

Quality Strategy

2012

- Safe
- Sound
- Supportive



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*We are what we repeatedly do.
Excellence, therefore, is not an act but a habit*

Aristotle

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Introduction

Castlebeck provides hospital and residential care services for people with learning disabilities, people with autism and people with acquired brain injury within England and Scotland. Ensuring high quality care is the foundation stone of any service and this document provides a mission, values and an implementation framework for improving quality across the organisation.

Strategic aims

Over the next 3 years we will:

- ✓ Work in partnership with the people who use our services and their families to ensure they have increasing choice and their voice is heard and acted on at all levels of the organisation.
- ✓ Ensure that our services are consistently reflective of the individuality of our service users and uphold their right to a safe, respectful and dignified experience.
- ✓ Encourage the people who use our services to be part of their local communities and to provide opportunities for them to contribute and participate in activities that promote their independence.
- ✓ Maximise the health and wellbeing of the people who use our services.
- ✓ Provide services that represent good value for money demonstrating effectiveness and clear outcomes for those we serve.
- ✓ Support learning and personal development for all our staff.
- ✓ Improve our systems of compliance and audit and ensure we embed quality and governance in all we do.

Board of Directors Responsibility

Our Board of Directors has made a commitment to the safety of those who use our services:

“Castlebeck is committed as its first priority, to the delivery of safe, high quality, person centred care”.

It is the Executive Chairman's responsibility to ensure that there are structures and processes within the company to ensure we achieve compliance with regulatory and legislative standards.

Executive responsibility for clinical governance and quality assurance is vested in the Director of Nursing and Patient Safety.

Executive Chairman – Sean Sullivan

The terrible events of Winterbourne View in 2011 were a wake-up call for all those involved in the health and social care sector. There are many lessons learned from what happened and we have endeavoured to respond to these and the recommendations, within this strategy.

However, whilst we must never forget what happened at Winterbourne View, we must now move forward positively and productively into the future. We are determined to have a clear account at a corporate level in terms of the quality, safety and clinical effectiveness of our provision and regular reporting at Board level.

This Quality Strategy has been developed with key stakeholders and sets out our plan for improving care and support to those we serve. This strategy ensures Castlebeck continues to learn from national reports, national initiatives and international best practice.



Executive Chairman – Sean Sullivan

Chief Operating Officer – Simon Harrison

The document sets out the mission, values and objectives that have developed from the discussions, feedback, surveys and interviews with stakeholders. This information has proved invaluable in answering the question 'where are we now?' as well as working together on where we want to be in the future.

We know that the quality of the day to day delivery of our services is dependent on the performance of the staff we employ. Through robust appraisal and supervision we will ensure that every one of our staff is clear about their personal contribution to the achievement of high quality care.

Importantly, by working closely with service users and their families, commissioners and regulators we will be accountable for our actions.



Chief Operating Officer – Simon Harrison

Director of Nursing & Patient Safety – Debra Moore

It is our primary goal to do our best for every individual in our care and to ensure that we do that in a way that is

- **Safe** – person centred and rights based
- **Sound** - high quality and appreciative
- **Supportive** – empowering and transforming

Some of the people we work with have had a long history of failed placements or institutional care. It can be hard for them and their family to imagine that 'getting a life' may be possible. By this we mean to do the everyday things that most of us take for granted. To live in a place of our own, to spend time with our family and friends, to have something worthwhile to do during the day and to feel included in our own communities.

We aim to ensure that 'getting a life' is the primary goal for everyone who we serve and that we never forget that everyone has dreams and wishes for themselves, their families and friends.

We want everyone in our services to feel that they matter and every member staff in our services to feel that they can make a real difference to the lives of the people they serve. One way we can do this is to really listen to what they tell us and to act on what they say. This strategy is our response to our listening exercise with stakeholders and how we will act on what we have heard.



A handwritten signature in black ink, appearing to read 'Debra Moore'.

Director of Nursing & Patient Safety – Debra Moore

Making a difference

There was a young man walking down a deserted beach just before dawn. In the distance he saw a frail old man.

He saw him picking up stranded starfish and throwing them back into the sea.

The young man gazed in wonder as the old man again-and-again threw the small starfish from the sand to the water.

He asked, "Old man, why do you spend so much energy doing what seems to be a waste of time?"

The old man explained that the stranded starfish would die if left in the morning sun.

"But there must be thousands of beaches and millions of starfish!" exclaimed the young man.

"How can you make any difference?"

The old man looked down at the small starfish in his hand and as he threw it to the safety of the sea, he said,

"I can make a difference to this one!"



Our mission and values as an organisation

From the work we undertook with our stakeholders in developing this quality strategy we were able to clarify our intent as an organisation in terms of our mission and our values.

Our Mission is to make a positive difference to people and their families by delivering personalised health and social care that helps them to achieve the things they want out of life.

Our values

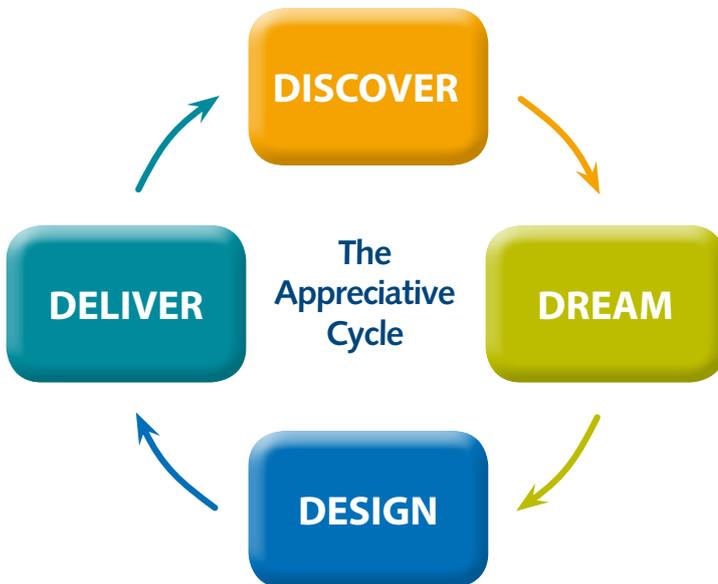
| Safe | Sound | Supportive |
|---|--|---|
| <p>Person Centred We will put the person and their family at the centre of all our work and listen and act on what they tell us.</p> <p>Rights based We will respect and promote the human, legal and civil rights of the individuals who use our services within our organisation and wider society.</p> | <p>High quality We will provide care and support that is safe, evidence based and outcomes focussed.</p> <p>Appreciative We will work with people in a manner that is hopeful and encouraging, using positive and strength based approaches.</p> | <p>Empowering We will support people in a manner that is progressive and enables them to exercise choice and control.</p> <p>Transforming We will work with our partners to create pathways that enable people to grow and achieve their goals.</p> |

Creating a Quality Strategy using Appreciative Inquiry (AI)

We decided that the best way to create a quality strategy was to do so in partnership with our stakeholders. We want this to be a living document that underpins everything we do and the only way to do this is together with those who use our services and those who work in them. We used a range of ways to get people's views and ideas including facilitated workshops and surveys using an appreciative inquiry methodology.

