Inspection report

Service inspection of adult social care: **Salford City Council**

Focus of inspection:

Safeguarding adults
Improved quality of life for older people

Date of inspection: March 2010

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- Driving improvement across health and adult social care.
- Putting people first and championing their rights.
- Acting swiftly to remedy bad practice.
- Gathering and using knowledge and expertise, and working with others.

Inspection of adult social care

Salford City Council

March 2010

Service Inspection Team

Lead Inspector: Naomi Crosby

Team Inspector: Charles Cope

Expert by Experience: Walter Park MBE
Supported by: Age UK

Project Assistant: Helen Malcolm

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Acknowledgement

The inspectors would like to thank all the staff, service users, carers and everyone else who participated in the inspection.

Contents

Introduction

An inspection team from the Care Quality Commission visited Salford in March 2010 to find out how well the council was delivering social care.

To do this, the inspection team looked at how well Salford was:

- Safeguarding adults whose circumstances made them vulnerable, and
- Improving the quality of life of older people.

Before visiting Salford, the inspection team reviewed a range of key documents supplied by the council and assessed other information about how the council was delivering and managing outcomes for people. This included, crucially, the council's own assessment of their overall performance. The team then refined the focus of the inspection to cover those areas where further evidence was required to ensure that there was a clear and accurate picture of how the council was performing. During their visit, the team met with people who used services and their carers, staff and managers from the council and representatives of other organisations.

This report is intended to be of interest to the general public, and in particular for people who use services in Salford**.** It will support the council and partner organisations in Salford in working together to improve people's lives and meet their needs.

Reading the report

The next few pages summarise our findings from the inspection. They set out what we found the council was doing well and areas for development where we make recommendations for improvements.

We then provide a page of general information about the council area under 'Context'.

The rest of the report describes our more detailed key findings looking at each area in turn. Each section starts with a shaded box in which we set out the national performance outcome which the council should aim to achieve. Below that and on succeeding pages are several 'performance characteristics'. These are set out in bold type and are the more detailed achievements the council should aim to meet. Under each of these we report our findings on how well the council was meeting them.

We set out detailed recommendations, again separately in Appendix A linking these for ease of reference to the numbered pages of the report which have prompted each recommendation. We finish by summarising our inspection activities in Appendix B.

Summary of how well Salford was performing

Supporting outcomes

The Care Quality Commission judges the performance of councils using the following four grades: ‘performing poorly’, ‘performing adequately’, ‘performing well’ and ‘performing excellently’.

Safeguarding adults:

We concluded that Salford was performing excellently in safeguarding adults.

Improved quality of life for older people:

We concluded that Salford was performing well in supporting improved quality of life for older people.

Capacity to improve

The Care Quality Commission rates a council’s capacity to improve its performance using the following four grades: ‘poor’, ‘uncertain’, ‘promising’ and ‘excellent’.

We concluded that the capacity to improve in Salford was excellent.

What Salford was doing well to support outcomes

Safeguarding adults

The council:

- Ensured that there was a broad range of services and information which helped people to stay safe in their own homes.
- Had formed a robust and effective Adult Safeguarding Board with an independent chair.
- Actively managed safeguarding alerts and investigations and tracked performance.
- Carried out large scale reviews of services where safeguarding alerts suggested cause for concern.
- Made good use of research findings for service development and had formal mechanisms to ensure learning from experience was carried out at all levels.

Improved quality of life for older people

The council:

- Enabled people to stay safely in their own homes through universal provision of 'low level' services.
- In partnership with the PCT, provided a range of intermediate care services which was effective in preventing admission to hospital and residential care.
- Supported more people to remain in their own homes than the average for the region.
- Supported carers to maintain their jobs and interests through provision of separate assessment and services.
- Worked with independent providers to improve the quality of services through project groups and information sharing.

Recommendations for improving outcomes in Salford

Safeguarding adults

The council and partners should:

- Ensure timely feedback to other organisations or individuals which make safeguarding alerts.
- Ensure that service users know what action they can take when they feel their services may not be up to the standard expected.

Improving quality of life for older people

The council should:

- Ensure that people can find information on the internet site easily through internal search facilities.
- Ensure that people receive OT assessments and adaptations in a timely way.
- Ensure that people have full and timely information about equipment and increased options for accessing it.
- Ensure a robust and consistent ‘first contact’ for people seeking help from the directorate.
- Continue the work with care homes to ensure that they are of higher quality and able to meet the needs of people with complex needs.

