

Southwark Disablement Association

Very good, nice and hard working people

SDA

SDA has helped me in so many ways about my disability.

Annual Review 2009-10

*I feel the service is good & I know
if I need anything I know where to come*

www.sda.dircon.co.uk

*Very good and very happy with the
work that was done - thank you*



ANNUAL REVIEW 2009 - 10

Southwark Disablement Association

Governed by the Memorandum and Articles of Association as agreed on 29th June 1988 and amended on 3rd December 2003.

Constituted as a Company Limited by Guarantee and not having a Share Capital. Company No.2350180.

Registered in England and Wales as a Charity. No.801594.

The Object of the Association is the relief of people with physical or sensory disabilities living or working in or associated with the London Borough of Southwark.

The Association achieves the Object by securing funds and employing staff to provide Information, Benefits Advice, Advocacy, Outreach, Direct Payments Support, Volunteers Support and Domiciliary Care Services, as well as promoting the rights of disabled people in the community.

The Chief Executive is responsible to the Executive Management Committee for the day to day management of the Association.

Mission Statement

SDA exists to ensure that disabled people have access to society as a whole and are socially included, having the right to be full and active members of the communities we live in through choice and self determination.

President - The Mayor of Southwark

THE EXECUTIVE MANAGEMENT COMMITTEE

Chairperson - Patrick Horan

Vice Chair – Chris Killick

Treasurer - Gwen Nicholson

Company Secretary - David Stock (non-voting)

Committee Members -

Alan Cain (Resigned 26/11/09)

Mark Duke

Patrick Horan

Chris Killick

Gwen Nicholson

George Wright

Members and Officers of the Committee are elected each year at the Annual General Meeting of the Association.

Southwark Disablement Association

2 Bradenham Close

London SE17 2QB

www.sda.dircon.co.uk

Bankers: Barclays Bank Plc, 260 Walworth Road, London SE17 1JF

Auditors: Stephen Michael Associates, 3 More London Riverside,
London SE1 2RE.

Patrick Horan, Chair & David Stock, Chief Executive



Welcome to this year's review. We have had another successful year supporting disabled people in Southwark; ensuring incomes are maximised, providing services to support choice and independence and social support to improve quality of life. The services include Advocacy, Information, Welfare Benefits Advice, Deaf Outreach, Volunteers, Disability Access, Domiciliary and Macmillan Care Services. Reports written by the staff providing the various services can be found later in this review.

We have provided these services and catalysed positive outcomes for the users of our services under ever darkening clouds of threats to our funding whipped up by gloomy financial forecasts and impending reviews. The services provided through a contract with Southwark Council are not seen as particularly innovative or exciting as they have been around for a while, but they provide the essentials for many disabled people to be able to build on in order to lead more independent and purposeful lives.

Our Domiciliary Care Services continues to be successful, maintaining a top rating of **Three Stars** "Excellent" with the Care Quality Commission and well received by both Social Workers and service users. The tender for home care services in Southwark was restarted during the year, but as we approach the finish line there has been a change in weighting of applications in favour of price over quality. Our strength is quality which doesn't bode well for the tender but we expect it will make our services popular with personal budget holders.

Looking ahead, SDA will be embracing Personalisation which is yet to be fully implemented in Southwark, and plans to support people with their self assessment of needs and life ambitions, provide guidance on determining how to best meet their support needs through a Personal Support Plan using an Individual Budget to purchase the most appropriate support to achieve what they want in life.

Impact of SDA

Number of people using SDA Services from April 2009 to March 2010

The Community Care Support Services recorded 4,068 telephone contacts with clients and 2,628 dealings with other agencies. 1,092 home visits were made and there were 1,704 client appointments at the SDA offices. Case files were opened for 205 new clients. We now have over 2,400 users registered on our database. These figures do not include the Domiciliary Care or Macmillan Care Service Users.

In February 2010 a questionnaire sent to the 250 most recent SDA service users had a 34 % response rate with 88% of respondents being satisfied or very satisfied with the service received from SDA. The benefits and outcomes of using the services are covered in the individual staff reports in this review. Briefly they include.....

Information/ Reception

Some of the most common queries we addressed were about: Disabled Parking Bays, Access to Work, Blue Badge, Freedom Pass, Utility Bills, Wheelchair hire/purchase, Dial-a-Ride bookings and Holidays.

Informal counselling was provided on a regular basis to people dropping in to talk about various personal issues.

Benefits Advice

125 new cases were dealt with, 79 of whom were visited at home. All received a benefits check to ensure they were receiving the benefits they were entitled to.

All had an appointment within two working days of their initial contact with SDA.

98 were supported with DLA claims, reviews and appeals. 40 were supported with Community Care Grants and Budgeting Loans. 76 were supported with claiming Income Support, Incapacity Benefit and Employment Support Allowance, 18 were supported with claiming Severe Disability Premium, 21 were supported with Housing and Council Tax Benefits and 15 were supported with Community Care Charges.

Advocacy

During the year there was an average of 65 Service Users with ongoing cases at any one time. Cases were opened for 79 new and 34 returning service users, 82 cases closed. The most common issues included Community Care Assessments, Reviews, Charges & Appeals, Direct Payments, Blue Badge and Freedom Pass, Penalty Charges, Parking Bays, Housing Options, Transfers, Repairs and Adaptations.

Deaf Access

During the year 62 individuals were supported with interpreting phone calls and at appointments, translation of correspondence into sign language, filling forms, advice and guidance.

The outcomes were that these individuals were able to use local services, maintain tenancies, access welfare benefits and have a reasonable quality of life through being able to cope with daily living needs.

Subject matters and tasks resolved included: Solicitors, College, Housing – Homelessness and Repairs, Employment and Job Seeking, Benefits – Income Support, Employment Support Allowance, DLA, Tax Credits, Housing & Council Tax benefits, Health information, Booking and attending health appointments, Counselling, DVLA, Bank, Utility Companies, Police, Freedom Pass, School Parent/Teacher/Nursery meetings and OT/ Joint visits to assess for equipment.

Volunteers

During the year 36 individuals received a service from a volunteer, 27 of whom are ongoing regular users. The type of support included 956 hours of befriending, 245 hours of gardening, 138 hours DIY, 535 hours of escorting and 503 hours of practical/clerical support – an overall average of 46 hours per week.

In addition to supporting the Volunteers, the Co-ordinator liaised with Social services regarding referred Service Users, referred when necessary to other services, chased up Housing, Social Services and other organisations who were involved with supporting the Service Users. A lot of time is also spent listening to Service Users and providing emotional support.

Our **Domiciliary Care** services, for which we have a block contract with Southwark Council and a spot purchase arrangement with NHS Southwark, delivered 43,000 hours of care to people in their homes and an additional 4,000 hours to people using Direct Payments. Overall this represents an average of 128 hours per day spent supporting just over 60 disabled people to live more independently in the community.

The **Macmillan Care** service is now incorporated within the domiciliary care services and continues to support people living with Cancer or other life threatening conditions.

