

REPORT TO: SCRUTINY COMMITTEE

REPORT ON: INSPECTION OF HOUSING SUPPORT TEAM (INCLUDING DOUGLAS NEIGHBOURHOOD PROJECT) BY THE CARE COMMISSION

REPORT BY: DIRECTOR OF HOUSING

REPORT NO: 390-2009

1. PURPOSE OF REPORT

1.1. The purpose of this report is to report on the findings of the Care Commission on the Housing Support Team (including the Douglas Neighbourhood Project).

2. RECOMMENDATIONS

2.1. It is recommended that the Scrutiny Committee:

- i. Notes the contents of this report: and
- ii. Instructs the Director of Housing to monitor progress towards meeting the areas for improvement contained in this report.

3. FINANCIAL IMPLICATIONS

3.1. None.

4. MAIN TEXT

4.1. The Housing Support Team (including the Douglas Neighbourhood Project) was inspected in May 2009 by the Care Commission. They published a report on their findings on 7 July 2009. This is attached as Appendix 1.

4.2. The Care Commission identified the following key strengths of the service:

- Consultation with service users and carers
- Dealing with complaints
- Supporting service users to make choices and realise potential
- Adult protection and restraint policy
- Ethos of respect for staff and service users
- Access to staff training
- Support and Supervision of staff

4.3. Evaluations

4.3.1. The following was identified as a requirement for improvement:

- The provider must ensure that it individually considers restraint and limits to freedom for all service users.

4.3.2. The following were identified as recommendations for improvement:

- The service should ensure that it regularly asks service users and carers views on the quality of the service and ideas for improvement as part of the review of their housing support plan.
- The service should ensure that service users' housing support plans include service users' abilities, their preferences about how support will be carried out and how agreed goals will support service users to achieve their potential.
- The service should ensure that service users' risk assessment include how service users chose to manage identified risks and what the service said it would do to prevent or reduce the risk of harm for service users.
- The service is recommended to provide staff with training on adult protection.
- The service should ensure that staff supervision sessions and direct observation of staff practice evidences and evaluates staff use of expected support practices and social services values.

4.4. Grading

4.4.1. Care Commission reports use a six-point scale for reporting performance:

6	Excellent
5	Very Good
4	Good
3	Adequate
2	Weak
1	Unsatisfactory

4.4.2. The following gradings were awarded:

Theme	Overall Grading
Quality of Care and Support	4 – Good
Quality of Staffing	4 – Good
Quality of Management and Leadership	5 – Very Good

4.5. An Action Plan to meet the requirement and recommendations in the Care Commission's report has been agreed and submitted. The items on the action plan will form part of the Section Action Plan for the service for 2009/2010. The Action Plan is attached as Appendix 2.

5. POLICY IMPLICATIONS

5.1. This report has been screened for any implications in respect of Sustainability, Strategic Environment Assessment, Anti-Poverty and Equality Impact Assessment and Risk Management.

5.2. There are no major issues.


6. **CONSULTATION**

- 6.1. This report has been subject to consultation with the Chief Executive, Depute Chief Executive (Support Services), Depute Chief Executive (Finance) and Head of Finance.

7. **BACKGROUND PAPERS**

- 7.1. The following Background Papers were relied upon in preparation of this Report:
- Inspection Report, Dundee City Council - Housing Support Team (including the Douglas Neighbourhood Project), Scottish Commission for the Regulation of Care, Dundee, 2009.

ELAINE ZWIRLEIN
DIRECTOR OF HOUSING

 scottish commission for
the regulation of care



Inspection report

Dundee City Council - Housing Support Team (including the Dundee
Housing Support Service

West District Housing Office
3 Sinclair Street
Lochee
Dundee DD2 2DA

Inspected by: Patrick Sweeney
(Care Commission Officer)

Type of inspection: Announced

Inspection completed on: 26 May 2009

Improving care in Scotland

Service Number

CS2004079333

Service name

Dundee City Council - Housing Support Team
(including the Douglas Neighbourhood Project)

Service address

West District Housing Office
3 Sinclair Street
Lochee
Dundee DD2 2DA

Provider Number

SP2003004034

Provider Name

Dundee City Council

Inspected By

Patrick Sweeney
Care Commission Officer

Inspection Type

Announced

Inspection Completed

26 May 2009

Period since last inspection

23 months - 22 June 2007

Local Office Address

Central East Region
Compass House
11 Riverside Drive
Dundee
DD1 4NY

Introduction

Dundee City Council - Housing Support Team (including the Douglas Neighbourhood Project) is registered by the Care Commission since 12 November 2004 to provide a housing support service to tenants of Dundee City Council.