What Salford was doing well to ensure their capacity to improve

Providing leadership

The council:

- Had a clear vision for social care in the city, with an emphasis on outcomes, and was leading change.
- Made good use of population data and worked with partners to provide very local interventions designed to address specific priority needs.
- Offered many ways for residents from all communities in the city to get involved in transforming services and contribute to strategic planning and service development.
- Developed a culture of robust performance management at all levels which was used in operational activity and all service development.
- Provided good support and training to its workforce who were enthusiastic and effective in their jobs with high retention rates.

Commissioning and use of resources

The council:

- Involved older people in a whole system review of all its mainstream services.
- Provided good support to lay representatives on partnership boards so that their contribution could make a difference.
- Established a range of provider forums which offer independent providers an opportunity to influence commissioning.
- Supported the LINk organisation to be an effective way to elicit views about services, bring key stakeholders together and improve services.
- Had structural arrangements with NHS trusts which reflected the commitment all parties had to joint working.

Recommendations for improving capacity in Salford

Providing leadership

The council should:

- Ensure that people with continuing care needs are not disadvantaged by disputes between agencies.
- Ensure that ICT in integrated services is fit for purpose.

Commissioning and use of resources

The council should:

- Encourage the development of user led organisations which could take a leading role in the personalisation of services.

Context

Salford City Council was formed in 1974 by the amalgamation of the former county borough of Salford with the urban districts of Eccles, Swinton, Pendlebury, Worsley and Irlam. It lies to the west of Manchester city centre and close to all major transport networks.

The city has a population of around 220,000 with a profile similar to the national average with the exception of people aged 15-24 which is higher. With its own university there is a large student population in Salford. The non-white proportion of the population has risen, from 3.87% in 2001 to 7.29% in 2006. The Orthodox Jewish community is the second largest proportionately in the North West region, with significant Yemeni and Irish Traveller communities as well.

Salford was one of the world's first major industrial towns and a maritime centre but the local economy has changed, with less reliance on traditional manufacturing. Central to this is the revitalised Salford Quays, bringing a major expansion of new businesses and exciting opportunities for local residents.

Salford is the fifteenth most deprived local authority area in the country as measured in 2007 by the Index of Multiple Deprivation. Although life expectancy has improved, the difference between average life expectancy in Salford and in England as a whole remains the same.

Salford City Council comprises 20 Electoral Wards with 3 councillors representing each Ward. At the time of the inspection the council was controlled by the Labour party, with 36 councillors. There were also thirteen Conservative, seven Liberal Democrat and four independent councillors.

In its 2008-09 Comprehensive Area Assessment the Audit Commission judged the council to be performing well in both its management of performance and in its use of resources. In the same year the Care Quality Commission assessed the council as performing excellently overall although it did note concerns about the quality of services available to local people and the delay experienced by disabled people in getting adaptations to their homes completed. The 2009 Annual Health Check for the Primary Care Trust assessed the quality of its commissioning as 'fair' and that of its financial management as 'good'.

Key findings

Safeguarding

People who use services and their carers are free from discrimination or harassment in their living environments and neighbourhoods. People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life.

People who use services and their carers are free from discrimination or harassment when they use services. Social care contributes to the improvement of community safety.

The council had strong arrangements in place to ensure that people who used services and their carers were free from discrimination and harassment when they used services. Salford Adult Safeguarding Board (SASB) had recently been formed from the existing Safeguarding Executive Committee, with high level membership from appropriate partner agencies. The board, and the executive committee before it, was chaired by a senior university lecturer, who was independent of all partners, and who worked effectively to ensure that all agencies were committed to a single safeguarding plan. The board had a work plan which was regularly reviewed and updated and it was making good progress with this. The independent chair of the board met regularly with the Director and Assistant Director of Adult Social Services to ensure that all were equipped to take a leading role on safeguarding in the directorate and with other agencies in the city.

Lay representatives on all Partnership Boards were able to feed information and views to the SASB and told us that they felt able to influence policy. The carers centre was represented on the board.

Different agencies in Salford worked together to provide a broad range of services and information which helped people to stay safe in their own homes. These included fire safety assessments, initiatives to increase safety from doorstep or street crime on dark nights and schemes by which residents could nominate a neighbour to receive callers on their behalf. The Public Protection Unit of Greater Manchester Police and others worked with people with learning disabilities over three years to identify risk areas, offer training on staying safe, and provide a police presence on some public transport at night. This unit also devised a method for police officers to report concerns about vulnerable people which ensured that they were then passed to the appropriate agency for action, thus avoiding ‘swamping’ the adult safeguarding unit.