Partnerships

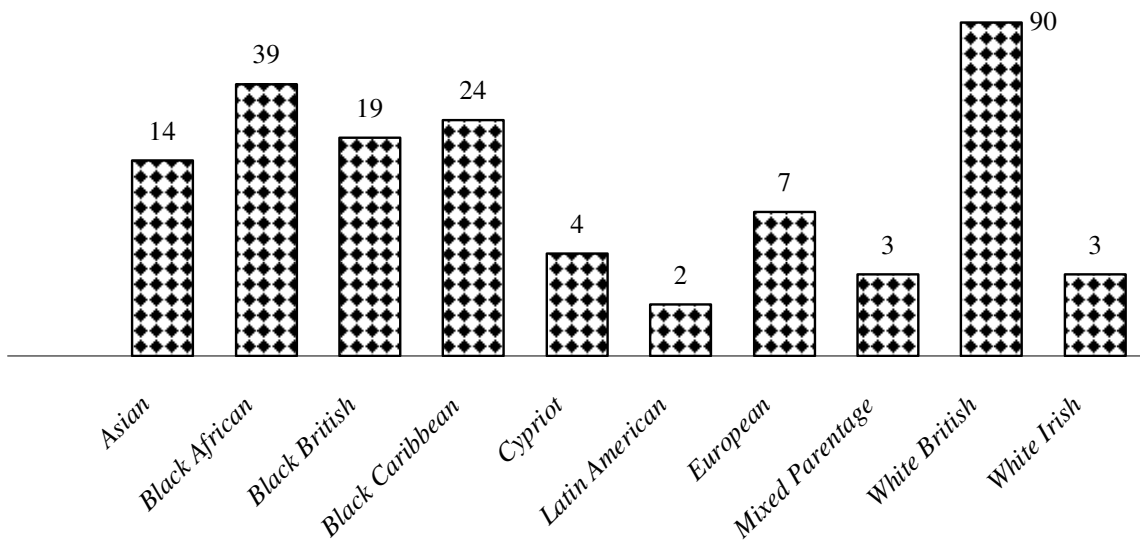
Both SDA committee members and staff have contributed to many partnerships and forums throughout the year. These include: the Physical, Neurological and Sensory Partnership Board, Carers Strategy Forum, Community Legal Service Partnership, Supporting People, Equality and Diversity Panel, Disability Forum, Community Action Southwark, Integrated Community Equipment Services, Southwark Direct Payments Network and the Safeguarding Adults Partnership Board.

Supporting Disabled People across Southwark.

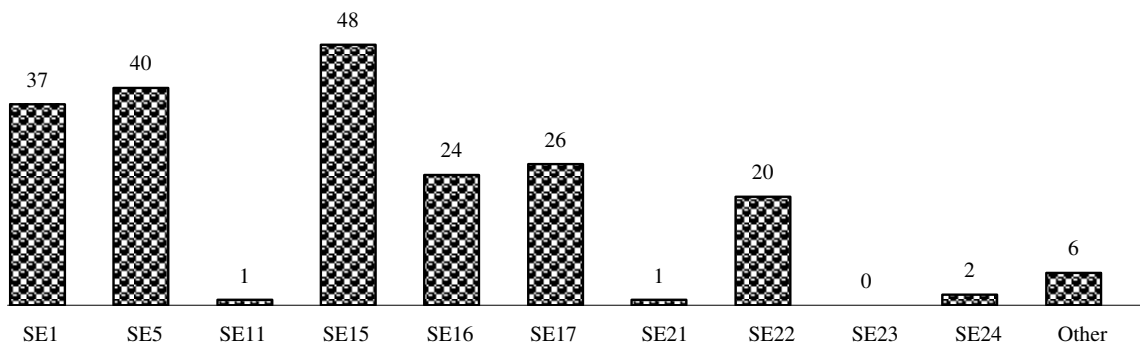
In our efforts to make sure that all sections of the community have access to our services we have continued to maintain our awareness of cultural as well as disability issues in different communities and continued to attract service users from a range of Black and Minority Ethnic Communities. Our monitoring statistics presented in the graphs on the next page show that we serve clients from many different groups across the whole of Southwark. We maintain figures on ethnicity, religion, age, disability, gender and postcode.

The most common conditions disabled people report to us are Arthritis (10%), Some degree of paralysis following a Stroke (12%) and Spine (18%). 13% of people using our services are wheel chair users. The numbers of people experiencing general pain (8%) and depression (10%) are also significant.

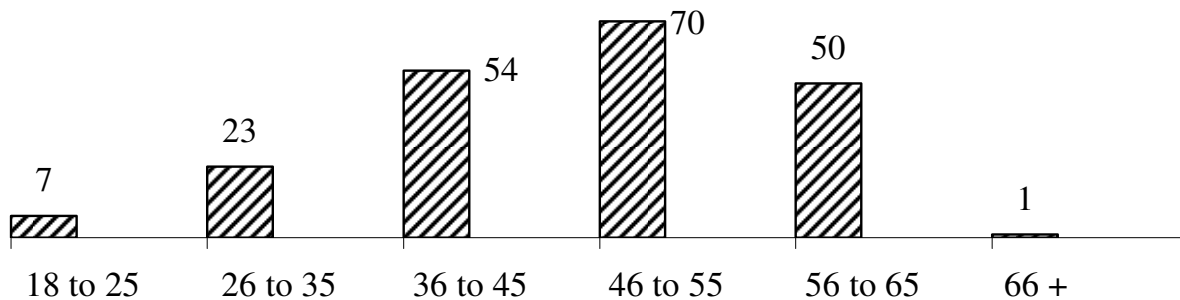
A break down of the Ethnicity of the 205 new clients this year



Post Codes of new clients



Age range of new clients



Graphs have been compiled using data from the SDA New Client Registration forms.

Southwark Holiday Scheme

SDA has continued to act as an administrator for Southwark Council's waning Holiday Scheme. We secured a total of £2,040 from an ever diminishing budget, to help fifteen disabled people and their carers go on a holiday they otherwise would not have been able to take. Destinations included Ghana, The Canary Islands and Dorset.

The Future, 2010-11

Having thought the settlement from central government last year was mean, we now have the spending review in October to contend with. Southwark Council's Health and Social Care Services have continued to make savings over the year and will be under even more pressure to do so in the next. This is likely to have a knock on effect on the voluntary sector organisations it contracts with. Though in our favour is the central coalition government's drive to the "The Big Society" which will rely more on the voluntary and community sectors to support local people.

All of the domiciliary care services in Southwark are still subject to an ongoing tender process which will result in commissioners contracting just three agencies for generic services compared to the twenty plus it currently uses. Those organisations that passed last year's Pre Qualifying Questionnaire were invited to submit tenders for a new contract starting 1st April 2010; this has now slipped to 1st April 2011. It is envisaged that fewer hours will be tied in to contracts with organisations as the Personalisation of Support will mean that the Council will be passing its money directly to individuals who will in effect become commissioners of their own services which they will have assessed and planned for themselves. Consequently SDA has started to market its support services to individuals to purchase with their individual budgets.

The issue of our future accommodation is much more certain with office space earmarked in the new nearly complete resource centre in which SDA will be playing a role in providing support to people with independent living skills and facilitating some day activities.

In spite of these distractions we continue to deliver high quality services which not only meet and exceed the standards required of the Care Quality Commission, but also bring benefit and an improved quality of life to our members and service users.



