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| **Safe** | **What we already do and where it can be found** | **What we need to do** | **Who and when** |
| **S1 – How are people protected from bullying, harassment, avoidable harm and abuse that may breach human rights?**  **Safe and Robust recruitment practice**  **Staff Training**  **Comments /complaints and suggestions monitoring**  **Safeguarding procedures are in place**  **QA observations, Monitoring and improvements.**  MAPPA training to ensure service users are safely supported when they become elevated, anxious or prevent challenges which may impact on the safety of themselves or others.  Multi-agency working | Policies in place: including:  Complaints  Consent to Care  Staff Training  Disability Discrimination  Equality and Diversity  Fair Access and Exit Policy  Handling of Service Users’ Money  Human Rights  Identity Card  Investigating of Financial Irregularities  Privacy and Dignity  Safeguarding Policy  Service Users who lack Mental Capacity to take Decisions  Whistleblowing  Procedures in place:  Complaints  **Silva care policies are fully accessible to all staff and are kept at each of our service bases, plus at our main office. They are also available on line via The Cloud, and key policies are discussed at team meetings, and in supervisions.**  All staff are DBS checked, and a minimum of two references, including last employer sought before employment commences.  All staff carry out shadow shifts with more experienced staff as part of induction.  Probation periods are rigorously followed and staff who are not performing satisfactorily will not pass the probation period. Staff have induction passports to complete with their line manager during probation to evidence competency in key areas.  No agency staff are used by Silva care  **Silva care has a dedicated recruitment officer and two HR personnel. Evidence can be found on staff files [paper and cloud], through our HR recruitment policies and procedures and our recruitment files.**  All staff undertake the Alerter’s guide Safeguarding training bi-annually., including a section on whistleblowing. Managers will also undertake the BSCB Multi-agency training. The following training and refresher training remains mandatory for all staff: SOVA, MCA and DOLS. **[See training matrix].**  Safeguarding and whistleblowing quiz to refresh all staff is used periodically at team meetings and is discussed at team meetings [**quizzes can be found on the QA section of the cloud, plus evidenced in team meeting minutes].**  **Please see Training matrix, also Team meeting minutes on the cloud, plus the QA folder on the cloud**  We have a positive culture towards welcoming comments/complaints and suggestions [see policy, and raised as a positive in team meetings, supervisions]  All service areas have a comments/suggestions box which is  accessible to service users and staff. To encourage participation and use of the boxes monthly prizes are provided for the best suggestions. All comments are responded to by the registered manager.  All complaints are recorded and rigorously investigated by the appropriate manager.  Annual service user questionnaires are sent out.  **Please see Comments/complaints folder at main office for Comments/complaints log, plus questionnaires. Comments boxes can be seen at all sites and managers responses are in the QA file on the cloud.**  All safeguarding concerns are reported to the relevant Local authorities and to CQC for our regulated services. **[see safeguarding log on Cloud]**. Where the referral relates to our services managers are required to investigate and place additional improvement or prevention measures in place [**risk assessments, H&S forms, safeguarding log, disciplinary notes].**  Managers are required to undertake direct observations on staff, including home visits and provide feedback to staff [see supervision notes]  A new dedicated Quality assurance post has been created – Quality Assurance manager.  Dignity Champions have been identified for each area.  Monthly Service Area audits are mandatory for all managers to carry out. The audit includes, rotational service user records, risk assessments, Guidelines, PCP’s Petty cash, Health and safety including equipment checks, transport, COSHH.  **Audits can be found on the cloud under each service area**  Training is mandatory for all staff supporting service users whose behaviour may challenge.  We have a dedicated and fully qualified MAPPA trainer employed by the company who in addition to the training, carries out direct observations, assist with care planning, and advises on an individual service user basis. Staff are trained in low arousal and minimum intervention techniques. We do not use any form of floor restraint.  **See Training matrix, H&S forms and service user guidelines.**  Silva care regularly joint work with other agencies to ensure best approaches, protocols, Safeguarding strategy meetings and risk assessments and care plans are carried out. This involves working with organisations such as, Bristol Intensive response team, social work meetings, Community Learning Difficulty [CLDT] meetings, Continuing Health Care and the Burden unit. [**See individual files].** | Policies are all in place, however we need to ensure that the policies remain live documents. We will have a key key policy identified each month, e mailed out to staff and raised for discussion points at the monthly staff meeting. Some policies can be amalgamated for ease of staff consumption.  These will also be shared via the staff newsletter.  Develop a staff intranet so that staff can access essential information such as policies and guidance on line.  Sharon Moore and Xavier Palma  The current company wide induction will be reviewed and improved and the induction training will be reviewed and improved.  Induction Passports are in use however audits have found the completion of the passports to be patchy. All new employees from the 1st April will be carrying out the Care Certificate. A new passport incorporating the care certificate will be developed and must be completed prior to completion of probation.  Existing staff will be carrying out the self-assessment tool.  Training surrounding the Care Certificate will be rolled out for seniors and above. Sharon and lucy and Matt.  One non-care staff employed for maintenance was placed on induction/shadowing prior to the return of his DBS. In future all non care staff including maintenance will not be permitted to commence induction and shadowing prior to the return of the DBS.    