The council’s policy of strong neighbourhood management resulted in the active involvement of local people in initiatives to improve safety in particularly difficult areas of the city. Hate crime had been addressed by police and other agencies and both the police and the two main social landlords were positively engaged in acting on allegations of hate crime.

The Adult Safeguarding Unit was a joint unit between the Council and the PCT. Two co-ordinators were employed, one from each agency. They ensured that all alerts were actively managed, timescales were adhered to and advice was freely available. In addition the unit also conducted large scale reviews where levels of safeguarding alerts suggested serious concerns about a service or group of services. However some relatives with a concern about a service were unaware that a review was underway and that their concerns had been acted on.

Statistics were kept and used by the Adult Safeguarding Unit to monitor performance and, together with research findings, used to investigate what action might be taken to encourage greater numbers of alerts from groups or settings thought to be under-reported.

People are safeguarded from abuse, neglect and self-harm.

Salford had robust arrangements in place to ensure that people were safeguarded. Information about safety and safeguarding was widely available in most information points in the city and the safeguarding strategy was available to the public. The Adult Safeguarding Unit co-ordinators had worked for a number of years to raise the profile of safeguarding amongst partner agencies and providers. Since they started to do this numbers of alerts rose and there was an overall increase of 41 per cent in alerts in the year leading up to the inspection. Strategy meetings were well attended.

We found that safeguarding plans were made in all appropriate cases, and that managers discussed these with social workers in their supervision meetings. Formal assessments of mental capacity were not recorded in all cases. The Adult Safeguarding Unit has begun to monitor all referrals to the Independent Mental Capacity Advocacy Service to ensure appropriate use is made of this service.

Managers actively supervised safeguarding work and ensured that only trained workers took lead responsibility for investigations, if necessary allocating a second worker to a case. Comprehensive training, with basic and additional modules, was available to staff in all agencies and commissioned services which was widely taken up. This included training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLS). The Adult Safeguarding Unit incorporated a DOLS co-ordinator and there was a robust tracking process for DOLS authorisation requests. A member of the SASB had begun to develop an inventory of training required and delivered, so that the Board could ensure that all who needed training received it. Training for council employees was recorded on HR files.

Partner agencies were aware of their own responsibilities under the safeguarding procedures, and of the responsibilities of the board. Independent providers who had had direct contact with safeguarding procedures were positive in their comments and they experienced the Adult Safeguarding Unit as very helpful. Some partners told us there was some delay in informing them of the outcome of safeguarding alerts they had raised.

Meetings of the new Salford Adult Safeguarding Board reflected appropriately its strategic responsibility for ensuring effective inter-agency work. Meetings were structured in two parts, to enable providers to receive up to date information, and to provide a more confidential setting for board members to discuss and learn from local and national experiences. Senior level cross-representation between children's and adults' safeguarding boards meant that each could learn from the other's experience, and they could work together to solve shared problems.

As a consequence of setting up the board, a new Implementation Group had been set up. This was still developing its membership and its role, which included looking in detail at action and implementation plans to ensure that the board had all the information it would need to agree policies.

People who use services and carers find that personal care respects their dignity, privacy and personal preferences.

The council had measures in place to ensure that services respected the dignity of people who used them. Contract monitoring was very active, and contracts with domiciliary care agencies were terminated immediately if services were found to be of poor quality. A re-tendering process was underway for domiciliary care which followed a detailed survey of service user views of what was most important to them. However one service user told us that he was not happy about how his domiciliary care agency monitored his services and he said he was not aware that he should report his concerns to a social worker.

The council suspended placements in residential homes if there were concerns whilst they undertook a full review. Significant improvements in services resulted from two such major reviews. These reviews were co-ordinated by the Adult Safeguarding Unit and involved partner agencies and the Care Quality Commission.

Social workers told us they felt part of the commissioning process, and knew how they could use service users' views and experiences to inform this.

Service users were encouraged to use self-directed support, and a protocol had been prepared to help staff balance risks and benefits from service users taking responsibility in this way.

All HR records were well kept and checks were up to date for council employees. Recruitment in provider services was considered in safeguarding meetings and independent providers asked to demonstrate that proper checks had been carried out.

Teams held learning events from time to time at which they learnt from local and national experience. Social workers were well supported in their safeguarding work.