David Stock
SDA Chief Executive

Information and Welfare Rights Services - Guy Dennis



As reported in last year's Annual Review our Welfare Rights and Advice Service has seen a rise in the numbers of new clients attending advice sessions and requesting home visits. This may well be as a direct result of the current economic climate, but it does seem that many more clients are being sign-posted to us from other advice agencies as well as being referred from social services and the health service. We have also maintained a heavy case load of existing clients, supporting them to renew benefit claims as well as supporting many with reviews due to increased levels of disability.

We continue to record a very successful turnover of Disability Living Allowance (DLA) claims, with many clients obtaining high level awards and significantly increasing their weekly incomes. However, the processing of DLA remains patchy and requires continual monitoring and challenging to ensure disabled people are granted the right level of benefit. It is often the case that a client initially refused DLA will, with our help have the decision overturned and an award made. This is frustrating for clients as many need the extra money as soon as possible to help them cope with the additional costs of being disabled.

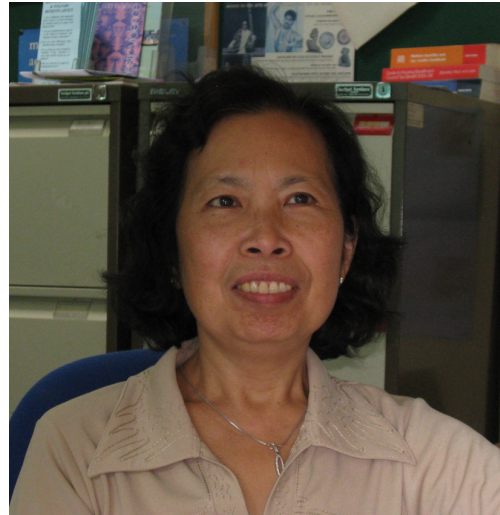
Further challenges have been the changes to out of work benefits, including the new Employment Support Allowance (ESA) with its more stringent criteria and medical examinations. However, at present we have not noted any marked increase in the number of clients coming to us with problems claiming ESA.

"I cannot think of any way that services could be improved. I was taken care of, with what help was needed to complete forms correctly. Any questions I had were answered. And I would like to thank Mr Dennis for his patience and help"

Personalisation of care services is now in full flow in Southwark and is going to inaugurate huge changes in the way we and other support agencies work. This is an exciting time to be involved in social care and support as it offers the greatest opportunity to help people realise and live the kind of independent lives we all take for granted. I have undertaken training in Support Planning, the keystone of this new process, and will hopefully start early in the New Year assisting clients to design their own care plans and implement them.

Kim Tran – Benefits Outreach

For those people unable to come to see us Kim Tran has continued to visit clients in their homes, in hospital and residential homes to help with benefit claims, form filling and general advice. She has been extremely busy throughout the year as we have seen a rise in the numbers of clients referred to us who need to be seen in their homes. This includes people who have been recently discharged from hospital or have become newly disabled. She continues to support a large number of clients with skill and determination and her expertise in all areas of the complex benefit system has grown enormously.



“I am very grateful for all the help, support and advice I have received from SDA. Kim Anh Tran in particular, I was at the point of not knowing which way to turn and felt like giving up until meeting with Kim”.

Advocacy Services – Rasaanq Alli - Balogun

The Advocacy Service has witnessed a very busy and demanding year. The demand continues to increase for this service as we support people to be empowered and have a strong voice in all aspects of their lives.

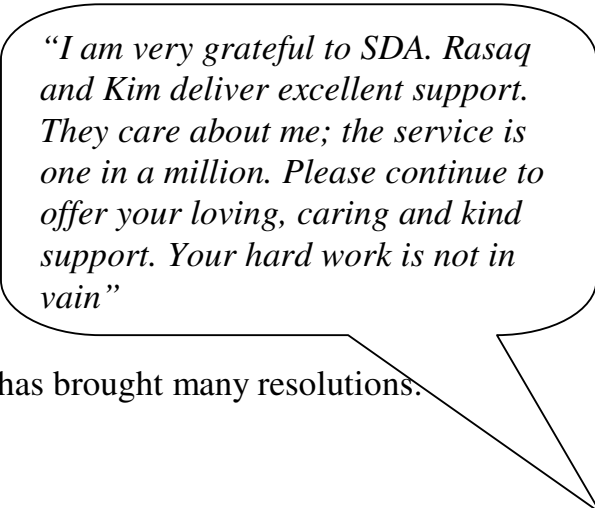
We ensure that people get heard in key decisions that affect them, enabling people to access appropriate services and support. We support large numbers of people who find themselves in vulnerable situations to live fulfilled lives. We empower them to break down the barrier that binds them and open up a gate of hope. Advocacy is about achieving genuine voice, choice, and control for all.



Health and Social Care

The year has also brought a new era in terms of service delivery to disabled people through Personalisation. It is self directed support that enables individuals to take more control over their own support. As it is often the case new developments are usually accompanied by challenges and uncertainties. Therefore, the Advocacy Service is critical to its success to ensure that individual wishes are heard, and service users receive a fair treatment.

One task that I have to carry out repeatedly is to interpret the process to service users. While my duty is to represent them I also have a function to explain to them why things are the way they are. Thereafter we can then explore how we can make things the way the service user perceived it should be. This is not always easy but it is an exercise that has brought many resolutions.



“I am very grateful to SDA. Rasaq and Kim deliver excellent support. They care about me; the service is one in a million. Please continue to offer your loving, caring and kind support. Your hard work is not in vain”

Community Care Service charge

Service users in receipt of a care packages may have to make contributions towards the cost of the service. This is calculated based on disposable incomes and expenses. When they received the breakdown of charges showing their contributions, they are often at a loss to understand why in the previous year they had a nil charge and now they are being asked to contribute a large amount.

In some cases it has become an annual ritual when I am called upon to support service users with the appeal process. Disabled people sometimes spend so much time dealing with their health issues that other matters are either neglected or simply forgotten. This tends to be a problem when they are being asked to produce documents to support their expenses. Many do not keep receipts and often lose track of expenses or some expenses are difficult to account for, especially in cases of those that have to maintain children abroad.

I can say though that the Charging Team do pay due attention to appeals and many decisions do get reversed and in most cases resulting in nil charges.

Fair Access to Care Services (FACS) Eligibility Criteria

The recent changes in eligibility criteria that only provide services for those who have Critical and Substantial needs has meant that those with moderate needs and below are without services. It is a difficult decision necessitated by funding restraint.

However, it must also be understood that those that used to receive services and are no longer eligible still have needs. In addition, anyone that does pick up a phone and makes contact requesting for assistance also has needs.

While these needs may not be met they must not be totally ignored and efforts should be made to sign post them to those who may be able to assist. There are auxiliary agencies with multi specialisations that may not be able to provide the required services but can alleviate the situation.

I must add to the credit of Physical Disabilities that in border line cases services are still being provided, as during reviews the needs have been reassessed as being substantial.

There was a case of a misled vulnerable young man who acquired a false identity to stay in the country. When the facts became known he immediately lost all access to public fund including his housing but, was not deserted by the Social Services and continues to receive his care package. On the day that he was evicted from his flat; he was immediately placed in another accommodation by the No Recourse to Public Fund (NRPF) team. This was not an isolated case, there are more.

