



*Making Social Care
Better for People*

inspection report

INSPECTION OF SERVICES FOR PEOPLE WITH LEARNING DISABILITIES

Salford City Council

Inspection Findings

September 2004

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Contents

	Page
Introduction	1
Inspection Summary	5
Inspection Findings	13
Standard 1: National Priorities and Strategic Objectives	14
Standard 2: Cost and Efficiency	17
Standard 3: Effectiveness of Service Delivery and Outcomes	21
Standard 4: Quality of Services for people who use Services and Carers	24
Standard 5: Fair Access	27
Standard 6: Capacity for Improvement	31
Summary of Recommendations	35
Inspection Background and Method	38
Carers' Questionnaire	39

Introduction

The fieldwork for this inspection took place between 2nd and 15th September 2004. The inspection report is presented in two parts. The first is a summary in accessible form. The second part gives a more detailed account of our findings, conclusions and recommendations.¹

Organisation of Learning disability Services in Salford

At the time of the inspection, services for people with learning disability were delivered through an integrated team (New Directions) which is jointly managed by Salford City Council and Salford NHS Primary care Trust.

Overall we judged that most people were served well

We were impressed by:

- the excellent joint working with a range of partners. Strategic plans were clear, produced in accessible formats and in accord with modernisation principles. Senior management in both the Primary Care Trust and the Social services department demonstrated good strategic vision;
- the active approach taken to turn the messages of valuing people into action, which predated the document. The council could demonstrate tangible progress in many areas (for example, Person Centred Planning; Direct payments, carers assessments, growth of advocacy services);
- the real enthusiasm for developing good services from Director, managers and front line staff;
- a culture of people being treated with respect. This cultivated a healthy climate to develop outcome based services;
- some good pieces of casework which were seen on files;
- carer's assessments and action plans;
- the involvement of carers in planning structures;

¹ *Language: Salford uses the terms Learning Difficulty and People Supported in preference to the more widely adopted Learning Disability and Service User. Unless reference is to specific groups, we have, with Salford's agreement, used the latter in this report.*

- Direct Payments;
- the development of supported housing and the services accessed from this
- a thoughtful approach of frontline social work, nursing and allied health professionals;
- the Community and Social care Awards which recognise good work;
- the development of Fairer charging systems linked to welfare rights advice; and
- the examples of good practice we saw at Waterside and Princes Park Centre.

New Directions operated a commissioning process guided by the challenges it set itself in “Bringing the Future Nearer” (April 2001). Its guiding principle was to focus on outcomes for users, and a heavy emphasis was placed on person centred planning. Some high cost services were purchased on an individual basis as a result. The service had been successful in shifting resources out of residential care into community-based services, and in moving away from traditional day centre models. Commissioning was successfully used in developing projects such as advocacy, and in moving people from the medium secure unit at Calderstones Hospital.

There were gaps in ensuring consistent high quality services across the board, both in the services Salford arranged and those provided in house. While some supported tenancies were working in innovative and thoughtful ways with individuals, others were not demonstrating the promotion of independence. We saw no evidence of service standards (what users can expect from those delivering a service) presented in an accessible form. This is an essential underpinning from which to ensure a baseline for quality.

Resource allocation supported current commitments and planned growth in numbers needing services. However, there were no spending plans attached to longer term strategic improvements. New Directions had yet to develop a medium term financial strategy to address future health and social care needs. There was a relatively new post created at director level, to build capacity in joint commissioning across the PCT and Local Authority, which should assist in addressing these issues.

The scrutiny function needed strengthening, as it was not clear whether this lay with the Cabinet, the Board of the PCT, the local authority scrutiny committee or the partnership board or fell between all of these.

Staff throughout the organisation needed help to think more about how to make best use of resources and finance, so that efficiency savings can release resources to help improvements elsewhere.

Charging appeared fair, and no-one we met had any problems to report. Fairer charging was well tied in with welfare rights, and operated on a face to face basis to ensure people understood their rights and what they needed to pay.

There were eligibility criteria which team managers sought to make use of, but these were not well communicated to people. The complaints procedure was weak, badly communicated and we were told it was little used. As such, it was of limited use in assisting improvements or addressing concerns.

Potential hindrances to future progress had been recognised by the Council:

- In response to the forthcoming Children Act, Salford had well developed plans to separate Directorates covering children's and adult services. They recognised this could make achieving smooth transition for young people into adult services even harder.
- Salford's services were not heavily reliant on supporting people funding. Nevertheless, changes in Supporting People funding are expected to create budget pressures.
- They recognised the importance of recruitment and retention of skilled staff.

The New Directions Service already had plans to address the following areas, which the Inspection confirmed should be key priorities for turning aspiration into action. They were:

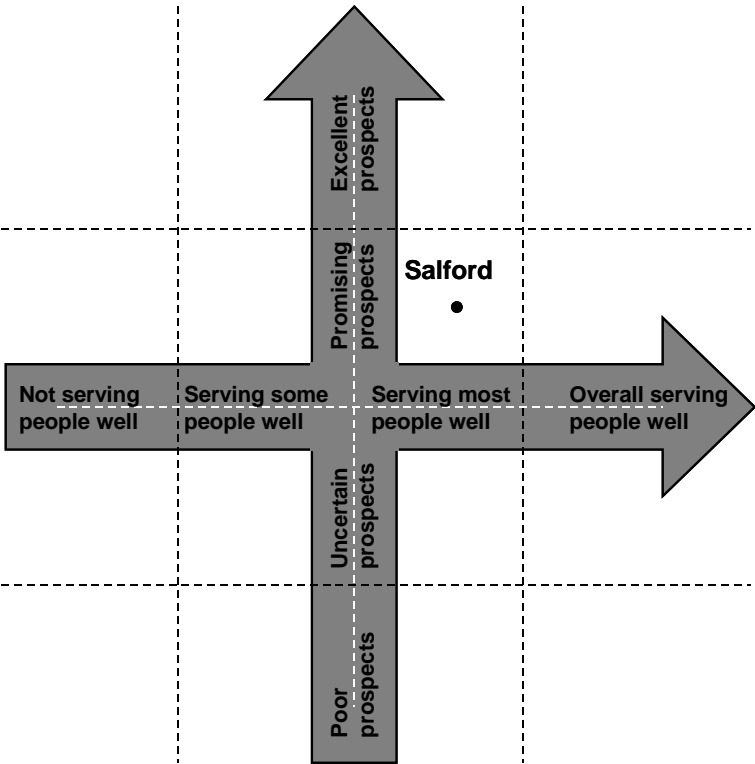
- transition arrangements for young people moving from children's to adult services;
- enhancing the range of support for carers, in particular an improved quantity and quality of respite (short break) services both in terms of flexibility of use and variety of method;
- recognising that equality monitoring is essential to understand how fair the New Directions service is in practice. The Council needed to develop ways of addressing potentially complex needs, but for low numbers of minority ethnic people. This suggests more joint working across Council boundaries; and
- refining adult protection procedures as they operate in practice.

