![Stockton-on-Tees Borough Council logo]

Assessment of Quality Standards Efficiency Improvement & Transformation Review Independent Living and Carers Services

1.0 Policies & Procedures		
Standard	**Requirements / Evidence**	
1.1 Policies and procedures covering all aspects of the service's activities and are readily available to staff and are reviewed regularly.	Minimum for adequate service	Value = 40%
	• Policies & procedures written down and reviewed in response to legislative changes or contractual requirements and reviewed at least every three years. • Staff understand and follow procedures. • Policies & procedures are covered in staff induction.	
	Expected standards (in addition to all of the above)	Value = 60%
	• The organisation works to continually improve services and introduces/amends policies and procedures to accommodate improvements. • Staff and service users have input into formulation of policies and procedures • Policy reviews have led to improvements in service	

2.0 Assessment & Support Planning

Standard	Requirements / Evidence	
2.1 There is a consistent and comprehensive method of assessing the needs of service users, any inherent risks and support planning. Assessments / support planning are carried out prior to a service being offered, or very shortly afterwards, as appropriate, to the needs of the client.	Minimum for adequate service - The needs and risk assessment policy and procedure is written down and reviewed in response to changing legislative or contractual requirements and at least every three years. - The procedures state how clients will be involved in assessment and support planning. - Staff understand and follow the procedures. - There is a needs and risk assessment tool appropriate to the client group. - The needs and risk assessment procedures are covered in staff induction and training programmes. - Risk assessment procedures address: Risk to self Risk to others (including staff and the wider community) Risks from others (including staff and the wider community). - Needs and risk assessments and support planning take into account the views of other services where appropriate. - Copies of all assessments are securely stored and accessible to relevant staff and clients.	Value = 40%

	Expected standards (in addition to all of the above)	Value = 60%
	• Staff harness individual service user's insight into the assessment of needs and risks and support planning • Specialist expertise is sought, where required, when conducting needs / risk assessments. • The needs and risk assessment policy and procedures encourage appropriate risk taking and discourage risk avoidance as the key feature of support delivery. • Needs and risk assessments and support plans balance promotion of independence with effective risk management.	
2.2 All clients have individual outcomes-focussed support and risk management plans that address the needs and risks identified by the assessment process.	Minimum for adequate service	Value = 40%
	• Support and risk management plans identify control measures to eliminate, minimise or respond to identified risks. • Support plans incorporate individual outcomes which have been agreed with service users taking into account their views, preferences and aspirations and, if appropriate, carers, relatives or other advocates. • Support plans incorporate SMART objectives that are clearly understood by service users, as milestones towards achieving outcomes. • Reviews are carried out regularly on a consistent and systematic way to ensure service users are achieving objectives / outcomes • Copies of all support / risk management plans are securely stored and accessible to relevant staff and clients.	

	• The service is aware of, and seeks to take into account, other care and support services provided	
	Expected standards (in addition to all of the above)	Value = 60%
	• Support planning takes account of the wider needs of the service user (beyond those being met directly in the service) which impact upon their need for support.	
	• The service proactively seeks to engage other agencies in supporting clients.	
	• Specialist expertise is sought, where required, when drawing up support / risk management plans.	
	• Support and risk management plans complement any care plan or support plans provided by other agencies.	
	• Support and risk management plans indicate that service users are encouraged to take reasonable risks in developing their independence.	
	• Mechanisms are in place between the service and external agencies to facilitate and enable joint working.	
	• Service user outcomes are used to inform service development and strategic planning	
2.3 Staff carrying out needs and risk assessments and negotiating support and risk management plans are competent to do so.	Minimum for adequate service	Value = 40%
	• Service users confirm that staff are sensitive to their particular needs and respect their right to choice and control.	
	• Staff are able to describe outcomes the service can help service users to achieve, and how they would support them to do so.	
	• Staff directly supporting clients have been trained in needs and risk	

	assessment and support planning.	
	• Staff are able to describe the assessment and support planning processes and the rationale behind the key elements.	
	• Staff are experienced in working with those needs most commonly encountered amongst service users.	
	• Staff are appropriately inducted and supervised.	
	• Staff understand and are sensitive to the diverse needs of service users.	
	Expected standards (in addition to all of the above)	Value = 60%
	• Staff are aware of relevant individuals in key agencies and can give examples of regular information sharing.	
	• Staff are knowledgeable about and can facilitate access to support and services provided by other organisations that may meet the needs of clients.	
	• There is a variety of staff training targeted to meet the needs of the service user being supported.	
	• Staff are committed to continuing professional development	

