

CHAPTER 3 SERVICE QUALITY

1. Introduction

A wide variety of sources have been used to assess the quality of service provision:

- Starfish – appraisal results for the eight provider in five separate sub-sections (paras 2.1 to 2.6) plus providers' own recommendations for service improvements (para 2.7)
- Survey of scheme manager service of the eight providers undertaking Starfish appraisals (para 3)
- Supporting People – service review covering eighteen providers (para 4)

2. Starfish

2.1.1 Part I: Are services provided appropriate to the needs of current tenants?

2.1.2 Methodology

Scheme managers were asked to complete forms to indicate, for each individual resident, the current appropriateness of the care and support received, and the physical suitability of the accommodation.

2.1.3 Results

Our view is that the Starfish approach to the assessment of the adequacy of care and support received and the suitability of the accommodation is not as thorough as some other methods. We would have favoured a more precise survey in which the actual levels of dependency in each scheme are established, cross-referenced to the levels of care provided and the facilities of the building. Using Starfish, individual providers have the opportunity to drill down into their individual results for each scheme, but as consultants we are more concerned with drawing overall conclusions about the level of “fit” between needs and services. We are unable to do so with the data supplied with any precision. It seems rather remarkable that, for example, all five of CHS' schemes are fully meeting the care and support needs of each tenant and providing perfectly suitable accommodation. It is also surprising that only two providers (Fenland and SCDC) had any services graded as level C with all the others grading themselves as either all As or all Bs or a combination of As and Bs.

2.2.1 Part II: Are the services currently delivered likely to be appropriate to the needs of future tenants?

2.2.2 Methodology

Scheme managers and their managers were asked to assess the likely appropriateness of current care and support provision to the needs of tenants in five years time, and the likely suitability of the accommodation.

2.2.3 Results:

Much less confidence was expressed in response to this question, with half of providers assessing some of their schemes as not really likely to meet needs of future tenants. Fifteen schemes [managed by SCDC (4) , HHP (5), Cambridge City Council (5) and Housing 21 (1)] were assessed as not really or definitely not likely to meet future needs. We have not been given the reasons for this prediction but each provider will have responses from level 1 managers to the question asking them to describe the principle shortcomings if Cs and Ds are given – we recommend that the providers of those 15 schemes examine these reasons in depth, cross-referencing to other relevant data.

2.3.1 Part III Do the schemes successfully meet their aims and objectives?

2.3.2 Methodology

Level 2 managers were required to summarise the aims and objectives of their organisation’s service using 11 pre-determined headings:

Fig. 4

helping tenants to remain in their own homes for as long as they wish	promoting independence and preventing the need for more intensive services	empowering and involving tenants and promoting choice
creating a safe and secure home environment for tenants	assisting tenants to access and maintain support from external agencies when required; enabling tenants to establish supportive social networks	assisting service users to pursue educational activity
employment or training activities	rehabilitation	avoidance of hospital admission and promotion of early discharge

promoting integration with the surrounding community responding effectively in the event of an emergency

Level 1 managers were then asked to assess the extent to which the service meets the aims and objectives, citing evidence for the assessment.

2.3.3 Results

Five providers assessed themselves with only high grades (A and B), while SCDC, HHP and CCC assessed themselves with some C grades. There were no D grades. We suspect that some providers may have assessed their quality rather too highly under some of the criteria given the need to provide evidence to back up the grade – a point that may come to be endorsed when putting together portfolios of evidence for the CSHS Code of Practice.

2.4.1 Part IV Are tenants satisfied with the service?

2.4.2 Methodology

The level 1 managers were required to determine the up-to-dateness and quality of available service user satisfaction data. They were then required to assess levels of service user satisfaction against 7 pre-determined criteria:

- Staff cover
- Location;
- Affordability
- Accommodation standard
- Social opportunities
- Central cover
- Safety

2.4.3 Results

All schemes apparently provide definite (52 x A) or general (74 x B) satisfaction for tenants.

We are unclear about the robustness of the tenant satisfaction data collected since the answers to the question on up-to-dateness is not collected and there is no way of verifying whether data is collected on all 7 headings.