The sound leadership from the Director of Social and Community Services and the Head of the Learning Difficulty service had driven massive changes in the learning disability service from a low base a few years ago. The Council were open to suggestions from external inspection and review, and impressed as an organisation able to self-review and to learn. The Council's reorganisation will leave both of these individuals with continuing responsibility for adult learning disability. Future challenges had been recognised. This gave confidence that the service will continue the improving trajectory, which it had demonstrated over the past two years, and continue to effect changes.

Overall we judged that the capacity to improve was promising.

Our judgement is reflected in the matrix below.

Inspection Performance Matrix



INSPECTION OF SERVICES FOR PEOPLE WITH LEARNING DISABILITIES

September 2004

Salford

Summary

During September 2004, an inspection team from the Commission for Social Care Inspection looked at Salford Council's services for people with learning disabilities. The team included two CSCI inspectors, an assessor with learning disabilities and his supporter.

The inspection team wish to acknowledge the time and consideration that users, carers and other people gave to the team during the inspection.

What the team did

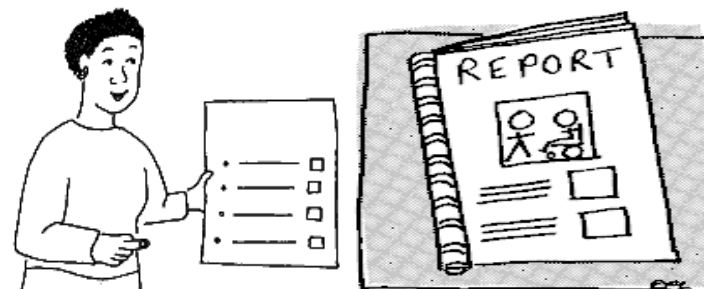
The inspection team spoke to many people, including people who use services, carers, staff from Salford Council's social services, as well as people from other organisations.

The team visited day centres, projects and people's homes, including supported housing. The team met with advocacy groups and attended a Partnership Board.

The team looked at case files and other records.

The team carried out questionnaire surveys of the views of carers and care coordinators.

The team told the council what they thought just after their visit and later wrote a more detailed report, *Inspection Findings and Recommendations*.



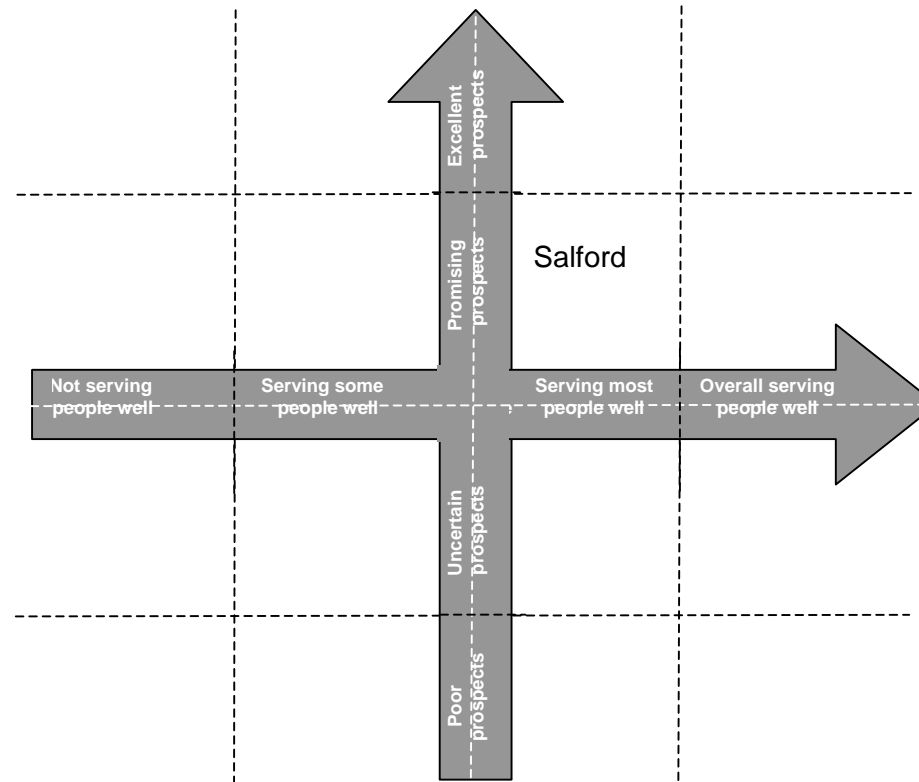
This report describes the main things the team found, especially things that affect people who use services and carers directly.

If you want the full report or more information or you if want the reports in other formats, please contact Susan Munro, Commission for Social Care Inspection, 11th Floor, 501 Chester Road, Old Trafford, Manchester M16 9HU.

To find out what Salford Council is doing about this report, contact George Rowe, Salford City Council, Community and Social Services, 100 Chorley Road, Swinton M27 6BP.

