

The background features several overlapping teal-colored geometric shapes, including circles and triangles of various sizes and orientations, creating a modern, abstract design.

Desktop Assessment **Assessor Feedback Report** **The Advocacy Project**

a National Development Team for Inclusion programme



Recognising quality
in independent advocacy

an  NDTi Programme

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Overview

1.1 Overview of Desktop Assessment

The QPM desktop assessment process includes a review of:

- The completed Assessment Workbook
- Key organisational policies and procedures
- Anonymised case files and reports

This Assessors Feedback Report has been prepared for **The Advocacy Project**. This is a resubmitted submission. **Kath Parson** completed this desktop assessment on **3 August 2021**

1.3 About the Assessor

Kath Parson is a qualified nurse, advocate, lecturer and City & Guilds Advocacy and Investor in People qualified trainer and assessor in addition to her role as NDTi QPM Assessor.

Kath has held a number of senior positions throughout her career culminating in her role as chief executive of the Older People's Advocacy Alliance (UK), a position she held for twelve years and retired from in June 2018.

Kath sat on a variety of national bodies advising on research projects, policy development, training and independent advocacy.

Kath has been a Judge on the National Advocacy Awards Panel for three years.

Kath has been a member of the Social Investment Business Advisory Panel since 2017.

Kath is an avid volunteering champion and has held a number of volunteer roles including being a school governor for twenty years.



Resources, files and reports reviewed

2.1 Workbook

As some things have changed over the past few months this workbook has been modified from the earlier submission in October 2020 to reflect the current situation. I would like to congratulate the Advocacy Project on an excellent workbook with clear easy to read comprehensive notes, which could be used as an exemplar for other large advocacy providers.

- The organisational governance framework is impressive as is the use of external experts in governance the field as well as lawyers, health & safety and data protection experts. I consider the example offered for reviewing policies to be good practice. However there is no mention of the involvement of service users either in policy review or the production of leaflets and posters. Such involvement could have elevated this work to 'best practice'.
- Good to see the Advocacy Handbook is underpinned by both the Advocacy Charter and Code of Practice.
- Very good to see examples of analysis of patterns of referral and partnership work with professional colleagues to take appropriate action and that this information is shared with commissioners.
- Very good to see the use of 'deep signposting' thus enabling follow up techniques to be put in place to ensure people do not fall between cracks.
- Given the diversity of the populations you serve across several London boroughs it is impressive that your leaflets can be translated into whatever language the service user needs.
- Good to see that independence is highly valued and structurally independent of other services and that advocates are specifically trained to ensure this is protected in various settings.
- Good to see The Advocacy Projects success in the increase in statutory funding whilst concurrently reducing reliance on public sector funds from Westminster and Kensington & Chelsea council. Also a commitment to continue to reduce reliance on public sector income into the future. Also to see progressive income targets for non public sector sources over the coming three years.
- The Opportunities Framework sounds interesting and is certainly something I should like to see as it sounds like a very useful tool.
- Very good to see the Advocacy Project making full use of other organisations tools i.e. the VoiceAbility Challenge Guidance.

- I am impressed with the level of your service user involvement work, in particular having service users of the board and on recruitment panels including forensic settings. Also supported in public speaking activities along with considerable involvement with a wide range of service user partner organisations. I do hope that you are able to proceed with the evaluation of culturally sensitive and appropriate advocacy in the autumn.
- Good to see the advocates using action plans and works to understand the broader impact of their work through the use of 'I' statements.
- Very good to see that all advocates have either completed or is enrolled on the IAQ.
- Excellent work on equality, diversity and accessibility it's very good to see that all staff have attended lectures on health inequalities and some staff have attended workshops on implicit bias. Good to see case studies being shared in forums like staff briefings. Congratulations on your 2019 award for work in this area.
- Good to see outreach work taking place and the use of monitoring reports to identify low levels of referrals which are then tackled with commissioners as per your example of working with the bi-borough commissioners to deliver a series of learning and developments events for referring teams to generate new referrals under the Care Act.
- Good to see the use of documented standards for both advocates and manager and that staff attend mandatory workshops on the standards.
- A good example provided on the action taken following a complaint from a service user with dual diagnosis of mental health and learning disability. The action taken to enable the service users to undertake a review of information available in St Charles Hospital and the subsequent changes to the accessibility of information is impressive.
- Very good to see a 'safeguarding checklist' in place for staff and that you are working to develop an 'escalation flow chart'. Also good to see the levels of regular safeguarding training available for staff, in particular the mandatory training on offer.
- The organizational chart is excellent I particularly like the use of standard photographs and indications of the various service teams illustrating the services on offer.
- I'm impressed by the professional approach to the induction and continued training and support of staff through supervision including clinical supervision. Access to a confidential employee assistance programme including counseling when necessary is exemplary. I should like to view team-meeting minutes, as this would give me access to the nature of subjects under discussion.
- I'm also impressed by the monthly lectures on relevant and up to the minute issues affecting advocates and service users.
- The three factor risk assessment system sounds interesting and appropriate given the diversity of people you support and the setting in which your advocates work.
- The case law Review group led by a senior advocates is a good example of best practice in this area.

