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# The Independent Living Service Pilot

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Staff Consultation results

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**Feedback from Pendennis Castle Staff Conference 05.10.09**

**Staff Consultation & Involvement – Blue**

<b>Staff Feedback</b>	<b>Organisation response/actions</b>
<p><u>Specialist knowledge</u></p> <ul style="list-style-type: none"> <li>• Training skills matrix – auditing existing skills of staff</li> <li>• Minimum knowledge requirements</li> <li>• Focus on specialism's               <ul style="list-style-type: none"> <li>○ Dementia</li> <li>○ Activities</li> <li>○ Sight/hearing loss</li> <li>○ Substance misuse</li> <li>○ Post traumatic stress disorders – veterans of conflict</li> <li>○ Mental health</li> </ul> </li> </ul>	<p>A training needs audit will be carried out – see project plan</p> <p>Minimum staff training included within method statement – see attached</p> <p>This has been identified through the pilot and will be addressed on an individual basis</p>
<p>Training areas</p> <ul style="list-style-type: none"> <li>○ Support plans</li> <li>○ Assessments/risk assessments</li> <li>○ Housing options</li> <li>○ IT</li> <li>○ Partnership links</li> <li>○ Detailed signposting</li> <li>○ Safeguarding</li> </ul>	<ul style="list-style-type: none"> <li>• Pilot managers will develop a training plan to include (where appropriate) areas raised from the consultation event.</li> </ul>

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<ul style="list-style-type: none"> <li>○ Time management</li> <li>○ Shadowing</li> <li>○ Personal budgets</li> <li>○ Benefits</li> <li>○ First aid</li> <li>○ Data protection</li> <li>○ Self protection &amp; challenging behaviour</li> <li>○ Professional boundaries</li> <li>○ Case conferences</li> <li>○ Record keeping</li> <li>○ OT training</li> </ul> <ul style="list-style-type: none"> <li>● Line Managers need to be trained to provide appropriate support to staff</li> <li>● NVQ 2 Changing Needs of Elderly People</li> </ul>	<ul style="list-style-type: none"> <li>● As pilot managers we will agree to develop a minimum staff support program e.g. monthly one to one's</li> <li>● Managers will continue to support the appropriate professional development of all staff.</li> </ul>
<p><u>How best can we keep staff informed?</u></p> <ul style="list-style-type: none"> <li>● Regular updates – newsletter, intranet, internet, team meetings</li> <li>● Staff want to be involved with consultation</li> <li>● One to one's</li> <li>● Email contacts between organisations and champions (reps)</li> </ul> <p><i>Concerns</i></p>	<ul style="list-style-type: none"> <li>● We will investigate the capacity of the ILS managers to develop a staff newsletter</li> <li>● We will disseminate staff contact details of colleagues of the pilot organisations</li> <li>● Managers will request volunteers from each organisation who would be willing to participate in a staff group</li> </ul>

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<ul style="list-style-type: none"><li>• around changing role and working hours</li><li>• resources to consult in a timely manner</li></ul>	<ul style="list-style-type: none"><li>• As managers we are committed to developing and supporting staff throughout the changes and will be happy to talk to staff regarding any concerns.</li><li>• Managers are committed to a long term consultation process – see consultation project plan</li></ul>
<p><u>What training would you like to see?</u></p> <ul style="list-style-type: none"><li>• Comprehensive and consistent</li><li>• Delivered across all organisational groups</li><li>• Create a knowledge baseline</li><li>• Assess all staff's existing knowledge and skills</li><li>• Deliver baseline training</li><li>• Identify specialisms e.g. dementia</li><li>• Train specialisms to an enhanced level</li></ul>	<ul style="list-style-type: none"><li>• Being developed</li><li>• Joint Pilot training plan in development</li><li>• Staff training audit and matrix</li><li>• As above</li><li>• As above</li><li>• Addressed through individual training audit</li><li>• As above</li></ul>