Appreciative Inquiry: a theory and practice for approaching change from a holistic framework. Based on the belief that human systems are made and imagined by those who live and work within them, AI leads systems to move toward the generative and creative images that reside in their most positive core – their values, visions, achievements, and best practices¹

Appreciative Inquiry is based on a cycle as described below



Discover gathering information and stories about what is working well now

Dream how do we want things to be for the future – envisioning

Design how do we get from where we are now to the vision of the future we have determined and how will we action this? who will be involved?

Deliver putting our ideas into practice. Encouraging everyone to be involved and take action to carry things forward.

Quality Road Shows

To ensure we were able to capture the views across all our services we took the unprecedented step of holding Quality Road Shows in all our regions. These were hosted by each Regional Operations Director and facilitated by the Director of Nursing & Patient Safety and the Regional Lead Nurses.

We held these events in all our regions and based them on the methodology of an appreciative inquiry summit. In a nutshell, an appreciative inquiry summit is designed to get the 'whole system' in the room with the purpose of creating positive change in organisations. By connecting people in new configurations e.g. catering and nursing staff working together in a group we were able to generate new ideas and involve everyone in envisioning, designing and implementing change.



We spent some time thinking about the 'setting conditions' that we work in and what are the external influences that shape the services we deliver. This included regulatory frameworks, research and legislation.

We have enriched the information from the events with recent data from our family carer survey, and feedback we receive from commissioners and other external stakeholders. For those unable to attend the road shows we created an opportunity for on-line feedback.

Focus on listening. Listening is a sign of respect. . . a demonstration that people and their ideas are important. When people know you're willing to listen, they will share their ideas as well as their frustrations. Listening enables you to build a foundation of trust that is essential to motivation."

John Baldon

A vision for the future

We used the Road Shows to think together about what was working well and about the expectations of different stakeholder groups but importantly, to help us to construct our vision for the future.

Using an appreciative inquiry methodology and person centred thinking and approaches we were able to get a rounded view about 'what good care looks like'.

We supported teams of service users and staff to create posters that told a story about the kind of positive future they would like to see and importantly what the 'outcomes' would be.

People talked about a range of hopes and aspirations that included

- getting their own place to live
- returning to their home community
- learning new skills
- going to college
- getting a job



Special Olympics



There was a clear narrative around 'giving' or contributing to their community such as fundraising for the local animal sanctuary. There was also considerable support for participating in sporting activities and in particular at the Special Olympics.

Achieving a collective understanding of what 'good' looks like

At the events we asked staff to work in pairs and undertake an appreciative interview. We were able to get people together who did various jobs including managers, independent advocates, nurses, support workers, clinicians, catering and housekeeping staff.

The appreciative inquiry model is grounded in the belief that the questions we ask will be 'fateful' and have the power to shape our direction of travel.

We therefore thought carefully about the type of questions that would optimise our inquiry and support transformational change in our organisation. In this part of our work we wanted to create a compelling vision that we can move the organisation towards in a positive and productive manner.

We asked questions that were designed to focus attention on a positive image of the future and within that would identify the concepts and outcomes that were most cherished.

Participants were invited to answer the following question;

Fast forward 2 years and you are delivering the best care and support you can imagine for the people who use your service:

- What would it look like... what is happening?
- What are the characteristics of the care you are providing?
- What are the outcomes for people who use your services and their families?

We analysed the notes of the interviews and identified from them a number of common themes that emerged from the conversations. These themes will inform not only this quality strategy but also our work within the organisation as it relates to service development and design.

What did people tell us?

The thematic analysis of the answers to the interview questions revealed consistent views around what good care and support would look like. Broadly, these were that services would

- Be person centred, respectful and individualised
- Facilitate choice
- Promote service user and family involvement
- Enable community access and participation
- Have multi-professional teams that work well, were well trained and in sufficient numbers to deliver appropriate care and support
- Be delivered within environments that were safe for service users and staff

Similarly, clear themes emerged around what the outcomes of the services would look like namely

- People achieving their potential and moving on from services.
- Increased autonomy, independence, choice and control.
- Improved support for families



Reassuringly, the outcomes identified by participants, both staff and service users, at the road shows were coherent with the outcomes identified within key policy documents such as Valuing People Now² and The Same As You?³

Generally, people felt optimistic these outcomes could be achieved and that there was progress being made towards them. However, it was felt there was more work to do and that services should be 'ever improving' to meet increased expectations and respond to best evidence.

²DH (2007) Valuing People Now – A new three-year strategy for people with learning disabilities.

³Scottish Government (2000) – The Same As You - Review of services for people with learning disabilities.

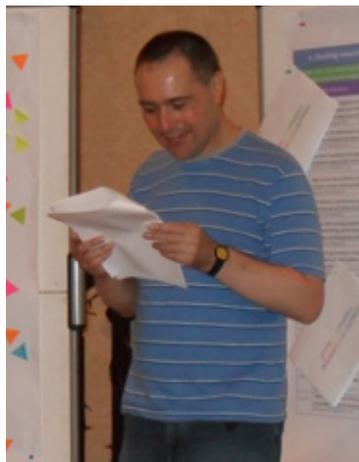
The power of personal stories

"The most basic and powerful way to connect to another person is to listen. Just listen. Perhaps the most important thing we ever give each other is our attention."

Listening to the personal stories told by the people who use our services is one of the most powerful ways of learning about the quality of care we deliver. Stories that are spoken from the heart bring to life the experience of the people we serve and their hopes, dreams and expectations now and in the future. People shared with us their personal journeys and recovery stories.