People who use services and their carers are respected by social workers in their individual preferences in maintaining their own living space to acceptable standards.

The council placed a high importance on treating people who use services with respect, and had taken disciplinary action against staff who failed to do so. The code of practice for social care workers was integrated into the disciplinary procedures.

There was some variation in how well staff of both the council and the NHS promoted direct payments and self directed support. The quality of regulated services was somewhat lower than neighbouring authorities.

There was a wide range of services available to all Salford residents to help people remain at home. These include a handy-person scheme, a pet sitters club, advice on keeping warm and keeping well and subsidised fitness programmes.

Improved quality of life

People who use services and their carers enjoy the best possible quality of life. Support is given at an early stage, and helps people to stay independent. Families are supported so that children do not have to take on inappropriate caring roles. Carers are able to balance caring with a life of their own. People feel safe when they are supported at home, in care homes, and in the neighbourhood. They are able to have a social life and to use leisure, learning and other local services.

People who use services and carers get advice and support at an early stage. Support services take account of the needs of individuals, carers and families. This helps to prevent loss of independence and isolation, and maintains their quality of life.

There were good arrangements in place to help people who use services and their carers prevent loss of independence and to maintain their quality of life.

The council had invested in extensive information and other services which enabled people to stay in their own homes for longer. For example the Affordable Warmth Team was able to advise people and help them improve the fuel efficiency of their homes through grants, benefits advice and partnerships with energy companies. Other 'universal' services included assistance with housing advice and improvements, creative arts programmes and subsidised fitness activities. There was a falls service which had resulted in significantly fewer hospital admissions, and which had been reviewed and improved with the help of older people's organisations. The council's welfare benefits team brought over £3m into the city in the form of unclaimed benefit gains in the year leading up to the inspection.

Information available included 'growing older in Salford', guides to direct payments and activities in the city, as well as 'advance decision to refuse treatment' cards and leaflet. Extensive information was available on the council's website, but it was not always easy to find. There was a risk that some services might be thought to be unavailable because of this.

Three new 'Gateway' centres had recently been opened. These were jointly commissioned by the Primary Care Trust and the Council under the NHS Local Improvement Finance Trust programme (LIFT), and developed in partnership with the Council. They offered library, GP, dentist and other specialist services. Unfortunately at the time of the inspection they did not offer referral access to adult social care services.

Well developed intermediate care services were run in partnership with the PCT, and offered intensive support to prevent admissions to hospital or residential care. This was described by the North West Joint Improvement Partnership as 'a leading example for the region in developing an integrated health and social care whole

system approach in meeting the needs of older people'.

The integrated care services supported people to regain skills after illness, and then make informed choices about remaining in their own homes. There were regular reviews of the service and people using it, and good data was kept to demonstrate its effectiveness. Staff described a number of difficulties with hospital discharges, and the intermediate services, as well as hospital based social workers, worked to mitigate the effects of these. People we spoke to felt that this problem was no worse in Salford than elsewhere, but acknowledged it as a difficult area generally. There were no significant concerns about delayed discharges.

The number of people who were supported to remain in their own homes was above the average for the region. Provision of equipment was generally timely, with 95 per cent of items being delivered within seven days of assessment. Numbers of staff trained to provide this service had increased and council and NHS staff worked together to provide equipment as quickly as possible. However there were some examples of delays in provision of minor pieces of equipment which may have been caused by a lack of knowledge, and sense of urgency, on the part of some staff. There were plans to make it easier for people to obtain equipment themselves, including by purchasing it, as part of the transformation plans for adults' services.

Provision of Telecare services was good. There was a Care on Call service which provided an alarm and mobile warden service, and advice and demonstration of a wide range of equipment was available at a local resource centre.

People with complex needs were helped to remain in their own homes, and changes had been made to day centres, for example, to ensure they were able to meet their needs. The housing strategy and supporting people divisions worked closely with social care to provide appropriate support to people with complex needs.

There was serious delay in making necessary adaptations to people's property. Officers were working with the council's Business Processing Re-engineering team and had made some progress on speeding up the process once an assessment had been made and an order placed, but the most significant delay was in waiting for an assessment by an occupational therapist. This had shown relatively little improvement over the year before the inspection, and the senior management team acknowledged that they would need to look at making changes to working practices.

Carers were supported and considered they received good services in Salford and were lucky to live there. During the 12 months before the inspection 2,300 separate carers' assessments were undertaken and over 70 per cent of these resulted in service provision. This was commendable.