All staff are completing the training, however we will increase the numbers of staff who have successfully completed training prior to the commencement of hands on service user involvement. The admin team will book at the point of recruitments. Sharon and Admin  All managers to receive monthly information about the percentage of staff trained in their area, plus staff booked onto training. Georgie and sharon  We will use survey monkey to send out a safeguarding questionnaire to all staff to assist in measuring staff competency. Sharon and Georgie  We will improve feedback by developing a Annual questionnaire to other stakeholders, including social work teams, the Community Learning Disability teams, and Continuing Health care in order to gain a multi-agency perspective.  Service user and carer questionnaires have had a really poor response. Postal questionnaires with stamp addressed envelopes have been used as have e mail versions, both with a poor response. We will canvass people at the next set of ‘meet the registered manager’ coffee mornings to see if we can find a better way of gaining responses.  We will improve the accessibility of our feedback questionnaires for our service users who do not read or write.  New Widget software will be purchased to facilitate improved access to give feedback  To improve consistency the admin team will record and update on the safeguarding log and chase where outcomes are outstanding.  Georgie and sharon  The Sit and See tool will be implemented and used by all managers to improve the quality and consistency of observations. Lucy  The QA manager will also undertake random staff observations, with consent from service users. A programme of observations will be booked for the next 12 months. Lucy and sharon  Regular dignity champion meetings will take place and feed back to staff team. Caitlin and reps.  To ensure consistency of rotational file audits a new checklist will be developed for managers to use and record findings. Sharon  Additional Mandatory managers and seniors training is to be added to ensure the managers are fully equipped to monitor and review any interventions. We will also introduce quarterly managers/seniors MAPPA forums to discuss issues, new ideas.  Matt and aaron.  Managers to attend the PBM network | Email to staff- Sharon Moore  Staff meeting agenda- all managers.  30.3.15  Actioned  By Xavier Palama  June 15  Actioned  Key policies of the month will be added to the intranet.  September 2015  Actioned  Sharon Moore, Lucy Arnold, Matt Moore  May 2015  Actioned  Sharon Moore, Georgina Millard  Actioned but ongoing  June 2015  Dianna Osborne  Sharon Moore  Matt Moore  With immediate effect  Actioned  All managers  Admin  Ongoing  Sept 2015  Actioned but ongoing  Compulsary quiz at all team meeting as a refresher by may 2015.  Completed  See staff minutes  Ongoing    Completed  April 2015  March2016  June 2015  March 2016  Sharon Moore, Vickt Cronin,  Lucy Arnold  Completed  May 2015  Completed april 2015.  Feedback was that the current system is sufficient but it would be helpful to send reminders. It was also noted that the general consensus was that 1 per year was sufficient.  April 2016  Fran Mussi Lucy Arnold  Software now purchased- survey to be completed  Ongoing  Actioned April 2015 see meeting minutes QA file  Actioned may 2015  Jan 2016  Dec 2015  Actioned  July 2015  Actioned  June 2016  Actioned |
| **S2 – How are risks to individuals and the service managed so that people are protected and their freedom is supported and respected?**  **First Aid Training and specialist training e.g. Epilepsy and Buccal Training, Peg etc.** | Mandatory Health and Safety Training is carried out for all staff **[see training matrix].**  We have a NEBOSH Qualified manager who acts as the Health and safety and Risk assessment Champion.  We have a positive attitude to risk taking across the company and comprehensive risk assessments are carried out to maintain safety whilst not being risk adverse. Staff and where appropriate, service users are involved in the completion of risk assessments. [**See individual risk assessments]**  Managers monthly audits are carried out to ensure Health and safety measures and monitoring is being carried out and reviewed regularly. [**audits are logged on the cloud].**  Equipment checks are in place [**see weekly hoist checks, transport checks, fridge temp** monitoring, Fire.  All Health and Safety/incident forms have a managers section for investigation where appropriate **[see files], plus Health and safety Spread sheet log.]**  The log is monitored and any trends identified and investigated by our Health and safety appointed person, Matt Moore.  We have a Business continuity Plan for the whole company, including cold weather/snow, Pandemic Flu/ staff sickness. Key services staff are identified and the plan is tested. **Copy on the cloud, plus encrypted memory sticks kept by directors in the event of Cloud failure, plus hard copy at Office.**  Safeguarding and Whistleblowing concerns are investigated, action plans are developed and reviewed. [See log]  MCA assessments are carried out and best interest decisions are recorded. DOLS referrals to LA where appropriate  Mandatory for all staff.  Emergency protocols in place, e.g. Epilepsy protocols, peg guidance.  Service users are supported on appropriate ratio’s to ensure they are supported to access and engage with activities of their choice in the community. **[risk assessments, care plans/guidelines and rota’s].**  Guidelines given to all staff on dealing with accidents or injury.  All service users have emergency front sheets with relevant contact details and medication. | Four staff from across the company will be identified to carry out IOSH qualifications. Sharon and matt.  Pre- risk assessments are in place to encourage staff and where appropriate service user involvement in risk assessments. However the use of the pre-risk assessments have been patchy. New Pre-risk assessments will be developed and will be mandatory for each new risk assessment. Matt  New Health and safety monitoring audit form to review and investigate trends will be implemented. Matt.  Health and safety service wide action plan to be developed  New in-house managers/seniors and key workers health and safety and risk assessment training to be developed to complement the existing training  Review as required plus full annual review  There has been a number of medication errors within a few month period. We will review our medication policy, address at team meetings and managers meetings and introduce medication competency assessments, initially to managers and then to seniors and keyworkers and staff.  Needs improvement. New how to support me care plans to be introduced to better document capacity and best interest decisions- all seniors and managers  I  Independent consultant to be comissioned to review our process  New Grab Sheets Are being implemented for staff to take in an emergency, e.g. emergency hospital admission. matt | August 2015  Actioned  March 2016  March 2016  Matt Moore and IOSH staff  March 2016  Dec 2015 Matt Moore  Actioned  October 2016  Sharon and Matt Moore  Actioned  Review to be completed by Sept 2015  Actioned  Medication competency assessments to be fully completed by Sept 2016  Managers actioned, other staff ongoing  Nov2016  All managers and seniors  Sharon Moore  Lucy Arnold  Actioned and ongoing  .Sept 2015  Actioned and ongoing- Terri Randall comissioned  Sept 2016  Partially actioned |
