Nottinghamshire County Council

Quality Monitoring Audit Form

Portland Freedom

Service Name:	Portland Freedom		
Manager:	Matthew Gallagher		
Provider:	Portland College		
Type of Service:	Day Care		
Home Address:	Nottingham Road, Mansfield, NG18 4TJ		
Email Address:	matthewgallagher@portland.ac.uk		
Date of Audit:	14th July 2021		
Band:	N/A	Previous Band / Score:	N/A
Score:	38/57	Action Plan Required?	

Key:	Excellent	Good
	Improvement Required	Does Not Meet

What actions were identified during the last audit?

Previous audit date (N/A)	What was identified?
Previous Recommendations:	N/A

What actions were identified during this audit?

Audit date (14th July 2021)	What was identified?
Standard One:	- Some support plans and positive behaviour support plans need to be reviewed and updated, however updates were evident until March 2020 prior to the pandemic.
Standard Two:	- Service user finance documents need reviewing and updating if there have been any changes to policy.
Standard Three:	- Names and future meeting dates need to be included in staff meeting notes
Standard Four	
Standard Five	

Standard One: People who use the service experience outcome focussed person centred care: People who receive a care service receives outcome focussed person-centred care, which considers their choices and preferences. Care is provided in a positive risk-taking environment, which supports people to make decisions regarding their care.

1.1 Each service user has a personalised support plan which identifies patterns of daily living. Service users and / or families / advocates are involved in the process and are able to contribute their views.

Score	Recommendations:	Observed Evidence
Good		We observed several care and support plans which were found to be detailed and person centred. The support plans include personal preferences around the service user's personal spaces, interests and hobbies they have and what activities they enjoy while at the day service.

We observed service user files which had one-page profiles including emergency contact details and GP details, as well as information about any allergies and medication that may need be taken during the day. The files included personal preferences around activities and meal plans and contained information about what days they attend and how they travel to the centre (e.g. by taxi or family).

Care plans have been completed with the involvement of the service users and include simple cartoon pictures and diagrams to support them to understand what each activity is. Care plan include details around moving and handling support and support with personal care. One support plan includes guidance on supporting a service user with communication using Makaton to ensure they can effectively express their needs and wishes.

There is also a person-centred approach to supporting one service user if they become forgetful mid-sentence or if they become forgetful during a conversation, as they may need some encouragement to make their point.

There is evidence that the support plans have been regularly reviewed, with dates and signatures of staff included when amendments have been made. The support |

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plan is also signed by the service user to indicate they have been involved in the process.

Staff were not having their usual morning briefings at the time of audit due to COVID restrictions, so a typed handover sheet was printed out each morning to ensure any information is passed over to the next member of staff starting a shift. The briefings included reminders around correct PPE wearing and correct processes for safely storing any COSHH substances. The handover sheet also includes information from parents, such as any changes in behaviour they may have noticed while at home. There are also notes for when service users have pressure area care that needs monitoring and body maps are used to indicate boils etc. It also specifies if any changes need to be communicated through short breaks when service users are with that service. We noted an incident recorded where a service user has pushed another – family have been advised and it had been requested for staff to monitor in case of further incidents.

Religious and cultural considerations have been considered in the support plan, including dietary requirements, care needs and prayer/worship (although we did not observe any cases where this was a requirement). All documents have been signed by the service user and a next of kin where appropriate.

We observed a speech and language therapy communication guideline which provides information about how to communicate effectively and ways to avoid overstimulation. There is a SALT team on the campus who cover the day service, as well as other services on the campus. One service user has an in-depth communication guideline due to the additional support required.

1.2 Care / support plans include identified areas of risk and details how these will be managed and are reviewed, supporting service users to make informed choices.

Score	Recommendations:	Observed Evidence
Good	- Some support plans and positive behaviour support plans need to be reviewed and updated, however updates were evident until March 2020 prior to the pandemic.	There are risk assessments for various aspects of individual risks, and these are personalised to the individual service user. There is a section on challenging behaviours and interactions with others – in one support plan it was recorded that a service user and another do not get on and should be closely monitored by staff. Service user files include 'individual risks' and 'control measures' to try and reduce the chances of the risks occurring. These included information around epilepsy and allergies (e.g. sun lotion to the face) which are specific to the service user and identify any relevant risks.

A COVID risk assessment has been completed during the pandemic – this is generic on the first page, but additional pages are person centred and related to the individual's needs. These are general risks and include control measures, but include aspects of COVID restrictions, such as one service user who struggles to regulate body temperature or may forget that they need to remain in their social bubbles.