We talked in pairs and in groups about what we value and cherish. We talked about what was currently working well and how we could do more of this. We heard examples of good practice and we heard ideas and opportunities to improve our services and support. Working creatively we were able to think differently about what we do and how we do it.

"Their story, yours and mine... it's what we all carry with us on this trip we take, and we owe it to each other to respect our stories and learn from them." William Carlos



Developing our Strategy to deliver the vision

This Strategy for Quality draws its priorities for improvement by adding together and cross referencing our information from the interviews, discussions, voting and 'visioning' posters at the Quality Road Shows.

This has been analysed and set alongside a range of other feedback and evidence provided both internally and externally. This process is illustrated in the diagram below



Views of the people who use our services and their families

We gathered the views of the people who use our services and their families in a number of ways that included attendance at road shows, individual interviews, our service user consultation report and service user exit interviews.

We also utilised information from reports by our independent advocacy services provided by Voiceability in England and DIAS (Dundee Independent Advocacy Service) in Scotland.

As we move forward we want to demonstrate that we are an organisation that has:

1. An organisational commitment to user/family involvement.
2. User/family representation in the governance structure at unit, region and national level.
3. User/family contribution to the design of quality assurance and improvement action.
5. User/family participation as members of Quality Development Review (QDR) Teams.
6. Accessible materials in terms of quality reports, reviews and surveys etc.

Regulatory Inspection Reports and Guidance

We have had inspections by our regulators for England and Scotland and have taken into account their views in terms of what they feel we need to improve on and what is currently working well.

Commissioner views

We collect commissioner opinions on a regular basis and provide feedback to services on good comments and areas for improvement such as

“Excellent standards of care, which have impacted upon the service user’s presentation”

“Sometimes communication is an issue, but appears to be improving”

Drivers for quality

In addition to our organisations own mission and strategic objectives, the quality strategy needs be cognisant of the national and local drivers that affect our provision and the wider health and social care system. To ensure we have a quality strategy that is fit for purpose we need to take into account the legislation, policy, guidance, regulation and research, pertinent to our services.

In both England and Scotland, most of our services are commissioned by the NHS or Local Authorities who have a clear sense of what the dimensions of quality and priorities for action are. These are centred on improving the experience of service users and ensuring care and support is

- Safe
- Person centred
- Effective and efficient
- Equitable
- Timely

We also have to address the standards and regulatory frameworks published by the Care Quality Commission for England, Healthcare Improvement Scotland and the Care Inspectorate Scotland as well as key legislation, policy, guidance and research. These include

- The Same As You?
- Valuing People & Valuing People Now
- Mansell Report
- Challenging Behaviour: a unified approach
- No Health Without Mental Health
- Commissioning Specialist Learning Disability Health Services

To be able to measure our performance against such a wide range of sources we utilised the Confirm and Challenge Model and Outcomes Framework for Specialist Learning Disability Services⁴.

The outcomes and standards within the Confirm and Challenge framework have been drawn from authoritative sources to ensure that services are evaluated against accepted best practice.

We have also taken care to ensure our Quality Strategy attends to the relevant findings and recommendations within the Serious Case Review into Winterbourne View Hospital and the 150 visits to learning disability services undertaken by CQC in 2011.



⁴ Moore D (2006) Confirm & Challenge - a model and outcomes framework for specialist learning disability services www.debramooreassociates.com

The Confirm & Challenge Model

The Confirm & Challenge (6 C's) Model and Outcomes Framework assimilates key policy and good practice guidance across health and social care and translates this into a structure and process for localities to work with. Services within Castlebeck will use the Confirm & Challenge Framework as the main methodology for their service and quality improvement programmes.

The Outcomes Framework, and Self-assessment Tool that accompanies it, reflects the objectives and recommendations contained within a range of government, independent, regulatory and professional publications. This includes those representing the voice of people with learning disabilities and their families. It is designed to help localities and services to

- Clarify what their role is in relation to achieving better health and wellbeing for people with learning disabilities.
- Think about the work of specialist learning disability health professionals within the 'whole system' of services and support.
- Identify how they can improve outcomes for people and families.
- Have a process for demonstrating they are working towards meeting the objectives within relevant policy and guidance.
- Consider their contribution to the wider health and social care agenda

The Confirm & Challenge (6C's) Model and Outcomes Framework is based on 6 Key Principles or assumptions that emerge from policy and practice.

These are 3 Principles that guide the design and delivery of services and support



Underpinned by 3 Principles that drive the way we work to make this happen



"Quality means doing it right when no one is looking"

Henry Ford

Put simply, specialist learning disability health services should be delivering **person centred** services, within the **community** that respect and promote the rights of people with learning disabilities as full **citizens**. To do this, there needs to be in place, good **commissioning**, a **competent** workforce and a robust system to **check** quality and outcomes.

Beneath these 6 Key Principles are a set of Core Outcomes which each have a brief set of outcome indicators. These have been developed to help services to decide if they have achieved, or are working towards achieving, the outcomes.

For example within the domain of 'Checking' is the following outcome indicator

C14. The service has robust performance systems in place that translate policy and best practice into useful metrics that monitor progress and delivery.

From these outcome indicators we have described improvement interventions that have measurable milestones that sit within them to help us as an organisation to move along the continuum towards achievement. An example of this is illustrated below:



Where are we now?

We used the Confirm and Challenge Outcomes Framework and Self- Assessment Tool to support us to think about what's working well in terms of our achievement of the various regulatory standards, policy objectives and guidance. It also helped us to identify where there was room for improvement and the things we needed to prioritise for further action.

We did this by using dot voting techniques and group discussion to get a sense of the strengths that we needed to build on and to think about the good practice examples already within our services.

We heard many good practice examples ranged from innovation to improved user participation at CPA meetings to working with the local community to develop a rural garden area.



We asked people to work in groups to look at the results and discuss the findings. By doing this we were able to improve our interpretation of the data and also to learn about organisational levers or barriers present that helped or hindered progress in a particular domain.

For example, many felt that helping people to move on from our services into more independent living was often difficult due to the lack of supported living opportunities in some localities. Similarly, it was noted that some localities just did not have the level of support required for some people to move nearer to home.

"My client is in an out of County placement and although I feel the current placement is appropriate, the same environment/placement is not available in County."

Commissioner

- Safe
- Sound
- Supportive



What priorities for improvement emerged from our work?