We would recommend further benchmarking and best practice in this area to be developed from a consistent use of the Salford model (as Hereward Housing

have already done (*A guide for social landlords on measuring satisfaction levels of sheltered housing tenants*).

2.5.1 Part V Can the schemes demonstrate that they operate in accordance with best practice?

2.5.2 Methodology

Level 1 managers were asked to review the extent to which the scheme meets the ten standards within the Centre for Sheltered Housing Studies Code of Practice. This assessment had to be based on the ability to demonstrate that the standards have been met in policy and strategic terms and through actual implementation of the standards. The ten standards are:

Fig. 5

Equality of opportunity and diversity	rights and responsibilities	confidentiality; independence and empowerment
service delivery	review and continuous improvement	professional role and responsibilities
collaboration and community development	trained and supported staff	policy and legislation physical environment

2.5.3 Results

Only one scheme, run by HHP, is assessed with a grade C, all the rest are awarded grades A (36) and B (99). As with Part III, we suspect that some providers may have assessed themselves rather highly under some of the criteria given the need to provide evidence to back up the grade – again, likely to become explicit when portfolios of evidence are assessed by external assessors for the CSHS Code of Practice.

2.6 Overview of Starfish results on quality

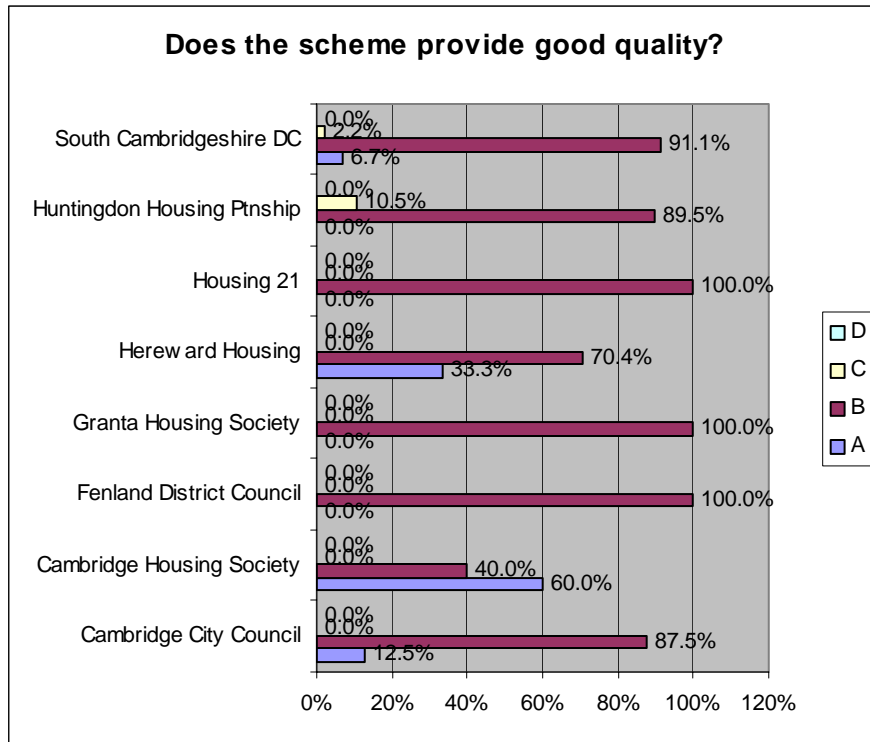
The summary results on quality, table 19/chart 1, conceal a wide range of variations regarding the various sub-headings making up the overall mark. The overview shows uniformly high self-assessments for quality overall, with all but two providers having only A and B grades. Of these, 3 assessed themselves with 100% Bs. Only SCDC and HHP had any schemes offering a C grade service overall. These high levels of quality are to be commended and will hopefully be endorsed with the successful accreditation to the CSHS Code of Practice (see below) in due course.

Table 19

Does the scheme provide good quality?