Occupational Therapy

The service has been beset with backlog of cases that has resulted in assessment taking longer than usual. I understand that this has been resolved but with continuous need for adaptations odd cases could drag.

I had a case recently of a lady who has just moved into another property and was unable to use her bath. It took about four weeks before an assessment was carried out but within two weeks of moving into the new property she was fitted with a new bath lift and other adaptations discussed.

The issue that really takes time is the installation of a level access shower. This is due mainly to demands and the amount of work that needed to be carried out. Also,

“This is quite new to me, as my amputation is recent. The information and help given was very good. Mr Ali-Balogun/Kim Anh Tran.”

when the OT carries out the assessment, the Home Improvement Agency has to carry out a survey and prepare a plan. They then have to hire a contractor to do the work.

Funding also plays a large part as most of these jobs cost a lot of money and they have to operate within budget. Sometimes it is the working of bureaucracy that affects the progress of a service.

Housing

This is one area where demand will continue to outstrip supply. There are currently some projects on the block and new build should start to be ready for occupation. These may not be enough but it should contribute towards reducing the waiting list and give those that have been waiting indefinitely an opportunity to move on.

Housing Repairs

During Decent Home Initiatives some disabled people were fitted with a level access showers which was quite commendable. However, when something breaks down or wears out or simply stops working, repairs becomes a problem. Housing repairs would not carry out the repairs because they were installed by Decent Homes and Housing Adaptations would not carry out the repairs because they did not install them.

I have managed successfully to intervene in the past and the repairs were carried out but the issue has not been completely resolved. Whose responsibility is it?

Stepdown Accommodation

A few months ago I visited a lady that has just been discharged from the hospital. This lady lives on the second floor of a property with stairs, sharp bends, and dodgy landings. She has mobility problems and can only mobilise with crutches. The only way she can leave her property is to be carried on a stretcher.

I made contact with Stepdown Liaison Officer and luckily there was a vacant flat. The lady with the assistance of Physical Disabilities was carried down on a stretcher and transported in an ambulance.

This is one area that could do with more properties as there are people due to recent hospital discharge or homelessness can only live on a ground floor adapted properties or properties with a lift. Due to shortage of housing those properties may not be readily available but a Stepdown project can provide temporary accommodation.

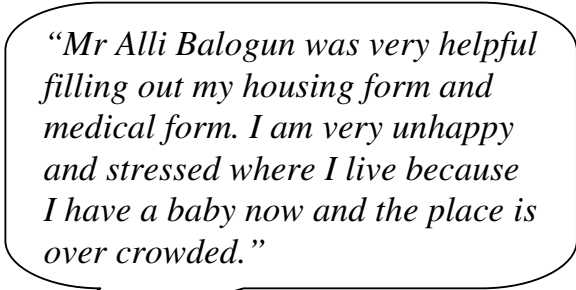
Housing Allocation

In May I received a call from a Southwark News Reporter about another disabled woman. She made a housing application and received the standard letter placing her in Band 4. She was unaware of the process and started to panic thinking that she would be in that Band indefinitely.

Band 4 is the lowest band and to service users; to be in that band is like a life sentence. I have received calls in the past from disabled service users that they have

been placed in Band 4 following a housing application. I have to explain to them that it is just a standard letter that they are now registered on the housing list and open to bid. I also have to let them know that following their medical assessment they should receive a priority Band.

Housing Options has now made significant changes and service users no longer have to submit their housing applications in person, they can be sent by post. The forms can be collected from the nearest Area Housing Office, One Stop Shop,



“Mr Alli Balogun was very helpful filling out my housing form and medical form. I am very unhappy and stressed where I live because I have a baby now and the place is over crowded.”

Bournemouth Road or those that use SDA services can also collect the forms from us. On receipt of your housing application and medical assessment form, those that deemed to have priority would then be assessed in Band 2 or 3. An appointment letter would then be sent by the Registration to verify your details.

It is essential that you complete your housing application and medical assessments forms correctly and send them to the address indicated. If you have any problems call Housing Options on 020 7525 4140.

Home owners

I have had calls in the past from people who are owner occupiers living in properties that are no longer suitable for their needs. They felt trapped and cannot seem to find a way out of their predicament. There are also those that lives in social housing or private rented accommodation that they do not feel comfortable with but finds it difficult to move. South East London Hold part of Hyde Housing Association has an innovative scheme that enables disabled people to part buy and rent properties of their choice. This is a huge advantage as many of those affected are in receipt of benefits.

Deaf Access & Outreach - Debbie Roberts



I am still enjoying my job and have had another busy year. Most of my work involves supporting Deaf people to access services which often involves communicating written and spoken information into BSL, SSE, ASL or an appropriate Sign Language for the person I am working with, which is also a great way to learn new signs from other countries, which now include some from Eastern Europe..

General work

I work with a number of Deaf, Deafened, People with a hearing loss and Deaf people with other Disabilities in the Southwark area. I provide support to members that need to Access different services within the borough. Below are some of the things I have helped the 62 people I have seen during the year, many of them, many times!

- Making appointments with GPs, Dentists, Hospitals & Schools
- Attending school for parents evenings
- Booking sign language interpreters
- Help with filling in benefit forms
- Translating letters/forms and other information from written words into sign, so that members know what is being asked of them. This involves all sorts of every day correspondence e.g. Utilities and phone companies, banks, DVLA, insurance etc.
- Home Visits to members that are unable to come into the office because they work full time or are in full time Education or find it difficult because of their health problems
- Access to Education (8 college enrolments), Health, Council and other Services requested
- Listening & Supporting (Counselling), signposting, advising and the understanding of other cultures and the way they do things.
- Making phone calls, faxing information, E-mailing and “texting”
- BSL / ASL / SSE Communication support, using the minicom
- Antenatal / maternity support
- Job club (Wednesdays all day at Remploy, Waterloo). I am particularly pleased to have supported seven people secure paid employment this year. Most of them in a well known fast food chain.
- Support in emergencies
- Benefits appeals
- Freedom Pass applications and renewals, there were forty of these this year.

Urgent support

To get a Sign Language Interpreter at short notice is difficult, but essential for Health, Police and Employment services.

Many times I have been asked if I can support members at an appointment because of the waiting time to get an interpreter or they are unable to book one for the time of the person appointment and sometimes they are not sure how to book a Sign Language Interpreter.

I am also texted (out of hours) to support members in emergencies by attending police stations and hospitals. This is because it's even harder to find (BSL) Sign Languages Support out of office hours.

Community Events Supported

Black History Month is celebrated in October each year. Members from the Black Communities come together to show, the contributions that Black disabled people have made over the years.

Joint Working

Housing – Supporting Tenants from the Deaf community.

Education – Supporting Deaf parents at parent teacher evenings

Job Centre Plus – Appointment for benefit or Back to work scheme.

Spa Road - Housing benefit Council Tax matters.

Health services – supporting members with appointments

Remploy, Waterloo – helping people back in to work

Solicitors & Courts – ensuring people understand and are supported through the processes

I am looking forward to the year ahead, hoping that I can continue to support the Deaf community in the same way.

Thank you.