Using the Confirm & Challenge Framework has enabled us to look at progress across the 6 domains and prioritise 3 domains for further work across the organisation: Centredness, Competence & Checking.

Centredness – in common with many providers staff acknowledged that whilst there was good work to show in this area there was still more to do. This resonates with the national context in terms of what we know from national inspection reports and from policy documents. Person centred care is a priority for all health and social care providers and it was reassuring that this was an area that generated energy and ideas on the road shows.

Competence – this domain is concerned with how people learn and grow and who we provide support, encouragement and supervision to within that process. For service users this might mean gaining skills to support employment or undertaking group work to support mental health recovery. For staff it encompasses formal learning, induction and supervision and the way teams work together to support each other. Again this is an area that has been prioritised by government in both England and Scotland as an issue for commissioners and providers to continue to improve.

Checking – this domain is probably the one most central for the organisation in terms of making sure that we minimise the risk of a re-occurrence of the events of Winterbourne View in 2011. Included in this domain are issues relating to performance, governance and outcomes for service users.

As expected, within the data there are areas that emerged as priorities for particular regions in terms of emphasis on improvement activities.

In the North East the areas that emerged overall as areas for enhancement included work around joint working with services and across teams, supporting people and families to improve their own skills and knowledge and improving policies and procedures.

In the Midlands there was a clustering of issues indicating more work to do around the domain of 'competence'. This related to MDT working, recruitment and training including involving service users and their families in recruitment at all levels.

In Scotland and Hexham there was a theme of 'outward facing' improvement activity to support improved partnership working with external teams and agencies to reduce placement breakdown, prevent delayed discharges and inform commissioning of population needs.

This does not mean that stakeholders could not see good practice in these domains or that the other domains did not have room for improvement. However, all change takes resources, energy and effort and part of the purpose of this strategy is to identify the things that have resonance across the organisation.

There are also differences to address within the legislation and regulation of Scottish and English services.



Centredness

This domain is concerned with ensuring that the people we serve and their families are at the centre of all we do. This includes

- Planning and delivering care in a person centred way.
- Working in partnership with the individual and their family.
- Utilising a range of communication tools and approaches.

Areas that emerged from the Quality Road Shows for specific improvement interventions included

- Ensuring assessment and care planning is a timely and collaborative process with the person, their family and circle of support.
- Ensuring care co-ordinators are well versed in person centred thinking and approaches and that staff allocation systems reflect the needs of individual service users and staff.
- Ensuring that we provide information to service users and family carers in a format that is useful to them.

Improvement Interventions

1. We will continue to roll-out the new system of person centred care planning that optimises the involvement of the person and their family.
2. We will continue to provide training for our staff in person centred thinking and approaches and provide tools to promote person centre working.
3. We will work with families to ensure that we are able to clearly hear their voice and firmly value their role, knowledge and expertise. This will include supporting their contribution at service user/family carer forums and workshops.
4. We will continue to support families to keep in touch with their relative and provide opportunities to participate in meetings such as CPA and to contribute to assessment and care planning processes.
5. We will develop a policy and supporting materials to ensure that the allocation of named nurses and key workers is undertaken in a manner that 'matches' peoples skills, experience and personal attributes to meet individual need. This will include one page profiles for the people who use our services and staff.
6. We will continue our work to develop a suite of accessible materials in different formats to facilitate the participation and choice of service users and their families. In particular, we will focus on ensuring information is available to support involvement within the care planning and CPA process.

*We want to go beyond this to extend the principle of choice of any qualified provider commitment to embed shared decision-making through more patient choice in the majority of NHS funded services.
DH (England) 2012 No decision about me, without me: further consultation on proposals to secure shared decision-making)*

Competence

This domain is concerned with capacity and confidence to support people well including:

- The specialist skills and knowledge of the staff team.
- How the organisation provides training and advice to increase the capacity and confidence of mainstream provision.
- How we work with people and their families to utilise personal expertise and increase personal effectiveness.

Areas that emerged from the Quality Road Shows for specific improvement interventions included

- Ensuring staff have time allocated to meet together and reflect on practice and to participate in training, team building and research activities. This includes specific administrative support to maximise time to care.
- Ensuring service users and family carers are involved in the recruitment of staff at all levels.
- Providing training for people and families across key areas such as recognising and managing health conditions, managing behaviour, postural support, communication, health action planning etc.



Improvement Interventions

7. We will ensure that the organisational training strategy supports the development of the skills and competencies required to meet the needs of service users. We will continue to prioritise the delivery of training to support positive behavioural support and the building and maintenance of internal and external practice networks.
8. We will commit to the implementation of the RCN Principles of Nursing Practice and the First Steps Programme. These, along with improved job descriptions, appraisal and supervision will form part of an organisational initiative to support a strong values base and an open culture – Project ABC
9. We will redesign recruitment policies to ensure that there is service user and/or family carer involvement and provide training for those who wish to participate in these processes.
10. We will ensure that there is an appropriate training strategy in place with accessible materials to support service users and families around key areas, specifically health action planning, healthy lifestyles and positive behavioural support.
11. We will undertake a programme of work within our residential services to encourage more inclusive ways of working and increase opportunities for service users in education, employment etc.

Checking

This domain is concerned with ensuring that

- There are robust performance systems in place that translate policy and best practice into useful metrics that monitor progress and delivery.

Areas that emerged from the Quality Road Shows for specific improvement interventions included

- People with learning disabilities and family carers being at the centre of, and participating in, standard setting, performance monitoring and service evaluation.
- Developing an information management system that supports good record keeping and joint working and can be accessed for planning and evaluation purposes relating to the work of the team and achievement of outcomes for service users.
- Developing appropriate care pathways to support integrated care, smooth transitions between services and quickly identify any inappropriate variation in delivery.



Improvement Interventions

12. We will review the membership, structure and outcomes of governance meetings and activities at unit, regional and national level to increase effectiveness and the contribution of the people who use our services.
13. We will commit to a programme of training and support to enable people and families to participate as 'Quality Checkers' in the design and implementation of Quality Development Reviews (QDR's).
14. We will continue to audit and monitor our performance against a range of indicators that support and promote high standards in relation to the safety and experience of service users and the clinical effectiveness of our interventions. This includes:
 - instilling and embedding a culture and expectation of quality improvement within our services.
 - intelligently probing serious untoward incidents (SUIs) and other critical quality issues.
15. We will provide training in, and implement, tools to support the monitoring of outcomes for service users. Specifically, we will train staff and implement the Life Star – Outcomes Star for people with learning disabilities and the Spectrum Star – Outcomes Star for people on the autistic spectrum.
16. We will continue the work to support the development of therapeutic pathways including, transitions and reflecting new requirements as necessary e.g. CQUIN targets. This will include reviewing the role and function of each service and statements of purpose on a regular basis.