	A		B		C		D	
	No.	%	No.	%	No.	%	No.	%
Cambridge City Council	2	12.5%	14	87.5%	0	0.0%	0	0.0%
Cambridge Housing Society	3	60.0%	2	40.0%	0	0.0%	0	0.0%
Fenland District Council	0	0.0%	14	100.0%	0	0.0%	0	0.0%
Granta Housing Society	0	0.0%	1	100.0%	0	0.0%	0	0.0%
Hereward Housing	10	33.3%	20	70.4%	0	0.0%	0	0.0%
Housing 21	0	0.0%	6	100.0%	0	0.0%	0	0.0%
Huntingdon Housing Ptnship	0	0.0%	17	89.5%	2	10.5%	0	0.0%
South Cambridgeshire DC	3	6.7%	41	91.1%	1	2.2%	0	0.0%

Chart 1



2.7 The response of the providers: service recommendations within the appraisal

2.7.1 Caveat

The summary spreadsheet that we asked the eight providers to complete asked finally for their recommendations to improve both service and property quality and to identify any obstacles. The following paragraphs (2.7.2 to 2.7.9)

summarise their statements on necessary service improvements and obstacles. Their stated property improvements are summarised in chapter 4, paragraph 7. It should be noted however that providers' comments on service improvements have strayed into property, so there is an overlap and the following paragraphs are not discretely concerned with service.

2.7.2 Cambridge City Council – 14 schemes / 2 Extra Care

The recommendations for the sheltered schemes majored on the requirement to consider the future staffing of the schemes (9). In all cases the reason for this recommendation is identified as the changing needs of clients who are now older and frailer than in the past. This trend has caused the profile of sheltered housing to change over the years as people today are moving into sheltered housing later in life, often as a result of major change, such as the loss of a partner or deteriorating health. Much research has taken place on peoples' housing preferences as they age and the overwhelming consensus is that people wish to remain in their own homes for as long as is possible. Therefore it is not unusual today for the average age of residents in sheltered schemes to be 75 with often a large percentage who are over 80 and a growing number who are 90+.

On 4 schemes the provider reflected that the service users would benefit from minor upgrades to systems and elements of the building.

The other major challenge identified is the unsuitability of the accommodation (8 schemes), namely bedsits that are no longer popular.

Obstacles to future viability are clearly defined in all but one of the schemes as 'severe financial pressures'. This is defined as a challenge even where the scheme is considered to be in an area deemed suitable for sheltered housing provision.

An additional challenge is identified for the 2 extra care schemes, namely issues stemming from the fact that the schemes rely on funding from a variety of sources.

2.7.3 Cambridgeshire Housing Society – 5 schemes

The service recommendations for 3 of the 5 sheltered schemes centre on the introduction of meals services and developing extra care services. In 2 cases the reasons for the recommendations are that suitable facilities or premises capable of conversion exist while the increasing dependency of residents is cited in the other case.

There are no service recommendations listed for the other two schemes.

2.7.4 Fenland District Council – 13 schemes / 1 Extra Care

Service recommendations for the 13 sheltered schemes are divided into two clear categories, namely:

1. Adequate resources, resident or non-resident scheme manager providing good quality service and **good** demand for the properties (8 schemes)
2. Adequate resources, resident or non-resident scheme manager providing good quality service but demand for the properties is **poor** (5 schemes)

The provider indicates that the 8 schemes are 'viable' but in all cases states that an obstacle for the future is achieving funding to modernise the schemes and ensure they reach 'decent homes plus' standards.

Of the remaining 5 schemes, 2 are stated as being viable or probably viable despite a lack of demand.

Of note, the 'extra care' scheme is given a 'viable' tag yet an obstacle is recorded as accessing long term funding to modernise and reach 'decent homes plus' standard.

2.7.5 Granta Housing Society

Service recommendations for the one sheltered scheme concentrate on the need to increase service user involvement

2.7.6 HHP – 19 schemes

HHP identified a requirement to take action on all their schemes. The service recommendations included:

- Decommissioning (3)
- Remodelling (6)
- While a variety of options were cited for the remaining schemes including decommissioning, remodelling, demolishing and rebuilding or, undertaking smaller scale internal works to modernise the schemes

The other major service recommendation called for linking schemes to provide communal facilities for schemes lacking these facilities (5). In addition, setting up surgeries at the schemes for visiting RGNs, OTs or physiotherapists was given as a service recommendation for 10 of the 19 schemes.