| **S3 – How does the service make sure that there are sufficient members of suitable staff to keep people safe and meet their needs?** | Assessments and Risk assessments are carried out to ensure the correct staff ratios are in place and theses are regularly reviewed [see individual files].  New referrals to the service will not be accepted/started until the appropriate staff recruitment has taken place .  We do not use agency staff and employ staff over our ratio requirements to ensure staff sickness and training is covered [**see rotas’s].**  Robust recruitment processes [see S1].  We also have a staff@silvacare e mail address for any additional shift covers required, and staff are given opportunities to shadow in other areas prior to accepting shifts in services they do not usually work.  Incentives are in place to support staff retention [**see annual leave policy, increased leave depending on length of service].** Also pay incentives.  Clear policy and guidance in place to ensure staff inform managers in adequate time if they are going to be late or absent from work. [**see managing attendance policy and guidance**].  Staff receive regular supervision and an annual appraisal. [**see staff files, paper and Cloud, plus supervision and appraisal matrix].**  Managers are sent monthly audits on the percentage of staff supervised, in receipt of appraisal, and training. Copies also go to the registered manager and QA manager who follow up if there are compliance issues. [**E mails, and training matrix, plus supervisions and appraisal matrix on the cloud**]  All managers have received Disciplinary investigation training and we have policy and guidance in place, plus HR support. Pre disciplinary measures are also in place [letters of concern]. [**See Cloud pro-forma templates, staff files].**  In addition to the mandatory training specialist training is provided, including Buccal training, MAPPA, Sensory Autism, Peg and Nutricia training [see matrix], plus vocational training, Diploma in Health and Social care level2-5. Staff are also asked in supervision if there are additional training requirements or interests they would like added to our training.  Dedicated HR recruitment post to ensure managers recruitment requests are dealt with swiftly and recruitment procedures DBS, References etc. are followed.  24 hrs on call facility is in place, along with contingency planning. | Have closed referrals on two occasions to ensure new staff were up to speed and standard, and will close referrals as and when necessary. Sharon and Matt  Introduce Cycle to work Scheme- Sharon and georgie  Introduce child care vouchers- Sharon and georgie  Staff supervisions are largely up to date ,however we do need to ensure they remain consistently completed. This will be reviewed monthly by the registered manager and service managers and any actions to ensure they remain consistently completed will be taken  New WIDGET software and communications training to be added. Admin  Care ACT 2014 training to be rolled out.  Managers to have completed Care Act training by the end of April 2015. Admin  Actioned  Manual handling key movers to be introduced and an additional manual handling trainer internally will be trained and appointed | Completed June 2015  October 2015  November 2015  April 2016  Actioned and ongoing  Key movers by april 2016  Manual handling additional trainer- Feb 2016- Matt Moore  Training booked for Jan 2016 |
| **S4 – How are people’s medicines managed so that they receive them safely?** | Medication training is mandatory across the company. **[SEE TRAINING MATRIX]**  Medication guidance and protocols are followed as per professional guidance [**see individual files].**  No medicines are given unless in a correctly pharmaceutical labelled container. [**see policy]**  All service users medication is logged in and out of the service area **[see medication logs, service user files and medication folders].**  MARS sheets are used for all medication and must be checked and signed for, and where possible joint check and signatures are completed. **[See medication folders].**  Any medication errors will be phoned in immediately to NHS direct for advise and will be reported as a safeguarding issues and will be investigated by the relevant manager [**see safeguarding log, plus CQC notification if applicable]**  PRN medication can only be administered where there is an agreed medical protocol.  No Covert medication is given without a MCA and best interest decision co-  ordinated by the persons GP.  All medication kept by Silva care [not meds in the persons own home] are stored in locked cabinets. | Silva care’s Medication Policy has been reviewed in Mayt 2016, it includes in-depth, clear procedures for obtained, recording, handling, using, safe keeping, safe administration and disposal of medication.  This is currently being embedded across individual services. The policy was the focus of the Seniors Meeting on 21/05/2015, which included a group activity to identify what existing controls were in place and what actions needed to be in place. Instruction has gone out to all managers requesting the reviewed Medication Policy be discussed within each individual service’s team meeting. The Quality Assurance Manager has offered to assist with these team meetings if required. The reviewed Medication Policy needs to be discussed within each team meeting by the end of June 2015. Lucy and managers  Quality Assurance Medication Audits are currently being carried out across services, this includes a clear action plan and timescales. This will be reviewed again in June 2015 and then again in 6 months (or as and when necessary if issues arise). Managers.  