

Driving Up Quality

This is a time for change. How many times will you have heard this before? However for Community Integrated Care this is a time of very significant change. During this process we have re-discovered that fundamental change is neither easy nor straightforward. We have asked ourselves questions about every area of our organisation and, as a result, we are focussing on the places where we must do things differently so that we can provide up to date, outcome-focussed support for the people who use our services. It is important to us that the people we support, relatives, friends and commissioners will have confidence in what we do.

We are in the process of thoroughly reviewing:-

- Our culture – in all areas of our business
- Our documentation
- Our quality processes
- Our staff

Most important to the change in the way we manage, is the Personalisation project. We have recognised that in the past much of the work we did in supporting people was caring, yes, kind and compassionate, yes, but did not always empower people to realise their aspirations or their potential. We have not always listened to, and acted upon the voice of the people we support.

As a result of this fundamental strategic review we have introduced a number of initiatives.

We are working with **Helen Sanderson Associates** to introduce one page profiles for all throughout the business.

One page profiles

MS is a young man on the autism spectrum and was labelled "challenging"

Staff found M difficult to support and didn't understand him. M was isolated from his community and was clearly a very unhappy young man.

We arranged a meeting with his family to get some accurate back-ground information about M and every member of the team completed a one page profile.

We identified that M loved football and animals. We matched him to those members of staff with the same interests and the result is that M has a voluntary job at our local community farm. He goes to the farm with staff support every Tuesday but the goal is for M to attend the work placement independently.

Also, M has a personalised rota and he is now a regular at our local football ground. He attends matches with an avid supporter! The result is a happy M and staff team and guess what! no 'challenging behaviour.'

M's family attended a recent "family big change event". His sister said that she had never known M happier or more settled. She was thrilled that he was watching football matches and had a job working with animals. He grew up with animals and they knew how much it meant to him.

AC knew M when he moved into his home 3 years ago. She said "M is a different man. He never went out and staff were scared of him. Now, I take him to the city ground as we are both City football club fans. I love supporting him and seeing him happy. We both wear our scarfs and M joins in with the football songs!!!"

Changing rotas to be centred on the person who is being supported

CW, lives in her own flat which is incorporated into a mainstream complex with full day time support and access to a night support worker.

At least 2 years before the notion of personalised rotas came into being in Community Integrated Care, CW's support team was put in place with her needs in mind. But it wasn't on the format it is now. It was a typical "staff rota" and owned by staff. Now we have supported CW with creating her own personal rota system which is truly personal to her. She chose the colours, took the photos and even decided the best way to display it – she wanted it in her flat and on the notice board.

CW has stated that she would like to decide who to work with her. She chose the staff from the existing pool and, even before one page profiles were all in place, chose them because of similar interests, age etc. CW chose her team from the existing large group of staff working in the service. She made it clear she wants women working with her, but sometimes men can too. She wanted people around her age group but also an older lady, a maternal figure who is firm and fair with her when she is "low".

We then went onto working with CW to create her own staff rota.

We sat with her and went through a typical "good" day, looking at her preferred times to get up in the morning, activities during the day, and preferred times for alone times with her boyfriend. Once this was done, we worked with the core team of staff to work out actual rotas and times of starting finishing. CW took pictures of the staff. They were to be with smiling faces and, with the help of the service leader at the time, created a rota. She has said though that some staff weren't smiling enough so she will take other pictures

This rota is CW's - it does not belong to staff and does not stipulate clear times of staff starting and finishing "shift". Staff are either there in the morning, afternoon or evening. Planned activities are noted on the rota.

CW says "I need help with reading and writing and the old rota was confusing and complicated" "I get stressed out if I don't know who is working with me but I don't get agitated with the new rota" "I like the new rota much better"

Changing our thinking about how we fill the empty spaces in the homes of the people we support

A 4 bedroom Supported living service for women had 2 vacancies. It was decided to design and distribute an advert similar to how people would usually advertise a room to rent. It was completed with the 2 women already residing in the property and they were asked who they would like to share their home with. They came up with the personality that would best suit them and also included their interests in the advert to attract like-minded people. It included pictures of their beautiful home and an overview of the support someone looking to move in could expect from the staff team.