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**Partnership – Red**

Staff Feedback	Organisation response/actions
<p><u>How can we work together better? What could be achieved by doing this?</u></p> <ul style="list-style-type: none"> <li>• Regular away days to share ideas with other groups on the pilot</li> <li>• Job shadowing within pilot</li> <li>• Closer relationship with Adult Care &amp; Support (ACS)</li> <li>• Closer relationship with Health, GP's and OT's</li> <li>• General communication</li> <li>• Marketing</li> <li>• Partners need to understand our role</li> <li>• Expectation of staff roles will need to be different</li> <li>• Could we work with other organisations?</li> <li>• Name change – when will this happen – will make it easier when dealing with other agencies</li> <li>• Integration with other organisation – annual leave and sickness cover</li> <li>• Clear route from District Nurse, ACS, GP's etc</li> <li>• Community trips</li> </ul>	<ul style="list-style-type: none"> <li>• Further consultation required – ILS managers committed to facilitating another event next year</li> <li>• We will ask staff to request an interest in shadowing and facilitate this happening</li> <li>• The ILS managers are working with Supporting People to build relationships with ACS, Health, OT's etc. Some of you already have good contacts and relationships and the shadowing will give you examples of good practice in this area that can be shared. As staff can you highlight good practice in this area?</li> <li>• This will come from the above</li> <li>• Independent Living Advisors has been agreed and some staff are already employed under this job title. This will be phased in across the pilot staff.</li> <li>• Managers are currently looking at how staff can help cover annual leave and sickness between the pilot organisations</li> </ul>
<p><i>Concerns</i></p> <ul style="list-style-type: none"> <li>• Choice Based Lettings (CBL) impact</li> <li>• Assessment of needs prior to allocation</li> <li>• Uniformed assessment process</li> </ul>	<ul style="list-style-type: none"> <li>• ILS managers agree with this and are having on-going discussions with (CBL) staff</li> <li>• As above using the Quick Needs Assessment</li> <li>• As above – Support Plan &amp; Needs Assessment</li> </ul>

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**Active Ageing Centres – Yellow**

<b>Staff Feedback</b>	<b>Organisation response/actions</b>
<p><u>What is your vision for Active Ageing Centres?</u></p> <ul style="list-style-type: none"> <li>• Inclusivity for all residents and the wider area</li> <li>• More varied activities</li> <li>• Same choice for those in rural areas as for the towns</li> <li>• Opportunities for learning or trying new activities</li> <li>• Active Ageing Centres sounds like places to go for people to get older – has negative connotations</li> <li>• Obtain adequate funding – who?</li> <li>• Would like to see an events co-ordinator role in place</li> <li>• Include rural areas with poor transport links</li> <li>• Consultation/intensive consultation about what residents really want</li> </ul>	<ul style="list-style-type: none"> <li>• Agree with your comments which will be fed into the process as we develop the Active Ageing Centres</li> <li>• Suggestions for alternative name to Active Ageing Centres gratefully received</li> <li>• ILS will be joint funding an Events Co-ordinator to work across the 3 pilot organisations and hope to recruit next year</li> </ul>
<p><u>How can we make them more attractive?</u></p> <ul style="list-style-type: none"> <li>• Obtain appropriate funding</li> <li>• Links with other similar schemes – learn from each other</li> <li>• Overcome the ‘not in my common room’ attitude</li> <li>• Affordable</li> <li>• Transport – active ageing bus to link sites</li> <li>• Leaflets on events advertised locally</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• ILS managers agree with issues raised which will form part of the ongoing development of the service</li> </ul>

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### What sort of activities/events/services do you think would work?