3.0 Provision of Information		
Standard	Requirements / Evidence	
3.1 A wide range of up to date, accurate information is available to service users to meet their needs and assist them in achieving positive outcomes	Minimum for adequate service	Value = 40%
	• A wide range of relevant information is readily available to service users • Systems are in place to ensure information is accurate and kept up to date • Information should be easily understood and in a format which is easy to read	
	Expected standards (in addition to all of the above)	Value = 60%
	• Staff are knowledgeable about all the information available • Staff know how to source information that may not be readily available • Systems are in place to automatically obtain new information being published • Records of information supplied to service users are kept • Records showing benefit of information to service users are kept • Information can be made available in variety of languages • Clients are offered opportunities to play a part in producing information.	

4.0 Security, Health & Safety

Standard	Requirements / Evidence	
4.1 Health and safety is managed effectively within the organisation.	Minimum for adequate service	Value = 40%
	• Health and Safety policies and procedures are in place in accordance with legislation and reviewed at least every three years • The health and safety procedures are covered in staff induction. • Staff are able to describe the health and safety procedures and the impact on their work. • Staff confirm they are consulted on the health and safety policy and procedures. • Service users confirm they are aware of the health and safety procedures.	
	Expected standards (in addition to all of the above)	Value = 60%
	• Service users confirm they have been consulted about health and safety policies and procedures and that their views are taken into account. • There is a range of information provided to clients about health and safety within the service.	
4.2 The service has a co-ordinated approach to assessing and managing security, health and safety risks that potentially affect all clients, staff and the wider community.	Minimum for adequate service	Value = 40%
	• A formal procedure exists for conducting risk assessments. • The procedure is documented and covers all potential risks (other than risks to *individual* service users) and appropriate information sharing mechanisms. • Staff are able to describe the approach to risk assessment.	

	• Risk assessments of the service and any premises within which the service is delivered, are conducted at service inception and with appropriate frequency thereafter, following an incident, and at least annually.	
	• There are regular health and safety inspections to monitor risk.	
	• There are records of the inspections, participants, key findings and action taken.	
	• Where staff work alone, risk assessments specifically address the risks faced by lone workers and clients.	
	• There is a lone working policy that sets out procedures to minimise the risks to people working alone and to clients.	
	Expected standards (in addition to all of the above)	Value = 60%
	• Service users are involved in risk assessments (*other than individual service user risk assessments*), and their participation is recorded.	
	• There is a dynamic approach to risk management and the service proactively looks to reduce risk, but is not risk averse	
4.3 There are appropriate arrangements to enable clients to access help in crisis or emergency.	Minimum for adequate service	Value = 40%
	• Emergency call-out and out-of-hours support arrangements are documented and publicised to service users in ways appropriate to their needs.	
	• Service users and staff understand both the emergency call-out procedures and any out-of-hours support procedures.	
	• Clients and staff can correctly describe the arrangements.	

	Expected standards (in addition to all of the above)	Value = 60%
	• The service equips service users and staff to deal with a crisis or emergency. • There is a plan for dealing with any disruption to the service and staff are aware of the procedures involved • Emergency numbers and other appropriate contact details are well publicised to service users in handbooks, leaflets, posters, etc. • There is a periodic (at least annual) review of the effectiveness of emergency call-out or out-of-hours support procedures. • Service user feedback is actively sought about the effectiveness of current arrangements. • The service can demonstrate that changes have been made to improve service delivery as a result of review or testing of current emergency call-out or out-of-hours support procedures. • Service users are involved in testing the effectiveness of current arrangements	