The team wish to acknowledge both CHANGE and People First (Self Advocacy) for the use of their graphics in this report.

Overall, the inspection team thought that Salford Council was serving most people well and that it had promising prospects for further improvement. These views are shown in the diagram used by CSCI to summarise all of its inspection findings about councils. More detailed findings and recommendations are on the following pages.

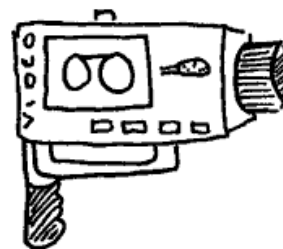


Getting through to services

What the inspection team found

- ☹ Although information about services was mostly printed and didn't have enough pictures to help readers ...
- 😊 ... Salford was spending more than similar councils on advocacy and wanted to increase advocacy services even more.
- ☹ Some people had found it hard at first to find out about services.

What the council should do



As well as leaflets, the council should improve its information about services by using pictures and sounds on DVDs, videos and its website.



Social services should find out from users and carers why they had found it hard to know about the services

Assessment, person-centred planning and review

What the inspection team found


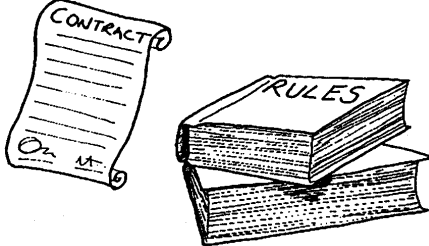
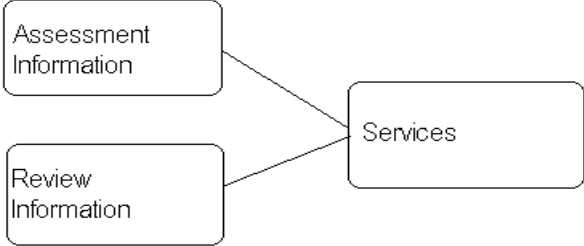
What the council should do

- ☺ Person-centred planning was getting well underway.
- ☺ Salford's case files showed good assessments and had care plans linked with outcomes.
- ☺ Some case files showed delays in allocating social workers to a case once it had been referred. There weren't standards for how long the various stages of referral and assessment should take.
- ☹ We saw no evidence that the files were checked regularly.



Social services should check case files to make sure that they are properly completed and the work is done on time.

Assessment, person-centred planning and review – continued

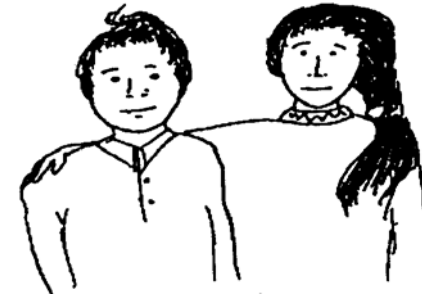
What the inspection team found	What the council should do
<p>☹ Case reviews weren't up-to-date and didn't report back properly about the quality of services provided through contracts.</p> <p>☹ There were problems in making sure that services matched needs as young people become adults, especially as there were still not joint assessments for all 17-year-olds.</p> <p>☹ Information from assessments and reviews wasn't being collected together and used to help social services plan to improve services.</p>	<p>People's care support plans should be reviewed regularly to make sure that they are still right for the person.</p>  <p>Social services should tell people doing case reviews if they should check that the service contracts are working properly.</p>   <p>Information from assessments and reviews should be used to help social services plan to get the services people want and need.</p>

Services

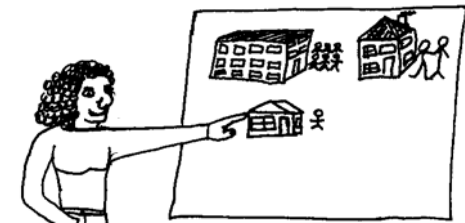
What the inspection team found

- ☺ Social services was working well with organisations that provide housing so that people with learning disabilities could have their own rent books.
- ☹ Some housing support workers weren't giving enough support for people living in housing association homes.
- ☹ The council didn't have a clear idea about how many of the people originally from Salford who are now living outside the Salford area wanted to and could come back
- ☺ Supported People forum members told us that that everyone who wants a job could have employment support.
- ☺ Day centres now focus on therapy, employment, education and leisure and we were impressed with the Waterside Centre.
- ☹ The *Ring and Ride* system caused some problems, being limited to just the Salford area.
- ☺ There had been no complaints about the new charges for services, with welfare rights making sure that users got all their benefits.
- ☺ Social services had made good progress with Direct Payments: by April 2004, 17 people with learning disabilities were benefiting in Salford.

What the council should do



Housing support staff need training and support so that they get the balance right between promoting people's independence and exercising a duty of care for people.



The council should work out how many people now living outside Salford would like to come back to Salford and whether this would be possible.

Services for carers

What the inspection team found

- 😊 We saw examples of carers' assessments and action plans on the case files.
- 😞 There weren't enough flexible short-breaks to meet the demand from carers but New Directions had identified this as priority and there were plans to have a one-stop shop for short-term breaks at Granville.
- 😊 Carers felt that they were well involved with planning services for the future.

What the council should do

We made no recommendations for this topic.

Planning services

What the inspection team found

- ☺ Salford's plans were in line with *Valuing People*, with money shifting from residential to day services.
- ☺ The Partnership Board looked at how learning disability services are planned for and arranged.
- ☺ The council and the Primary Care NHS Trust have appointed a new joint deputy director who covers both learning disability and other services in both health and social services.
- ☹ Salford didn't have spending plans for some of the longer-term changes they had in mind for people with learning disabilities with additional, special needs.
- ☺ Carers and voluntary and private service providers felt well involved with planning.
- ☹ Carers thought that planning didn't link well enough with planning for young people as they became adults.
- ☹ As information about people's ethnic background wasn't fully recorded, there wasn't full information to plan to increase service take-up by people from black and ethnic minorities.