Location proved to be a major factor in the reason for the recommendations. 7 schemes were identified as being in a 'good' location, nevertheless in all but one of the schemes there were potential challenges in terms of accessing funding for

remodelling / upgrading facilities. The other scheme was facing cost saving cuts in Supporting People Grant.

A further five schemes were identified as being in 'poor' locations and in some cases this was coupled with other challenges such as poor demand and high investment costs to upgrade facilities.

The remaining five schemes were identified for possible linkage to other schemes where communal facilities were available. It was suggested that this would promote social inclusion for the residents of the schemes. However, an obstacle to this in all cases was the problem of the community facility possibly not being of a sufficient size to accommodate the residents from both schemes.

2.7.7 Hereward Housing Association – 27 schemes / 3 Extra Care

There were no service recommendations recorded for 15 of the 27 sheltered schemes or any of the 3 'extra care' schemes.

The remaining service recommendations were based on sheltered scheme staff working together across schemes. The view taken was that scheme managers working on small schemes (9) would assist scheme managers based on larger schemes with core work e.g. updating support plans, and to a lesser degree scheme managers based on large schemes (3) would assist with duties on small schemes if and when appropriate.

2.7.8 Housing 21 – 6 schemes

H21's service recommendations are based on interviews with tenants, scheme inspections, staff interviews and internal viability assessments. The service recommendations vary across the schemes with 2 schemes having no service issues while the other 4 each highlighted different areas for concern, namely, nuisance in the locality, affordability, access to care packages from Social Services and staffing requirements. Obstacles centred on accessing funding for physical improvements to the building.

2.7.9 South Cambridgeshire District Council – 45 schemes

39 of the 45 schemes have been classified as suitable for sheltered housing and in all cases the reason given for this classification is: 'schemes score well on external viability, service quality, physical and logistical viability'. Despite this positive rating on all the schemes an obstacle to viability is cited as 'there is a large amount of sheltered stock in dispersed rural locations, which all show poor financial viability'.

The remaining 6 schemes have been given a non-suitable tag and all comprise some bedsit accommodation and bungalows. The recommendations are mainly concern two categories, namely, bedsit accommodation and bungalows. The

bedsit accommodation is identified as not suitable for the client group and much of it is now empty and providers are considering its future use is (4 schemes). A housing association will develop the remaining scheme to provide an 'extra care' facility and the bungalows on the site will be incorporated into the scheme. On two schemes the bungalows will form schemes in their own right, while the other schemes with bungalows could be added into another scheme or serviced from another scheme. However, the obstacle cited for all 6 schemes is their poor viability which puts their future in question.

2.7.10 Observations on providers' own recommendations and our related recommendations

The nature of the responses in this section leads us to believe that providers' adopted varying criteria in responding to this area of the survey. Also in some cases schemes have been given a viable tag yet major concerns are raised over accessing funding to modernise them. It should also be noted that in some instances the data was not complete, as providers did not provide service recommendations for all schemes.

In the light of the different approaches taken by providers in the completion of this aspect of the survey we would recommend that the following issues are reconsidered by providers:

- Undertake risk assessments to assess the likelihood of obtaining funding to redevelop unsuitable schemes e.g. bedsits
- Develop a strategy for decommissioning schemes where finance is not likely to be available or demand is low
- Identify opportunities for linking small schemes to achieve future viability. This could extend to linking with other providers' schemes
- Undertake research to identify demand for isolated schemes in rural areas to assess future financial viability. Also take into consideration the challenges faced in providing services in a remote location as it is possible that staff in the future will be part of a peripatetic team
- Where a need for additional services to support frail older people is identified enter discussions with the relevant Agencies to assess whether funding such services are identified within their strategic plans
- To assist future strategic planning for older peoples' services address gaps where service recommendations for schemes have not been developed

3. Scheme Manager service

3.1 The steering group decided that the Starfish appraisals omitted some key information regarding the scheme manager service and a separate email survey was conducted of the eight core providers.

3.2 Job descriptions and job specifications for scheme managers are fairly similar across the 8 providers, with Cambridge Housing Society the most up-to-date, i.e. with reference to the need for 6 monthly support plans.