Like any advert for a home it also included the local amenities. The women were involved throughout the process and encouraged to meet and talk to any potentially new people. The advert was shared with the local authority for them to work at how best to match with likely people who required this level of support.

One of the women said that being involved in this project made her feel more in control of who she would share her home with and that it made it feel more like a home than just a service.

The project empowered the two women to be actively engaged in the advertising and filling of the vacancies and kept them included throughout the whole process, it was also well received by the local authority as it meant they could give people who were thinking of moving in an overview into the property and the type of personalities and interests of the other women that already lived there. They could also show this advert to family and friends as part of the transition process.

We are changing our documentation using person-centred tools to reflect what is important to, and for the people we support.

We recognised that our labour-intensive work and paper-intensive documentation took up a lot of the time that staff needed to be used for working with the people they were supporting. We also recognised that it was not always person-centred, and did not have the clarity needed to ensure we gave the support that people wanted. As a result, we are in the process of producing a much pared down assessment and support planning system which focuses on improving an individual's independence. The new documentation is outcome-focused.

To do this we are using a range of tools from Helen Sanderson Associates which are simple, easy to use and clear sighted. These tools ensure that the people we are supporting are at the centre of everything that we do and that they have lives which are meaningful.

When one home manager began to use the tools for the first time, she told us "I have had a member of staff working with EW for the past 3 days. As a result of this, we have noted some small but significant improvements; diet and fluid intake has increased a little, and EW is now sitting to the dining room table with a member of staff. Yesterday there was a positive and significant change in her behaviour, and now EW is responding to staff with smiles etc."

We aim to be inclusive

We want to ensure that the people we support have the opportunity to participate in every level of the organisation. Their values and their view on quality in their lives becomes the touch-stone for development of their services. A strategy for developing this has been devised and is being worked out through the Voice Project. This is tasked with ensuring that the voices of the people we all support are listened to and acted upon and they are heard at every level of the business. We have been working with and supported by **Changing Our Lives** and as a result we are proud to say that we have a small group of peer reviewers. These numbers will increase in due course.

Peer reviewers check that people we support:

- Have a good quality of life.
- Have a good home, day service, education.
- Are making choices about what they want.
- Have the same rights as everyone else.

The Peer Reviewers go to a variety of places to do their work, for example; residential/nursing homes/supported living and extra care.

Peer Reviewers do the work by talking to the people who use our services about their lives and asking them questions. They also look at lots of things in the service or the home such as how the staff speak to people? Is the home nicely decorated? Is there easy read information for people? Are there any complaints leaflets? Is information easily accessible? And as a result of their audit they suggest ways that the person's support or service can be improved.

In order to ensure that they have the support to do all these things, Community Integrated Care has committed to:

- *Support to do the audits.*
- *Training throughout the year.*
- *Giving support and guidance through the Quality Team.*
- *Ensuring that Peer reviewers are being paid for their work.*

The Driving Service Improvement project will touch the lives of everyone, from the development of a variety of new tools to assess quality, through to who carries out those assessments. We are inviting individuals who use our services to state what they think quality means in their lives. We are also aligning our own quality tool against CQC's fundamental standards in order that we are really clear about the standard and quality of our services but can also aspire to achieve a rating of outstanding. We are using Progress for Providers as a bench mark tool and have put together a matrix of external tools in order that the different services we provide can assess their quality against service specific tools which are evidence based and widely accepted.

This is an environment:

- Where the people we support are at the centre.
- Where they have freedom to comment at every level of management.
- Where they are able to access and comment on the quality of not only their own services but also the services that others live in.
- Where they can take part in the recruitment process for staff as well as train staff.
- Where they have meaningful lives.

We are in the process of creating this environment and culture in partnership with the people we support.

Community Integrated Care is committed to making this journey.