We observed that positive behaviour support plans are in place for all service users, which includes triggers and preventative strategies. There is evidence that these have been reviewed regularly up until March 2020, however, there have been no updates during the pandemic so need reviewing.

A support plan was viewed for a service user with one to one support and corresponded with rosters which confirmed that adequate staffing was in place. One support plan identifies that a service user who stays in respite can become anxious and excited around this time so increases the risk of challenging behaviour. We observed a support plan for a service user who has support with continence needs and personal care. This support plan contained an in-depth positive behaviour support plan which specifies that routine, structure, and consistency are important, as well as specific responses to give, otherwise she can become overexcited. This was last reviewed in March 2020 so would benefit from being updated if necessary.

Several service users have a history of epilepsy and the support plans include information about signs to look out for, what happens during and actions to take (i.e. some state call 999 immediately, other's say after 5 minutes). There is an epilepsy management strategy plan.in place for one service user which includes triggers (diet |

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carbonated drinks), behaviours that indicate a seizure is imminent and what happens during a seizure

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There is a manual handling risk assessment in place for a service user who is a wheelchair user and is transferred using a hoist. Another support plan indicates an understanding of personal choices as it states that the parent of one service user has requested that he keep his visor on all day but correctly states that it is a personal choice and that there were no concerns around the service user's capacity to be able to make this decision for themself Separate footwear and footcare document are included when support is required with putting on specialist boots.

1.3 Accurate records relating to service users are completed in a timely way and stored in a safe place.		
Score	**Recommendations:**	**Observed Evidence**
Good		Daily logs are stored online on the Care App, all staff use a tablet or mobile device within their sessions. More frequent entries are listed at the top (i.e. service users who are in daily) and ones who may only be in for a couple of half days with minimal support at the bottom. The app lists activities that SU's have taken part in throughout the day and any personal care that has been provided; it also records in the meals section what they have had for lunch and how much they have eaten. The running records would usually contain social activities carried out in the community, but this has been limited during the pandemic. Daily communication forms are also filled in when family make contact. One example was observed which states when a service user parent has given holiday dates; this information can then be transferred over to the online attendance register so that staff will know not to expect them. One entry stated a service user became emotional but there was no apparent reason for it - parents were informed. Daily records were person-centred and contain good detail.

Daily care logs were observed for when service users have had personal care support and include drop down menus with free text, including who the 2nd carer is. They can also store records for fluid intake, urine output etc. when requested. Seizure records are also online – we observed one entry which stated a seizure was recording as lasting around 12 seconds. Behavioural issues/ observations and incident reports can also be reported on this system, including the behaviour itself and any signs that were observed beforehand. There is also a space for whether the service has been debriefed following an incident. Service users are included in the 'citizen reflection' and it is person centred to them. This information can also be shared with the other care teams such as supported living so they know what has happened during the day; they can also be accessed remotely if the manager is not in the office and they need to check. Daily care logs and meal logs are stored online and require login by staff members using their Portland College email and passwords to ensure information remains secure and in line with GDPR legislation.

We viewed the accident/incident log which is maintained centrally for all areas of Portland College but is broken up into different areas on campus, including a separate section for day services. The incidents are all ranked by severity and followed up by the Health & Safety team which covers the whole campus. |

1.4. Service users are afforded a choice of suitable nutritious food and in sufficient amounts in accordance with their identified needs and wishes.		
Score	**Recommendations:**	**Observed Evidence**
Good		Service users go for lunch at the College dining room – day services have a separate area sectioned off to reduce the risk of cross infection and mealtimes are staggered between two groups. We had the opportunity to visit the dining room at lunch time and could see service users having lunch and interacting with care staff. We observed an example of lunch choices from the main kitchen and were advised that meal choices are usually on a 4-week rolling basis, with two main courses to choose from and vegetarian options included. One service user support plan contains picture support to show what meals the person will usually have, including the options they tend to choose. We were advised that some service users prefer to bring a packed lunch which is then stored in the kitchens. We observed one support plan which identified that support was required with cutting food up into manageable sizes due to the service user's limited dexterity We observed one service user who has one to one support with meals within their bubble as they have OCD behaviours and therefore eat very slowly with support. Following a SALT assessment, one service user support plan highlighted allergies and recommended that foods be pureed or blended as the service user tends to pouch food in their mouth – this evidences that healthcare professionals have been involved and following correct guidelines to ensure health needs are managed effectively.
		Each support plan provides details around eating and drinking preferences and specifies that service users should be encouraged to prepare their own meals and drinks as much as possible, exercising choice and control. There is detail about how to support someone with dietary needs as they have been advised to put weight on, so require high-calorie intake – all dietary intake was recorded via the online running records but the service user's weight was monitored externally and not reviewed on-site.