- Evening activities – many do not like to leave the scheme at night
- It is not up to staff to list activities – residents to choose and decide
- Try new activities for a new generation of clients – “coffee mornings are old hat”
- Plenty of leaflets on local events
- Drop in centres for health, chiropody, nurse, blood test, dentist, benefits advice – small purpose build room

- ILS managers agree with issues raised which will form part of the ongoing development of the service

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**Client Consultation – Orange**

<b>Staff Feedback</b>	<b>Organisation response/actions</b>
<p><u>Are we reaching everyone?</u></p> <p><b>NO</b></p> <ul style="list-style-type: none"><li>• Inconsistency in the way different organisations are working - different information getting out</li><li>• Surveys – none or few have been returned</li><li>• Need to have individual and group contact</li><li>• Are we still working individually?</li><li>• Need to speak to all clients individually</li></ul>	<ul style="list-style-type: none"><li>• The ILS managers are committed to a range of consultation methods over the period of the pilot and beyond</li><li>• A range of consultation methods will be used to ensure as much feedback as possible</li><li>• Please see Consultation Project Plan</li></ul>
<p><u>Is there anything we can do about it?</u></p> <p><b>YES</b></p> <ul style="list-style-type: none"><li>• We need to sell how the end service will look and that the end service will be an improvement</li><li>• One to one consultation</li><li>• More support plan training</li><li>• Apathy amongst clients – some don't want to be involved</li><li>• Reflect on the previous service to highlight improvements</li><li>• Better guidance for staff – better information – more notice about changes</li></ul>	



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How do we manage client expectation?

- Need to give a better end picture
- Be honest
- Focus on the individual – personalisation agenda
- Improved communication
- Remain accessible
- Provide good training for frontline staff
- We would like formal qualifications

**Chargeable Banding System – Green**

Staff Feedback	Organisation response/actions
<p><u>What are your views – positive/negative? E.g. managing workloads</u></p> <ul style="list-style-type: none"> <li>• Staff training – potential for offering difference services – identified need consistent training across the partners</li> <li>• Clients may feel they are paying for the service but not getting it</li> <li>• Risk that clients may want to keep the status quo</li> <li>• Make a big effort to sell it to residents</li> <li>• Dedicated teams to sell the service</li> <li>• Transition band – good idea</li> <li>• When will it be introduced?</li> <li>• Very clear boundaries about where the service goes</li> <li>• May be conflict between assessed need and clients opinion</li> <li>• Clear guidelines about what can be delivered in each band</li> <li>• Case studies would be helpful</li> <li>• Positive impact to staff if there are dedicated schemes</li> <li>• Communication with family</li> <li>• Staff training</li> </ul>	<ul style="list-style-type: none"> <li>• Chargeable bandings will be introduced from April 2010</li> <li>• This has not been borne out by other organisations implementing this however we are aware of this and will look at mechanisms to reduce this</li> <li>• Case studies and clear guidelines on what constitutes each band will be developed</li> </ul>

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<p><u>Impact to you as staff?</u></p> <ul style="list-style-type: none"><li>• Positive – skilled staff – raise profile within other organisations</li><li>• Support workers do not have enough time to talk about the changes</li><li>• Information needs to go to residents</li><li>• More focussed work groups</li></ul>	
<p><u>Impact to clients?</u></p> <ul style="list-style-type: none"><li>• Benefit entitlements – will clients have to pay?</li><li>• Clarification of what benefits are there to pay for</li><li>• Charging is our biggest question attached to housing benefit – owner occupiers access to financial assistance may be different to those in receipt of housing benefit</li><li>• Will people 'drop off' if they are self payers?</li><li>• Risk that they will want to stay in the gold band</li><li>• Don't like change</li></ul>	<ul style="list-style-type: none"><li>• See attached Method Statement – training plan</li></ul>

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Falmouth Staff Event 20 December 2010

