



IMCA Specific Review

VoiceAbility

April 2012



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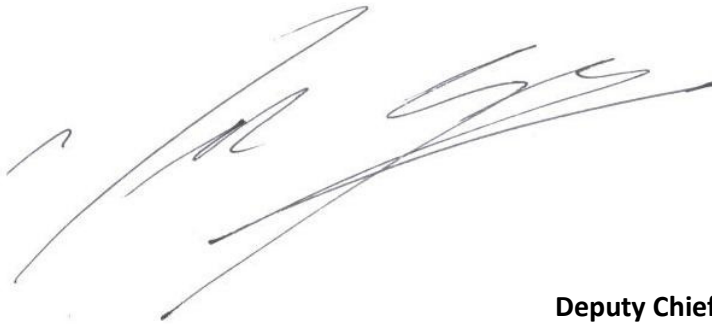
Executive Summary

VoiceAbility underwent both a desktop and site assessment of its advocacy services. This has required a thorough examination of policies, procedures and monitoring information, interviews with key personnel within the organisation, service user interviews and file review. These reviews were carried out by evidencing the service's ability to evidence the Quality Indicators listed in the QPM workbook.

In addition to this process, VoiceAbility committed to evidencing the quality of its IMCA service by undergoing the IMCA Specific Review component of the QPM. This tested the quality of the IMCA service using additional methods to the standard QPM, including interviews with external stakeholders and detailed examination of anonymised IMCA reports.

It is clear that VoiceAbility manages to provide a high quality IMCA service across its range of offices. The service is seen to be responsive, flexible, engaging, thorough and person centred. There was remarkably positive feedback from referrers who had used the service and sample of IMCA reports evidenced thorough, detailed and appropriate work by IMCAs.

VoiceAbility's IMCA services meet all the requirements of the IMCA Specific Review and excel in some areas. The service appears to live up to its mission to ensure that the service user are kept central to decisions made about their life. As a result I am happy to award VoiceAbility the IMCA Specific Review component of the Quality Performance Mark.



Martin Coyle
Deputy Chief Executive, Action for Advocacy
April 2012

IMCA Specific Review

In addition to the standard requirements of the QPM, VoiceAbility underwent a review process specifically focussing on the quality of their IMCA service. Following IMCA provision from awareness raising through referral pathways and IMCA casework, the review also includes an analysis of external stakeholders views on the quality of the IMCA service.

Much of the information from this review has fed into the wider QPM process. However, a summary of IMCA specific information is given below, grouped according to 8 key areas of IMCA provision. A checklist of key areas assessed follows.

Publicity and Awareness of the IMCA service

There was good general awareness of the service. There is a comprehensive section on IMCA on VoiceAbility's website. This contains links and contact details of local IMCA projects, live referral forms and guidance for referrers. Potential referrers know how to refer to IMCA and the ability to locate referrals at a central location means that it is possible to have dedicated phone and email contact points which are appropriately staffed. Referrers spoke of using advice from VoiceAbility's referral line to supplement internal guidelines on referrals. The guidance for referrers includes a brief description of SMT and the need to refer, however this is an area which could be further developed.

Accessible referral pathways

There is an appropriate range of means of referring and the website makes referrals particularly easy. The use of a central referral point ensures that the IMCA phonenumber is answered by a person during normal office hours. Outside these times an answer phone is available. Referrals reported swift response to contact and confirmed that messages are responded to appropriately. No referrers mentioned any delay in processing referrals. The referral form guides referrers to make appropriate referrals and is supplemented by specific guidance on the topic of who it is appropriate to consult. Referrers spoke highly of the response and the administrative aspects of the IMCA service. They also described a service that is willing to discuss potential referrals to ensure that all suitable referrals are responded to.

Speed of response and prioritisation criteria

VoiceAbility received outstanding feedback from referrers on speed of response. Examples of this include,

"Although [my referrals] are always rather complex referrals, response time has always been very quick"

"I was able to speak to people specifically, I would ring directly, and they acted very quickly. I always found them to be very good at what they did."

"I work in a hospital setting...generally I make a referral in the morning and I hear by the afternoon that the referral has been received. They are usually very quick to allocate an IMCA."

Although the referral form asks whether a two stage test of capacity has been undertaken, this has not been seen to be used as a barrier to referrals. The form contains prompts for key dates (including prospective moving dates for change of accommodation decisions) and this allows work to be prioritised according to urgency. The scale of VoiceAbility's operations makes it relatively simple to ensure cover during holiday or staff illness. Supervision and casework systems allow for continuity were this to be the case. No instances were found where referrals were not responded to within target time.

IMCA role clarity

Interviews during the standard QPM assessment showed a team of IMCAs and managers who are clear on their role, its boundaries and its relationship to other forms of advocacy. Referrer interviews made it evident that IMCAs are well able to explain their role clearly and appropriately to enhance effective engagement. Organisational policies support IMCA work.

Casework practice and policies

IMCAs always meet the service user and there is evidence that this happens in cases where the person is described as unable to communicate. The organisation has been developing a single database system for use across the organisation. Interviews showed good use of clear case recording with appropriate levels of oversight by managers/supervisors. Cases are clearly closed when the decision has been made and a letter confirming such is sent to decision maker

Quality of IMCA reports

Reports are generally well written. There are a number of templates in use but the variance between these is very small. Overwhelmingly, reports are person centred. There is clear effort to establish the person's wishes and feelings. Case notes and other records (including CQC inspection reports) are accessed to gain a good overall view of the person's past wishes and beliefs. Instances were found where case continuity was provided through using the same IMCA for a person on different decisions.