3.3 The contents of the manuals of procedures and policies for Scheme Managers vary markedly. Cambridgeshire Housing Society's is 12 years out of date and extremely limited in scope. Almost all appear to be based on or draw from the Sanctuary Housing Association manual which has been sold to over 270 housing associations and councils. Some appear to omit policies on abuse/adult protection and needs assessment and support planning, both requirements under the Quality Assessment Framework of Supporting People.

3.4 Compulsory training requirements vary from nil (Granta) to an extremely comprehensive 2 year job development programme (Housing 21). The lists supplied by the other 6 providers are rather brief and appear not to be consistent with the fact that most are currently preparing to be accredited (or reaccredited) for the externally assessed Centre for Sheltered Housing Studies Code of Practice. To pass this accreditation high levels of staff training are required. Most of the lists of compulsory training provided excluded needs assessment/support planning and adult protection – both requirements under the Quality Assessment Framework of Supporting People. We understand that the Supporting People team have recently supplied essential training to all local providers.

3.5 All providers have either reviewed the role of Scheme Managers within the last 5 years or are currently undertaking a review. The results of the reviews of the 7 providers include:

- Phasing out of deputy wardens and development of a mobile service (SCDC)
- Moving from on-site to fully mobile staff (CCC)
- Introduction of wider role to include responsibility for arrears, waiting lists (H21)

- Confirmation of resident based model of scheme manager service (Hereward Housing). They state that this model provides the best means of ensuring: continuity, accountability, social activities, schemes as a resource to the community, links with statutory partners, added value. They also fund a mini-bus enabling 9 outings per annum per scheme.

In all cases residents were consulted though H21 state that they were informed of the process but had no influence over decisions.

3.6 The current models of staff service are:

- 9-5, Monday to Friday, resident Scheme Manager supplemented by:
 - Central control cover outside these hours (H21)
 - Central control and a rota of Scheme Managers for out-of-hours calls (Fenland, Hereward)
- 8-5, Monday to Friday, resident (10) or non-resident (3) Scheme Managers supplemented by central control and a rota of Scheme Managers for out-of-hours calls (HHP)
- 8.30-1.30 Monday to Friday resident Scheme Manager supplemented by central control outside these hours (Granta)
- 8.30 to 12.30 Monday to Friday on site, 12.30 onwards off site but available by mobile, supplemented by central control and mobile service at weekends (SCDC)
- 9-12 core time Monday to Friday, other hours to suit the service requirements up to 35 hour. 1 flexi-day per 4 weeks allowed. Emergencies and out of hours calls dealt with by control centre and CCC mobile service (CHS)
- 9 to 5 core time Monday to Friday mobile service (including a daily check on scheme and tenants), with staff rota covering 8am to 10pm including weekends. After 10pm Nightcare Team cover from social services (CCC)

3.7 Two providers currently offer a scheme manager service to older people not living in sheltered housing (Hereward, Fenland). CCC have also developed an emergency response service (and quarterly visits to ensure the system is working) to 1000 community alarm customers and plan to develop this further by working with the PCT to make use of assistive technology to assist them with hospital discharge targets.

3.8 We have not specifically asked providers whether they have addressed the implications of the Working Time Directive in the light of the recent Harrow Judgment, though we suspect that some (e.g. South Cambridgeshire District Council) may be vulnerable to claims and recommend that individual legal advice is sought. (*Add the CSHS FAQ as an appendix?*). We would also question the value of some providers continuing to provide a resident scheme manager service if ALL out of hours emergencies are responded to either remotely by a control centre or in person by mobiles. The reason rent-free accommodation is allowed by the Inland Revenue to be tax-free is because it is needed for the adequate performance of the job. This is not the case for some providers in Cambridgeshire for the reasons stated.

3.9 Information technology. All but one (Granta) provider has either linked staff or are about to link staff to computers, the internet, the intranet and emails.