2.2 Policies

The Advocacy Project provided 8 policies for review. I note the recent date when staff were informed on or trained in these policies. I have been very impressed by the quality of all 8 policies submitted for review. I am of the opinion that many of these could be used as exemplars either for other organisations of a similar size or adapted for use by smaller organisations.

- **Prioritisation Policy or Policies:** This is an excellent policy that meets QPM standards. I was particularly impressed by the prioritisation examples for each advocacy type and the sections covering Capacity and surge management utilising a 'traffic light' system. This policy could be used as an exemplar for other organisations of similar size.
- **Non-Instructed Policy:** Another excellent comprehensive policy that meets the QPM standards written in a logical and timely way. I particularly liked the section 8 Accessing a persons records and 9 working with third parties. The appendix is a very useful addition to the policy. This policy too could be used as an exemplar for other organisations of similar size.
- **Equality and Diversity Policy:** A very good policy that is well laid out and easy to understand. The policy meets QPM standards. I particularly liked the section 4 Communicating our commitments to equality and diversity, section 5 When things go wrong and section 6 Collecting diversity data. This policy too could be used as an exemplar for other organisations of similar size.
- **Engagement Protocols:** This policy meets the QPM standards. The policy is well written and clear in its aims and objects. There is also useful signposting information contained within the policy to refer people to other policies where necessary for example, the Prioritisation policy.
- **Confidentiality Policy:** An excellent policy containing two of the best examples I have seen on 2.5 Lawfully accessing information without consent and 2.6 Lawfully withholding information. Cross-referencing to other policies for example the Data Protection Policy is very useful. This policy too could be used as an exemplar for other organisations of similar size.
- **Safeguarding Adults Policy:** An excellent policy, comprehensive and clear that meets QPM standards. The policy is easy to read, logical and I imagine very useful for either new or inexperienced advocates, I particularly liked the coloured flow chart on page 13 and the sections on Escalating a safeguarding concern, Multi agency working the escalating process and safeguarding governance, management and learning. This policy too could be used as an exemplar for other organisations of similar size.

- **Safeguarding Children and Young People Policy:** Another very good policy that meets the QPM standards. The policy is easy to read, comprehensive and given the size of the organisation and the number of local authorities involved appendix 1 Safeguarding Contacts table is probably invaluable as is appendix 2 the detailed referral form. This policy too could be used as an exemplar for other organisations of similar size.
- **Whistleblowing Policy:** An excellent policy that meets the QPM standards. Again this is one of the best of its kind I have reviewed. I'm impressed with the sections on protecting the whistle blower, reporting concerns both formally and informally, handling the disclosure, external disclosure and anonymous disclosure. This policy too could be used as an exemplar for other organisations of similar size.

2.3 Casefiles and Reports

The Advocacy Project provided the following number of case files and reports for review:

- 11 anonymised case files
- 5 IMCA reports
- 4 Care Act advocacy reports

In all I have reviewed 105 documents contained within the case files along with the five IMCA Reports. I heartily congratulate The Advocacy Project on the overall quality of the case files submitted. I have also been very impressed with the detailed and comprehensive information contained within the case notes and the fact that in every case all supporting documentation was present and correct. I do hope this will be passed on to the advocates involved in these cases.