Making it Happen – implementing the strategy

The Integrated Governance Committee will monitor the achievement of the strategic plan across the organisation on behalf of the Executive Board and will report progress quarterly. The governance meetings in each unit and each region will be responsible for progressing and monitoring the strategic plan and ensuring a cohesive approach across clinical and non-clinical interventions. Achieving good governance is central to all our work and requires a team of ‘all the talents’.

“Integrated Governance is a process that spans the various functional governance processes that are often unlinked and result in the handling of issues in silos. It is clear that all healthcare organisations need to demonstrate that they have strengthened and streamlined their governance arrangements within their organisations and, over time, develop a further integration between health and social care organisations in their health community.”⁵

Within Castlebeck each Board Director within the organisation will take responsibility for the achievement of the improvement interventions and outcome targets within their directorate and will report on progress and outcomes via the Integrated Governance Committee.

Regional Operations Directors, working closely with the Regional Clinical Lead, will be responsible for operationalizing the strategy in their directorates and will be supported by their regional audit and governance leads in doing so. Each region and unit will produce a quarterly review of progress and report to the Integrated Governance Committee.

Regional audit and governance leads will act as champions for the strategy and will keep the region up to date with the progress against the improvement outcomes and will support the sharing of good practice.

Unit managers will be responsible for ensuring that their team is orientated towards achieving the outcome targets. They will ensure and that individual staff in all roles are clear about their contribution to the strategy.

In addition to the opportunity to share good practice at the regional governance meetings there will also be a standing agenda item on the Internal Service Reviews (ISR) to provide opportunities for unit managers to share progress and best practice.

Every individual staff at all levels, through job description, appraisal and supervision will be clear about their contribution to the achievement of the quality outcomes in this strategy and their performance managed against them.

The success of this strategy will rest on the ability to implement it in such a way that reflects the ‘whole’ of the organisation but sensitive enough to recognise the progress and needs of individual units. Making the strategy real will require the efforts of all departments within the organisation with different directorates leading and supporting different improvement initiatives.



⁵ DH England (2006) Integrated Governance Handbook

Quality is the result of a carefully constructed cultural environment. It has to be the fabric of the organization, not part of the fabric.”

Philip Crosby

Individual Service Reviews (ISR's)

These meetings are held monthly and take the form of a panel of executives and managers chaired by the Chief Operating Officer. The primary role and function of these meetings is to review the service 'in the round' and provide integrated support to achieve organisational objectives including regulatory compliance.

Integrated Governance Meeting

Jointly chaired by the Director of Nursing and Patient Safety and the Chief Operating Officer this meeting brings together and integrates the clinical and non-clinical governance agenda including health and safety and risk registers.

Regional Governance Meeting

Jointly chaired by the Regional Clinical Director and Regional Operational Director and supported by the Regional Audit and Governance Lead. Attendance comprises of key stakeholders within the region including Unit Managers, Regional Lead Nurse, clinical staff and user/carer representatives. There may also, depending on the agenda, be representation from other departments such as finance, training etc.

These meetings will be held at least quarterly and are the place for all services within that region to come together to

- share good practice and research from within the organisation and outside.
- share lessons learned and action recommendations from Root Cause Analysis (RCA's), investigations and internal Quality Development Reviews (QDR) and external reports.
- interpret and act on regional governance data sets and other indicators of quality, safety and risk such as serious incidents, accidents, compliments, complaints etc.
- monitor the quality of the services within the region against agreed organisational standards and policy.



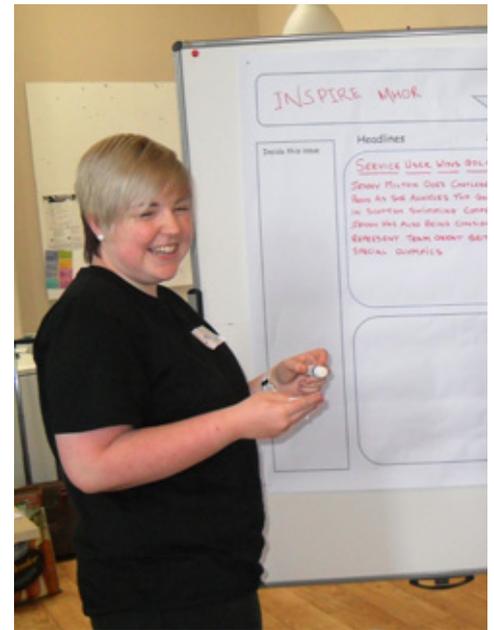
Unit Led Governance Meeting

Jointly chaired by the Unit Manager and the Responsible Clinician these meetings are attended by members of the individual service including members of the MDT and user/carer representatives. Additionally, depending on the topic area they may also be attended by people within the unit providing catering, housekeeping or administrative support.

With an emphasis on ensuring that 'quality is everybody's business' these meetings are held at least quarterly and are a place for the team at unit level to:

- share good practice from within the organisation and outside and discuss the implications for practice in their own unit
- share lessons learned and action recommendations from RCA's and investigations and internal Quality Development Reviews (QDR) relating to their unit
- interpret and act on unit governance data sets and other indicators of quality, safety and risk such as serious incidents, accidents, compliments, complaints etc. for their unit.
- monitor the quality of the services within the unit against agreed organisational standards and policy.

We will underpin this implementation plan with governance activities that will provide information on progress such as Quality Development Reviews, audit and regulatory visits and reports. In line with the development of the Quality Strategy we will encourage attendance of a wide range of stakeholders at governance meetings to ensure that we get a 'rounded' view of progress and create opportunities to hear their 'stories of change'.



Involving those who use our services and their families in checking the quality of our services

Central to monitoring the progress of this strategy and how we check the quality of the services we deliver will be the involvement of service users and their families. We will hear their voice through engaging with them in a number of ways both individually and collectively including:

- Feedback through person centred care planning and CPA meetings.
- User Forums at unit and regional level, user surveys and exit questionnaires.
- Family carer surveys and forums.
- Quality Circles
- PEAT (Patient Environment Action Teams)
- Complaints and compliments.
- Independent Advocacy.
- Their participation in events relating to quality and service development such as Quality Development Reviews (QDR's).