A housing support service provides support, assistance, advice or counselling to people with a particular need to enable them to occupy their accommodation.

The service is available to people whose tenancies are at risk of breaking down. Referrals to the service come from other sections of the Dundee City Council's Housing Department, the Social Work Department and health services. Tenants can also make self referrals to the service.

The service provides an assessment of needs and offers a package of support including;

- " setting up home
- " benefits advice
- " access to furniture
- " budgeting
- " access to training and employment and
- " any further support needed to sustain the tenancy
- " liaison with other support agencies to provide tenants with support.

The Douglas Neighbourhood Project has three staff who provide the same range of housing support services to Council tenants in the Douglas area. This small team has built up links with a wide range of local support services in that area, such as GP practices and Child and Family Centres.

The service has a manager, an administrator and nine housing support officers. The service is available between 9.00am and 5.00pm Monday to Friday and is closed on the the Christmas and New Year public holidays. In the previous twelve months the service had been provided to 186 tenants, and at the time of the inspection 101 tenants were receiving a service.

Based on the findings of this inspection the service has been awarded the following grades:

- Quality of Care and Support - 4 - Good
- Quality of Staffing - 4 - Good
- Quality of Management and Leadership - 5 - Very Good

This inspection report and grades represent the Care Commission's assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. Please refer to the care services register on the Care Commission's website (www.carecommission.com) for the most up-to-date grades for this service.

Basis of Report

This report was compiled following an announced inspection that took place on 25 and 26 May 2009 by Patrick Sweeney, Care Commission Officer. There was a feedback meeting with the manager and external manager of the service on 26 May 2009.

Before the Inspection

The Annual Return

The service submitted a completed Annual Return as requested by the Care Commission.

The Self-Assessment Form

The service submitted a self-assessment form as requested by the Care Commission.

Views of service users

The views of service users were sought through;

Questionnaires completed by 6 service users.

Phone call to 3 service users.

Regulation Support Assessment

The inspection plan for this service was decided after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

LOW

This assessment resulted in this service receiving a low RSA score and so a low intensity inspection was required as a result. The inspection was based upon the relevant Inspection Focus Area (IFA) and associated National Care Standards - Support Services, recommendations and requirements from previous inspections and complaints or other regulatory activity.

Staff at inspection

Discussion with the management of the service

Questionnaires returned by 8 staff members.

Interviews with 3 staff members and the manager of the service.

Evidence at inspection

Examination of 6 personal plans.

Examination of a sample of supporting evidence identified in the service's Self Assessment.

Inspection Focus Areas and links to Quality Themes and Statements for 2008/09

Details of the inspection focus and associated Quality Themes to be used in inspecting each type of care service in 2008/09 and supporting inspection guidance, can be found at:

<http://www.carecommission.com/>

Fire Safety Issues

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw

Action taken on requirements since last Inspection

There were two requirements and two recommendations for the service to take action on since the last inspection report.

Requirement 1

The provider must; develop a policy and procedure on restraint; ensure individualised risk assessments consider restraint and limits to tenants' freedom; and ensure staff receive appropriate training on the implementation of the policy and procedure.

This is in order to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) regulation 4(1)(a)(c), regulation 13 - a requirement that a provider shall make proper provision for the health and welfare of service users and ensure that no service user is subject to restraint unless it is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances and ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform. Timescale for implementation: 31 March 2008.

This requirement had been partially met. See strengths and areas for development under Quality of Care and Support, Statement 1.2. A revised requirement is made. (Requirement 1)

Requirement 2

The service must develop and implement an adult protection policy. This is in order to comply with SSI 114/2002 regulation 4(1)(a) - a requirement that a provider shall make proper provision for the health and welfare of service users. Timescale for implementation: 31 March 2008.