A monthly manager’s audit has been developed and this is expect to complete this starting from June 2015. This will be sent to the Quality Assurance Manager and relevant Service managers to ensure that standards are safe, caring, responsive, effective and well led. Managers, Sharon, matt an Lucy.  A Medication competency assessment has been developed and this is expected to be completed by all staff members who handle and administer medication every year. This will be included on the training matrix and the completed assessment document will be scanned onto the cloud as evidence of completion. This will run alongside the 3 year administering medication training session.  Medication administration Recording Sheets have been reviewed, with clear guidance on how to complete these given at the Senior Meeting on 21/05/15.  Procedures are line with the MCA Act 2005 to ensure we are fully compliant.  The new style care plans and files include improved MCA recording. Seniors and managers  Since the review there have still been some medication errors, on investigation these have been human errors due to staff not checking medication sufficiently or following policy and action has been taken.  However we will book our external quality assurance contractor to carry out an independent medication audit. | Actioned  Actioned  Sept 2016  Sharon Moore and Terri Randall  Jan 2016 |
| **S5 – How well are people protected by the prevention and control of infection?** | Health and safety training, including infection control is part of our mandatory training, as is Food Hygiene training **[see training matrix].**  Policies are in place and available to all staff, including Infection Control **[see policies in each area and The Cloud]**  Nebosh qualified manager who audits Health and safety and carries out site inspections.  Colour coded Mops are used in our own premises as are coloured food preparation boards.  Cleaning rota’s and check lists are in place, including duties for night staff **[see check lists at individual services].**  Cleaners are employed at our larger sites and we have a dedicated maintenance officer who carries out routine maintenance and improvements.  Protective equipment is provided and is mandatory for staff, including gloves and aprons **[see sites, plus policy guidance]** | Drop-in spot checks to be booked by the IOSH team. This will be co-ordinated by Matt moore and a schedule of checks will be booked throughout 2016. These will be unanounced | Jan 2016 |
| **Effective** | **What we already do** | **What we need to do** | **Who and when** |
| **E1 – How do people receive effective care, which is based on best practice, from staff who have the knowledge and skills they need to carry out their roles and responsibilities?** | Staff receive specialist training as well as mandatory training, including Autism training, MAPPA, Epilepsy and Buccal training, PEG care from specialist providers. **[Training matrix]**  At the point of assessment, it is identified if new skills are required by staff and appropriate training/guidance sought. This is also reviewed at people’s person centred planning meeting. **[examples can be seen in individual service user files such as specific communication methods].**  Representatives of the company also attend a variety of different forums and Conferences, Providers forums, positive behaviours forum, safeguarding conference, NADEX conference, Autism and employment. Staff are also encouraged to undertake Diploma Training in Health and social care, Levels 2-5.  Staff receive induction and have care certificate competency passports and are required to shadow more experienced staff prior to working with service users. [Induction and passports]  Monthly team meetings which also facilitate best practice discussions **[team meetings are now logged on the cloud under each service area].**  Managers and Seniors meetings, including best practice discussion groups take place at 6 week intervals and the learning is cascaded down to teams. **[see managers/seniors meeting minutes on the Cloud]**  Monthly staff newsletter, including updates, links etc are e mailed and sent out with wage slips [**see cloud newsletters]**  All staff receive regular supervision and annual appraisals **[see training matrix]**  Managers have received supervision and appraisal training.  The Statement of purpose has been reviewed amended and shared with all staff and service users. It was co-written by staff **[see managers away day notes].**  QA feedback surveys/questionnaires are sent out annually and are reviewed and appropriate action taken [**See QA file].**  3 monthly Coffee mornings for service users and parent/carers are held in each service area to gain feedback and to discuss the service and any service improvements. | New Care certificate to be implemented for all new staff. All managers  Comments and complaints to be regularly audited for lessons learned and to inform service delivery. This will be shared at senior meetings. Sharon  Managers to receive Cart certificate training via Grey matters, aquilla and in house  Ongoing  Ongoing  Review and update on the web site and parent carer newsletter  We will evaluate the results of the 2015 service user survey to inform the action planand service delivery. Sharon, lucy and matt  Coffee mornings and wine and cheese evenings are in place and have been sucessful, however we need to record feedback in a more structured way with feedback sheets to be introduced  External qiuality assurance consultant to be comissioned to assist with audits and QA checks and visits  Autism champions group to be set up and practice ideas shared across services. Sharon to Chair  Communication champions meeting to be arranged by Lucy.  Use of widget software to encourage service user involvement in service delivery feedback. Frannie and key workers and staff  To ensure staff feel competent to complete and understand there role we will carry out a company wide staff survey, and then action plan any improvements with staff through consultation at team meetings, suggestion boxes, or online.  To improve management competency 360% appraisals will be implemented annually  This will be rolled out to include 360% appraisals for senior support workers | J  April 2016 and ongoing  Care cert in place but ongoingOctober  October 2015then implement a quarterly audit and lessons learned to be shared with managers.  July 2015  Actioned  July 2015, then quarterly  Actioned  July then q.uarterly  November 2015  Sharon Moore Xavier Palma  Nov 2015  Actioned  Dec 2015  Ongoing  Jan 2016 and ongoing  Sept 2016  Actioned- Terri Randall  Feb 2016  Sharon  Dec 2015  Lucy  Survey to be completed by Nov 2015- Sharon Moore and Admin  Actioned  Consultation with staff to be completed by jan 31st 2016  Action plan completion  "8/2/16  October 2015  Actioned  March 2016  Admin team |