“I suspect that when most of us look for help with a major personal problem we choose someone who loves us, whom we think might have enough similar experience to speak from first-hand knowledge”

Herb Lovett

In some of our services these opportunities for increasing the ‘voice and choice’ of those who use our services and their families are already increasing. However, whilst we heard positive stories of user and family carer involvement we also heard that there was room for improvement. These areas for action have been weaved into the improvement actions in the following pages and include focussed work to improve

- Greater participation at personal meetings such as CPA and within discussions about service developments.
- Timely and accessible materials and information to enhance their understanding of their care and support decision making.
- Support to keep in touch with families and friends and more frequent updates in terms of progress and activities etc.
- Improved opportunities to create and participate in a ‘meaningful day’ and help to learn new skills and ‘grow’.

The following pages contain the framework for delivery of the implementation interventions designed to respond to the priorities raised by the people who use our services, families, staff and other key stakeholders.

**I can speak up for myself you know...
I would like to learn more skills that
will help me to speak up**

Service User

| Improvement Intervention | | Outcome Target | | Executive Sponsor |
|--------------------------|---|----------------|---|--|
| 1 | We will continue to roll-out the new system of person centred care planning that includes timely assessment and optimises the involvement of the person and their family | 1a | All service users will have a person centred care plan. | Director of Nursing and Medical Director |
| 2. | We will continue to provide training for our staff in person centred thinking and approaches and provide tools to promote person centred working. | 2a. | Within a rolling 12 months 80% of our direct care staff will have undertaken at least 1 training workshop in person centred thinking and approaches. | Director of Human Resources |
| 3. | We will work with families to ensure that we are able to clearly hear their voice and firmly value their role, knowledge and expertise. This will include supporting their contribution at service user/family carer forums and workshops. | 3a | User and family forums will take place at unit, regional and national level. A regular newsletter for people who use our services and their families will be published at least 3 monthly. Continued funding of independent advocacy services. | Director of Nursing Chief Operating Officer |
| 4. | We will continue to support families to keep in touch with their relative and opportunities to participate in meetings such as CPA and to contribute to assessment and care planning processes. | 4a | All visiting facilities and arrangements will be reviewed along with opportunities to utilise SKYPE etc. Yearly audit of attendance and user/family experience/satisfaction at CPA meeting Evidence of person centred tools and approaches in assessment and care planning. | Director of Nursing Medical Director Director of Nursing |
| 5. | We will develop a policy and supporting materials to ensure that the allocation of named nurses and key workers is undertaken in a manner that 'matches' peoples skills, experience and personal attributes to meet individual need. This will include one page profiles for the people who use our services and staff. | | Rota's, staffing matrix and staff allocation systems (named nurse/keyworker) will be audited to ensure they reflect the needs of individual service users and staff. All service users and staff will have a one page profile that is updated at least yearly | Chief Operating Officer |
| 6. | We will continue our work to develop a suite of accessible materials in different formats to facilitate the participation and choice of service users and their families. In particular, we will focus on ensuring information is available to support involvement within the care planning and CPA process. | | Ensuring that we provide information to service users and family carers in a format that is useful to them and supports choice and decision – making. Information will include an accessible version of their care plan as well as person centred plans and health action plans. | Director of Nursing & Medical Director |

Centredness

| Competence | Improvement intervention | | Outcome Target | | Executive Sponsor |
|------------|---|--|---|--|--------------------------------------|
| | 7 | We will ensure that the organisational training strategy supports the development of the skills and competencies required to meet the needs of service users. We will continue to prioritise the delivery of training to support positive behavioural support and the building and maintenance of internal and external practice networks. | 7a | A robust and comprehensive training strategy will be in delivered that meets the needs of new starters and existing staff. | Director of Human Resources |
| | | | 7b | Quarterly regional community of practice (COP) that will be a forum to share and disseminate knowledge and information. | Director of Nursing & Patient Safety |
| | | | 7c | There will be a nursing event 3 times a year to which internal and external attendees will be invited | Chief Operating Officer |
| | | | 7d | All staff will be encouraged to utilise available local and virtual networks and forums | |
| | 8 | We will commit to the implementation of the RCN Principles of Nursing Practice and the First Steps Programme. These, along with improved job descriptions, appraisal and supervision will form part of an organisational initiative to support a strong values base and an open culture – Project ABC | 8a | There will be a programme of work, in partnership with the RCN, to support the roll-out of the Principles of Nursing Practice & First Steps. | Director of Nursing & Patient Safety |
| 8b | | | Job descriptions will have been revised. A new appraisal and supervision system in place to support the reasserting of our organisational mission and values and reflect codes and standards of professional practice. | Director of Human Resources | |
| 8c | | | There will be a suite of materials to support the workforce re -organisational values and creating a positive culture. | Chief Operating Officer | |
| 9 | We will redesign recruitment policies to ensure that there is service user/family carer involvement and provide training for those who wish to participate in these processes. | 9a | We will have a new recruitment policy and selection process in place that includes the involvement of service users/family carers. | Director of Human Resources | |
| | | 9b | Recruitment and selection training will be provided for service users/family carers involved in these processes. | | |
| 10 | We will ensure that there is an appropriate training strategy in place with accessible materials in place to support service users and families around key areas, specifically health action planning, healthy lifestyles and positive behavioural support. | 10a | Regular sessions in each region provided for service users/families with information and materials to support their learning. | Medical Director & Director of Nursing & Patient Safety | |
| | | 10b | Each unit will have staff trained and able to deliver groups and activities to support healthy lifestyles. | | |
| | | 10c | Day activities will include appropriate learning opportunities and encourage use of community facilities. | | |
| 11 | We will undertake a programme of work within our residential services to encourage more inclusive ways of working and increase opportunities for service users in education, employment etc. | 11a | There will be an agreed action plan that includes stretch targets to support reshaping and redesigning of the model of care to provide greater opportunities for inclusion. This will incorporate recommendations from the recent review of residential services. | Chief Operating Officer | |