This requirement was met. See strengths and areas for development under Quality of Staffing, Standard 3.4. No further requirement was made at this inspection. A new recommendation is made. (Recommendation 4)

Recommendation 1

The service is recommended to implement its child protection policy by; ensuring staff are aware of the contents of the policy; providing all staff with training appropriate to their role; and carrying out regular reviews of the policy. National Care Standards, Housing Support Services, Standard 3 Management and staffing.

This recommendation had been met. The service had provided staff with child protection training linked to its child protection policy. No further requirement or recommendation was made at this inspection.

Recommendation 2

The service is recommended to;

- a) further improve the policy on managing risk by considering the consequences or severity of any risk and
- b) record any potential risk, how the risk is to be managed and agreements with tenants about risk
- c) ensure risk assessments are available to tenants.

Standard 4 Housing support plans.

This recommendation had been partially met. See strengths and areas for development under Quality of Care and Support, Statement 1.2. A revised recommendation is made. (Recommendation 3)

Comments on Self Assessment

A Self Assessment document was submitted by the service. This was completed to a very good standard within the required timescale. The Self Assessment gave relevant information for each Quality Theme and Statement. The service had identified areas it did well. The service had planned areas for future development.

View of Service Users

The views of service users were obtained in 5 questionnaires returned directly to the Care Commission. The responses included;

Most said they were satisfied or very satisfied that the staff treated them with respect and one person said they were dissatisfied or very dissatisfied.

Most said they were satisfied or very satisfied that they got the care and support that had been agreed and one person said they were dissatisfied or very dissatisfied.

Most said they were satisfied or very satisfied with the service overall and one person they were dissatisfied or very dissatisfied.

It was not possible to contact the person who was dissatisfied with the service, and follow up on the reasons for this, as they did not the Care Commission with their contact details.

The comments made by service users in the questionnaire included;

"I am very happy with the help and support I have and continue to receive, it has been excellent."

"My housing support worker know where I can get extra help of needed. They have been of great help when needed."

"I am very happy with the support I receive. I am also very grateful to my housing support worker and the team as whole for all their support and help over the last 16 months."

The Care Commission Officer spoke to three service users by phone. Comments included:

"The service helped me with my confidence and got be back on my feet after I had an illness. The housing support officer always asked for my opinion and supported me. The staff helped me get new furniture and a travel pass I didn't know I was entitled to."

"The housing support officer was really good and encouraging after I was a victim of a crime. The officer helped me to get my house redecorated and to replace furniture."

"The service helped me when I moved into my new flat. I had help to arrange for handrails to be put in and for my gardening to be done and sorting out my pension. The housing support officer listened to me, gave me a lot of helpful advice and always gave me choices about what I can do. I really enjoyed talking part in the consultation meeting. It was good to meet other people who have had difficulties. I want to join in the forum meetings now."

All three service users rated the service very highly on the quality of support and quality of staffing. There was less recognition of the role of management in the quality of the service. Only a few service users had met the management. Service users mainly concluded that the quality of the service they received was linked that to the quality of management itself.

View of Carers

One carer returned a questionnaire returned directly to the Care Commission.

In their response they said they were satisfied that the staff treated their relative or friend with

respect, their relative or friend got the care and support that had been agreed they were satisfied with the service for their relative or friend overall.

Quality Theme 1: Quality of Care and Support

Overall CCO Theme Grading: 4 - Good

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service Strengths

The service's practice resulted overall in good outcomes for service users and carers being involved in assessing and improving the quality of care and support provided by the service. The good and very good practice demonstrated by the service in consulting with service users and carers was balanced against its adequate practice in asking service users' views about the quality of the service and ideas for improvement in reviews of their housing support plan.

Good practice was evidenced by service when it issued quality questionnaires to service users at the end of their service. These were returned anonymously to the Housing Department to be collated. The service received a summary of service users about quality issues and anonymous comments from service users. The responses confirmed service users were satisfied with the service. Some service users were dissatisfied when they felt a lack of support after the end of the service. The service had a very good practice of contacting service users six weeks after the end of their service to check how they were managing. There was a possibility of being referred again to the service if this was agreed as necessary.