| **E2 – Is consent to care and treatment always sought in line with legislation and guidance?** | Service Users who lack Mental Capacity to take decisions Policy and Consent to Care Policy is in place.  Mental Capacity Act Training completed for all seniors and managers. This specifically looked at how we record consent to the care and support we provide. In conjunction with the training SCIE The Mental Capacity Act (MCA) and Care Planning Document given to all services. Training also covered Court of Protection and DOLS.  Staff members when carrying out care and support ensure they gain consent, if it is refused this is recorded.  Library has been set up on the cloud with relevant resources, this includes Mental Capacity and DOLS, Positive Behaviour Support and Safeguarding Adults.  Respecting individual choices and supporting individuals to explore their own choices is part of our core values and induction. Evidence of this can be found by talking to staff and services users, and also in staff information such as supervision, appraisals and inductions.  All relevant staff have completed MAPPA training which explores lawful and unlawful restraint practices.  Health and Safety Forms are filled in regarding any incidents/ near misses/ elevated behaviours. Any use of restraint is recorded in detail. These are then analysed by individual service managers, registered manager and MAPPA trainer to look at what worked well, what did not work well, and to identify triggers, environmental factors and what could be done differently. All health and safety forms are entered onto a spreadsheet to enable us to monitor and to look for trends. All necessary incidents are reported to Safeguarding and/ or CQC as and when necessary. | New care plan files have been introduced, guidance and training has emphasised how to record consent and decision making (this includes past decision making). There is also clear sections to record how individuals communicate their choices and decision making. How to support me care plan has a clear person centred format to how to support individuals when they become anxious and might display behaviours which are considered challenging. Reviews of care planning documentation will take place as and when necessary or yearly, ensure consent is relooked at. Key workers, seniors and managers.  Mental Capacity and Best Interest recording format is included in new care file format. Quality Assurance Manager and Registered Manager are working closely with all service managers to ensure that Mental Capacity and Best Interest Decision Making is recorded and procedures according to codes of practice are followed (there is some evidence of this within supervisions, mentoring sessions and senior meetings – see cloud). All staff  Social Contracts are being explored by Lucy Arnold and Aaron Armoogum. | Different areas have different deadlines for implementing new files.  Final deadline Dec 2015  Actioned a few ourstanding and in old format. These will be finalised by march 2016  Ongoing |
| **E3 – How are people supported to eat and drink enough and maintain a balanced diet?** | Detailed section within care planning document which includes favourite foods and drinks, foods and drinks the individual dislikes, allergies, cultural needs, environment, positioning, consistency, utensils, the support individual needs and risks. This is reviewed as and when necessary or yearly.  Each service has weekly meal planning which involves each service user and promotes health eating and choices.  Where there are concerns surrounding individual’s food and drink intake this is monitored and recorded and support provided if necessary.  Ongoing partnership working exists between dieticians and nutricia nurses where there are concerns surrounding individual’s nutritional and fluid intake. We support individuals to make referrals or make referrals on individual’s behalf to relevant health professionals as and when needed.  Health and Safety and Food Hygiene policies and procedures along with relevant risk assessments and checks are in place for each service. Service users are encouraged to develop and maintain their independence within the kitchen and relevant individual risk assessments are in place. | Meal time policy and guidance to be written and introduced. [Sharon]  Service users are involved in menu planning and can have alternatives if they change their minds, however we need to improve the way we are documenting choice. PEC's and pictures are used and this is included in the how to support me plans, however neither system reflects on a regular basis how we ensure daily choice is given, Systems review to look at how this can be implemented | 31.1.16  Review with seniors and managers and take as a draft to team meetins and discuss with service users  System to be implemented by April 2016 |
| **E4 – How are people supported to maintain good health, have access to healthcare services and receive ongoing healthcare support?** | Individual’s health needs and the care and support they require are detailed within then care plan.  Dependant on the individual and their understanding and capacity, concerns and actions are discussed with the individual for a decision surrounding relevant action. Concerns and monitoring surrounding an individual are recorded within their daily records and reported onto the senior/ manager to discuss the relevant course of action needed.  All appointments that individuals are supported to attend if appropriate a ‘Health Appointments Recording’ Form this can then be used to assist the individual with understanding courses of actions, medication, treatment, medication etc.  When necessary staff are involved within Mental capacity Assessments and Best Interest Decisions that are led by Healthcare Professionals.  Referrals to relevant health professionals are made as and when needed, these are followed up and chased as and when necessary – evidence of this can be seen in daily recording. | Health action plans to be developed for Supported Living Service Users. managers  Hospital passports to be explored. Lucy | Sept 2016  Sept 2016 |
| **Caring** | **What we already do** | **What we need to do** | **Who and when** |