What the council should do



The council should work out with its partners what services are really needed locally rather than rely on what's currently on offer.

Getting services right for people

What the inspection team found

- ☺ New inter-agency Adult Protection procedures were set up last year, based on government guidance in *No Secrets*, and had been used 20 times by people with learning disabilities.
- ☹ Not many people we spoke to knew about the complaints procedure or that it could help to improve services. Few people had made complaints.
- ☹ Social services didn't have strong enough ways to make sure that services, whether the council's own or provided by others, came up to the quality standards set by the council.
- ☹ The council did not produce standards in accessible formats for users.

What the council should do



Social services should make it easier for people to know about how to make a complaint.



The council should publish standards that users can understand and check services, including those in people's own homes, against these standards.

Service providers should show that their own quality systems work – and they should be checked by the council.

Resources and organisational support

What the inspection team found

- ☹️ Salford Council and the Primary Care Trust pooled their money for learning disability services, although the council was under pressure to make savings.
- 😊 Social services managers knew how the money was spent and had arranged to increase income through arranging for people to be able to claim housing and disability benefits.
- 😊 The council had carried out a Best Value Review of its own residential and day services last year.
- ☹️ Social workers and community nurses needed to be better aware of costs so that they can be more creative in working with people with learning disabilities.

What the council should do

The council, New Directions and their partners should get a better understanding of comparative service costs and the value that people get out of them.

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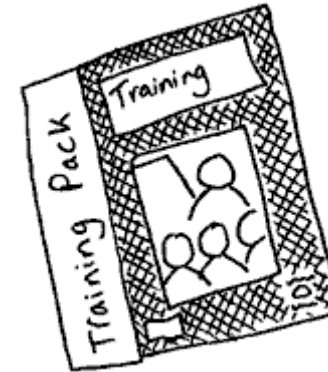
Social workers and community nurses should learn more about costs to help them plan more creatively the services that people need.

Staff

What the inspection team found

- ☺ Staff at all levels were enthusiastic, with senior managers showing leadership and front-line staff thoughtful in how they worked with people with learning disability.
- ☹ The mixture of ethnic backgrounds of the staff didn't match that of Salford's population.
- ☺ Social services and health had arrangements for joint training and fieldworkers said they had plenty of opportunities for training
- ☹ Care coordinators and their managers needed more training to help them be more responsible for budgets and managing resources.
- ☹ Social services had no one registered for the Learning Disability Awards Framework.

What the council should do



Social services should train care coordinators and team managers so that they can take more responsibility for managing money and other resources.

INSPECTION FINDINGS

Overall we judged that most people were being served well.

STANDARD 1: NATIONAL PRIORITIES AND STRATEGIC OBJECTIVES	
The council is working corporately and with partners to deliver national priorities and objectives for social care, relevant National Service Frameworks and their own local strategic objectives to serve the needs of diverse local communities.	
CRITERIA	FINDINGS & CONCLUSIONS
1.1 The council is implementing a coherent strategy for responding to national priorities and can demonstrate good progress year on year.	<ul style="list-style-type: none"> Improvement plans to modernise services for learning disabled people were consistent with the Modernisation agenda. Valuing People was well understood and integrated into Salford's planning. Reviews were sent regularly to the Partnership Board and there was tangible progress in a number of areas: for example, Person Centred Planning; Direct payments, carers' assessments, growth of advocacy services.
1.2 Social services have developed local strategic objectives, priorities and targets, which complement the national ones. There is evidence that local services have improved in meeting the needs of diverse communities.	<ul style="list-style-type: none"> The Council's improvement strategies for people with learning disability pre date Valuing People. Improvement plans fitted into a well developed and articulated local framework linking national objectives with local objectives. The business plan contained local targets as well as national ones. Black and minority ethnic people were still under-represented in the service. This issue had had insufficient profile in the past but there was commitment to make progress. A framework for improving services for minority ethnic groups was being established.
1.3 The council is delivering a coherent strategy to achieve	<ul style="list-style-type: none"> Best Value was well used in Salford although less well applied in learning disability services (see 2.1). Services for people with learning disability were subject to best value review in April 2003, in a review

continuous improvement, based on Best Value principles.	examining day services and accommodation. This was reviewed in April 2004 and targets established for the next 4 years to 2007/8. This improvement plan incorporated action points from the Joint Review
<p>1.4 Social care services are planned and operating:</p> <ul style="list-style-type: none"> • involving and consulting users and carers; • in collaboration with health organisations, other departments/ sections of the council and other agencies; • through local strategic partnerships and an appropriate range of planning mechanisms; and • to promote racial equality. 	<ul style="list-style-type: none"> • There were established consultation mechanisms for groups of users and a carers forum. Young people were less well involved but there were plans to address this. • People with learning disabilities and carers were represented on the partnership board. • Each of the four local authority day centres had a forum to enable people who use them to put forward their views about services. • Carers felt well involved with business planning from an early stage, and said the structures for planning were well established except they did not reach far enough back to incorporate young people reaching transition. • Salford established a strategic partnership in 1994. In Salford is now fully accredited by Government as Salford's Local Strategic Partnership. • The partnership with the council's strategic housing function appeared strong and the council achieved beacon status for supporting people due to the strength of partnership work. • Independent providers reported feeling feel well involved in planning groups. <p>See 1.2 for comments on racial equality.</p>
1.5 The council has well-developed joint	<ul style="list-style-type: none"> • Salford's partnership board was set up in December 2002. There was a formal partnership arrangement

<p>working and financial arrangements that operate effectively in most service areas.</p>	<p>under Section 31 of the Health Act. It had been running successfully for two years.</p> <ul style="list-style-type: none"> • The pooled budget was £18.5 million. This was split between £12 million spent on accommodation and £4 million spent in day services. • Pressures on the budget were recognised. They were dealt with by tracking individuals and sought to estimate new pressures on service from school leavers; parents giving up caring; newly disabled adults and older people needing care. The estimate was for eight new people to require complex packages per annum and therefore a growth of about a million pounds in next two years. Saving plans were pursued through the partnership board. People with emerging early onset dementia and those requiring mental health services were less well catered for in future financial plans. • The Primary Care Trust retained its own staff and accountancy services, which were repaid out of the pooled budget. <p>Also see Standard 2</p>
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RECOMMENDATIONS
None

STANDARD 2: COST AND EFFICIENCY

Social services commission and deliver services to clear standards, covering both quality and costs, by the most effective, economic and efficient means available.