Volunteers - Sita Dori



After a decade in the post, it is my pleasure to report another successful year, working with a team of dedicated volunteers whom we are very proud of. They continue to provide a high standard support to our service users by balancing sensitivity, fairness and independence to improve the service user's quality of life.

Volunteers have been offering a variety of support and assistance including: befriending, escorting and outings, shopping trips, practical tasks, gardening, decorating, DIY and admin work.

Overall the connection between the service users, volunteers and SDA's office based staff is invaluable. Our clients feel comfortable to come forward and share their concerns with us. This relationship has made our befriending service more enjoyable for both the volunteers and the service users. Our volunteers have been doing an excellent job by involving their clients in different activities and assisting them to get into the community and supporting them to build up their confidence. For the second consecutive year a volunteer accompanied a service user on a two week holiday abroad. On other occasions volunteers have been escorting their clients on day trips out of town. These activities have made a big difference to the service users' social life and independence.

Gardening has been an on going project. On a number of occasions we were able to offer this service to those whom, for various reasons, did not qualify to receive assistance from other sources.

Although we had very few volunteers who were skilled in decorating, we still managed to keep our numbers above the target. One of our volunteers managed to assist two of our service users with decorating. He single-handedly decorated part of their home with excellent results. Other works that have been successfully completed by our volunteers are: building a garden shed, putting up alarms, security lights, blinds and curtains, handrails, bookshelves, kitchen shelves, worktops, assembling furniture, etc.

To ensure quality of service, diversity and opportunities, we have managed to recruit a good selection of volunteers from different backgrounds, gender, race and disabilities, whilst enabling our existing volunteers to provide a wider range of services for our service users.

I would like to take this opportunity to say a huge thank you to all our volunteers whom I had the pleasure to work with. Without their endless contribution and commitment the volunteer service would not have been a success. They include:

Alyson Ellis, Ann-Marie Richards, Andrew Tomlinson, Farid Blaidi, Gilbert Brown, Gillian Barry, Gloria McDonald, James Peter, Joseph Alishaw, Leila Rustem, Maja Barbra Palasz, Michael Fox, Michael Kelly, Robert McDonald, Rose Jack, Sain Ben, Syd Smith, Teresa Lloyd, Tom McAteer, Tom Redmayne.

We hope that they can continue with their contribution and I look forward to working with them further in the future.

I would also like to thank all my colleagues, director and our management committee for their ongoing advice and support.

I look forward to working with them further in the future.

I would also like to thank all my colleagues, chief executive and our management committee for their invaluable advice and support.

Domiciliary Care Services – Quality Assurance Report

Shahram Tabar

SDA is an organisation of and for Disabled People in Southwark. Our Management Committee is made up of Disabled People, some of whom are Domiciliary Care Service Users, elected from the SDA membership at the AGM. We have been actively involved and participating in different forums and meetings to promote the participation, views, rights and welfare of Disabled People in Southwark and their influence in shaping their services. We attend the Providers Forum and our organisation has representatives on a range of other forums and boards in Southwark including the ‘PNSD (Physical, Neurological and Sensory Disabilities) Partnership Board’ and ‘Safeguarding Adults Partnership Board’.



SDA's principal purpose is to maximise independence through providing service users with the opportunity and support to exercise control over and improve the quality of their lives, through making real and informed choices and decisions for

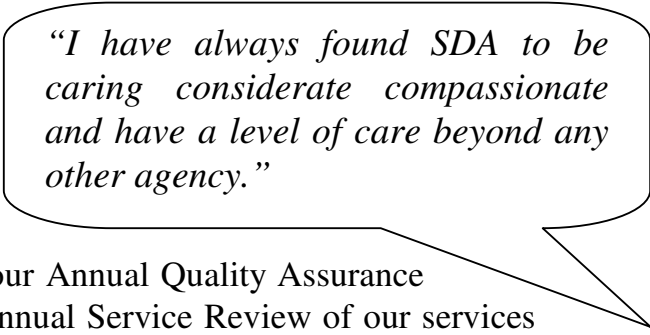
themselves. We endeavour to achieve this by incorporating our Core Values including Independence, Informed Choice, Self-determination, Dignity and Privacy.

SDA has been providing a domiciliary care service since 1995 and a Macmillan Service since 2001 for people with palliative care needs who wish to remain at home. Basically these services enable people to continue to live in their own home independently through regular support and assistance with their care needs as determined by their care assessment. The types of assistance include help with personal care and practical tasks for which service users require support. The range of assistance can include transfers using a hoist, bathing or showering, washing, drying, mouth care, dressing, undressing, grooming, stoma care, continence care, catheter care, toileting, assistance with medication, cooking and meal preparation, eating and drinking, shopping, bed-making and changing bed linen, laundry, visits to banks and post office, dealing with correspondence, medication and prescription collection, light housework etc. Also included are assistance with maintaining social contact, respite care, palliative care and care at night including night-sitting and sleeping-in duties etc.

This is, once again, a time for reflection over the events and achievements of the past year. Another year which has witnessed our efforts and achievements, not only in meeting the requirements of and fully complying with the National Minimum Standards for Domiciliary Care, but also exceeding them wherever possible.

Annual Quality Assurance Assessment (AQAA) & CQC Report

SDA is a domiciliary care provider registered with the Care Quality Commission (CQC) under the terms of the Health and Social Care Act 2008.



“I have always found SDA to be caring considerate compassionate and have a level of care beyond any other agency.”

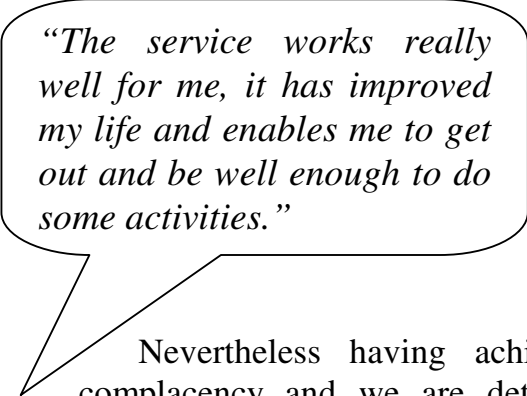
During the process of completion of our Annual Quality Assurance Assessment in November 2009, the Annual Service Review of our services was undertaken by CQC and completed in January 2010. The findings of the CQC’s report clearly indicates that we continue to provide a high quality service for which we have been awarded the top quality rating of “**Three Star Excellent Service**” now for two consecutive years.

The CQC’s full report is available from www.cqc.org.uk. A copy of the report has been placed in, and as always forms part of the ‘SDA Guide for Service Users and Carers’ that is regularly updated. We believe our service users and staff as well as other care professionals are very pleased with the findings from the Annual Service Review.

Social Services Monitoring & Inspection

In the League Table released by the Social Services Commissioning Office on 10th December 2009 the Council identified SDA as the Number One care provider from amongst a total of 19 Care Providers operating in the borough through a contract for provision of care services.

In the Quality Risk Alert (QRA) Chart released by the Commissioning Office on 1st March 2010 the Council presented the information collated on the number of all the complaints and quality alerts against each care provider for the previous two years. Having received no complaint or quality alert registered against it through the Commissioning Office, once again SDA topped the QRA Chart because it was the only care provider in that Table with a record of nil.