- **CF 1:** Care Act - Accommodation move into independent living and support with finances. An excellent set of eight documents including comprehensive case notes. This case concerns a transition plan for a young man of with a learning disability living in foster care seeking to move to independent living, requiring support with the placement and to manage his finances. The documents show this case ran for six months. The advocate explained the advocates' role and ensures the young man's views and wants were at the forefront of the case. Copies of all correspondence were contained within the case notes, good work from the advocate in chasing the new referrer, keeping up with the impact of the delay on the young man and in informing the young man of his right to view other accommodation on offer. Good to see on going liaison with the foster mother throughout. Very good set of outcomes for this young man. This case meets QPM standards.

- **CF 2:** Care Act - Safeguarding case concerning this service users use of internet and social media. An excellent set of eight documents including thorough case notes recording contact with service user, carer and social worker.

There is a good explanation of the advocates role at initial meeting, ensuring the advocate sought permission from service user to discuss Happy App. Another good suggestion from advocate to find a befriender to support with navigating different apps to enable the service user to become more hands on with the technology. It is a very good outcome for the services users protection to have the guardian app on his phone. There are some very good examples of the advocates' professionalism when working with a range of other professionals, i.e. safeguarding officer, social workers and carer. Case files show the person has been supported throughout to be involved in progressing the case and decisions made regarding the safeguarding issue. Case files show timely and appropriate action by the advocate. This case meets QPM standards.

- **CF 3:** Care Act - Respite care and review of care and support needs plus a financial safeguarding concern re an elderly lady diagnosed with diabetes (2) and dementia. A complex case over four months with several issues needing attention. An excellent set of eight documents including comprehensive case notes. I was particularly impressed with the thorough and detailed set of advocates notes dated 26.01.2021. I note the advocates challenges when working with a difficult social worker, ultimately and following review and advice from the line manager leading to a complaint about the social worker. Notes indicate advocates efforts to ensure service users views and wishes were known, recorded, and instruction for appropriate action was obtained, including representation at meetings with other professionals and liaison with family members and friends. A good piece of work to ensure that service user two is supported by another advocate and that the service user is being reassured by her advocate that he is getting the advocacy support he needs. Despite the advocates work it is noted that the service's users review of care and support needs had not taken place. It is sad that this service user had to stay in a care home for longer than the original agreed two weeks. This case meets QPM standards.
- **CF 4:** Care Act – Safeguarding enquiry neglect. Male service user with Alzheimer's disease residing in care home admitted to hospital with severe pressure damage to sacrum. Case duration one month.

The case record shows the advocates' attempts to obtain instruction from service user ahead of a safeguarding meeting. It's good to see the Advocate seeking support from the Deputy Service Manager and after attempting unsuccessfully to engage with the service user ultimately establishing the need to use a NIA rights based approach. Case closed due to lack of contact with service user, and information that the safeguarding case was closed. Good use of advocates time to continue to press

for contact with service user and his ability to express dissatisfaction at the content of the safeguarding meeting. This case meets QPM standards.

CF 5: Young person under 18 needs to support to get her voice heard by ward staff. A good set of case notes recording timely intervention by advocate with ward staff following instruction from service user to get her voice heard in matters relating to her treatment plan, care and support needs and her progress. A meeting arranged where advocate supports the young person to express her current dissatisfaction and her wish to become more involved in decisions impacting on her life. An excellent approach by the advocate to be in the room with the service user and yet not intervene, as the service user was able to express herself knowing the advocate was present if needed. This case meets QPM standards.