CRITERIA	FINDINGS & CONCLUSIONS
<p>2.1 An effective commissioning strategy is in operation. The strategy is:</p> <ul style="list-style-type: none">• responsive to changing and diverse population needs;• shaping the quality, balance, cost and capacity of services;• reflected in strategies for improvement; and• monitored and reviewed.	<ul style="list-style-type: none">• Salford had no joint commissioning board for learning disability, the function being held by the partnership board. We saw no medium term financial strategy or commissioning plans to manage the high cost, low volume cases which will impact on the service as people with more complex health care needs ask for help, for example those with early onset dementia, mental health problems These were managed on a case-by-case basis, and budgeted for on the basis of eight new cases entering the service next year.• It was unclear how it demonstrated that the services commissioned offered the best value for money. The scrutiny function was weak, as it was unclear where in the system this occurred.• Having successfully developed the Calderstones project to bring people back to Salford from a long stay hospital, the service had begun to review other people in out of borough residential placements. At the time of the inspection there was a lack of clarity about how many people were inappropriately placed and wished to return, the feasibility of achieving this, nor any estimates about how much this might cost or what longer term savings there might be.• Pilot studies may need to learn how to better demonstrate effectiveness and relate this to efficiency. For example, The Health Facilitation Project ran for a year, but did not include a costing element, either to estimate the costs of recommended improvements, or to demonstrate efficiency savings from better healthcare. This deficiency may be hindering its implementation.

<p>2.2 Expenditure on social care services reflects national priorities and the needs of diverse communities.</p>	<ul style="list-style-type: none"> • The Council was actively pursuing national objectives in line with Valuing People and its expenditure reflects that. • People from diverse communities were under-represented.
<p>2.3 The council demonstrates improved efficiency across all aspects of social services operations.</p>	<ul style="list-style-type: none"> • There was not much evidence that staff throughout the system had an eye for efficiency (making best use of money and resources) in order to contribute to making better services. Budgets were not delegated below Head of Service level. • The council had had to make savings to address budget pressures. • The Partnership Board demonstrated its awareness of the need to make savings in order to stay within budget.
<p>2.4 The council is implementing joint financial arrangements with health and other partners for the delivery of social care services.</p>	<ul style="list-style-type: none"> • There was a pooled budget with Primary Care Trust for Learning disability services. (see 1.5)
<p>2.5 The council's strategy for resource allocation for social care supports improvement</p>	<ul style="list-style-type: none"> • Senior management had a good grasp of where money went and what the desired outcomes were. Income has been maximised by de registration of residential care homes where appropriate and claiming housing benefit, Disabled Living Allowance.

<p>priorities, with effective risk management of the budget.</p>	<ul style="list-style-type: none"> • Resource allocation supported current commitments and planned growth in numbers needing services. • Both the Council and Primary Care Trust had given commitments to maintain funding streams. • Further thought was needed in how to address high cost services with low volume of usage. • Further consideration needed to be given towards exploring possible options for meeting future needs.
<p>2.6 The council's asset management strategy is helping to deliver social care improvement priorities.</p>	<ul style="list-style-type: none"> • The Council had a good asset management strategy linked to the capital strategy. The learning disability element included a proposal to "invest in services to modernise the physical environment of day care opportunities and to promote independence by supporting people at home". The asset management plan also referred to the possibility of a reduction in buildings used for day services. There were no detailed proposals or spending plans.
<p>2.7 The council demonstrates a high level of probity in managing resources and there is clear accountability for budgets and expenditure.</p>	<ul style="list-style-type: none"> • Council spending was contained within budget and recognised pressures on it. We saw no evidence to suggest anything other than a high level of probity.

RECOMMENDATIONS

- 2.1 Social services should jointly develop a medium term financial strategy for the service, which links activity with financial intelligence.
- 2.2 Managers should conduct a feasibility study to clarify how many adults and children are inappropriately placed out of borough, and what the likely costs and savings would be to bring people home, should they and/or parents or carers wish it.
- 2.3 Social services should develop partnerships with others to improve the capacity to commission what is needed locally rather than rely solely on what providers have on offer.
- 2.4 Managers should ensure pilot studies demonstrate effectiveness and relate this to cost-efficiency.
- 2.5 Social services should develop a keener understanding of what different providers offer in value for money terms, by gaining better understanding of both quality of services on the one hand and what is included in unit costing on the other.

STANDARD 3: EFFECTIVENESS OF SERVICE DELIVERY AND OUTCOMES

Services promote independence, protect from harm, and support people to make the most of their capacity and potential and achieve the best possible outcomes.