1.5. Service users are supported with dignity through individual stages of life, by staff respecting their choices and preferences.

Score	Recommendations:	Observed Evidence
Good		We did not see any evidence of end of life plans or do not resuscitate forms in these services for us to audit. We were not notified of any Service users with a DNACPR in place. We observed that service users are provided with as much choice and control as possible over their daily activities while in the service, as evidenced by their support plans and daily running records.

Standard Two: Keeping People Safe: People are protected from abuse or the risk of abuse, including financial abuse and the safe handling of their medication. People are supported and needs are met in line with MCA and DoLs / DoLiC requirements.

2.1 Service users are protected from abuse or risk of abuse. Their human rights are upheld through the effective operation of safeguarding arrangements. These identify and prevent abuse and are responded to appropriately.

Score	Recommendations:	Observed Evidence
Good		Safeguarding cases are saved online, and a running record is maintained. There is currently one active safeguarding open which has been determined to be inconclusive, so at the time of the audit the scheme manager was waiting for confirmation that the investigation could be closed. The scheme manager is the safeguarding lead for day services and made the referral to MASH but will usually discuss this with other safeguarding leads on the campus, There is evidence of discussions with the Newark Living Well social worker recorded on the online system and evidence of previous safeguarding referrals being followed up. We were able to see the full chronology with dates and times with clear evidence (e.g. photos) included. No other related concerns were raised about the service user or their care provision. All archived cases are saved in a separate folder, these provide evidence of investigations and follow-up._ We observed the safeguarding adult's policy within the Portland College Care Manual, including a risk assessment and contact details for where safeguarding referrals should be made. We spoke to two members of staff onsite who were both aware of the process for reporting safeguarding's. They were also aware of the whistleblowing policy and how to report concerns outside of the organisation.

2.2 Where the service user lacks capacity to make decisions, the requirements of the Mental Capacity Act 2005 are met.

Score	Recommendations:	Observed Evidence
Good		We observed several mental capacity assessments which have been completed and demonstrate how the service user has been supported to come to their decision – for example, there are two capacity assessments relating to finance which used toy money to support the service user to understand what was being asked. One of the service users was deemed to have capacity and the other wasn't but all evidence is presented clearly. There is additional information to the capacity assessment which includes ensuring the service user understands the value of money and how much certain items cost. The assessment identified that that the service user had a good understanding of money and could correctly identify all coins and notes but struggled to order prices from high to low. The service user who didn't have capacity to manage money had another mental capacity assessment around personal care tasks, where it was deemed she did have capacity to understand what her level of support is and consent to support with personal care tasks. Responses are written in the service user's 'voice' to demonstrate that they have been involved in the process. The MCA around personal care includes evidence that visual aids (i.e. picture cards) were used to support with the decision process and assessments were completed in accordance with legislation requirements. Each support plan was observed to include person centred communication methods – some service users use sign language or have things written down, others prefer vocal communication – which enables service users to communicate and supports with decision making.

2.3 Service users are protected and supported to live with the least restrictions to their liberties. Where the service user is subject to restrictions and restraint, they must be authorised under the Deprivation of Liberty Safeguards (DoLS) and Deprivation of Liberty in Community referred to in Nottinghamshire as (DoLiC).

Score	Recommendations:	Observed Evidence
Good		There was no deprivation of liberty assessments seen during the audit.

2.4 Service users are protected from financial or material abuse.

Score	Recommendations:	Observed Evidence
Good	- Service user finance documents need reviewing and updating if there have been any changes to policy.	There is a Personal Money & Possessions Disclaimer which determines how much support is required with managing finances – this has been signed by the service user and a member of staff but is dated 2018 so may need updating. A mental capacity assessment has been completed for one service user around managing finances; this went through all the correct processes and ultimately determined that the service user had capacity to manage their own money while at the day service.

We observed the policies for money management and personal money and valuables which assumes that service users can manage their own money while at the day centre. There is sheet for service users to sign to say that they will look after their own money and valuables while at the day centre, or that they would like their valuables to be looked after while there. A separate money and valuables recording sheet is used to sign in any items a service users brings to the day centre, with two signatures |

2.4 Service users are protected from financial or material abuse.

required to sign anything in and back out again, along with the date, time and cash balance if required.

2.5 There are systems in place to ensure medication is obtained, stored, and administered, reviewed documented and disposed of effectively and safely.