The service evidenced very good practice in involving up to a fifth of service users and carers in the assessment and improvement of the quality of care and support in the two service user consultation meetings in 2008 and 2009. The service had provided transport to service users who had difficulty travelling by themselves. Service users were encouraged to bring a relative, carer or friend for support and some did attend.

At the meetings service users and carers made their views known about the quality of care and support, staffing, management and leadership. The service had collated the views of service users in a report of the meetings and provided copies of the report to all who attended. Two results of the two consultation meetings were firstly the setting up of a monthly service user forum meeting and secondly plans for a social outing for service users and carers in the summer of 2009. Service users also said they welcomed and benefited from meeting other people in similar circumstances and realising they were not alone.

The service has considered how it will introduce an independent element to its consultations by collaborating with another housing support service to facilitating each other's consultation meetings.

There was very good practice evidenced in how the service had set up a regular service users' forum meeting, to be held every two months. The forum had already given the service two ideas for improvement in care and support. First service users were to plan a social trip in summer 2009. Second, service users were to put together a book of recipes from the different countries service users came from. The forum was a very good example of how the service encouraged service users to take on initiatives for themselves and had reduced their isolation.

There was very good practice evidenced in how the service responded to complaints from service users. The service agreed with the service user the issues to be investigated, these were formally investigated by the service, and the findings were reported back to the service user. The service took appropriate action to improve its practice as a result of complaint findings.

Areas for Development

The service held regular reviews with service users about what had been achieved towards the goals in their housing support plan, and to set new goals. These reviews were recorded and a copy given to the service user. The service's performance was adequate in that it did not did not evidence that service users were asked for their views about the quality of their service. For good practice the service should ask service users their views on the quality of the service and for ideas for improvement at reviews of their housing support plans. A recommendation is made. (Recommendation 1)

For very good practice the service should offer quality questionnaires to service users while they are using the service and the option of service users to identify themselves so that service could follow up on any concerns or ideas for improvement.

For excellent practice the service should consider consulting with service users and carers about the most appropriate quality questions to be asked in questionnaires and at reviews of the housing support plan.

For excellent practice in complaint resolution the service should consider checking back with service users whether they have experienced the expected improvements to their service.

For excellent practice the service should evidence how it has considered and supported people with communication or other support needs to take part in its consultations.

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

1

Statement 2: We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential

Service Strengths

The service's practice resulted overall in good outcomes for service users making individual choices and realising their potential. The evidence of very good practice of how staff supported service users to make choices and realise their potential was balanced by the adequate quality of the housing support plans and assessments of risk and restraint examined.

From the Care Commission Officer's interviews with staff it was evident that staff had a very strong ethos of respecting service users' choices about the goals for support and assisting service users to realise their potential to remain in their home and improve the quality of their lives.

From the Care Commission Officer's interviews with three service users there was very good testimony that they felt the staff and the service overall respected their choices and made a very significant improvement to the quality of their lives.

Service users spoke about how housing support staff would make suggestions and offer advice but ensured that service users made the choices that affected their lives. An example of how the service promoted service users' choice was the opportunity service users had to choose specific items of furniture from a furniture resource centre.

An example of how service users were supported to realise their potential was the information they were given about other agencies that could assist them, such as the Energy Advice Centre. A further example was how the service supported service users to take steps to achieve long term goals such as returning to further education or employment.

In response to a requirement made at the last inspection the service had included its restraint policy in its adult protection policy. The policy confirms restraint is a last resort, recognised a range of interventions as restraint and the risks associated with using restraint but also that there can be benefits from properly agreed and reasonable restraint.

In response to a requirement from the last inspection the service had put in place a very good policy and procedure for adult protection. The service had evidenced practice at a good level to identify and act on concerns about the welfare of adults at risk of harm using its adult protection procedures.

In response to a recommendation from the last inspection the service had considered the consequences or severity of risk for service users in their risk assessments. The service had made service users' risk assessments available to them. Some service users did not want to keep their risk assessment.