Statements in reports are clearly evidenced and quotes are always attributed. Reports tend to end with a statement of the factors which the decision maker would need to consider in order to ensure compliance with the Mental Capacity Act. A minority of reports could have benefitted from slightly greater clarity on the specific points which the decision maker should consider, however the general standard was good. .

Decision makers confirmed the routine and timely receipt of a report and spoke positively about the value of these reports, describing them as useful, thorough and clear. Interviews indicated a number of instances in which the report materially altered the decision made.

Training and Supervision of IMCAs

Site assessments revealed a workforce who have achieved or are undertaking all relevant parts of the independent Advocacy Qualification. All VoiceAbility staff undergo a planned induction on appointment and IMCAs are no different. Supervision is well managed within the organisation and evidence was seen of learning and implementation of non-instructed advocacy approaches.

Engagement with external stakeholders

Feedback from health / social care professionals about the service has been very positive. Some striking quotes to come from referrers to VoiceAbility's IMCA service include:

"It's very good indeed. I'm always keen to get them involved"

"Sometimes as a social worker, my voice is small, IMCA can change that. They work to benefit the client"

"I have always found them to be punctual and precise, very professional in the way they have conducted their work. They have always remained independent, and always try to really get to the point of the best interests of the individual."

Monitoring information suggested appropriate recording of complaints and compliments. There was clear evidence of effective relationships with safeguarding teams. VoiceAbility staff have attended and contributed to a range of IMCA and MCA networks. The breadth of VoiceAbility's services and links to other local agencies allows the service to signpost to other advocacy services where appropriate. There is also evidence of effective follow-up of IMCA casework, including ensuring attendance at care review meetings following on from a change of accommodation decision.

IMCA Review Checklist

	Not met	Met	Excellent
Publicity and Awareness of the IMCA service			
There is an appropriate distribution list		X	
Information is easily found on relevant websites		X	
Information gives relevant and accurate information		X	
Potential referrers know how to refer to IMCA		X	
Information specific to serious medical treatment has been produced		X	
Accessible referral pathways			
There is an appropriate range of means of referring (phone, fax, email)		X	
An allocated person answers the phone in office hours Monday-Friday. An answer phone is available outside those times or if the phone is busy			X
Messages are responded to within one working day.			X
Referral forms support referrers to make appropriate referrals		X	
Referrers describe an accessible service			X
Speed of response and prioritisation criteria			
All referrals are responded to within target time		X	
IMCA instructions are not delayed by non-receipt of a capacity assessment		X	
There is a means of identifying and prioritising urgent decisions		X	
The IMCA service operates during times of staff illness or holiday		X	
Confirmation of instruction and name of IMCA are sent to all who instruct		X	
IMCA role clarity			
Managers and advocates have a clear understanding of the IMCA role		X	
All IMCAs can describe their role clearly to external stakeholders		X	
Organisational policies are appropriate for IMCA work		X	
Casework practice and policies			
IMCAs always meet the service user		X	
There is a standard format for recording IMCA case progress		X	
Communication methods are recorded in the casenotes		X	
Notes are periodically reviewed by supervisor		X	
Case records clearly evidence the outcome of the IMCAs investigations		X	
Case records are kept up to date & contain sufficient detail to allow continuous service in the case of staff absence		X	
Cases are clearly closed when the decision has been made and a letter confirming such is sent to decision maker		X	

	Not met	Met	Excellent
Quality of IMCA reports			
Reports are well written and conform to the IMCA provider's report template and any best practice guidance issued.		X	
Reports are person centred and identify the client's wishes, feelings, beliefs and values. If that has not been possible, the reason is stated			X
Statements in the report are clearly evidenced		X	
Reports indicate whether the proposed decision is compliant with the MCA.		X	
Reports are sent to decision makers in a timely manner as soon as the IMCAs investigations are complete		X	
A report is provided appropriately for every IMCA instruction received		X	
Training and Supervision of IMCAs			
IMCAs undergo a planned induction on appointment		X	
IMCAs have completed Unit 305 and Unit 310 if undertaking the DOLS role.		X	
IMCAs have attended safeguarding training		X	
IMCAs have attended NIA training		X	
IMCAs receive formal supervision at least once every 6 weeks		X	
IMCAs attend team meetings at least once every 6 weeks		X	
Engagement with external stakeholders			
There is an engagement protocol which supports effective IMCA work		X	
The service receives positive feedback from health / social care professionals			X
Representatives from the service regularly attend the MCA multidisciplinary steering group		X	
Issues affecting clients are regularly highlighted in MCA meetings and in reports to commissioners		X	
Issues regarding the integration of MCA into policy and practice are regularly raised with appropriate agencies		X	
Records of compliments or complaints are kept and reported on in quarterly reports to commissioners		X	
Service users are regularly signposted to other advocacy services and there is a procedure in place to support this		X	
There is an established relationship with safeguarding lead/team		X	
Presentations about the service are prepared and delivered when requested		X	
Representative from the organisation attend and contribute to regional IMCA network meetings and opportunities for shared learning/training		X	