Score	Recommendations:	Observed Evidence
Good		We observed separate service user files where buccal medication is prescribed – this is also referred to in the epilepsy support plan. The medication is stored in the rescue medication cabinet - there is one at each site. It is then booked out and taken with staff if there is access to the community. Medication safes were locked when not in use. We observed evidence of regular temperature checks on the fridges where medication was stored. We viewed the Portland College Care Manual which includes medication policies, including those for covert medication and homely remedies, however there were no cases observed during the audit visit. The Care Manual covers MAR charts and details how and when these should be filled in by staff. We observed one MAR chart for a service user who has buccal medication, however as they have had no seizures for a few years there were no observable entries on the MAR chart. Online staff files contain evidence of medication refreshers and audits to ensure knowledge and skills are maintained.

Standard Three: People who use services are supported by competent staff: People are supported and cared for by sufficient numbers of staff who are suitably recruited and sufficiently inducted and trained to provide them with the knowledge, skills and experience to be competent and professional.

3.1 Robust recruitment processes are completed with structured probation, supervision and appraisal arrangements in place for staff in line with Policies and Procedures

Score	Recommendations:	Observed Evidence
Good		All staff files are stored electronically on 'My HR. We observed interview notes and scoring criteria, as well as evidence of one staff member who the manager and a co-ordinator interviewed – dated October 2020. They both scored and commented on the responses and then compared notes. We were advised that the interview process involves a 'citizen panel' in which service users will have a chance to ask questions (with staff support) towards potential new care staff as part of the recruitment process – there was evidence of this with written notes from service users who have been involved in the process. Human resources save all documents relating to recruitment, including DBS checks, references and proof of identification, which were available to view electronically on the system.

We observed a three-month probationary review which was completed by the care co-ordinator. The review discussed work, relationship with colleagues and service users. There is a list of mandatory training (Passport to Practice) which is signed off by the co-ordinator to ensure all staff members have completed this. There is also evidence of quarterly supervision and an annual appraisal. Supervision notes are saved on a shared drive. We observed a spreadsheet with a list of all staff and supervision dates to ensure these are up to date. |

3.2 Staff have the knowledge, experience, qualifications and skills to support the service users.

Score	Recommendations:	Observed Evidence
Good	- Names and future meeting dates need to be included in staff meeting notes	We observed a staff training matrix which evidenced what training has been completed by each staff member, the date of when the refresher needs to be completed by and is highlighted in red when training is due. Where training is due for updating, we were provided with a 'staff training plan' which includes dates for when staff are due for training within the next two months. One service was recorded as having a PEG feed – 10 staff members are PEG trained and they will have PEG champions within the organisation to train other staff members. There is evidence within one service user support plan that staff have been trained to support them with Makaton sign language to aid with communication. A SALT assessment had been completed by the onsite SALT team and the support plan has been updated to reflect this. We observed staff interacting with service users in a positive manner around the site. On discussion with staff they were positive about the support they were providing and were aware of the processes for reporting abuse and referring to safeguarding, as well as the whistleblowing process. We observed staff meeting files which showed that co-ordinator meetings have been held regularly, although less so during the pandemic as not all staff or service users have been in attendance. There are actions following on from the meetings, however there are no names on the staff meeting notes, so it is not clear who was in attendance or who was responsible for following up on any actions. There was also no date listed for the next meeting. There are notes from staff forums although it doesn't appear that these have been done since 2019 – these contain actions and timeframes for actions to be completed. There is a team of 5 first aiders who are trained every 3 years on a 3-day refresher course.

3.3 Staffing levels for the service are determined and deployed according to people's assessed needs.

Score	Recommendations:	Observed Evidence
Good		We observed staff rotas which showed that staffing levels are appropriate to the level of support required by each service user. Most of the service users are at a ratio of one staff member to three service users, however some require one to one support due to additional support needs. One service user required one to one support at lunch because of the amount of prompting and encouragement involved in ensuring they have adequate nutritional intake. We observed appropriate levels of staffing for each bubble of service users while looking around both sites on the campus.

Standard Four: Services are managed effectively: People receive high quality care through an effectively managed service. The provider/manager takes responsibility, is accountable for their actions, and has an effective system for identifying, assessing and monitoring the quality of the service provision.

4.1 People receive high quality care through an effectively managed service.

Score	Recommendations:	Observed Evidence

Good		The centre manager is registered with CQC. We spoke to service users across all sites they spoke positively about their time at the day centre, the staff and the activities they were taking part in, despite the limitations during the pandemic. Service staff spoke positively of the management structure and felt they were supported and able to approach the service manager for support.