<b>Staff Feedback</b>	<b>Organisation Response</b>
<p data-bbox="190 395 492 427"><u>What is your role now?</u></p> <ul data-bbox="235 435 907 1324" style="list-style-type: none"><li>• Promote Independence</li><li>• Adaptations</li><li>• Liaison</li><li>• Signposting/communicating with other agencies</li><li>• Referrals to other agencies</li><li>• Benefits/form filling</li><li>• Monitoring wellbeing</li><li>• Preventing crisis by picking up warning signs</li><li>• Encouraging participation in social activities</li><li>• Housing management eg, sign ups</li><li>• ILS Workbook recording</li><li>• Needs assessment</li><li>• Support plans</li><li>• Keeping records/building a client history</li><li>• Alarm testing</li><li>• Identifying support needs</li><li>• Telephone calls</li><li>• Managing appointments and arranging transport</li><li>• Advocacy</li><li>• Facilitating online shopping</li><li>• Safeguarding alerts</li><li>• Monitoring care plans</li><li>• Providing access to information</li></ul>	<p data-bbox="1131 395 1937 467"><b>Some organisations combine housing management with the support role and this is reflected in their SPG</b></p> <p data-bbox="1131 507 1646 539"><b>Most staff very clear on what they do</b></p>

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<ul style="list-style-type: none"> <li>• Property viewings</li> <li>• Induction</li> <li>• SP reviews</li> <li>• Advice</li> <li>• Change of band forms</li> <li>• SP online forms</li> <li>• Client agreements</li> <li>• H&amp;S checks</li> <li>• Fire alarm checks</li> <li>• Outcome monitoring</li> <li>• Activities e.g. falls sessions</li> <li>• Guest room bookings and monies</li> <li>• Negotiating disputes</li> <li>• Hospital discharge</li> <li>• Budgeting</li> <li>• Support visits</li> </ul>	
<p><u>What activities do your tenants want and you think you are not able to deliver?</u></p> <ul style="list-style-type: none"> <li>• More social functions/coach trips</li> <li>• Free supported transport</li> <li>• Assistance while using public transport</li> <li>• Bags/supplies whilst staying in hospital</li> <li>• More regular welfare checks/visiting for a chat</li> <li>• 24 hr response</li> <li>• More flexibility eg, shopping</li> <li>• Exercise routines</li> <li>• Alarm testing – policy currently unclear</li> </ul>	<p><b>Many staff felt that they could no longer participate in activities as they had done previously</b></p> <p><b>Transport is important for many tenants and affects their ability to shop and have an active social life.</b></p> <p><b>Discussion took place around getting events up and running and staff supporting this intensively initially and then backing off to encourage ownership from the tenants. This sometimes means that activities fizzle out without staff support</b></p>

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<ul style="list-style-type: none"><li>• To be the voice of the clients-they currently feel like they're not listened to</li><li>• Making cups of tea</li><li>• Providing some personal care when immediate assistance is required</li><li>• Clearing up breakages</li><li>• Resetting a trip switch</li><li>• Collecting confused/lost tenants</li><li>• Responding to falls and smoke alarm calls</li><li>• Shopping especially when ill or snow</li><li>• Prescriptions</li><li>• Deliver and chase invoices</li><li>• Meals on wheels</li><li>• Lunch club</li><li>• Care and support</li><li>• Changing light bulbs</li><li>• Re-tuning TV's</li><li>• Curtain hooks</li></ul>	<p><b>Use of coffee mornings to monitor tenants wellbeing</b></p>
<p><u>Are there things you do now that are not considered housing related support?</u></p> <ul style="list-style-type: none"><li>• Reporting repairs and following it up for those that cant and communal areas</li><li>• Housing management functions such as sign ups</li><li>• Responsible for pets when residents are in crisis (policy/procedures required)</li><li>• Changing light bulbs</li><li>• Manage social funds</li></ul>	