Social workers told us how they made sure services were tailored to the preferences of service users and gave some examples of what they referred to as 'thinking out of the box' when helping people plan use of their direct payments. Some people from black and minority ethnic groups told us that they had used direct payments to arrange culturally appropriate services at home, and numbers of Asian elders entering residential care were reduced.

People could gain information or make a referral for social care services in a number of ways. The principal route was through the integrated teams (social services and community health services) of which there were eight in the city. This worked because of the commitment and skill of the telephone and reception staff, but the system was not robust. The majority of incoming telephone calls were for the district nurses, so it was difficult for new callers to get through. We were told by a number of service users that they found this difficult. Some left a message but there was no system for recording how many calls failed to get through or were abandoned. It was not clear to the inspectors where 'ownership' of this system lay. The system was under review as part of the transformation of services, and also as part of the council-wide drive for greater efficiency.

Evidence of the effectiveness of the council's investment in universal services was found in the response to 'operation cold front' which took place during the extreme weather of January 2010 and entailed the council making contact with all vulnerable who might need extra help at this time. After very extensive enquiries, fewer than 50 people were identified who needed additional help from the council and all others were supported by family or neighbours.

People who use services and their carers are able to have a social life and to use mainstream local services. Local service providers, including transport, healthcare, leisure, shops and colleges, adapt services to make them easier to use.

The council's investment in universal services meant that most mainstream services were available to all throughout the city. There were a number of schemes to make it easier for older people to use leisure facilities, including greatly reduced membership fees and personal assistance. Library services were available from Gateway centres and mobile vans as well as more usual library buildings and these also provided access to the internet and information about safety and health. The people we spoke to found the services generally accessible.

Salford Community Leisure Ltd, a social enterprise, offered activities in care homes and day centres and training courses for care home staff.

Many of the opportunities available to people involved the council working in partnership with the NHS, or different directorates working together. For example 'healthy hips and hearts' was a programme offered in all day centres, which was also available in mainstream community venues. Creative Start 50+ introduced people to creative work and set up user led groups around the city, including in sheltered housing. One of the people interviewed by the inspectors had begun to paint through this programme and continued to do so in his own home.

As part of its implementation of the National Dementia Strategy, the council opened a resource centre and day centre for people with dementia and their families. The focus of the service was to enable people to retain an involvement with their local communities and carers were supported to maintain their jobs and pursue their own

interests. The centre offered information, internet access and a café as well as a day centre open six days a week, carefully designed to be a safe relaxing place for people with moderate to severe dementia.

Social workers were enthusiastic about the opportunities they had to create support packages which recognise individuals' preferences and enable them to pursue their own chosen activities.

People who have complex, intensive, or specialised support needs and their carers are supported. They have a choice in how and where they are supported.

The council supported people with complex, intensive or specialised support needs and their carers. Services were generally designed to provide choice.

A high level of services was available to people to stay in their own homes. These included integrated teams and joint community mental health teams (CMHT) managed by either health or social care staff. These teams could work with people living in their own homes and the CMHT could also provide advice on an 'in reach' basis to care homes. Integration had resulted in faster referrals within the team and speedier provision of help.

Day centres had been changed to provide care to very dependent people living in their own homes. This included personal care, assisted exercise and other health promotion activities.

Good palliative care services meant that most people who preferred to die at home were supported to do so. However some people told us that home adaptations were not provided to people with terminal illnesses because of the length of time it took to complete them. The council needed to ensure that this was not the case.

Independent providers of residential care told us they were concerned that their ability to meet the needs of people with more complex needs may have been insufficient. The council, with the PCT, was running a number of project groups with independent providers to improve the quality of specific aspects of their services, namely diet, medication and care planning.

The council was very ready to suspend placements where there were serious concerns about quality, and had carried out detailed reviews of some establishments which resulted in significant improvements.

In addition a system of quality premiums had just been introduced through which payment differentials would increase over the next few years thus providing a real incentive to homes to improve, without disrupting the market in the short term. At the time of the inspection the council placed more people in homes rated 'poor' or 'adequate' than neighbouring authorities.

Capacity to improve

Leadership

People from all communities are engaged in planning with councillors and senior managers. Councillors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce.

People from all communities engage with councillors and senior managers. Councillors and senior managers show that they have a clear vision for social care services.