CRITERIA	FINDINGS & CONCLUSIONS
<p>3.1 The independence of service users and carers is actively promoted to enable users to meet their aspirations, to minimise the impact of any disabilities, and to avoid family stress and breakdown.</p>	<ul style="list-style-type: none">• Support for people at home was banded 5 blobs – good performance.• Good progress had been made on Direct Payments with 17 learning disabled people using them in April 2004.• Two members of staff from the day services had been freed up to focus on the development of person centred planning, which had a high priority in Salford as a means of driving improvement for individuals.• Members of the forums of People Supported told us that:<ul style="list-style-type: none">• they felt in control at reviews;• key workers were easy to talk to;• everyone who wanted a job could get employment support;• staff treated them with respect;• some tenants had regular house meetings to discuss issues and make decisions about changes or agree plans;• other tenants felt less well included: this issue was being addressed by New Directions in discussions with managers; and• there were problems with transport, in that Ring and Ride in Salford stopped at Salford's boundaries owing to funding. There were alternative modes of transport but these took longer or were more expensive. <p>See 3.3 for services for carers themselves</p>
<p>3.2 The range of</p>	<ul style="list-style-type: none">• Day services had been restructured and the four in-house centres now focused on therapy,

services available is sufficiently broad and varied to meet service user and carer needs, take account of their preferences and achieve a balance of quality and coverage.	<p>employment, education and leisure.</p> <ul style="list-style-type: none"> • The Waterside Centre was impressive. It had very committed staff, was developing total communication techniques and it was focussing on people with very high level needs. • Carers thought there was much improvement recently but criticised a number of things. These included: <ul style="list-style-type: none"> • a lack of consistency in maintaining high standards in staffing; • inability of Primary Care Trust to retain nurses in learning disability; and • a lack of integration with children's services.
3.3 The council provides a high level of support and encouragement for carers in their caring role.	<ul style="list-style-type: none"> • There was evidence of carers' assessments on files, and action plans. • Short breaks were available through Granville or adult placement but were not yet enough to meet demand. Members of the Carers Forum were critical of both the capacity and flexibility of short breaks to support them in their caring role. There was an adult placement service and it was providing sessional support and respite care as well as long-term care. There were plans to integrate short break services to provide a one stop shop based at Granville.
3.4 Service users are effectively safeguarded against abuse, neglect or poor treatment whilst using services.	<ul style="list-style-type: none"> • The Council issued their local Adult Protection Procedures based on the Government guidance 'No Secrets' in February 2003. These were based on earlier local procedures. Since their launch the inter agency procedures had been invoked 20 times. The Authority had reviewed their effectiveness and come up with a series of recommendations to improve working practices. This was based on supporting large numbers of vulnerable adults in their own homes, and learning and development were dynamic and continuous. • Independent providers were not required to check behaviour of staff visiting people in their own homes, nor did the authority carry out systematic spot-checking of its own. • One carer was highly critical of services for learning-disabled adults in hospital. Her perspective was confirmed by findings in the Health Facilitation Project, which made a number of practical

	recommendations for improvement. These had yet to be implemented.
3.5 Arrangements for assessment, care planning and review focus on outcomes for services users and carers, including appropriate management of risks.	<ul style="list-style-type: none"> • We saw examples of good assessment and care planning on case files. Many care plans had attempted to link the provision of services to explicit objectives. • Risk management assessments together with action plans were seen on several case files. These focussed on physical risk: little was seen about emotional health.

RECOMMENDATIONS
<ul style="list-style-type: none"> • Service providers should be asked to demonstrate their own quality systems, which should be backed up by spot checks.

STANDARD 4: QUALITY OF SERVICES FOR PEOPLE WHO USE SERVICES AND CARERS

People who use services, their families and other supporters, benefit from convenient and good quality services, which are responsive to individual needs and preferences.

CRITERIA	FINDINGS & CONCLUSIONS
<p>4.1 Arrangements for referral, assessment, care planning, monitoring and review are convenient, timely, and responsive to individual needs, preferences and ethnic diversity.</p>	<ul style="list-style-type: none">• We saw no published standards to set and monitor timescales (referral-allocation-assessment – care package). Times from referral to allocation on some case files appeared slow. The Council reported it was not up to date with its reviews of care packages.• Choice (“responsiveness to individual need”) had been increased through the direct payments scheme and through sessional support from adult placement. Person Centred Planning had been introduced and had been made available to a number of service users.• The Where People Live Group and the Moving On Panel were taking up the issue of choice of where people live up , and had recognised the need to do more to explain to individuals why there may be limited choice within a 24 hour supported tenancy network.• There were standards and written information to support the transition of young people for children’s to adult services. However social services had yet to turn these into reality for young people. Case files indicated that early warnings systems were not yet working effectively and that arrangements for transition plans were still late. The service had yet to achieve a joint assessment for all learning disabled 17 year olds. There was a need to ensure the knowledge in children’s services matched the options available in adult services.• There was a policy to enable people from Salford placed externally to move home if they wished to. Progress in this area needed to accelerate. One case file involved a Salford man in a residential unit in the North East who formally requested a move home in 1998 but for whom there was neither a plan nor recorded reasons why this was not feasible.

<p>4.2 The council has quality assurance systems in place, and service quality is consistent across all sectors, services and communities.</p>	<ul style="list-style-type: none"> • We saw no evidence that file audits were being undertaken as a means of checking the quality of work, recording or to identify where advice and assistance may be needed. • Some poor service quality was observed, indicating a need for more rigorous quality assurance and staff development. While some supported tenancies were working in innovative and thoughtful ways with individuals, others were not demonstrating the promotion of independence. Some housing support staff were observed to be taking the concept of independence too literally and failing to offer sufficient support as a result. • Both nursing and social work staff reported inconsistency in standards of service provision. Quality assurance was insufficiently robust to be effective either in maintaining quality standards or protecting people in their homes. It relied too heavily on national minimum standards and external review and regulation. • See 4.4 for comments on accessible standards • Contract monitoring relied on reviews by the community teams. This was a weak approach especially where reviews were not being done, and assumed that quality compliance formed part of a care package review.
<p>4.3 Privacy and confidentiality are assured in all contacts and services, supported by appropriate policies and procedures.</p>	<ul style="list-style-type: none"> • We saw no evidence to indicate serious problems in this area, but New Directions are aware that issues of privacy for tenants may arise where facilities are shared. These are being addressed through staff development.