4.2 There is an effective system for identifying, assessing, monitoring the quality of service delivery.

Score	Recommendations:	Observed Evidence
Good		We observed the 'Portland Voice' survey which includes satisfaction surveys for 2020-2021 for the whole college, including the day service. The day service section explains that the sample of service users surveyed is smaller than previous years which would possibly be because of lower attendance during the pandemic. Of the 30 service users surveyed, 97% answered that they were happy and safe at the day centre; the survey also advises that the day services manager would be addressing any negative responses. Internal checks are carried out monthly for certain tasks such as medication administration and signing money in and/or out – this is recorded on a spreadsheet on the online system and followed up by the scheme manager if there are any outstanding issues to follow up.

4.3 There is an effective system for identifying, receiving, handling and responding to and learning from complaints and concerns raised.

Score	Recommendations:	Observed Evidence
Good		We observed evidence of the complaint's procedure, including an example of a complaint from the parent of a service user where they had concerns about how much fluid the service user was drinking during the day. The concern included dates, who was involved in the complaint and what actions had been followed up as a result of the investigation. There is also a compliments tracker which keeps a record of any positive feedback, including the date, who has made the compliment and their relationship to the person using the service. We viewed the online concerns tracker which includes provision for all services within the College but can be filtered down to see day service only. The most recent concern was from June 2020 and involved a service user who had come home with self-harm injuries. It was recorded that staff took photographs with permission. An existing safeguarding was already in place as it was felt that the concerns were related to issues with another service user within their supported living service. Records included rationale for not referring to safeguarding but include actions required, the person

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responsible and outcome. A body map was saved online. All documents were seen to be dated and signed.

4.4 How is technology used to enhance the delivery of effective care and support?

Score	Recommendations:	Observed Evidence
Good		We observed that all documents and records are stored online on the Care App and can be accessed at any time; all staff use a tablet or mobile device within their sessions to complete running records. Access was seen to be secure, with staff logging on using their Portland College email address and password.
		Support plans include a section on taking pictures or videos and sharing on social media. One example specifies that the service user is happy for photos/videos to be shared but does not want anything sharing on Twitter.

Standard Five: Environment is safe and homely: People live in an environment which is clean, safe and personalised.

5.1 The accommodation is safe, comfortable, and suitable for the service delivery and promotes well-being. There are effective cleaning and maintenance schedules in place which ensure suitable standards of living are maintained.

Score	Recommendations:	Observed Evidence
Good		We observed that the property is well maintained on a College campus, with two sites (Limes, the main building, and Elms, which is on a separate part of the campus and includes the centre's gardening facilities). Kitchens are clean and any hazardous materials are locked away in a separate store cupboard. Floors are clear of hazards and obstructions. Due to COVID restrictions, service users are separated into various bubbles - where previously each activity would have had a specific room, in order to reduce the risk of cross contamination equipment has been spread around the various activity rooms to allow a variety of activities in each bubble, as this would not otherwise be possible. We observed bathroom facilities which were clean and free of obstructions, as well as a room specifically used for personal care with a hoist in situ which was in good condition and clean throughout with adequate supplies of soap and paper towels. We observed cleaning staff disinfecting door handles and surfaces to maintain hygiene levels throughout the day. We observed a report from Hydro-Care, a private company who are contracted to complete Legionella checks, dated October 2020 – the report includes photographs of areas where repairs are needed, or issues need resolving. There is a maintenance team on site for the whole college campus and any maintenance requests are completed online. We were able to view where requests have been made for repairs to the day centre sites, including the date and times when the request was made, the date and time it was completed and the time taken to complete.

5.2 Infection Prevention Control, risks to health, welfare and safety of service users including fire safety and management.

Score	Recommendations:	Observed Evidence
Good		Personal emergency evacuation plans are in place and are specific to the individual and the level of support they need, such as whether they will need encouragement or physical support to safely evacuate. One plan contains scenarios such as if they are on the changing bed receiving personal care, or on a beanbag in the sensory room, and how to support in each scenario. There is evidence of plans being regularly updated. We observed evidence of fire drills, including dates and the length of time taken to evacuate each building. Kitchen areas were clean, including fridges where service user's store food and toilets were clean; cleaning staff were seen throughout the visit ensuring these areas were clean.

What was observed in relation to innovation or creative ways of working whilst visiting? Did you have any conversations with staff, service users, and family members?

This section can be used to demonstrate innovative practice highlighting where provider / staff have gone above and beyond and to document good practice and the lived experience of the people living within each home / service.

Observed Evidence:

We observed staff and service interacting positively with each other. On discussions with service users, they spoke positively of their time spent at the day centre despite being unable to take part in all previous activities that were available to them prior to the pandemic.
We observed an awards ceremony which included service users from the day service, as well as across other areas of the college, which recognised the achievements made by service users. It was also an opportunity to observe positive staff interactions with service users.