Areas for Development

In response to a requirement from the last inspection the service had not evidenced that restraint had been considered for all service users. The restraint procedure did not guide staff how to write these assessments. A revised requirement is made. (Requirement 1)

All service users had a housing support plan. The content of the service's housing support plans was adequate. The plans lacked good detail about service users' abilities, confirmation of their choices about how the support should be provided, and how the agreed goals would help service users to achieve their potential. A recommendation is made. (Recommendation 2)

In response to a recommendation from the last inspection the service had put in place risk assessments for service users. The content of the risk assessments was adequate as they lacked good detail on how service users chose to manage identified risks and what the service said it would do to prevent or reduce the risk of harm for service users. A revised recommendation is made. (Recommendation 3)

In relation to a requirement from the last inspection to implement an adult protection procedure the service had not provided staff with training on adult protection issues. No further requirement was made at this inspection. A new recommendation is made. (Recommendation 4)

CCO Grading

4 - Good

Number of Requirements

1

Number of Recommendations

3

Quality Theme 2: Quality of Environment

Overall CCO Theme Grading:

Quality Theme 3: Quality of Staffing

Overall CCO Theme Grading: 4 - Good

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service Strengths

The service's practice resulted overall in good outcomes for service users and carers being involved in assessing and improving the quality of staffing provided by the service.

There was good practice evidenced in how the service had held service user consultation meetings in 2008 and 2009 which had involved up a fifth of all service users. The consultation meetings enabled service users, and carers, to make their views known about the quality of staffing. The service had collated the views of service users and was willing to act this feedback.

Areas for Development

For very good practice the service will need to evidence how it had made improvements to the quality of staffing based upon service users' and carers' comments and suggestions and provided them with feedback on these improvements.

The service was committed to maintaining its good performance and to seek ways in which to improve its consultations with service users and carers. No requirement or recommendation was made at this inspection.

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

0

Statement 4: We ensure that everyone working in the service has an ethos of respect towards service users and each other.

Service Strengths

The service's practice resulted overall in good outcomes for service users and staff. There was very good practice of staff supporting service users with an ethos of respect and of staff experiencing a very good ethos of respect within the service. This was balanced by the good evidence of the outcomes of staff supervision and direct observation of staff practice.

From the Care Commission Officer's interviews with service users there was very good testimony that they felt the staff and the service respected them. Service users said they felt

supported by the manner and attitude of the housing support staff and how this boosted their confidence in themselves.

From the Care Commission Officer's interviews with staff and examination of written records made by staff about service users it was evident that staff had a very good ethos of respect towards service users. The service's written records demonstrated a respectful manner and tone and showed how service users were seen as individuals.

The service supported staff practice and promoted these outcomes through an induction programme for all new staff. The staff were aware of the National Care Standards and SSSC Codes of Conduct and the service's own policies on conduct, confidentiality and user involvement. The staff were aware of using social services values in their work with service users including; choice, self determination, privacy, dignity and protection of vulnerable adults. Staff knowledge and use of these standards was promoted through team meetings and service or team development days.

Staff confirmed they were supported to work positively with service users through ready access to training which met essential training needs and support to obtain essential vocational qualifications. Staff also confirmed that there was a very good work culture where they were respected and supported by their colleagues and line managers.

There was good practice by the service providing each staff member with individual supervision session every three months. In these sessions the service accounted for how staff were working with each service user, staff training needs identified and met and how it supported staff. Staff commented on the constructive verbal and written feedback from their manager about their work.

There was good practice in the direct observation of staff meetings expected support practice and using social services values in their work. The manager informally observed staff practice in the office and on joint visits to service users and reported briefly on this in writing to staff members.

The service evidenced good practice when it aimed to keep to a minimum the number of different staff used to support service users. Where possible the service used staff the service user already knew in the absence of their usual housing support worker.

Areas for Development

For very good practice in staff supervision sessions and direct observation of staff the service needed to provide a detailed evaluation of how staff used expected support practices and demonstrated social services values in their work. A recommendation is made.
(Recommendation 5)

For excellent outcomes the service needs to demonstrate how it has evaluated its performance from feedback from service users and carer and can evidence the outcomes of its performance.

The service is committed to maintaining good standards and is continuing to aim for further improvement.

