have been reviewed according to regulations.					
c	There are appropriate risk assessments in place and they are considered robust, detailed, completed according to best practice and regularly reviewed.					
d	Daily records are regularly completed and issues taken forward as part of the					

	review process. Incidents are identified and progressed.					
e	Care planning documentation is regularly audited and updated if/when the needs of the Service Users change.					
f	Records relating to consulting with professionals are clear, detailed and contain clear evidence of any decisions and/or actions made.					
2		Support hours are well managed and the hours apportioned to each Service User are clear				
a	The Provider has a clear view of the hours apportioned to each Service User, including shared hours.					
b	The Provider has records that are clear and able to identify delivery of hours and these are fed back to commissioners, as appropriate.					
c	The provider can demonstrate that commissioned hours have been delivered.					

3		The provider structures a process that works well to maximise independence and includes other fundamentals under the Wellbeing Act such as maintaining appropriate choice and control				
a	Care planning documents include person-centred goals and planning relevant to the Service User					
b	<p>There is sufficient evidence in the Service User's daily activities/routines that supports the view that the provider delivers support that fosters :</p> <ul style="list-style-type: none"> • Optimal independence; • Greater choice; • Appropriate control; • Other rights embedded in the Act; <p>In accordance with the founding principles of the Act.</p>					
c						
4		Behaviour Observation Charts or similar are used to good effect to manage behaviours.				

	Domain E – Health and Safety, the Environment and Safeguarding					
1		The property is clean and maintained to a good standard				
a	The scheme is maintained to a clean standard.					
b	There is a schedule in place for cleaning the building, including communal areas and evidence that this is being followed.					
c	The Scheme internally and externally appears to be in a good state of repair.					
d	The scheme maintains the garden and outside areas to a sufficiently high standard.					
e	The property has/is: <ul style="list-style-type: none"> • Adequately lit; • Appropriately heated and ventilated; • Rooms are appropriate to the needs of Service Users; 					

	<ul style="list-style-type: none"> • Adequate security in place; • Suitably furnished and equipped; • Window restrictors and hot water temperature restrictors are in place 					
2	The provider complies with the requirements of H&S standards					
a	Staff are aware of their responsibility in maintaining a 'safe environment'.					
b	The Provider has a robust approach to the reporting, recording, investigating and planning to manage risk in order to reduce the reoccurrence of known risks.					
c	The Provider follows statutory guidance to ensure that all equipment and aids required for the safe delivery of support for service users is available and in good working order.					
d	There are no visible risks such as trailing leads or other hazards such as, for example, trip hazards visible in the scheme.					
e	There is an up to date risk assessment in place in the event of a fire, fire evacuation plans are in place and have					

	been tested and fire equipment such as fire extinguishers, fire doors etc. are serviced according to regulations.					
f	Contingency plans are in place in the event of for example, a fire, flood, or adverse weather.					
g	Health and Safety records including for example records around COSHH, environmental risk assessments and others are updated and in place.					
3	Service Users are supported to comply with the terms of their tenancy					
a	A signed copy of the tenancy agreement is on file and is considered appropriate for the individual.					
b	There is evidence that rent and / or service charges are paid (either directly by tenant or via Housing Benefit)					
c	Only when appropriate, there is evidence of independent living skills					

	being developed e.g. cooking, cleaning, washing					
d	There is evidence of liaising with Housing Officer / landlord in respect of anti-social behaviour / other breach of tenancy and there is evidence that the tenant is supported to report repairs.					
e	There is evidence that the monetary contributions tenants make to the running of the scheme, for example, for new furniture, maintenance etc. is well managed and periodically audited/reconciled to spend.					
4	The Provider implements a policy for Safeguarding individuals in line with best practice					
a	There is a POVA Log in place and being used.					
b	There is evidence that Staff are aware of their duties in reporting any concerns around safeguarding individuals					

c	There is evidence that staff are reporting instances of concerns around Safeguarding and forwarding Regulation 28 or 60 Notices, as required					
d	Incident and daily records bear out that all incidents that should have been reported under Safeguarding or under Regulation 28/60 are appropriately reported.					
e	There is a whistle-blowing policy in place which is kept updated in line with best practice.					
f	There is evidence that the whistleblowing policy forms a part of induction and staff are regularly reminded of the policy					
g	There is a clear process in place should a staff member wish to whistle-blow that would support the individual in the way that would be appropriate					
h	If it has been used, has the whistleblowing process worked well and if not, have lessons been learned					
i	It is believed that the schemes culture is healthy enough so as to not form a barrier to whistleblowing					

	Specialist					
Complex Disability	Positive Behaviour Support Plans are included, kept up to date and identify likely complex behaviours (triggers) and includes guidance on how to support complex behaviours.					
Progression	If appropriate, there is a care planning document which plans out the Service User's path to independence, including interim goals and timescales, and structured in SMART format.					