The council as a whole had a strong commitment to neighbourhood management which it had been pursuing for over fifteen years. This incorporated a clear vision for social care and a strong focus on outcomes for people. The council had reviewed all its services in order to 'age proof' them, and older people had been directly involved in this. The council operated a system of 'champions' through which elected members and senior officers worked together to promote their topic throughout the entire council. Champions' topics included personalisation, community engagement and specific health targets.

The emphasis on neighbourhood management meant that people from all parts of the city had an opportunity to engage in planning; redevelopment of one of Salford's parks had been undertaken jointly with local residents in such a way that all groups used it well, and felt safe. When we met with local people a number of them told us about their involvement in local initiatives. Ensuring residents understand how they can influence council decision making was a priority, and small budgets were available for local determination and use. Eight distinct neighbourhoods had been identified and social care services were also organised around them. The council worked with the PCT to provide very local 'choose health' programmes, and with other partners to bring additional funding into priority areas for specific projects.

There was a whole system approach to the personalisation of adult social care, with robust project management led by the Assistant Director. There were opportunities for interested practitioners to become involved in projects and partner agencies and independent providers were also, for the most part, aware of the changes. A project to test out what the changes would mean to independent domiciliary care agencies was underway and was well supported by senior managers and providers. The successful introduction of eight integrated teams for older people in the city demonstrated the council's ability to implement large scale change and to measure its results in terms of outcomes for local people.

The Director and other senior managers were seen to be leading change, and to be active in the partnerships that were delivering and developing innovative, more effective services. Staff and partner agencies were positive about senior managers,

as were many of the members of the public whom we met. High quality practice was ensured through explicit standards for such things as recording, supervision, how teams operate, and regular auditing of these.

People who use services and their carers are a part of the development of strategic planning through feedback about the services they use. Social care develops strategic planning with partners, focuses on priorities and is informed by analysis of population needs. Resource use is also planned strategically and delivers priorities over time.

There were many ways people could get involved in transforming their services. All partnership boards included a number of lay members, who considered that they were well supported and able to make a real contribution to the strategic work of their board. Most represented other organisations, and were enabled to meet to gather views and feed back. They all told us that 'Salford is the best', much better than its neighbours, although some weaknesses, notably delay in providing home adaptations, were identified.

In addition to the partnership boards, the Salford Older People's Forum provided a way for older people to give their views about many aspects of life in Salford that affected them. This group did not have any strategic responsibility, but felt that their views were listened to. Members of the Forum had been involved with the review of council services, and a small group of LGBT (lesbian, gay, bisexual or transgender) elders had worked with the carers' centre to ensure their publicity was 'LGBT friendly'.

Other ways the council sought people's views included special events, 'you said, we did' publications (feeding back on action taken after consultative events), conferences and festivals. It was possible for people who use services to give an individual view, to get involved in service development or provision (for example as a volunteer) or to become a member of one of the various forums.

The Director of Public Health was a joint appointment between the PCT and the Council and both agencies used detailed population statistics to target spending, service changes and approaches to neighbourhood management.

In its major change programmes such as the introduction of intermediate care, planned financial consequences of service changes were specified and closely monitored to ensure that savings were re-invested and outcomes delivered as planned. As more people were supported at home, people who moved into residential care did so at a later stage and usually for the last few months of their lives. Evidence to support this was found through visits to day centres and discussion with practitioners and partner agencies.

A draft protocol for resolving disputes about funding for people with continuing healthcare needs had recently been produced. The system, which closely followed the national guidance, was generally applied effectively, although difficulties arose for people with a GP outside the city. The multiplicity of data bases in the council and the NHS meant that sometimes information was missed, and funding decisions

delayed. There were some ongoing misunderstandings and disagreements about approaches to funding continuing healthcare. Although these were few the council needed to ensure that they were resolve quickly and that people with continuing care needs were well served despite any inter-agency disagreement.

The social care workforce has capacity, skills and commitment to deliver improved outcomes, and works successfully with key partners.

Staff turnover and sickness absence rates for adult social care staff were low (in relation to Salford's statistical comparator group) and staff had the capacity, skill and commitment to deliver good services. Staff we spoke to were enthusiastic about their jobs, and those who had worked elsewhere told us that 'Salford is better'. They were positive about their relationships with partner agencies and told us that the improved informal relationships achieved through the integrated teams meant that each was more respectful of the other's profession, and this had led to faster referral and easier involvement of GPs.

A good range of training was available and staff were encouraged to involve themselves with regional networks so that they could bring ideas in from other authorities. The director placed a high value on supervision at all levels, and one supervision audit was conducted during her first year in post, with a second due imminently.