| **C1 – How are positive caring relationships developed with people using the service?** | Statement of Purpose and Core Values.  Equal opportunities policy  Anti-discrimination policy  How to support me care plans focuses on how individuals wish their care and support to be carried out. It also documents needs in respect of their age, disability, gender, gender identity, race, religion, beliefs and sexual orientation. Important information that is relevant to an individual’s personal histories to assist those who are carrying out care and support. How to support me plan also focuses on how an individual communicates in order for our staff members to support individuals and ensure that we are responsive to needs, i.e. when an individual is unwell, in pain, or not happy.  Handover and communication books are used to ensure information surrounding services users are handover to the team that are supporting them. This could include a variety of information, such as individual is not feeling very well, has eaten poorly, etc. This ensures that needs can be met and assistance sought as and when necessary [see communication books, handover sheets].  Fair Access and Exit Policy is in place.  Initial assessments are completed for all new service users. These are carried out by the team who are supporting the individual in order for them to get to know the team. Shadowing visits are completed to existing services, such as schools, day services, home, etc.  Management visit services on a regular basis (weekly) in order for service users to get to know them and it gives individual service users the opportunity to speak with them. | Induction training is being develop to include our Statement of Purpose and Core Values.  Sharon , Lucy and matt  Sit and See Tool purchased – Quality Assurance Manager and external consultant will complete observations within each service. Recorded observation will be available on the cloud. Lucy  , Terri and Sharon  Initial assessment from to be reviewed and made more accessible- Caitlin Harris  Induction process to demonstrate how new staff members are shown our values and how we expect our service users to be communicated with. Sharon  We need to ensure service users have improved access to information on Advocacy services, and are supported to refer where appropriate.  This information will be added to our web site, newsletters and posters where appororiate to display them | June 2015  Actioned  May 2016  Sit and see now purchased- dates to be determined.  Completed may 2015  June 2015  Actioned |
| **C2 – How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support?** | Autonomy Policy  Person centred planning, both preparation and meeting involve service users as fully as they can do with the people they want involved.  Easy English, Makaton, signs, symbols and pictures are used where ever appropriate to aid individual’s understanding. Specific information relating to health treatments and conditions are sought from the local CLDT and LD Liaison Nurses to assist.  Individuals are supported to access advocacy where ever possible, with the closure of Bristol and South Glos People First. Management raise the issue of free advocacy services to partnership boards when attended. | Within the example care file it demonstrates recording how individuals are involved within their care planning, or where they lack capacity directing them to the relevant best interest decision. There is a specific section on how the individual communicates, including their choices and decisions. Key workers, seniors and managers.  Sit and See Tool purchased – Quality Assurance Manager will complete observations within each service. Recorded observation will be available on the cloud. Lucy  My Silva care to be used more. Communications post to be advertised to improve use of My silva care and develop new web site and social media. Xavier  We need to ensure service users have improved access to information on Advocacy services, and are supported to refer where appropriate.  This information will be added to our web site, newsletters and posters where appropriate to display them | Ongoing  ongoing  ActionedNov 2015- Xavier now arranging staff training, and service user demonstrations. This will be ongoing throughout 2016  Xavier Palma  Ongoing |
| **C3 – How is people’s privacy and dignity respected and promoted?** | Confidentiality Policy  Data Protection Policy  Privacy and Dignity Policy  Autonomy Policy  Care planning process demonstrates how we protect an individual’s privacy, dignity and independence whilst providing care and support.  Record keeping training.  Caldicott Guardian in place- Georgie Millard | Sit and See Tool purchased – Quality Assurance Manager will complete observations within each service. Recorded observation will be available on the cloud. lucy  Induction process to be developed to demonstrate how we promote and outcome privacy and dignity. Sharon and lucy  Mental Capacity Assessments and care planning to be carried out more thoroughly to demonstrate how we support individuals to be as independent as they would like to be. All staff  Independent consultant to review how we implement MCA and DOLS | October 2015 then ongoing  June 2015  Actioned  Sept 2015  Partially actioned but still bneeds improvement.  March 2016  This is underway. |
| **C4 – How people are supported at the end of their life to have a comfortable, dignified and pain free death?** | End of Life Policy  Autonomy Policy  Silva care works together with external professionals to ensure a person’s needs and wishes with relation to end of life are met and a plan is in place.  Silva care do not primarily support service users at end of life , however where this is necessary staff will receive training and support. Some staff have already received training via St Peters hospice | End of life planning needs reviewing. Sharon  Further training will be implemented throughout 2016 | Feb 2016  Ongoing |
| **Responsive** | **What we already do** | **What we need to do** | **Who and when** |