- **CF 6:** Health Complaints Advocacy case – A comprehensive set of 14 documents relating to the service users complaint to NHS England. This is a difficult case concerning an excessive number of contacts to NHS England in attempts to resolve the service users complaints. The case also describes the advocate receiving verbal abuse from a service user the advocate is aiming to support, and the advocate seeking advice from his manager as to how to deal with this. I note the Managers involvement to ensure a satisfactory level of progress in this case. I note the advocate repeatedly consulting the service user as to actions required to progress the case. The case records clearly evidence the outcomes of the advocates and the Managers involvement and the numerous ways to involve the service user in the process. It is unfortunate that the service user failed to confirm he was happy with the final email and his decision to proceed or not with the involvement of the Parliamentary and Health Service Ombudsman resulting in an inability to complete a closing outcomes record. This case meets QPM standards.
- **CF 7:** Health Complaints Advocacy Case originating with POhWER then transferring to The Advocacy Project. I note appropriate and timely action from the transfer of this case from POhWER to the Advocacy Project and the allocation of a new advocate. Distressing case involving the support of a service user 's daughter's complaint regarding the care her mother received prior to her death. The case records clearly show how the daughter has been sympathetically and consistently supported in progressing her complaint. Very good to see the request re the storage of sensitive information was taken seriously and that the data protection policy was consulted and the level of support provided to the advocate by the Senior Manager. It is good to see reassurance offered to the service users daughter regarding follow up work with PAL'S. It appears this case is on going, as it is not recorded as closed. This case meets QPM standards.
- **CF 8:** IMHA case regarding service user access to finances.

Good straightforward case of advocacy support following instruction to support the service user to access own money to make some purchases. Good explanation of clinical teams' duty of care to service user and explanation of advocacy role in particular confidentiality.

Advocates attendance at ward round to support request for access to finances, further contact with the service user clearly records the involvement of the advocates and the achievement of a set of positive outcomes. The case meets QPM standards.

- **CF 9:** IMHA case complaint about treatment and care, duration 3.5 months. Case notes evidence that advocate is raising all concerns relevant to the service user and the impact of his current circumstances are reviewed and recorded. Good to see that advice is sought by advocate from Manager re possible complaint in early stages. Advocate explains the COP guiding principles carefully to service user. The case files clearly show the advocate has consulted other professionals, taken advice and supported this client to progress his complaint.

Further developments in the case show the advocate continuing to take instruction from this client and modify actions accordingly; in this case the client is supported to withdraw previous complaint. Outcomes show a positive response from the service user. The case meets QPM standards

- **CF 10:** IMHA support with CPA to request unescorted leave and a reduction in medication. The case notes evidence the advocate determining the wishes and wants of the service user and supported the service user in his CAP. Case notes show that some outcomes were successfully achieved for this service user who was happy with the support he received and the outcome of the CPA. This is a straightforward case, well documented that meets QPM standards.
- **C 11:** IMHA support with CPA meeting. Case notes evidence advocate working closely with others to provide appropriate support to the service user ensuring she remains at the centre of progressing her concerns. It is very good to see advocate discussing her case with the manager and receiving appropriate advice. Case notes evidence the advocate progressing several issue of concern with this service user and working closely with other professionals in the CPA to resolve concerns. Case notes evidence a good set of outcome was achieved for this service user and that she was satisfied with the support received. This case meets QPM standards.
- **C 12:** IMHA NIA action plan using rights based approach to seek views about changing representation and seek an MCA. Male service user with learning disabilities known to advocate. Case notes evidence the advocate discussing this case with the manager and receiving appropriate advice.

It is also good to see advocate effectively liaising with a range of other professionals in this case in addition to the service users mother. It is very good to see the advocate challenging the change of legal representation and achieving a return to the service users original solicitor. I feel this service user benefitted from an earlier relationship with this advocate. A well written set of case notes. This case meets QPM standards.