The director was regional workforce development lead for the Association of Directors of Adult Social Services (ADASS). She was seen as an inspiring figure and a number of staff told us about her active involvement in and leadership of 'operation cold front'.

The quality of work we saw was almost without exception good. Responses were prompt and holistic, usually looking more widely than the problem that had been referred. Case records using the electronic system were easy to access and generally comprehensive. This system was quite easy to use and was comprehensive. However the different electronic systems in operation in the NHS, which did not communicate directly either with each other or the council's system, meant there was a risk of information being missed, and of staff needing to make more checks to avoid this.

Performance management sets clear targets for delivering priorities. Progress is monitored systematically and accurately. Innovation and initiative are encouraged and risks are managed.

Performance was actively managed and progress monitored systematically. All strategies were accompanied by action plans with detailed timescales which were frequently reviewed. The traffic light system was extensively used to highlight risks in delivery and underlying causes of any delays or underperformance examined.

The strategies were approved by committees and partnership boards, and shown to local forums and partner agencies for comment. They contained reliable data and were clear about outcomes to be achieved.

There was good monitoring of expenditure and anticipated savings and risks were clearly identified and managed. This was part of the council wide approach to achieving greater efficiencies as well as a directorate emphasis on performance management.

National milestones, for example in relation to the national transformation agenda, were used and progress tightly monitored. Senior managers described themselves as ‘fairly cautious’ in their approach to this, yet all milestones were either ‘very likely’ or ‘likely’ to be achieved on time.

Performance management booklets were produced monthly for teams. These showed volume of referrals, time to completion and budgetary information at team level, and teams were used to using this to measure their own performance.

Safeguarding data was extensive and produced as a separate part of the Safeguarding Board’s annual report. Data included information about alleged victims as well as alerts by team, response times for all stages of the procedures, and outcomes. In addition national research and other studies were used to identify areas or types of abuse which were probably under-reported, thus enabling the board and the council to make plans to remedy this. Progress against these targets was also measured.

Recruitment practices were sound, with all necessary checks being completed and good cross-referencing processes in place.

Commissioning and use of resources

People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value.

The views of people who use services, carers, local people, partners and service providers are listened to by commissioners. These views influence commissioning for better outcomes for people.

There was systematic engagement of local people at all levels of council activity, from contributing to strategy development to decisions about individual services. Most people we asked told us they were able to be involved in decisions about their care. Many people knew that their experiences and views could influence commissioning, and social workers understood the part they played in using people's experiences to inform commissioning decisions.

The Older People's Forum played an active part in developing the strategy for older people's services, as well as the work done across the whole council in ensuring all mainstream services were accessible to older people (referred to as 'age proofing' the council's services).

The council was developing commissioning corporately, with specialised commissioning staff now working across all directorates. There had been concern about this initially, and fears that a loss of specialist knowledge would result. However experience showed this not to be the case, and senior managers in other parts of the council told us that their experience was entirely positive, and that the system enabled learning about commissioning to be more effectively shared.

Provider forums were chaired by providers and were a good opportunity for sharing views and information. They were well attended. The director and other senior managers attended and information was exchanged in both directions. Providers felt that their views were heard, and that they could influence commissioning. They could also volunteer to be involved with small projects designed to improve specific aspects of quality, such as diet, medication or care planning.

The safeguarding board was also able to influence commissioning, particularly through its role in conducting reviews of services which they had concerns about.

Joint commissioning activity between the council and the PCT was extensive and there were also structural arrangements which reflected the commitment to work together. For example at the time of the inspection the Director of Adult Social Services chaired the PCT provider board, although planned integration of these services with the acute trust may cause this to change.

Partner organisations, including small voluntary organisations, were fully involved in planning and commissioning services. One told us that, as an organisation that was

dependent on council funding for its continued operation in Salford, it did not feel that dissent on its part would in any way threaten that funding.

The LINk organisation (Local Involvement Network) was hosted by Unlimited Potential, a user led organisation. The LINk had an annual programme of engagement with many local groups and individuals to help them share their views with providers and commissioners. People we spoke to felt it was an effective way to bring key stakeholders together and improve services. The constitution of the LINk was designed to ensure independence and accountability to residents rather than to funding organisations.

Commissioners understand local needs for social care. They lead change, investing resources fairly to achieve local priorities and working with partners to shape the local economy. Services achieve good value.