| **R1 – How do people receive personalised care that is responsive to their needs?** | Autonomy Policy  Fair Access and Exit Policy  One Page Profiles  Person Centred Plans  Service Users are involved as much as they can be within their care planning and directing the care and support they receive. Those who are able to express who they would like to be involved within their care planning and person centred plans this is respected. Evidence of this can be seen within care planning files.  Person centredPlanning Training.  Annual PCP's or reviews.  Use of accessible communication methods to ensure service users have choice and control.  personalised Activity Timetables.  Staffing rotas drawn up based upon need and what activities individuals have planned.  Individual risk assessments to support activities  Specialised equipment used to ensure activities are accessible  Regularly reviewed support plans  Suggestions boxes in all areas and accessible to service users. | New care plan format is centred surrounding the individual service user, guidance and training have directed that this process is person centred and is led by the individual.  All staff  Outcome recording (such as Outcome Star Model) to be explored. Sharon, Matt and lucy  My Silva care to be used more. Xavier and key workers  Suggestion boxes are not widely used by service users. We will investigate why and look at more accessible methods [senior team]  Quality assurance questionnaires to be made more accessible to promote participation on service improvements.  We need to ensure service users have improved access to information on Advocacy services, and are supported to refer where appropriate.  This information will be added to our web site, newsletters and posters where appropriate to display them | Dec 2016  Actioned  This is currently under consultation with Bristol City Council as part of the CSS framework  Feb2016  Seniors and staff.  Lucy Arnold  Caitlin Harris  Fran Mussi  March 2016  Xavier Palma  Ongoing |
| **R2 – How does the service routinely listen and learn from people’s experience, concerns and complaints?** | Complaints Policy and Procedure.  **Silva care policies are fully accessible to all staff and are kept at each of our service bases, plus at our main office. They are also available on line via The Cloud, and key policies are discussed at staff meetings, via our newsletter and e mail updates to staff. They are also discussed in supervision where appropriate.**  Suggestion boxes are in place at all services for both staff and service users.  6 monthly questionnaires are in place which we send out to all parent and carers.  Coffee mornings for parent and carers are held in each of the services every 6 months.  Silva care as much as possible operates an open door policy, managers are always respectful when an individual wishes to express a concern/ complaint and will take the time to listen and deal with it in a timely manner. – See complaints and comments log | Response from last parent/ carer survey was poor. Quality Assurance Manager is looking at home visits to discuss what we do well and what we need to improve with our home care service users.  Questionnaire to be reviewed. Lucy, Sharon and managers  Stakeholder questionnaire to be developed.  Sharon and managers  We do not receive many formal complaints however it is felt that we are not fully recording smaller complaints that may be being made, e.g telephone call to say an item of clothes has not been sent home. To improve the monitoring of small complaints we will implement a complaints log at each area and seniors and staff will be required to complete it. this will feed into the main central log. All seniors and staff | August 2015  Actioned  March 2016  28.2.16  Dec 2015  Sharon, Lucy, Vicky |
| **R3 – How are people assured they will receive consistent coordinated, person-centred care when they use, or move between, different services?** | How to support me care plans focuses on how individuals wish their care and support to be carried out. It also documents needs in respect of their age, disability, gender, gender identity, race, religion, beliefs and sexual orientation. Important information that is relevant to an individual’s personal histories to assist those who are carrying out care and support. How to support me plan also focuses on how an individual communicates in order for our staff members to support individuals and ensure that we are responsive to needs, i.e. when an individual is unwell, in pain, or not happy.  Handover and communication books are used to ensure information surrounding services users are handover to the team that are supporting them. This could include a variety of information, such as individual is not feeling very well, has eaten poorly, etc. This ensures that needs can be met and assistance sought as and when necessary [see communication books, handover sheets].  Fair Access and Exit Policy is in place.  Initial assessments are completed for all new service users. These are carried out by the team who are supporting the individual in order for them to get to know the team. Shadowing visits are completed to existing services, such as schools, day services, home, etc. | My silva care to be used more. Xavier and all seniors  Review fair access and exit policy- sharon | August 2015 |
| **Well-led** | **What we already do** | **What we need to do** | **Who and when** |
| **W1 – How does the service promote a positive culture that is person centred, open, inclusive and empowering?** | Team Meetings  Senior Meetings  Manager Meetings  Away days  Feedback emails  Supervisions  Appraisals  Suggestion Boxes and suggestions of the month. This is also available on line  Manager weekly shout backs  Silva care has a mission statement and core values developed in consultation with staff and service users.  Everyone is encourage to participate in service development, whether this be staff members and service users. We encourage service users to make choices about the care and support they receive and what they do through care planning and pcp. Staff members have an understanding of how individuals communicate so if it is believed a service user is expressing they are unhappy through non verbal communication this can be explored [see care planning files].  Whistle blowing policy.  Site visits are regularly carried out by the registered manager and service managers, and comments fed back to managers.  Coffee mornings with service users, and families attended by service managers and registered manager to meet and give an opportunity for face to face feedback  We promote the use of our complaints policy as a positive way to review and improve what we do. This is regularly promoted on our web site and newsletters. When we make mistakes we will apologies. This philosophy is also shared with staff at team meetings, and vis our intranet. | Develop service user meetings within each service. All managers  Induction process needs to show evidence of how we ensure staff are doing this. All managers  Evidencing site visits and observations or feedback from service users needs to be improved. Visit logs to be introduced  Improve how we record and monitor feedback from the coffee mornings. Feedback sheet to be developed.  We will share [anonymised and with consent where appropriate] the number and types of complaints received per quarter with service users and their families via our newsletter and web site | March2016  This will include looking at how all service users vcan be represented including people with co with complex communication needs  New care certificate April 2015  Sept 2016  Registered and service managers  Actioned  March 2016  Sharon Moore  Xavier Palma  March 2016 then quarterly |