“The service works really well for me, it has improved my life and enables me to get out and be well enough to do some activities.”

Over the past few years Social Services’ Home Care Inspection & Monitoring Reports conducted and compiled by the Commissioning Office (the latest following the Inspection Visit on 09.03.10), have commended SDA for its high quality and well-managed services.

Nevertheless having achieved such a success gives no cause for complacency and we are determined that our standards should wherever possible continue to rise in the year ahead.

The demand for our services continues to grow as we work to meet our key objectives of addressing the care needs of our service users, and strive to exceed many more of the National Minimum Standards.

Quality Assurance

The SDA Domiciliary Care Service operates a quality assurance system that will regularly monitor, maintain, review and improve its capability of meeting specified requirements in all of its work at all times. Our effort in delivering a high quality service during the past year once again led to impressive outcomes. This is clearly demonstrated by the results of the consultation, regular feedback and comments from our service users and their carers, both verbally and in writing, as well as from professionals in other organisations, agencies, and various social services departments. The main indicators of service quality include spot checks, annual service reviews, complaints and compliments, as well as user satisfaction surveys.

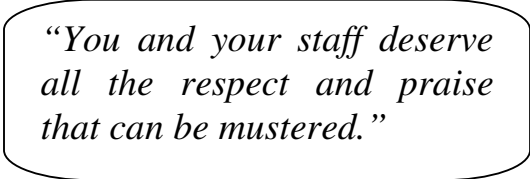
Throughout the past year, we had good regular communication with our service users in that we carried out 139 spot checks, and completed 56 service reviews. There was

no Quality Alert or Complaint made through the Social Services Commissioning Office. SDA received however made one informal and four formal complaints, directly from service users or their carers, which were thoroughly investigated under SDA's Complaints Procedure. Of these, two complaints were considered 'not substantiated', but three were upheld. Nevertheless the above processes and outcomes are always conducive to reviewing and when necessary revising or updating our policies and procedures, and improving our practices.

On the other hand our records show we logged 46 compliments, from service users and their carers or care management teams, of which 36 were written and 10 verbal. And finally, we conducted a comprehensive user satisfaction survey. The findings from our service quality checks, in particular our most recent user satisfaction survey, indicate that the people we provide a service for, seem to enjoy a high quality service.

User Satisfaction Survey

In the past year SDA conducted a user satisfaction survey in which service users' opinions about their domiciliary care services were evaluated. A concise questionnaire containing seven direct questions with a five-point satisfaction scale was sent to service users. To sufficiently capture the service users' attitude, the choice of 'neither/nor' was added along with a blank space giving service users the opportunity to substantiate and qualify their answers if they so wished. Also it was recognised that service users might wish to pursue topics not covered by the questionnaire, hence a question about further comments was included to allow for service users free opinion. A covering letter explained the purpose of the questions and the significance of the service users' answers. As with other documents, service users were also given the opportunity to have these available in a language or format of their choice.



"You and your staff deserve all the respect and praise that can be mustered."

Both the response rates and the types of response to the questions were impressive. Altogether 69 service users were approached of whom 28 replied, i.e. 41% return.

When asked about the 'reliability' of their home care service, 97% expressed satisfaction with 72% being "very satisfied". Asked about 'time keeping' of their domiciliary assistants (DAs), all service users said they were satisfied, i.e. 100%. When asked about the 'quality of work' completed by their DAs, 93% expressed total satisfaction of which 57% indicated they were "very satisfied". That is, all service users except two who did not appear to form an opinion on this topic. And when asked about the 'conduct' of their DAs, every service user said they were satisfied, i.e. 100% of whom 64% marked "very satisfied".

When asked about the work of the 'office staff', 97% expressed satisfaction. About the performance of 'SDA Out-of-hours service', everyone said they were satisfied

except two who did not appear to form an opinion on this topic. And finally, when asked “Taking everything into account, how would you sum up your feelings about the service you receive?” again 97%, reported complete satisfaction of which 57% chose to confirm they were “very satisfied”.

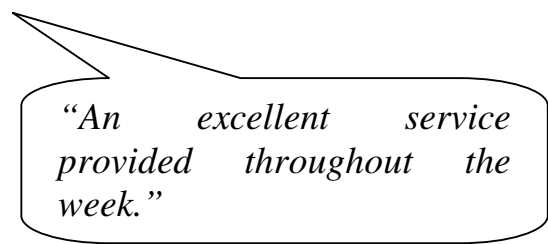
Key Factors in User Satisfaction

Overall, the SDA Domiciliary and Macmillan Care Services have proved to be popular services and very successful projects. This achievement is in part due to a number of important aspects in our service delivery.

We are continually challenging our current working practices and looking at ways to improve our services. In this process **user involvement** continues to be critical to SDA’s ongoing work. It is a major factor in what we achieve as an organisation. User involvement starts with the key relationship between the association and its service users, something that we continue to build on and invest in.

We have successfully managed to provide a **culturally sensitive service** to our service users who come from a wide range of ethnic backgrounds, i.e. there is a spread of ethnicity and gender that means we are able to meet the needs of our service users. Our workforce, who can take credit for the successful year, in turn reflects this diversity of cultures wherein staff members include White UK, Black UK, African, South American, European, Asian and Oriental.

We have continued to treat our service users as individuals with their **rights** where, amongst other things, their **privacy** and **choices** have been respected, and we have continued to uphold and record service users **needs, wishes and preferences** in their individual Service User Plans. We have managed to review these as and when required.



“An excellent service provided throughout the week.”

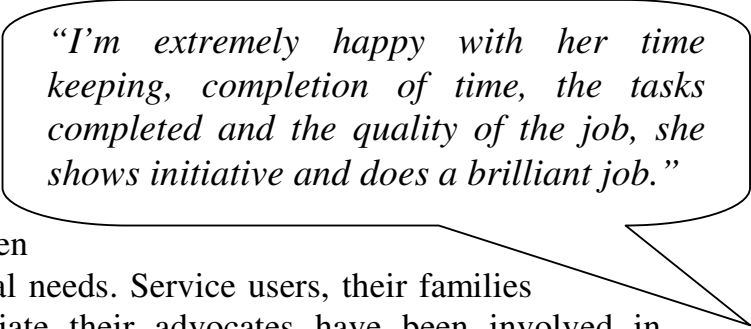
Another key to its success has been our **flexibility and readiness for change**. For example having shown good flexibility in response to requests by couple of our service users who frequently wanted to have either the time or the day of their services changed at short notice; or indeed prompt reassessments and alterations in care packages at short notice due to rapidly changing needs of some of our service users. Also service users have enjoyed the responsiveness and promptitude of SDA care provision where the service has been put in place within three days of the initial referral and within 24 hours in emergency.

Service users seeing a familiar face has been another big contributory factor in keeping satisfaction levels high and to the overall success of the service.

Maintaining the **continuity of care**, i.e. the same client-worker links over time, has enabled the care staff to develop a good understanding of the service users' needs and concerns, and for the service users to have a personalised service.

Service users have received a supportive, friendly and **empowering service**. SDA care staff have been encouraging and facilitating presence and participation within the local community. Service users have been provided with information on the full range of services available from SDA as well as other agencies and services in the borough. Many of our service users have already benefited from the support and assistance given to them by staff in other departments of SDA including Benefits and Welfare Advice, Volunteers, Advocacy etc.