| Improvement Intervention | | Outcome Target | | Executive Sponsor | |
|--------------------------|----|---|-----|--|---|
| Competence | 12 | We will review the membership, structure and outcomes of governance meetings and activities at unit, regional and national level to increase effectiveness and the contribution of people who use our services. | 12a | Terms of reference of unit and regional governance meetings and supporting documentation will be revised | Director of Nursing & Medical Director & |
| | | | 12b | Attendance at governance meetings will reflect membership and progress against improvement interventions at unit/region will be reported at ISR. | Chief Operating Officer |
| | | | 12c | There will be opportunities at Unit/Regional/National level for service users/families to be involved in governance activities and meetings. | |
| | 13 | We will commit to a programme of training and support to enable people and families to participate as 'Quality Checkers' in the design and implementation of Quality Development Reviews. | 13a | Train at least 6 people to be Quality Checkers every year. | Director of Nursing |
| | | | 13b | Service users/family carers will participate in the QDR process. | Chief Operating Officer |
| | 14 | We will continue to audit and monitor our performance against a range of indicators that support and promote high standards in relation of the safety and experience of service users and the clinical effectiveness of our interventions. This includes: -instilling and embedding a culture and expectation of quality improvement within our services. -intelligently probing serious untoward incidents (SUIs) and other critical quality issues. -expected sharing of good practice and use of benchmarking methodologies | 14a | Yearly review of the 'Confirm & Challenge' Self Assessment Tool. | Director of Nursing |
| | | | 14b | Review of governance data sets for each unit at ISR's including serious incidents, accidents, complaints etc. | Chief Operating Officer |
| | | | 14c | Continue to review governance data sets at Board level and maintain visits to units by executive team members. | Executive Chairman |
| | | | 14d | We will continue to ensure we achieve regulatory and professional standards and utilise internal QDR's and ISR's to ensure recommendations are actioned. | Chief Operating Officer & Director of Nursing |
| | 15 | We will provide training in, and implement, tools to support the monitoring of outcomes for service users. Specifically, we will train staff and implement the LifeStar- Outcomes Star for people with learning disabilities and the Spectrum Star – Outcomes Star for people on the autistic spectrum. | 15a | All named nurses will be trained in the use of the Outcome Stars by the regional nurses who will undertake a 'training the trainers' workshop. | Medical Director |
| | | | 15b | All service users progress and outcomes will be monitored using an appropriate Outcomes Star and any additional tools as required. | Medical Director |
| | 16 | We will continue the work to support the development of therapeutic pathways including, transitions and taking in appropriate measures as necessary e.g. CQUIN targets. This will include reviewing the role and function of each service and statements of purpose (SOP). | 16a | We will continue to roll out the therapeutic pathway to each region and ensure that there is appropriate monitoring of outcomes and achievement of related CQUIN measures. | Medical Director |
| | | | 16b | The role and function of each service reviewed via the ISR process. SOP will be formally reviewed at least yearly. | Chief Operating Officer |

Using every opportunity to check progress

Within each Castlebeck service, there are currently a range of opportunities for us to gather views and 'stories' from stakeholders and inform our understanding about the quality of our services.

The following table identifies the relevant stakeholder groups and current opportunities to acquire feedback. It also identifies whether it is a primary change to hear from an individual service user and their family about the support they receive (I), the service as a whole (S), or the overall company (C).

| STAKEHOLDER GROUP | VEHICLE FOR FEEDBACK | METHODOLOGY | ISC |
|------------------------------|------------------------------------|--|-----|
| SERVICE USERS (individually) | • Person Centred Care planning | Enabling service users to be involved in all aspects of their care including the assessment process, planning and evaluation of interventions and support. Care Planning process includes person centred tools to support increased choice and control. | I |
| | • Activity Planning | Activities are planned on a weekly basis with each individual service user, based on their interests and agreed therapeutic interventions as appropriate. | I |
| | • CPA | A structured opportunity for reviewing progress for each service user, with them at the centre; this includes assistance for service users to prepare for this review and make a full contribution including their view about what's working/not working in terms of both the care and support they currently receive and their plans for the future | I |
| | • MDT | Opportunity for service users to participate in a discussion with the members of the team currently providing intervention and support re- personal progress. | I |
| | • Questionnaires | A questionnaire (at least yearly) administered with support and utilising communication tools such as talking mats. | SC |
| | • Advocacy | Open access to independent advocacy so that service users can be supported to identify and issues that concern them, whether relating to the support that they receive or other aspects of their life | I |
| | • Exit interviews | All users who leave a service asked to complete a questionnaire (and supported where appropriate) which goes to a central point in the organisation and is then fed back to Managers individually and Directors collectively | SC |
| | • Complaints and compliments | Use of the formal processes for making a complaint or expressing appreciation | IS |
| SERVICE USERS (collectively) | • Service User Forums (at service) | Regular meetings for all service users in the particular unit to collectively discuss any issues of interest to them and to raise things as a group with staff / others, with minutes taken and actions followed up | S |
| | • Regional Service User Forum | Within the region, an opportunity 4 times a year for representative users from all services to meet together and share issues | SC |
| | • National Service User Forum | As for the regional forums, an opportunity for regional representatives to meet once a year for discussion, giving an opportunity for them to identify issues of concern across the company | C |

| STAKEHOLDER GROUP | VEHICLE FOR FEEDBACK | METHODOLOGY | ISC |
|---------------------|--------------------------------------|--|-----|
| FAMILIES AND CARERS | • Day-to-day contact | Regular contact with family members / carers, as agreed on an individual basis, to talk about health and well-being, progress, behaviours, etc. and also to report and discuss any particular incidents / issues | IS |
| | • CPA | Family members are always invited to CPA meetings and encouraged to contribute to discussion and planning | IS |
| | • Questionnaires | A questionnaire specifically for families and other carers to comment on the support the service user receives and on whether they are communicated with and involved in the way in which they wish to be | SC |
| | • Complaints and compliments | Use of the formal processes for making a complaint or expressing appreciation | IS |
| | • Family Carer Forum | Offering opportunities for families and other carers to meet as a group if they wish to share issues and provide mutual support, including any issues of concern. | SC |
| STAFF | • Clinical Supervision and Appraisal | The regular process (annual for appraisal, 6 times a year for clinical supervision) in which staff can express any concerns about their own role / development and / or wider issues within the workplace | S |
| | • Staff meetings | Meetings for staff as a group where progress and problems can be raised and shared within the team | S |
| | • Training | All staff involved in training are encouraged to pick up issues of concern that staff share during training programmes and feed back to the Training Department who, in turn, will advise Managers and Clinical Governance staff if there appear to be areas needing to be addressed | SC |
| | • Questionnaires | An annual process of confidential questionnaires through which staff are provided with the opportunity to comment on how well they feel supported, trained, managed and any broader issues of concern about their service or the company as a whole | SC |
| | • Grievances | Use of the formal process for staff complaints about issues affecting their employment | S |
| | • Whistleblowing | Confidential external whistleblowing option for any staff who are unhappy / concerned about whether service users are being supported in the right way or the attitudes / behaviours of other staff members | S |
| | • Incident review | Formal process of Root Cause Analysis following incidents whereby possible actions to avoid incidents can be identified | IS |
| | • Team Brief | A monthly process of sharing information consistently across all staff groups and gaining feedback from those groups | C |