5.0 Safeguarding and Protection from Abuse		
Standard	Requirements / Evidence	
5.1 There are robust policies and procedures for safeguarding and protecting adults and children, that are less than three years old and in accordance with current legislation.	Minimum for adequate service	Value = 40%
	• The procedures address both adults and children and comply with good practice. • There are recruitment checks, including professional references and CRB checks, for staff and volunteers. • There is a whistle blowing procedure in accordance with the Public Interest Disclosure Act 1998. • Individual client risk assessments address the potential for abuse from others. • Lone working risk assessments address the increased risk to service users . • CRB checks are updated in accordance with contractual requirements.	
	Expected standards (in addition to all of the above)	Value = 60%
	• There is a periodic (at least annual) review of the effectiveness of safeguarding and protection from abuse policies and procedures and their implementation. • The policy and procedure review seeks to identify and address disincentives to reporting concerns. • CRB checks are updated every three years. • There is a planned approach to working with other agencies.	

	• The service can demonstrate that key safeguarding partners are involved in policy and procedure review. • The service can demonstrate that changes have been made to improve service delivery as a result of review or following an incident.	
5.2 Staff are aware of policies and procedures and their practice both safeguards clients and children and promotes understanding of abuse.	Minimum for adequate service	Value = 40%
	• Prompt action is taken in response to individual concerns from staff, service users or others and appropriate support is provided to them. • Support is provided to victims of abuse. • The service works appropriately with alleged perpetrators. • A log records details of cases and outcomes and shows that appropriate action is taken, including reporting to appropriate authorities, (including the service commissioner and contract manager.) • Safeguarding and protection from abuse policies and procedures are covered in staff induction and training programmes, and integrated into staff management practices. • Staff are able to describe the policies and procedures, the reasons behind them and the implications for their work. • Staff are able to describe how their practice promotes safeguarding. • Staff and volunteers can describe how they would report any actual or suspected abuse or neglect, and who incidents should be reported to.	

	Expected standards (in addition to all of the above)	Value = 60%
	• Staff are appropriately supported through supervision in dealing with abuse cases. • Staff are aware of the potential impact on themselves and service users of being involved in abuse cases. • Staff receive specialist training appropriate to the needs of the client group. • The service is proactive in promoting and sharing good practice beyond the service on safeguarding vulnerable adults and children. • The service can demonstrate that changes have been made to improve service delivery as a result of policy and procedure review.	
5.3 Staff are made aware of and understand their professional boundaries and their practice reflects this.	Minimum for adequate service	Value = 40%
	• There is a documented risk assessment addressing the potential for personal benefit through abuse and this has been reviewed in the last three years. • There are procedures to prevent staff from personal benefit when working with vulnerable people. • The nature and limits of relationships between staff and service users, children of service users or children visiting the service are covered in staff induction and training programmes, and integrated into staff management practices. • Staff and volunteers are able to describe the policies concerning relationships with service users, children of service users or children visiting the service. • Staff and volunteers are able to explain how their practice maintains effective boundaries.	

	• A Code of Conduct (or similar document) makes clear appropriate boundaries for staff and volunteers. Information to service users makes clear what are appropriate boundaries for staff and volunteers.	
	Expected standards (in addition to all of the above)	Value = 60%
	• Staff receive appropriate training including refresher training • There is a periodic (at least annual) review of the effectiveness of the policies and their implementation. • The service has mechanisms in place that reinforce professional boundaries. • The service can demonstrate that changes have been made to improve service delivery as a result of policy and procedure review.	
5.4 Clients understand what abuse is and know how to report concerns	Minimum for adequate service	Value = 40%
	• The safeguarding and protection from abuse procedure is promoted in ways appropriate to service user's needs. • Service users understand what constitutes abuse and know to whom they should report any concerns. • Service users confirm they know what support they can expect to receive if they report a concern. • Service users know how to report concerns outside the organisation. • Service users confirm that they feel confident that concerns will be dealt with appropriately. • The service feeds back appropriately on action that has, or has not, been taken, and why.	