We have continued to ensure that extremely good and well detailed **Service User Plans** were being drawn up **in full consultation** with the service users and their informal carers including family members, relatives or advocates where applicable. Day and time of services have been arranged in **consultation with service users** and our services have been tailored to meet their individual needs. Service users, their families and carers or where appropriate their advocates have been involved in decision making, monitoring and evaluating their domiciliary care, as far as possible.



“I’m extremely happy with her time keeping, completion of time, the tasks completed and the quality of the job, she shows initiative and does a brilliant job.”

Likewise the **Introductory Visits** made to our service users, also their personal copy of the SDA Guide for Service Users & Carers, provided to them before the start of their service which explains our services to them in some detail, as well as the frequency of **checkups on standards** have all proved popular and essential to the smooth running of the service users' care.

We have built excellent working relationships with our **partners in care**, i.e. various departments of the local health and social care authority, Macmillan Cancer Support, other agencies and the community through which the interests and care needs of our service user group can be identified and promoted.

Good **contingency structure and plans** have perhaps been other contributory factors. The SDA Domiciliary Care and Macmillan Care offices coupled with the SDA out-of-hours service have enabled a more responsive support, advice, backup and cover for DAs throughout our operating hours, i.e. 7am to 11pm seven days a week. This has helped with how we communicate and respond to particular service users' needs and emergencies etc.

SDA has been managing its own out-of-hours service since April 2007. The SDA **Out-of-hours Service** has, to this day, managed to rely entirely upon SDA's own workforce for arranging cover for its service users. That is, it has not used anyone externally such as recruitment agencies etc. The result has been a significant improvement in the quality of the out-of-hours service that service users receive. This is something we are proud of, as we make every effort to ensure our service

“When I've had to use the SDA Out of Hours service, they've always been helpful & ensured any problems are sorted out.”

users are supported by our own experienced, highly skilled, resourceful, well trained and qualified team of care workers that uphold and demonstrate high standards of care in their work.

Good **communication** with care staff has been another contributory factor. That is, we have communicated well and regularly sent out reminders and memos to our care workers about various issues and practices that were in the best interests of our service users. For instance: supporting people before and during heat waves; cold weather advice; swine flu awareness, updates, training, vaccinations and support; safety & security issues (i.e. manual handling equipment checks, medication storage, use of key safe); use of protective clothing; report writing, recordkeeping and communication including language whilst in service users homes; ID badges; bogus callers alert; travel information; pay and travel arrangements over the festive season (i.e. Christmas); timekeeping when working in pairs etc.

In the course of our service delivery we have actively endeavoured to devise, implement, monitor and review, and when necessary revise **policies and procedures** pertaining to issues that affect our service user group as well as our staff.

Protection of Service Users

SDA has systems and structures in place including policies, procedures and practices that ensure the health and safety of service users, as well as staff, are well protected. We have a wide range of comprehensive health and safety policies and procedures and have a trained senior staff member as our health and safety officer. All service users' care packages and their homes have a health and safety check when a comprehensive risk assessment is carried out by a senior member of our management team before services commence and every time they are reviewed.

Also in the past year we ensured, amongst other training courses, 'basic and refresher on moving and assisting service users' were undertaken by our care workers, so that the care staff are updated with the latest knowledge and practices.

Service users are also protected by our care staff actively promoting and when necessary applying our policies and procedures for safeguarding our service users. These cover all areas needed and is in line with the local authority's policy. All our

care staff are properly inducted and trained in this area. Our records show all new staff had an enhanced Criminal Records Bureau (CRB) disclosure and satisfactory references before they started work. We have continued to ensure that as part of their Induction every new care worker has been on the Safeguarding Adult training course.

We also have a Children's Safeguarding policy, and always include working with children in our CRB checks, as staff may provide services to service users with children.

Using our quality assurance systems and procedures, we have been actively monitoring the services provided and taken action when and where necessary to ensure that the health, safety, welfare and rights of our service users are promoted and protected. These ranged from sending out many memos and reminders about applying the correct procedures or best practices, to informal warnings or disciplinary interviews during the past year. We have as a result reviewed and updated some of our policies or practices.

Staff Development & Training

As in previous years SDA demonstrated its commitment to staff development and training during the past year. These included annual appraisals for care staff for which 34 appraisals were completed, as well as regular one-to-one staff supervisions of which 236 sessions for 45 staff members were held throughout the year. Also an annual direct observation of care, as in the past, was incorporated in care workers' supervision sessions held in service user's home. This has proved beneficial to all parties concerned.

SDA was also successful at ensuring that a wide range of training courses was available to and taken up by its staff. A total of 93 training places were taken up, by our care staff including care workers and the management, on a variety of topics comprising 23 training courses including, amongst others; Induction Training, Health & Safety, Moving and Assisting People, Fire Safety, Infection Control, Food Safety, Medication Administration, Hearing & Sight Loss, Epilepsy, HIV Awareness, Mental Health Awareness, Older People & Mental Health, Introduction to Recovery Model, Working with People with Personality Disorders, Motivating People, Mood Disorders, Safeguarding Adults Alerters, Safeguarding Investigations, Suicide & Self-harm, Loss & Bereavement, Personalisation, Marketing your Service, Self-directed Support.

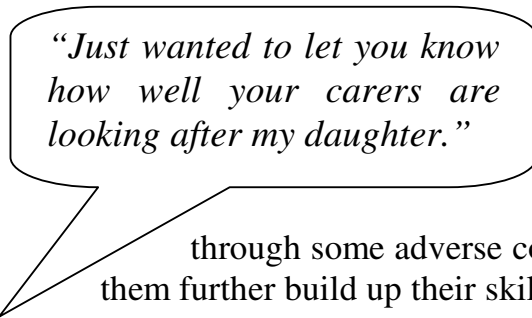
By March 2010 SDA care staff team achieved a position where all of our care workers were now fully qualified to a minimum of NVQ Level 2 in Care, with more than half (56%) qualified to Level 3, as well as four care staff almost completing their NVQ4 and one who is already a qualified Nurse with Diploma in Nursing. Our management team too is now fully qualified to a minimum of NVQ Level 4 in Care

and have further achieved their Registered Manager Award in Care (RMA) or Diploma in Health & Social Care Management.

All staff recruited by SDA are selected through a rigorous selection procedure which includes: written application forms, a stringent short listing, verification of identity and authenticity of qualifications, an interview panel, at least two written professional references and a Criminal Records Bureau “Enhanced Disclosure”.

New staff are placed on a comprehensive Induction Programme using the new Common Induction Standards developed by Skills for Care, that includes 6 Standards, divided into 22 units covering 70 requirements which will have to be successfully met by new staff member.

With only six care workers having left SDA during the last year, our care workers’ retention was rather good for the care sector, with turnover at 13%. This can be attributed to the terms and conditions of service as well as the support given to our frontline care staff where the stresses of their role are recognised and their hard work valued.



“Just wanted to let you know how well your carers are looking after my daughter.”