| STAKEHOLDER GROUP | VEHICLE FOR FEEDBACK | METHODOLOGY | ISC |
|-------------------|--------------------------------------|--|-----|
| STAFF | • Conferences | In addition to routine management and staff meetings, there are a variety of staff events – e.g. Quality Roadshows, Nurses Conferences, Clinical team conferences, etc – where there is sharing of good practice and provide a benchmark for staff’s own practice, values and attitudes; issues are fed back into management and clinical governance processes | C |
| | • MDT | A formal process relating to individual service users to which all staff have the opportunity to contribute if they have ideas about how the support for that individual could be improved | I |
| | • Care Plan reviews | Where care plans are reviewed, all staff involved in the service users care – but particularly Named Nurse and Key Worker – are encouraged to contribute to the review process and share in consideration of ways in which support can be most effective | I |
| COMMISSIONERS | • CPA | An opportunity for commissioners to review the support provided and define their own expectations of the service and any concerns about the support provided / progress made | IS |
| | • Feedback Forms | Each commissioner attending a CPA is asked to complete a questionnaire post CPA which goes to the Chief Executive giving feedback on how they view the service | ISC |
| | • Business Development Team contacts | Business Development Managers in each region attempt to maintain open and regular contact with all commissioners, whether or not they have current placements, and to get feedback from them on how they view the services and any areas of concern | SC |
| | • Safeguarding / ASP reviews | Reviews when a safeguarding issue has arisen involving the host authority Safeguarding / ASP team which may identify areas of concern about how an issue has arisen / been managed | IS |
| | • Contract Monitoring | Formal contract monitoring visits by host or other contracting organisations with reports identifying any areas of concern | SC |
| | * Questionnaires | A questionnaire specifically for families and other carers to comment on the support the service user receives and on whether they are communicated with and involved in the way in which they wish to be | SC |
| | • Complaints and compliments | Use of the formal processes for making a complaint or expressing appreciation | IS |
| | • Family Carer Forum | Offering opportunities for families and other carers to meet as a group if they wish to share issues and provide mutual support, including any issues of concern. | SC |

| STAKEHOLDER GROUP | VEHICLE FOR FEEDBACK | METHODOLOGY | ISC |
|-----------------------------|---|--|-----|
| REGULATORS | • Inspection reports | Formal reports setting out requirements and recommendations | S |
| | • Complaints | Complaints made directly to the regulator, with requirements / recommendations arising from an investigation into them | S |
| | • Notifications | Any requirements / recommendations arising from notifiable events | IS |
| | • Mental Health | Requirements / recommendations arising from specific Mental Health inspections | IS |
| | • Fire Inspections | Requirements / recommendations arising from Fire Service visits | S |
| | • Environmental Health | Requirements / recommendation arising from Environmental Health visits | S |
| DIRECTORS / MANAGERS | • Environment Audits | Monthly reports involving the checking and reporting of key property and other environmental issues | SC |
| | • Serious incidents reporting | Reporting and analysis of any incidents, including those involving the use of physical intervention and/or injury to service user or staff | IS |
| | • Integrated Governance Meetings | Unit level, Regional and National are at least quarterly and advise action from analysis of SI's and other clinical issues as well as other related issues such as staff turnover, complaints, compliments, training etc. | SC |
| | • Safeguarding and Whistleblowing Panel | Quarterly review by Directors of all Safeguarding and Whistleblowing reports on a service by service basis | SC |
| | • Individual Service Review | Monthly or quarterly, according to need, review of the service led by the Chief Operating Officer and incorporating review of all key indicators including Staff Turnover, Sickness, Occupancy, Governance, Regulatory compliance, Training adherence, etc | SC |
| | • Quality Audits | Annual comprehensive internal audit of the service carried out by a mix of clinical governance, medical, nursing and operational staff and service user/family carer representation | SC |
| | • Themed audits (within service) | Audits on specific aspects of the service carried out by Managers or other staff within the service on priority areas e.g. Care Plans, Medication, etc | S |
| | • Themed audits (external to service) | Audits on specific aspects of the service carried out by corporate Audit and Clinical Governance staff and/or Lead Nurse and/or specialist external contractors (e.g. Health and Safety, Pharmacy, Catering) | SC |

Communication Strategy

We need to make sure that this strategy is properly communicated throughout our organisation and at every level. We will do this by utilising existing mechanisms such as Team Brief and Governance Meetings at local and national level.

There will also be a number of opportunities existing and created to discuss the strategy and the improvement actions within with our stakeholders which include local and regional conferences, forums and meetings.

We have produced an easier to read version of this strategy and will publish both versions on our website.

Importantly, our new job descriptions, appraisals and supervision process will include reference to this strategy and the contribution of staff to achieving the improvement interventions.

Progress on the strategy will be formally monitored internally via operational reporting mechanisms and governance structures and within the monthly report to the Board by the Director of Nursing and Patient Safety.

Conclusion

We know that sound governance structures and systems are not enough to assure high quality, person centred care. Every member of staff needs to understand that their contribution makes a difference to the experience of service users no matter what their role is within the organisation. Each and every one of us has a part to play in ensuring that our organisation delivers care that is safe, sound and supportive.

This Quality Strategy is our 'blue print' for taking the organisation forward in the coming months and years. It articulates a future where service users and their families are at the centre of everything that we do. If we are successful in achieving the improvement actions contained within this document we will go some way to delivering the vision that was articulated by our key stakeholders.

The challenge is now to make real this strategy.

Safe
Sound
Supportive



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