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<ul style="list-style-type: none"> <li>• Emotional support for mental health and dementia sufferers</li> <li>• Rent arrears</li> <li>• Voids</li> <li>• Inductions to new tenants</li> </ul>	
<p><u>What do you think the minimum standards should be?</u></p> <ul style="list-style-type: none"> <li>• More involved in allocation process including sign up and needs assessment</li> <li>• Alarm only clients should receive a minimum annual visit</li> <li>• Keep tenants continually informed while issues are being resolved</li> <li>• Support plans should be completed within 4 weeks</li> <li>• Manage change more efficiently</li> <li>• Min of weekly visit prior to support plan</li> <li>• Staff should treat clients with respect and dignity</li> <li>• Staff should be CRB checked, knowledgeable, flexible, approachable, friendly and appropriately trained</li> <li>• New service users should be placed into medium band following a quick needs then banded following a support plan at 8 weeks, gives time to build a rapport and a more accurate picture of the clients needs</li> <li>• Support plan should be more about what the client wants not never ending questions!</li> <li>• Paper work should be more user friendly for clients</li> <li>• Complaints procedure for staff and tenants</li> <li>• Clarification of banding</li> <li>• Referrals should be made within 3 working days of being identified</li> </ul>	<p><b>Support Plan working group now set up involving tenant volunteers and staff – aim to produce a more user friendly support plan</b></p> <p><b>Bandings being reviewed</b></p> <p><b>ILS would like to develop a unified set of service standards that can be expected regardless of who your support provider is</b></p>

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<ul style="list-style-type: none"> <li>• Pendants should be checked every 3 months</li> <li>• Safe guarding should be dealt with immediately</li> <li>• Clients should be given the option to opt out even on hard wired schemes</li> <li>• Quick needs should be completed prior to sign up</li> <li>• Should be a resource list so Support Officers know what services are available</li> <li>• Banding definitions need to be re-worded/clarified</li> </ul>	
<p><b>Banding</b></p> <p><b>Alarm Only</b></p> <ul style="list-style-type: none"> <li>• Alarm systems need modernisation</li> <li>• Clarification needed on the procedure for testing and how often</li> <li>• Coastline currently have no way of reviewing support needs as alarm only clients don't have a support plan</li> <li>• Relevant for all bands – too much paperwork when clients change</li> <li>• What is the min/max?</li> <li>• Should be a minimum of a 3 monthly visit to check alarm</li> <li>• Self funders only want to pay for this band even if its clear they have support needs</li> <li>• Not practical on schemes where monthly/6 weekly alarm testing takes place – time is spent on low level support</li> </ul>	<p><b>Time behind bands will be made available to all staff.</b></p> <p><b>Now hoping to implement a maximum limit to bands and support staff will need to review individual need at each support plan review</b></p> <p><b>Clarification of the bands based on staff feedback will be issued shortly. Clarification particularly around alarm &amp; low, bringing alarm only in line with those tenants in the community getting an alarm service</b></p> <p><b>Issues around some tenants needing support well above the high level and by being clear about maximum hours we can more accurately claim for the transitional band</b></p>



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- Some self funders are alarm only which saves money but they are used to the old warden system where they were given time anyway
- Clients still need to be given access to social activities which again requires some time

### Low Band

- Should be a monthly visit as well as intercom/phone call
- Time limits don't work
- May need to allocate more time to low band
- Could do with an extra 2 hours of time
- Cost should be reduced to £5 per week
- Should be additional bands maybe a low+

### Medium Band

- Difficult to justify to clients who live at isolated locations due to time limits
- Cost seems high £17.25 for a monthly visit
- Should be minimum weekly visits
- More time needs to be allocated to this band as some clients are having 2 visits per week due to the nature of the individuals needs but they don't justify moving up a band
- ¾ hour covers 1 visit and time to do some paperwork, not enough time to then do SP review
- Medium should be increased slightly to cover low highs
- Should be a medium+

**Although mentioned that time limits do not work, this was discussed and most using the times felt this worked. There was some confusion about the use of the workbook in relation to time and it was clarified that a uniform calculation of time to the nearest 5 minutes including face to face, phone calls, travel etc**

**Clarification that the low band is charged at £3.25 pw**

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### High Band

- 5 wellbeing checks is good for cost, but its difficult to deliver a good service in 1.5 hrs per week
- Support officers should have a limited amount of high band clients on their workbooks
- More time needs to be allocated
- Only  $\frac{3}{4}$  hour more than low band not enough
- If medium is increased it will allow more time to be spent with clients who have high support needs
- Extra high band is needed
- A lot of paperwork is duplicated could make more time for clients if this is addressed
- High band clients need at least 5-7 hours per week

### Transitional

- Works well, don't feel that any changes need to be made