3.10 Meaningful comparisons between the sheltered housing management structures for the eight providers have proved difficult. Our impression is, however, that the quality of the front-line service is greatly improved by having line managers with no responsibilities other than sheltered housing – ie where there are sufficient sheltered schemes to justify a full-time dedicated sheltered housing officer/manager post, this is more effective than when responsibility for managing scheme managers is spread thinly over several officers/managers.

4. Supporting People – service reviews and validation visit reports

4.1 Service reviews

All 18 sheltered housing providers in Cambridgeshire were subject to a review of their services, conducted in accordance with the written guidance of the ODPM. Prior to the validation visits, providers completed self-assessments of their service quality, using the prescribed format of the Quality Assessment Framework (QAF). These were followed by validation visits conducted between January and March 2004, unusually with the involvement of interested steering group members who had volunteered to be trained and to assist with the scheme reviews on services run by the three districts and two LSVTs. At least one scheme for each non local authority provider had a validation visit and a sample of up to 20% was taken of local authority and LSVT schemes. Validation visits were conducted in 28 schemes. Residents and front-line staff were interviewed alone and for about an hour. The validation visits focused primarily on verifying evidence for the providers own self-assessed grades for the Core Service Objectives of the QAF.

The grade results of the validation visits are attached in appendix 2. It should be noted that some providers awarded D grades lack only small pieces of evidence and therefore are not facing huge difficulties in moving up to a self-assessed grade C.

4.2 Validation visits – Core Service Objectives – common omissions and good practice points

4.2.1 Core Service Objective C1.1 Needs Assessment and Support Planning (NASP)

Important omissions and/or criticisms, including reasons why a D awarded:

- NASP not fully introduced for all residents
- NASP not reviewed
- Copy of NASP not made available to residents
- No written procedure for NASP
- Insufficient training on NASP and/or not incorporated into induction training for sheltered housing staff
- NASP not seen by staff as “living documents” rather as something to be kept in filing cabinets
- No formal mechanism for allocations/lettings assessment to be fed through to senior scheme manager – causing some inappropriate allocations
- Links between needs assessment and support plans to be more evident

Good practice points/reasons why B and C grades awarded:

- Reviews taken place
- Working group, including residents, in place to evaluate the NASP process and continue to make them more user friendly for residents and staff
- Residents aware of the content of support plans and that their views were taken into account throughout the process. In control of when the scheme manager visited them
- Ongoing staff training on NASP
- Good link between initial assessment of prospective tenants (conducted by scheme managers) ensuring that needs are known (and met) before tenant moves in

- Scheme manager meets prospective tenants as they are shown round the scheme and due regard is taken of their opinion as to whether sheltered housing is appropriate for their needs

4.2.2 Core Service Objective C1.2 Health and safety and security

Important omissions and/or criticisms, including reasons why a D grade awarded:

- Residents not given written information on Health and Safety
- Risk Assessment process not applied to lone working
- Risk Assessment process only applied to lone working
- Risk Assessments do not identify health and safety and security risks to staff and service users
- Health and Safety policy only in draft
- Health and Safety policy out of date (over 5 years old)
- No lone working policy
- Confusion by some residents regarding what the procedure was in the event of fire
- Health and safety not on residents' meeting or staff meeting agendas
- Hazards noticed on validation visit – e.g. cleaning store unlocked, office door unlocked with confidential files accessible

Good practice points/reasons why B and C grades awarded:

- Residents kept informed on Health and Safety via the estate manager newsletter
- Annual Risk Assessment procedure incorporated into estate action plan, shared through the newsletter
- Health and Safety quiz run by district nurse, very popular with residents
- Scheme resident involved in Health and Safety inspection of the scheme
- Good evidence of follow up on issues identified at scheme inspection

4.2.3 Core Service Objective C1.3 Protection from abuse

Important omissions and/or criticisms, including reasons why a D grade awarded:

- Lack of information available for residents

- No whistleblowing policy or whistleblowing policy doesn't refer to reporting concerns to outside agency, e.g. public concern and work
- No evidence of risk assessment or risk assessment did not address potential for personal benefit through abuse
- Documents silent regarding benefiting from wills or power of attorney
- No documents regarding the proper relationships of staff and residents
- Criminal records checks not done on staff

Good practice points/reasons why B and C grades awarded:

- Policy reviewed annually with the outcome of cases fed into the process
- Staff understand signs of abuse and know what to do
- Scheme manager showed very good grasp of policy and its application in relation to an actual case
- Action on elder abuse material on noticeboards and given to residents – residents aware of potential for abuse and where to report it

4.2.4 Core Service Objective C1.4 Fair Access, Diversity and Inclusion

Important omissions and/or criticisms, including reasons why a D grade awarded:

- Allocation policy under review
- Lettings policy undated
- Equal opportunities policy over 5 years old
- Induction training does not include reference to equal opportunities or harassment
- Staff training to be carried out
- No information for residents on cultural or religious resources in the area
- Scheme staff unable to access equal opportunities policies etc as unable to access intranet as not provided with computers

Good practice points/reasons why B and C grades awarded:

- Very good welcome book for new residents – explaining local religious and cultural amenities
- Scheme manager researched and accessed facilities for sensory impaired residents

- Scheme manager had good knowledge of equal opportunities
- Evidence of links to NASP

4.3 Validation visit reports - overview of “general comments/feedback” section

We have an impression of a fairly consistent approach by the 10 reviewers of the 28 schemes.

Many providers are predicted to move quickly from externally validated D grades to self-assessed C or even B grades – in a number of cases the work required by providers to achieve the requirements of the next grade up is relatively small.

Common positive comments (in addition to those listed in para 4.2 above, relating to specific CSOs):

- Welcoming, cheerful and friendly atmosphere and staff
- Scheme managers commended for:
 - Producing welcome packs for tenants, sometimes kept in communal lounge (Anchor, Cambridge Housing Society)
 - Organising activities or empowering residents to organise their own (St Pancras and Humanist) (*note this point was endorsed in the focus groups with residents of sheltered housing, see paragraph 2.1.2 in chapter5*)
 - Producing their own newsletters (Hanover, Shaftesbury)
 - Working hard to address the requirements of the QAF (Hereward, Nene)
 - Being knowledgeable and enthusiastic (Fenland)
 - Introducing visiting chiropody service as a result of needs assessment and support planning information (Hanover)
- Good tenant participation approach:
 - Robust systems and regular meetings (Hanover)
 - Regular policy forum (Cambridge City Council)
 - Newsletters (Hanover)
 - Tenants produce own newsletter (Raglan)
 - Excellent tenants handbook (Granta)
- Good up-to-date information, policies and forms:
 - User friendly forms (Hanover)
 - Good notice boards (South Cambridgeshire District Council)
 - Good procedural link between initial needs assessment and subsequent support planning process (Cambridge Housing Society)

- Residents felt safe, happy and well supported (Fenland, Huntingdonshire Housing Partnership)
- Robust action plans to address gaps (South Cambridgeshire District Council)

Common negative comments (in addition to those listed in para 4.2 above, relating to specific CSOs):

- Tenants:
 - Complain that adaptations take far too long (Shaftesbury, Anchor, Muir) (note – this point was strongly endorsed in the focus groups)
 - Would like more consultation and regular meetings (Fenland, Methodist)
 - Would like more information on Supporting People (Granta)
 - Would like visits at weekends and when the scheme manager is on holiday (Muir, Raglan, Methodist)
 - Would like a handyman service (Methodist)
 - Are unsure of the safety/fire procedure or are “frustrated by lack of answers regarding health and safety queries” (Raglan, Hereward)
- Catering and night care inadequate (Hereward)
- Scheme managers would like an up-to-date handbook (Cambridge Housing Society) (*and see earlier comment regarding need for updating, paragraph 3.3*)
- Poor information to tenants about the review visit and poor un-private location of meeting with them (Hereward).

We were surprised that there were little if any references in the validation visit reports to the following issues.

- The need for clear and achievable action plans and other measures to increase allocations of BME elders
- Management of sheltered housing scheme managers
- Action plans to promote the community use of sheltered housing communal facilities.

Since making this observation in the first draft of our report we have been advised that as these aspects of the sheltered housing service were not part of QAF they were therefore not looked at. We would advise however that other Supporting People teams (outside Cambridgeshire) have commented on these issues as part of reviews. The presence of effective management and action plans to address BME issues and community use of sheltered housing are fundamental to the achievement of Supporting People strategies for older people.