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

1

Quality Theme 4: Quality of Management and Leadership

Overall CCO Theme Grading: 5 - Very Good

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service Strengths

The service's practice resulted overall in good outcomes for service users and carers being involved in assessing and improving the quality of management and leadership of the service.

There was very good practice evidenced in how the service had held service user consultation meetings in 2008 and 2009 which had involved up a fifth of all service users. The consultation meetings enabled service users, and carers, to make their views known about the quality of management and leadership. The service could evidence improvement to the management of the service in response to the consultations in the setting up regular service users' forum meetings, to be held monthly.

The forum of about 12 service users had already given the service ideas for improvement on how Council tenants could be informed about the availability of the housing support service through the Housing Department housing application form and in a revised leaflet for the housing support service. The service was willing to act upon these ideas and will report upon action taken in future forum meetings.

Areas for Development

For excellent practice the service should evidence how it has considered and supported people with communication or other support needs to take part in its consultations and forum meetings.

The service was committed to maintaining its very good performance and to seek ways in which to improve its consultations with service users and carers. No requirement or recommendation was made at this inspection.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Regulations / Principles

National Care Standards

ACTION PLAN

Service Name:	Dundee City Council - Housing Support Team (including the Douglas Neighbourhood Project)
CS Number:	CS2004079333
Service Provider:	Dundee City Council
Address:	West District Housing Office, 3 Sinclair Street, Lochee, Dundee, DD2 2DA
Care Commission Officer:	Patrick Sweeney
Date of Inspection:	26 May 2009

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1 The provider must ensure that it individually considers restraint and limits to freedom for all service users.</p> <p>This is in order to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) regulation 4(1)(a)(c).</p> <p>Regulation 13 A requirement that a provider shall make proper provision for the health and welfare of service users and ensure that no service user is subject to restraint unless it is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances and ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform. Timescale for implementation: 31 March 2010.</p>	<p>Meet with Care Commission Officer, Patrick Sweeney, on 6 August 2009 to discuss how we can improve and develop in relation to this area and then take appropriate action.</p>	<p>October 2009</p>	<p>Mike Comerford and Gary McKenzie</p>

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Recommendations</p> <p>Recommendation 1 The service should ensure that it regularly asks service users and carers views on the quality of the service and ideas for improvement as part of the review of their housing support plan.</p> <p>National Care Standards, Housing Support Services, Standard 4, Housing Support Planning and Standard 8, Expressing your Views</p> <p>Recommendation 2 The service should ensure that service users' housing support plans include service users' abilities, their preferences about how support will be carried out and how agreed goals will support service users to achieve their potential.</p> <p>Standard 4, Housing Support Planning</p> <p>Recommendation 3 The service should ensure that service users' risk assessment include how service users chose to manage identified risks and what the service said it would do to prevent or reduce the risk of harm for service users.</p>	<p>Service users to be consulted with at their quarterly review meetings to establish their views and ideas on our service. This information will be collated and used to improve and develop our service. The information gathered can also be used at service user forums.</p> <p>Our assessment form is currently being reviewed and will now include information on these areas.</p> <p>Risk Assessment form to be reviewed to incorporate how service users choose to manage identified risks and what we will do to prevent/reduce the risk of harm for service users.</p>	<p>October 2009</p> <p>December 2009</p> <p>October 2009</p>	<p>Mike Comerford</p> <p>Mike Comerford</p> <p>Mike Comerford</p>

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Standard 3, Management and Staffing Arrangements</p> <p>Recommendation 4 The service is recommended to provide staff with training on adult protection.</p> <p>Recommendation 5 The service should ensure that staff supervision sessions and direct observation of staff practice evidences and evaluates staff use of expected support practices and social services values.</p> <p>Standard 4, Management and Staffing Arrangements</p>	<p>The service will ensure that those staff not trained fully in adult protection, will receive 'in-house' training on this area.</p> <p>Staff support and supervision sessions to be reviewed. These will now evidence and evaluate staff use of expected support practices and social services values.</p>	<p>December 2009</p> <p>October 2009</p>	<p>Gary McKenzie and Mike Comerford</p> <p>Mike Comerford</p>

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