<p>4.4 Good quality information about service and standards is readily accessible to all, including minority ethnic groups.</p>	<ul style="list-style-type: none"> • We saw no evidence of accessible standards (how care staff should behave towards people) available for those receiving services, which would have helped people know what they have a right to expect. • Many people supported told us that information was mostly print based text without enough pictorial material to help. There was a strong view that other formats such as tapes and CDs should be used to get information across.
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RECOMMENDATIONS	
<p>4.1</p> <p>4.2</p> <p>4.3</p> <p>4.4</p> <p>4.5</p> <p>4.6</p> <p>4.7</p>	<p>Managers should ensure accessible standards should be made available to all individuals receiving services so that everyone knows what they have a right to expect.</p> <p>Social services should put in place workable arrangements to communicate standards to users and then monitor quality. The monitoring process should apply to people living in their own homes or with elderly carers.</p> <p>Managers should ensure they achieve the right balance is consistently achieved between promoting independence and exercising a duty of care.</p> <p>Managers should ensure service providers should be asked to demonstrate their own quality systems, and social services need assurance that they work.</p> <p>Managers should audit case files to ensure consistent quality of work, accurate and timely recording, which is practically useful and to identify where advice and assistance may be needed.</p> <p>Managers should set timescales within a priority framework, for allocation of work following referral, response to the referrer and the person referred, and for starting an assessment. These should be monitored.</p> <p>Managers need to ensure reviews of care packages are up to date. A clear decision should be made about whether or not such reviews are to include information for contract monitoring.</p>

STANDARD 5: FAIR ACCESS

Social services act fairly and consistently in allocating services and applying charges.

CRITERIA	FINDINGS & CONCLUSIONS
5.1 Clear eligibility criteria for all services are published, easy to understand and fair to all.	<ul style="list-style-type: none">• A common view was that services were good, but hard to find the way into.• The Council published a general guide (<i>Who can get help</i>), which referred to eligibility criteria but did not spell them out. We saw no accessible guide to eligibility.
5.2 Social services are effective in monitoring the social care needs of the local population and the take-up of services. Fair access can be demonstrated and action is taken to increase take-up of services from under-represented groups.	<ul style="list-style-type: none">• We saw no evidence of effective monitoring of social care needs. Assessment and review information was not systematically aggregated to inform service or financial planning.• Staff were not recording ethnicity consistently. In a recent quarter, 19% of referrals were not recorded for ethnicity. This restricted planning capability. Salford started late in giving sufficient attention to race equality and there was still some way to go. Black and minority ethnic people were under represented both as staff and as service users.• The Jewish Ecclesiastical Court reported New Directions had opened up new pathways for help and demonstrated genuine commitment to helping people irrespective of religion or race.• The Institute for Health Research at Lancaster reported Salford's recognition of the importance of working with diverse communities and steps had been taken to improve for people with learning disability.

<p>5.3 There are clear routes to access key social care services 24 hours a day, 7 days a week, as needed.</p>	<ul style="list-style-type: none"> • Phone numbers and daytime office addresses were well publicised. There was an emergency duty team for out- of- hours services.
<p>5.4 The range of services available reflects the needs of the community, promotes equality to comply with the Race Relations (Amendment) Act and demonstrates that diversity and social inclusion are valued.</p>	<ul style="list-style-type: none"> • Leaflets had multiple languages • The council had a race equality scheme and officers told us that impact assessments were undertaken • New Directions had not developed their own Race Equality strategy but were following the city strategy. • Social services had an anti discriminatory policy • Links had been made with leaders of the orthodox Jewish community, which was the largest minority group, in order to improve access to services. <p>Also see 1.2</p>
<p>5.5 Access to services is culturally appropriate, and inclusive. Advocacy and interpreting services are promoted and used appropriately.</p>	<ul style="list-style-type: none"> • Advocacy was highlighted as an area for development in the Joint Review and Salford had responded very positively to the challenge. The spend on advocacy for 2003/4 was £106,000 which was well above the average for similar councils of £74,200. There was still a way to go, but this was a recognised area for development

<p>5.6 A fair and transparent charging policy has been agreed with stakeholders and approved by the council, and income is collected efficiently.</p>	<ul style="list-style-type: none"> • No-one we met during the inspection had any complaints about charging. Fairer charging had been put into practice in conjunction with welfare rights to ensure benefits were being claimed. This was done by home visit, by appointment so that carers or family could be present. It sought to identify eligibility for disability benefits, as well as assess for charges due. • This was a sound system which balanced bringing in income, with ensuring that people had the means to pay.
<p>5.7 The complaints/comments procedure is well publicised and user-friendly, and effective in improving services.</p>	<ul style="list-style-type: none"> • Many people we met with did not know how to complain. Information about this was largely text based, and not set out as a clear step-by-step guide. A complaints procedure needed to be underpinned by clear standards, produced in user-friendly formats, so that people know what to expect. We saw no evidence of this. • Very few complaints were recorded and most of these were from carers. There was recognition from senior staff that the low level of complaints may be related to a culture in which complaints were not seen, as they should be, as a useful way of improving service quality.

RECOMMENDATIONS
<p>5.1 Managers should consult with existing users and carers who reported access difficulties to the Inspection about what would have been helpful to them at the time.</p> <p>5.2 The Council should use more pictures and sound on DVD, Video and the Website, in addition to leaflets.</p> <p>5.3 All staff should make it easier to understand how to complain and what people can complain about, perhaps by producing step by step guidance.</p>

Overall we judged that capacity for improvement was promising.

STANDARD 6: CAPACITY FOR IMPROVEMENT

The council has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in social services.

CRITERIA	FINDINGS & CONCLUSIONS
<p>6.1 The council's leaders have a clear vision and strategic direction for social services, communicate this effectively, and organise the necessary resources required to deliver it.</p>	<ul style="list-style-type: none"> • Strategic plans were clear, produced in accessible formats and in accord with modernisation principles. • Senior management in both the Primary Care Trust and the Social services department demonstrated good strategic vision. There was a change of portfolio holder towards the end of the inspection. The new portfolio holder was not interviewed as a result. However, social services had been supported by the Council in resource allocation in recent years, and we had no reason to suspect a change of policy. • Budgetary plans for maintaining standards within the Learning Disability service had been identified for the next three years. Pressures had been identified, involving estimates of new people entering the service and maintaining service for people supported. • We did not see a spending plan to achieve further service shifts, such as a further move away from building based services or to accelerate progress to bring people home from inappropriate out of borough placements, and prevent such further placements in the future. • We saw no option appraisals as a basis for the Joint service to consider how best to meet future complex health and social care needs.