The long history of neighbourhood management meant that population information was available at very local level. The JSNA and LAA process highlighted those parts of the city with lowest life expectancy and service provision was aligned with these. Needs were well understood. For example there were a number of people below retirement age who needed services provided to older people, some as young as 40. Therefore there was no lower age limit for these services. An example was the significant number of people with Downs syndrome who developed dementia in middle age.

The council worked with private sector partners in high profile regeneration schemes such as Salford Quays and Media City, to ensure that it, and residents of Salford, benefited in terms of jobs and leisure opportunities. As far as possible the council shaped these developments to reflect council needs and priorities. The inclusion of community services and culture and leisure in the community health and social care directorate and joint working with housing meant that community initiatives and area regeneration were ‘joined up’ and closely reflected social care and health needs.

Personalisation of social care services was progressing well and the council expected to meet its rather ambitious target of 15 per cent of people who used services choosing a form of self directed support by April 2010. An area of risk was market development, where the council was seeking to commission services which could not be defined until more people had begun to design their own support. A new Assistant Director had been appointed to progress this work. The council also felt that there was not enough input from user led organisations, and in fact that there was a shortage of true user led organisations in the city. There were increasing opportunities for people to become directly involved in shaping services, for example the adaptations service, and senior managers were beginning to suggest ways more people who use services might be encouraged to become involved in organisations in order to channel their contribution.

Other developments and service changes were carefully tracked to ensure they delivered anticipated savings and value for money. The council was self critical in its

approach to service development, looking for underlying causes of any difficulty in meeting targets, for example, and setting up projects so that developments and improvements could be tested before wider scale intervention.

Appendix A: summary of recommendations

Recommendations for improving performance in Salford

Safeguarding adults

The council and partners should:

1. Ensure timely feedback to other organisations or individuals which make safeguarding alerts (page 11).
2. Ensure that service users know what action they can take when they feel their services may not be up to the standard expected (page 12).

Improved quality of life for older people

The council should:

3. Ensure that people can find information on the internet site easily through internal search facilities (page 14).
4. Ensure that people receive OT assessments and adaptations in a timely way (page 15).
5. Ensure that people have full and timely information about equipment and increased options for accessing it (page 15).
6. Ensure a robust and consistent 'first contact' for people seeking help from the directorate (page 16).
7. Continue the work with care homes to ensure that they are of higher quality and able to meet the needs of people with complex needs (page 17).

Providing leadership

The council should:

8. Ensure that people with continuing care needs are not disadvantaged by disputes between agencies (page 19).
9. Ensure that ICT in integrated services is fit for purpose (page 20).

Commissioning and use of resources

The council should:

10. Encourage the development of user led organisations which could take a leading role in the personalisation of services (page 23).

Appendix B: Methodology

This inspection was one of a number service inspections carried out by the Care Quality Commission (CQC) in 2010**.**

The assessment framework for the inspection was the commission's outcomes framework for adult social care which is set out in full on our website. The specific areas of the framework used in this inspection are set out in the Key Findings section of this report.

The inspection had an emphasis on improving outcomes for people. The views and experiences of adults who needed social care services and their carers were at the core of this inspection.

The inspection team consisted of two inspectors and an 'expert by experience'. The expert by experience is a member of the public who has had experience of using adult social care services.

We asked the council to provide an assessment of its performance on the areas we intended to inspect before the start of fieldwork. They also provided us with evidence not already sent to us as part of their annual performance assessment.

We reviewed this evidence with evidence from partner agencies, our postal survey of people who used services and elsewhere. We then drew provisional conclusions from this early evidence and fed these back to the council.

We advertised the inspection and asked the local LINks (Local Involvement Network) to help publicise the inspection among people who used services.

We spent six days in Salford when we met with nine people whose case records we had read and inspected a further five case records. We also met with approximately 50 people who used services and carers in groups and in an open public forum we held. We sent questionnaires to 150 people who used services and 29 were returned.

We also met with

- Social care fieldworkers
- Senior managers in the council, other statutory agencies and the third sector
- Independent advocacy agencies and providers of social care services
- Organisations which represent people who use services and/or carers
- Councillors.

This report has been published after the council had the opportunity to correct any matters of factual accuracy and to comment on the rated inspection judgements.

Salford will now plan to improve services based on this report and its recommendations.

If you would like any further information about our methodology then please visit the general service inspection page on our website.

If you would like to see how we have inspected other councils then please visit the service inspection reports section of our website.