- **C 13:** Non-statutory case requiring advocacy support to attend meeting with social worker to discuss care and support package. Case notes evidence that this advocate sought instruction on an on going basis and liaised with the service user to ensure accurate documentation of her wishes and potential outcomes of a meeting with the social worker. Records of people consulted are in the case records along with the permission of the service user to do so. The advocate gave appropriate information should the service user decide to make a complaint. This case was closed and letters sent to the service user confirming this. This case meets QPM standards.
- **C14:** RPR s21A Challenge to Court of Protection NIA case. A very good comprehensive set of case notes and RPR reports clearly evidencing the advocates support of this elderly lady. It is pleasing to see the advocate discussing this case with the manager on several occasions and receiving appropriate support and advice, which is subsequently acted upon. I note the repeated efforts to build a relationship with this service user and the use of effective liaison with her carers, social worker, legal representation and the best interest assessor. It is clear several avenues were explored during this case to ensure the service user could achieve a higher level of contentment within the home. This included but was but not was limited to consulting with the niece re the possibility of reuniting with the service users sister. Also exploring the potential to use a different language to communicate with consideration also given to the care of the cat. It is clear from the evidence provided in the RPR reports that they are person centred and identify the person's wishes, feelings beliefs and values and include information that describes the uniqueness of the individual. This case meets QPM standards.
- **C15:** RPR NIA to reduce medication. A relatively straightforward case, the notes clearly evidence the advocates' attempts to ascertain the service users wishes by exploring differing means of communication. It is good to see the reduction and ultimate withdrawal of the Olanzapine medication under review. I note good practice in the advice given to the KEYWORKER re best interest decisions regarding the administration of the covid-19 vaccine and also that this advice appears to have been accepted by the KEYWORKER. The case notes clearly evidence the advocates' involvement with other professionals relating to the service users placement review in a positive and supporting manner. This case meets QPM standards.

- **1. IMCA Report:** Long Term Accommodation. Best interest decision required as to whether the service user is moved into a care/nursing home. A very well written and comprehensive report that evidences the advocate using a non-instructed approach speaking with the service user, her daughter and her nursing staff, to establish the service users wishes, in this case a desire to return home and live independently. This report is evidence based and balanced with clear evidence that the advocate has considered the pros and cons and included the opinions of all those involved. This report meets QPM standards. It was unfortunate that some of the discussions taking place during the best interest meeting were unclear to the advocate. This report meets QPM standards.
- **2. Section 39a IMCA DoLS Report:** This case concerns an elderly male service user resident in a secure environment following a hospital stay for an operation to remove a gangrenous toe. Another well written concise report with evidence of detailed notes illustrating the service users current situation and establishing his wish to return home. There is evidence in the report of other people consulted and records of the outcomes of those consultations. A good summary provided with clear views on potential next steps. This report meets QPM standards.
- **3. IMCA Report for SMT:** This case involves a service user that needs an ERCP without which she will die. This report evidences the repeated efforts by the advocate to engage with the service user and gain her wishes regarding the potential ERCP procedure. The report also evidences the advocates seeking the views of several medical staff involved in this ladies care. The report is well written, clear and offers an evidence-based and balanced view, the advocate has clearly considered the pros and cons of the ERCP. The report presents a concise summary. This report meets QPM standards.
- **4. Section 39a IMCA DoLS Report:** This report has not been properly redacted; the name of the service user is present in section D. That said the report is well written with a detailed description of the advocates work with the service user to gather background information relating to the service users family, her likes and interests, and to establish her wishes which were to go home. There is a comprehensive record of the information gathered from the best interest assessor and the care home manager consulted in the report. This report meets QPM standards.
- **5. Section 39D IMCA DoLS Report:** This is a case describing the advocacy support given to the service users RPR who is the service users father. The report includes a record of the advocacy support offered to the service users father, i.e. the designated RPR, including establishing this person's preferred method of communication. It is clear from the report that the advocate responded appropriately to this and engaged the support of a Tamil interpreter.

This enabled the information to be processed by the father and his wife resulting in an understanding of the duties of an RPR. A well-written and concise report which meets QPM standards.



Assessors recommendations

3.1 Outcome at Desktop Assessment for The Advocacy Project

I am delighted to confirm that this desktop assessment has passed with flying colours. This means we can go ahead and arrange site visit interviews.

3.2 Summary of actions or updates required

- No further action required.

3.2 Next steps

The assessor will liaise with The Advocacy Projects Lead contact Frances Pace by email at frances.pace@advocacyproject.org.uk to make arrangements for the site visit. Frances Pace to liaise with kath.parson@ndti.org.uk



Further information

Further information about the QPM and the resources and key documents noted in this report can be viewed on the website here www.qualityadvocacy.org.uk.

Should you wish to discuss this report in further detail, please contact the QPM Support Team or Awards Manager at:

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