	Expected standards (in addition to all of the above)	Value = 60%
	• The service promotes safeguarding and protection with service users on a regular basis e.g. through house meetings or key working. • Service users are able to influence how they receive information about safeguarding and protection from abuse and the reporting mechanisms for raising concerns. • The service can demonstrate that changes have been made in response to service user feedback	
5.5 The service is committed to participating in a multi-agency approach to safeguarding vulnerable adults and children	Minimum for adequate service	Value = 40%
	• In services specifically working with children and young people there is a designated, appropriately trained and supported child protection lead. • In services specifically working with children and young people, there is an awareness of the Common Assessment Framework (CAF) and how this relates to, and is separate from, child protection. • The service works jointly with other appropriate agencies to promote the safeguarding of adults and children. • Where appropriate, the service engages with local MAPPA and MARAC arrangements. (see guidance) • The service engages in multi-agency working in response to specific cases of adult or child protection.	
	Expected standards (in addition to all of the above)	Value = 60%
	• The service engages in multi-agency working to promote safeguarding of vulnerable adults and children. • In services specifically working with children and young people, there is an	

	understanding of the implementation of the Common Assessment Framework and the service's potential role within it. • There are information sharing protocols in place and the service proactively engages with local safeguarding partnerships. • In services specifically working with children and young people, the service is actively engaged in the Common Assessment Framework	

6.0 Fair Access, Diversity and Inclusion		
Standard	Requirements / Evidence	
6.1 Fair access, fair exit, diversity and inclusion are embedded within the culture of the service and there is demonstrable promotion and implementation of the policies.	Minimum for adequate service	Value = 40%
	• There is a policy (or policies) and procedures that cover: ◇equal opportunity, diversity, anti-discriminatory practice and harassment ◇discrimination on any grounds that cause a person to be treated with injustice (see guidance) ◇ clients and staff ◇access to services and employment and promote community cohesion and social inclusion. • The policies and procedures have been reviewed in the last three years and are in accordance with current legislation and the CRE Code of Practice on Racial Equality in Housing. • There is a recruitment and selection policy that aims to eliminate discrimination in recruitment processes. • There is a planned approach to managing and responding to concerns or incidents. • The service has its own Equalities Scheme (which includes the above	

	policies and procedures) or signs up to the local authority one. (See guidance)	

	• The service has its own Equalities Action Plan and:
	  ◇ collects equalities data on successful and unsuccessful applications and exits from the service, and
	  ◇ reviews the equalities data, sets targets to address gaps or weaknesses and monitors performance against these.
	
	• Equality and diversity policies and procedures are covered in staff induction and training programmes, and integrated into staff management practices.
	
	• Staff are able to describe the policies and procedures, the principles behind them and the implications for their work.
	
	• Staff understand and are sensitive to the diverse needs of clients.
	
	• Policies and procedures are communicated to clients in ways appropriate to their needs and clients can confirm that this happens.
	
	• Service users confirm that information is made available to them to meet their cultural, religious and/or lifestyle needs.
	
	• Service users confirm that they are supported to meet their cultural needs and are able to observe their religious and cultural customs.	

	Expected standards (in addition to all of the above)	Value = 60%
	• There is a periodic (at least annual) review of the effectiveness of the equal opportunities and anti-discriminatory policies and plans. • Equality access targets are set for under-represented groups as identified by the Equalities Action Plan, and performance monitored. • Equality Impact Assessments are conducted when producing or reviewing	

	any policy, procedure, function, service or strategy.	
	• Records show that staff are specifically recruited or trained to ensure their understanding and sensitivity to the diverse needs of service users.	
	• The communication needs of clients are catered for.	
	• Staff support service users to understand the occupancy agreement and other documents they have signed and to know their rights and responsibilities.	
	• The harassment procedures detail effective management responses when working with victims and alleged perpetrators.	
	• There is a co-ordinated multi-agency approach to preventing and challenging bullying, harassment and discrimination.	
	• The service can demonstrate changes have been made to improve service delivery as a result of policy and procedure review.	
	• The service can demonstrate changes have been made to improve service delivery as a result of monitoring performance.	
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	• Resources are made available to support equalities and diversity activity	
6.2 The assessment and allocations processes have been reviewed in the last three years and ensure fair access to the service.	Minimum for adequate service	Value = 40%
	• There is a documented and objective procedure that specifies how enquiries and applications for access to the service are processed, assessed and prioritised, and how decisions are communicated to applicants.	
	• There is an up-to-date and accurate description of the service that is actively promoted, detailing whom it is for and how it can be accessed.	
	• The eligibility criteria, means of prioritising applications for access to the	