| **W2 - How does the service demonstrate good management and leadership?** | Management team are visible throughout the company in our bases on a weekly basis. Management also carry out training and attend team meetings.  There is an on call management system. Seniors and managers are available at all times, this includes a 24 hour telephone system. The registered manager is oncall 24 hours, if she is not able to cover the telephone then alternative arrangements are made – generally Lucy Arnold is nominated to cover. Any changes are communicate through email giving plenty of prior notice.  Management of Silva Care operate an open culture and are available to ask questions, seek advice, raise concerns at all times, this can be over the telephone, via email or face to face.  Supervision and appraisals are held on a regular basis and give staff members the opportunity to spend time with management.  Team meetings are held on a regular basis.  The registered manager or her nominated individual is responsible for notifying cqc. See Notifications log  Registered manager and Service managerskeeps up to date on new policy, legislation, guidance and best practice. This can be evidenced through the training and workshops she attends. This is then disseminated throughout the staff team. | Management workshops and opportunities (Managers academy) are being developed to enable those who wish to progress within the company are being developed. Sharon, Matt lucy and art  Registered manager to have a 360 degree appraisal from managers and staff. This will be then rolled out across all management positions. sharon  Staff representatives to be voted in across all services. Quarterly meetings with the directors. Sharon and matt  Staff satisfaction surveys to be introduced annually and used to consult with staff to improve staff satisfaction and retention and communication.  We will enrol for Investors in People as part of our commitment to improving as an employer  To promote and improve a positive service culture we will introduce the Culture for Care tool Kits to be used with teams vuia team meetings, supervisions and away days | March 2016  Development has begun with consultation with all managers.  October 2015  Actioned  Actioned may 2015  Survey to be completed by Nov 2015  Consultation bu Dec 2015, Action plan by Feb 2016  Survey completed  March 2016  Initial meeting held with Investors in People.  June 2016  Initial session held at sebniors meetings |
| **W3 – How does the service deliver high quality care?** | In house policies and procedures are robust and are reviewed regularly, or as and when needed [see policies and procedures]  Comprehensive staff training [see training matrix]. Competencies are carried out within Team meetings.  Management recognises skill base within staff team and ensures that staff members’ skills are utilised, for example, key movers, fire wardens, health and safety personnel, PBS, communication experts, etc.  Complaints and compliments gained. Complaints are recognised and dealt with in a timely manner according to Silva Care’s complaints policy [see information on the cloud]. Compliments are recognised and celebrated [see Team Meetings].  Coffee mornings for parent carers occur roughly around every 6 months. This enables parents/ carers to raise concerns and complaints with managers. It also enables management to feedback to parents and carers on what is happening within Silva Care.  All staff members have good working relationships with parents and carers to gather feedback on an almost daily basis, this can occur when picking service users up for day care or respite etc. Verbal feedback is exchanged and also a lot of service users use communication books where information is exchanged.  Questionnaires are sent out to parents and carers on a 6 monthly basis.  Person Centred Planning and ‘Look what I have been doing’ recognises, plans and demonstrates Silva Care working towards Service Users outcomes and achievements. | Quality assurance manager is exploring monthly compliance audits to each service.  Lucy and sharon  Sit and See Tool purchased, this to initially be used by quality assurance manager to complete observations.Service users Parents/ Carers to be approached and offered training for Sit and See Tool who are then able to carry out observations. Lucy  Management will be exploring outcome based models to gain evidence in how we are supporting service users to meet their goals and aspirations. Matt Sharon an lucy  Moving and Handling Competences are being developed. aaron and Judit. These will then be introduced across the teams throughout 2016  Annual appraisal and evaluation of all service improvement suggestions, complaints and comments to be introduced and this will inform the service delivery action plan.  Sharon and lucy and matt and Vicky  On the last parent/ carer questionnaire we received a poor response in the number of questionnaires we received back. Quality Assurance manage will be carrying out face to face visits to begin with our Home Care Service Users.  . | ongoing  May 2016.  The QA consultant is booking a series of sit and see sessions beginning in Jan 2016  Aaron Armoogum  Judit Boranits  Competency by May 2016, and then rolled out to staff.  Jan 2016 |
| **W4 – How does the service work in partnership with other agencies?** | Team members attend and participate in multi-agency meetings and reviews including safeguarding strategy meetings, service user reviews, best interest meetings, health assessments and reviews [see individual files, correspondence and daily records section].  We work closely with the following organisations to ensure individual service user needs are met:  -Local CLDT  -Bristol City Council  -South Gloucestershire Council  -Bristol CHC Team  -South Gloucestershire CHC Team  -Police  -Local GP surgeries  We have staff representatives on Provider forums for BCC and South Gloucestershire.  Work in partnership with Commissioners from our Local authorities. See provision events agenda’s | Stakeholder questionnaire to be developed to seek feedback from agencies we work with.  Ongoing recording within service user files  We will develop an evidence folder to evidence and evaluate partnership working | Feb 2016Lucy Arnold  Ongoing – all Silva Care staff.  Jan 2016  Ongoing – Sharon Moore/ Matt Moore and Lucy Arnold. |