4.4 Summary of overview from Supporting People Team

The Supporting People team was most impressed with the openness and organisation demonstrated by most of the staff they met with, in particular the scheme managers. Residents were generally supportive of their services and were happy living in sheltered housing. There was a recurrent issue amongst many residents with regard to a perceived lack of cover at some schemes during weekends, evenings and periods of annual leave. This was generally due to residents' preferences for personal contact with a member of staff over an existing alarm service. This was particularly evident within organisations who had moved away from a resident warden approach, and therefore who had residents who still remembered and preferred the old set up. The Supporting People team also observed the difficulties often faced by residential scheme managers in balancing being "on" and "off" duty and so being able to limit their availability while in such close physical proximity. Some organisations appeared to have insufficiently prepared for the reviews, and some tenants appeared to know very little about Supporting People, having only had a letter informing them of the validation visit and no other explanation.

One of the team's primary observations was that staff on site were often let down by the lack of policies at a corporate level.

Some recommendations for providers from the Supporting People team include:

- Improve communications - brief scheme managers and involve service users – they need to be clear about the purpose of the visit
- Have all the evidence ready and address (before the review) logistical problems about some evidence (especially for higher grades) being kept at head office
- Be open about gaps and have plans in place to address them
- Share best practice (e.g. policies) with each other
- Be more proactive regarding tenant involvement e.g. in policy development

The team welcome feedback from providers about the process of review and are aware that some found it useful, others felt "inspected". They ask how could the process be improved? The team is aware of big gaps between Bs, Cs, and Ds in evidence requirements and these are, we understand, being addressed centrally by the ODPM.

5. Conclusions

Providers in Cambridgeshire, in particular those eight conducting the Starfish exercise and the scheme manager survey, now have a wealth of service quality assessment data from a range of sources. A summary of key points follows:

Starfish appraisal (para 2)

- Care and support services are broadly suitable to the needs of current tenants (para 2.1.3) but are less likely to be suitable to meet the needs of future tenants (para 2.2.3)
- Schemes broadly meet their aims and objectives (para 2.2.3)
- Tenants are broadly satisfied with the service received (para 2.4.3)
- Schemes broadly operate in accordance with best practice (para 2.5.2)
- Overall, all but 3 schemes are assessed as providing definitely or generally good quality service

Scheme manager service (para 3)

- The quality of procedural guidance and the comprehensiveness of training requirements are very varied (paras 3.3, 3.4)
- Reviews of the scheme manager service have been conducted by all providers over the last 5 years (para 3.5) but the predominant model is still resident Monday to Friday service (para 3.6) although three providers offer a scheme manager service outside sheltered housing (para 3.7)

Supporting People (para 4)

- Appendix 2 shows that only three providers have obtained pass grade Cs or above for all four Core Service Objectives though the other providers are likely to move from D grades to self-assessed Cs very shortly (para 4.3)
- The validation visit reports provide detailed feedback to each provider on what they need to do to improve their grades and the overviews (in paras 4.2, 4.3, 4.4) provide extensive detailed examples of poor and good quality.

6. Recommendations to improve service quality (and see also recommendations in 2.7.10 above)

1. All sheltered housing providers (including those not undertaking the Starfish exercise) should consider registering with the Centre for Sheltered Housing Studies for accreditation under the Code of Practice in order to:
 - Ensure a county wide consistent high quality service
 - Ensure that modern expectations for sheltered housing service delivery are met
 - Address all the requirements of the Core and Service Objectives of the QAF
2. The providers of the 15 schemes (referred to in paragraph 2.2.3) should examine the reasons for the predicted unsuitability of the service for future tenants
3. All providers address the implications of the Working Time Directive (para 3.8) simultaneously with considering developing the scheme manager service to the wider community (para 3.7)
4. All providers ensure that the management of the scheme manager service is specialist wherever possible (para 3.10)
5. Providers should disseminate to all front line staff the good and bad practice points summarised in para 4 and incorporate these into supervision, action plans and training programmes.