	service and the application process are written in plain English and other formats appropriate to the client group. • The communication needs of clients are catered for in helping them to understand the information. • Where applicants are not eligible to access the service they are informed of reasons and signposted to more appropriate services or back to the referral agency as appropriate. • There is a right of appeal against decisions arising from assessments.	
	Expected standards (in addition to all of the above)	Value = 60%
	• Particular attention is paid to ensuring fair access to under-represented groups as identified by the Equalities Action Plan. • The eligibility criteria and application process (where relevant) are actively promoted to relevant agencies and the wider community. • Fair access is assured by independent audit. • There is a proactive approach to working with service commissioners in identifying local need and adapting services accordingly	
6.3 There is a commitment to ensuring fair exit from the service.	Minimum for adequate service	Value = 40%
	• The service has clear procedures for staff to follow when withdrawing/terminating a service. • Staff comply with the law and good practice when terminating the service. • Service users confirm that they are given information about possible grounds for withdrawal/termination of the service • Service users are given information on how to get independent advice if	

	they are threatened with termination of service and are signposted to other appropriate services.	
	Expected standards (in addition to all of the above)	Value = 60%
	• Fair exit is assured by independent audit.	

7.0 Client Involvement and Empowerment		
Standard	Requirements / Evidence	
7.1 People wanting to access a service can make an informed decision before accessing the service and know about the range of services and support available to meet their needs.	Minimum for adequate service	Value = 40%
	• Service users confirm that they were able to visit the service and meet with staff before accessing the service. • Staff have a good understanding of what the support service can do to meet service user's needs. • Service users confirm that they know about the range of services provided by the support provider to meet their needs • Service users and referral agencies confirm that information about the service is available in plain English and formats appropriate to the needs of the client group.	
	Expected standards (in addition to all of the above)	Value = 60%
	• The service promotes and advertises to service users the range of services to meet their diverse needs – both those provided by their support provider and those available through other providers. • Service user's feedback is actively sought on the quality of information about the service.	

	• Service users confirm that they:
	    ◇ are able to meet with existing clients before accepting an offer, where appropriate
	    ◇ were provided with a range of information about the service prior to take up
	    ◇ are offered opportunities to have a say in what kind of information they want, and in what formats.
	
	• The service can demonstrate that changes have been made to improve the quality of information in response to client / stakeholder feedback.
	
	• Clients confirm that they understand how to access a range of services to meet their diverse needs – both those provided by their support provider and those available through other providers and are able to describe the choices available to them	

7.2 Clients are consulted on all significant proposals which may affect their service and their views taken into account.	Minimum for adequate service	Value = 40%
	• Formal and/or informal consultation takes place and proposals are developed or amended where possible in the light of client feedback. • Clients confirm that they receive feedback on changes that have or have not been made, and why.	
	Expected standards (in addition to all of the above)	Value = 60%
	• Client feedback is actively sought on their preferred methods of consultation. • Clients are offered a range of opportunities to give their views, make comments, and offer ideas - both individually and in groups - about the services provided. • 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.	

	• Appropriate support is available to enable clients with different needs to be consulted. (e.g. travel expenses, signing, audio loop systems). • Consultation focuses on service user's concerns and they have opportunities to play an active role in shaping current and future service delivery. • Mechanisms for consultation are open and flexible so that service users can raise their own issues and concerns and not just respond to what the service defines as important. • Forums and opportunities are available so that service users can come together, to share experiences and discuss what will meet their needs. • Decision-making mechanisms facilitate service user involvement in designing and developing services and setting quality standards. • There is a periodic (at least annual) review of the effectiveness of consultation mechanisms and the outcomes achieved. • The service can demonstrate that changes have been made to improve consultation mechanisms in response to client feedback and review	
7.3 The service encourages clients to become independent	Minimum for adequate service	Value = 40%
	• The service has a clear, documented approach to empowering service users and supporting their independence. • Assessments of service users risk balance promotion of independence with effective risk management. • Support plans or key working records indicate that service users are encouraged to take reasonable risks in developing their independence.	