Staff team as always appear positive, morale is high, and job satisfaction levels maintained. Service users have benefited from a committed team of staff who at times has had to work through some adverse conditions and experiences which in effect helped them further build up their skills and expertise over time.

Homecare Tender in Southwark

The result of the Homecare Tender in Southwark, in which SDA has participated, will soon be known. Last year witnessed a good base of work on which the future of SDA care services would build. It was crucial to carefully schedule our growth and development programme. Consequently we went through a period of challenging yet stimulating experience where the ability to provide a high quality yet cost-effective service became crucial to our long term success and further growth. Our growth and development programme was carefully scheduled, and a great deal of energy, time and planning has already been put into implementing the expansion of our service.

If successful the shape and structure of our Domiciliary Care Services will need to change to accommodate the service expansion. Several issues will be addressed. The principal features include budget and expenditure, upgrading and modernising our office systems and structures including current ICT system, introduction of electronic monitoring system and timesheet software, review of the organisation of spaces and equipment in our offices, also reshaping our workforce and management structure taking into account the size of the new contract as well as the organisational and financial constraints etc.

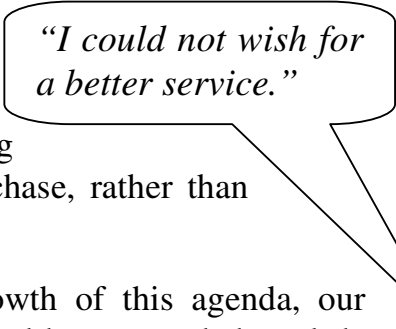
Personalisation

Personalisation is about starting with the person as an individual with strengths, preferences and aspirations, and putting them at the core of the process of identifying their own needs and making choices about what, how, when, and by who they are supported to live their lives. It entails a significant shift from and transformation of traditional adult social care to the extent that all systems, processes, staff and services are geared up to put people first.

The conventional service-led approach has often meant that people have not received the right help at the right time and have been unable to shape the kind of support they need. Personalisation is about giving people much more choice and control over their lives in all social care settings and is far wider than simply giving personal budgets to people eligible for council funding.

Building on the elements of choice and control afforded by Direct Payments for an individual's personal care needs, "Personalisation" comprising of 'Support Planning', 'Personal Budgets', and 'Self-directed Support' is very likely to become increasingly popular over the coming months. There will inevitably be more and more individuals who will be exercising the option of self-directed support and seek to purchase care directly from SDA, as we currently do with a number of service users who use their Direct Payment or Independent Living Funds for this purpose.

To this end SDA will be marketing its services and support people choosing Personal Budgets by making its services directly available to individuals to purchase, rather than just dealing with Southwark Health and Social Care.



"I could not wish for a better service."

Having become aware of the significance and growth of this agenda, our management team has already made a start on this and have attended workshops and conferences on this growing area of work. What is important to make "Personalisation" a success is that adequate support and independent advice through brokers is available to help individuals draw up a Support Plan and purchase the level and type of care and support they want. This entails identifying, amongst other things, the gaps or needs not met by statutory provision due to lack of resources or expertise, or both.

The Future

Overall the past year has been a period of consolidation, while we prepared and managed to meet the challenges of both the Re-tendering of Homecare as well as introduction of Personalisation.

We will continue to promote the concept of “Personalisation”, put a strong emphasis on person-centred Support Planning and place importance on the empowerment of our service users, on provision of innovative and flexible approaches to problems, and on maintaining and developing high standards in all aspects of our work.

Equally strong will be our commitment towards support and development of, as well as further training for, our care workers who are at the forefront of our service delivery.

We will continue to undertake an analysis of the records of key events and activities, learn from them and try to look for ways to improve our current systems and structures wherever necessary or possible.

We feel confident however that SDA will continue to develop innovative and individualised services in response to the increasing demand for our domiciliary care services.

I would like to express my thanks to the staff, our most important asset. Their tremendous contribution coupled with that of our Service Users’ surely account for our success and achievements over the past year.

The efforts of our management team in delivering their responsibilities, and a flexible and responsive team of care workers have all been instrumental in ensuring high quality services across SDA’s care services including Macmillan and Domiciliary Care.

Also a note of thanks and appreciation is due to our Chief Executive, David Stock, and the Management Committee members for their input and continued support.

Stella Essel – Domiciliary Care Assistant Manager



Our Domiciliary Care Services were very busy as always over the past year. I feel more privileged with the knowledge and skills I have developed over the years owing to working with Disabled People the Elderly, also the challenges and experiences of working with different service user groups across the board. My duties as an Assistant Manager have expanded through dealing with care workers and service users to liaising with all external bodies and different professionals including social workers, district nurses, occupational therapists, hospital discharge social work teams etc. I

have also been actively participating in various meetings such as case conferences, review meetings with social workers, Providers Forum, etc.

Taking up new referrals, organising care packages and arranging cover for our Domiciliary Assistants are still part of my responsibilities. I have been liaising with service users about their service that involves telephone feedback and spot checks or review of their service in their individual homes, which are all part of our quality assurance systems and procedures. I still visit service users for their Introductory visit before their service starts, to introduce SDA formally to them, go through everything they need to know, and give them their own personal copy of ‘SDA Guide for Service Users & their Carers’.

I still manage to directly observe staff, whilst performing their duties, during service users’ reviews. I find this very useful and a source of support for both care staff and service users.

“If there is any problem I ring and Stella sorts it out.”

When problems arise, I take prompt action, investigate and deal with the matter as best as I can, and do my best to ensure that the outcome is to everyone’s satisfaction. Last year, as in previous years, I dealt with a number of such issues successfully.

I have been supervising care workers as well as conducting their annual appraisal, which has helped them further develop in their everyday work, also arranging for trainings when need be. In the past year care workers worked very hard, and were

responsive and prompt when they were needed at short notice. I would like to take this opportunity to thank all the care workers for their dedication and excellent work. I believe that our care workers and service users will continue to work together successfully in the coming year.

During the past year we provided our care workers who had already achieved their NVQ3 in Care the opportunity to get engaged in managerial work in our offices, as a result of which four started working part time as Care Co-ordinators, whilst placed on NVQ Level4 in Care through SDA.

They worked very hard and I would like to thank them for their good performance whilst working in the office. They are almost in final stage of completion of their NVQ Level4 in care. I wish them every success for the future in whatever they decide to do.

This year we had Social Services annual monitoring inspection which went very well. The Inspector was very satisfied with SDA's standards of work and commended SDA for having a well-organised service that is credit to all the staff, service users and most of all to our Service Manager. It is to be noted that we are still awaiting the outcome of the Re-tendering of Homecare in Southwark!

Throughout the past year I continued to manage Alsev, our Care Administrator. I would like to thank her for her hard work and commitment. Once again I would like to thank everyone at SDA for their continued support over the past year, and I look forward to new challenges in the coming year.



www.sda.dircon.co.uk

Southwark Disablement Association (SDA)

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2 Bradenham Close
(off Albany Road)
London
SE17 2QB

SDA offices are open to visitors
from 10am to 4pm Monday to Friday

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Textphone 020 7703 6901
Fax 020 7277 0481

SDA Domiciliary Care Services

Telephone 020 7277 4446
Fax 020 7277 4416

SDA Macmillan Care Services

Telephone 020 7277 4837
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