	• Staff understand the approach and can describe how they work with sevice users to promote independence. • Independence is promoted through appropriate skills training and/or equipment and adaptations and services relevant to individual needs. • Service users can provide examples of specific initiatives that have expanded their skills, confidence and self-esteem. • Empowerment and promoting independence are covered in staff induction and training programmes, and integrated into staff management practices.	
	Expected standards (in addition to all of the above)	Value = 60%
	• There is a documented approach to risk taking that enables staff to understand the meaning of "appropriate risk taking" and discourages risk avoidance as the key feature of support planning. • The approach to support focuses on individual strengths and supports people to develop their own solutions to problems. • Clients and staff can confirm that this happens. • There is a strategic approach to promoting independence. • Expertise and resources are available to enable clients to develop their talents and abilities	

7.4	Minimum for adequate service	Value = 40%
Clients are encouraged to consider ways in which they can participate in the wider community.	• Support plans show that staff and service users have discussed any wishes for employment, training, education, social and leisure activities outside of the service. • Service users confirm that information concerning the availability of such services, activities and opportunities is made readily available in ways appropriate to their needs. • The service actively encourages and promotes links with friends and family, where appropriate. • Support plans reflect that service users have been enabled to overcome barriers to participating in the wider community, where appropriate. • Staff induction and training highlight the importance of engagement in the wider community and the steps to be taken to promote it. • Service users are encouraged to play an active part in their local community and democratic structures.	
	Expected standards (in addition to all of the above)	Value = 60%
	• Service users confirm that they are able to participate in activities within the wider community such as leisure services, training, education and employment, and the service provider provides appropriate support to enable this. • Service users confirm that they are encouraged and supported to participate in services in the wider community. • The service provides service users with appropriate confidence building and skills development to participate in the wider community.	

	• The service encourages service users access to skills training, counselling, advocacy etc. (*These may be provided directly by the service provider or by other external agencies.*) • There is a strategy for maximising clients' participation in the wider community. • Staff understand and work to deliver the strategy with clients.	

8.0 Quality of Staff		
Standard	Requirements / Evidence	
8.1 Staff receive appropriate training to provide them with the skill sand knowledge to deliver a high quality service.	Minimum for adequate service	Value = 40%
	• There is a staff development policy in place • All staff undergo induction • Staff attend training to provide them with appropriate knowledge and skills • Staff development plans are place and are adhered to. • Staff are adequately managed and supervised • An effective robust staff appraisal system is in place • Service users confirm they are satisfied with the knowledge and skills of staff.	

	Expected standards (in addition to all of the above)	Value = 60%
	• All staff show high levels of commitment to providing a high quality service • Staff are highly knowledgeable about the service and how to maximise the benefits to service users from using the service • Managers support staff in continuous development • Staff turnover is minimal • Staff confirm they obtain job satisfaction	

9.0 Customer Satisfaction		
Standard	Requirements / Evidence	
9.1 Service users achieve positive outcomes from using the service and feel they have are treat as individuals with individual needs.	Minimum for adequate service	Value = 40%
	• There is a customer satisfaction policy in place • The importance of customer satisfaction is part of staff induction • Service Users are routinely asked about their degree of satisfaction with the service they are receiving. • A customer satisfaction survey is carried out annually, responses analysed and appropriate service improvements are made.	

	Expected standards (in addition to all of the above)	Value = 60%
	• Staff show high commitment to achieving high levels of customer satisfaction • Staff attend training in customer satisfaction • Policies and procedures promote customer satisfaction • Service user feedback confirms high levels of satisfaction	

10.0 Complaints, Comments & Suggestions		
Standard	Requirements / Evidence	
10.1 Complaints are dealt with quickly and effectively and service users feel they have been treat fairly, with respect and complaints do not prejudice the continued service they receive.	Minimum for adequate service	Value = 40%
	• A robust, easily understood, easily accessed complaints policy and procedure is in place which is reviewed at least every three years • Complaints procedure covered in staff induction • Service users are made aware of and understanding complaints procedure when accessing the service • Information regarding the complaints procedure is readily available at all times • All staff understand complaints procedure • Service users feel confident in accessing complaints procedure • Service users feel their complaints are dealt with swiftly and fairly	

	Expected standards (in addition to all of the above)	Value = 60%
	• Staff are formally trained in how to deal with complaints • Complaints, comments and suggestions are instrumental in service improvements	