<p>6.2 The council's improvement strategy for social care has resulted in sustained recent progress. It is supported by relevant policies, plans, objectives, targets and risk assessments</p>	<ul style="list-style-type: none"> • There was a strategic plan for the learning disability service dated 2001-5, which had been reviewed and monitored. This was produced in accessible formats and agreed within the Joint Service. The New Directions team had demonstrated the ability to self-review and then devised a manageable Action Plan as a result. • The service had a clear vision for how it wished to direct services in future i.e. stop people inappropriately leaving the Borough; better transition; wider choice of employment; more direct payments; improved healthcare; and move from traditional day care. While the council could demonstrated progress in many areas for example, Person Centred Planning; Direct payments, carers assessments, and growth of advocacy services, there was less progress in others. This included transitions, respite care and services for black and minority ethnic people.
<p>6.3 Performance management, quality assurance, and scrutiny arrangements are in place and effective, and performance improvement can be demonstrably linked to management action.</p>	<ul style="list-style-type: none"> • There were elements of performance management in place although this culture was not yet embedded. See 6.5 on appraisal. • Quality assurance lacked rigour, including the need to ensure consistent quality from service providers. • The scrutiny function was weak, as it was unclear where in the system this occurred. • There was evidence that Salford is a learning organisation. Staff had a voice and there appeared to be a no-blame culture. There were team and service development days. The Director held an annual Director's briefing for groups of staff who were encouraged to put their questions.

<p>6.4 The council's organisational structure and management arrangements promote the delivery of improvements for social services and the wider modernisation agenda.</p>	<ul style="list-style-type: none"> • New Directions was integrated between health and social care. The Authority had given thought to the impact of the forthcoming Children's Act on maintaining its push towards a seamless service. • Partnership with health care organisations were strong and supported attempts to deliver improved outcomes for service users through more joined up planning and service delivery.
<p>6.5 The social care workforce reflects local diversity and is well trained. Local partnerships across all sectors have produced a human resources strategy that effectively trains, recruits and retains staff.</p>	<ul style="list-style-type: none"> • The (outgoing) portfolio holder reported difficulties recruiting staff, together with a range of methods to encourage people to work in Salford. The staff profile did not match the diversity in the local community. • Fieldwork staff reported plenty of training, but there appeared a shortfall in staff development to enable care coordinators and their line managers to take responsibility for budgets and resource management. • Joint training was organised with the Primary Care Trust, together with other agencies around specific topics The service will have achieved its NVQ targets in supported housing by April 2005 and had already met them for day services. It had yet to implement Learning Disability Award Framework (no-one was registered). • Appraisal had been recently linked to staff development and the council was working to aggregate information to inform future training plans.

<p>6.6 The council works effectively with external and corporate partners to improve the range, quality and co – ordination of services.</p>	<ul style="list-style-type: none"> • The council demonstrated excellent joint working with a range of partners including services users and carers.
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RECOMMENDATIONS
<p>6.1 Social services should introduce staff development for care co-ordinators and team managers to increase their capability to take responsibility for budget and resource management.</p> <p>6.2 Social services with health partners should help Social Workers and Nurses take better account of costs and efficiency measures, in planning support services in the most creative ways possible.</p> <p>6.3 Social services should encourage the joint service, in its role as a commissioner of health care to exercise firmer authority with its health care providers to improve access for learning disabled people into mainstream healthcare provision services.</p>

Summary of Recommendations:

Cost And Efficiency

- 2.1 Jointly developing a medium term financial strategy for the service, which links activity with financial intelligence. This includes thinking ahead about how to address low volume high cost services. Explore and debates options to meet probable future needs. Such exercises should include financial mapping.
- 2.2 Conduct a feasibility study to clarify how many adults and children are inappropriately placed out of borough, and what the likely costs and savings would be to bring people home, should they and/or parents or carers wish it.
- 2.3 Develop partnerships with others to improve the capacity to commission what is needed locally rather than rely solely on what providers have on offer.
- 2.4 Pilot studies may need to learn to better demonstrate effectiveness and relate this to cost-efficiency.
- 2.5 Develop a keener understanding of what different providers offer in value for money terms, by gaining better understanding of both quality of services on the one hand and what is included in unit costing on the other.

Effectiveness Of Service Delivery And Outcomes

- 3.1 Service providers should be asked to demonstrate their own quality systems, which should be backed up by spot checks.

Quality Of Services For People Who Use Services And Carers

- 4.1 Accessible standards should be made available to all individuals receiving services (how those providing a service should behave towards people) so that everyone knows what they have a right to expect.
- 4.2 Workable arrangements should be put in place to communicate standards to users and then monitor quality. The monitoring process should be sufficiently robust to protect those living in their own homes or with elderly carers.
- 4.3 The right balance is consistently achieved between promoting independence and exercising a duty of care.

- 4.4 Service providers should be asked to demonstrate their own quality systems, which should be backed up by spot checks.
- 4.5 Case files should be audited to ensure consistent quality of work, accurate and timely recording, which is practically useful and to identify where advice and assistance may be needed.
- 4.6 Timescales are set, within a priority framework, for allocation of work following referral, response to the referrer and the person referred, and for starting an assessment. These should be monitored.
- 4.7 Efforts should be made to ensure reviews of care packages are up to date. A clear decision should be made about whether or not such reviews are to include information for contract monitoring.

Fair Access

- 5.1 Consult with existing users and carers who reported access difficulties to the Inspection about what would have been helpful to them at the time.
- 5.2 Use more pictures and sound on DVD, Video and the Website, in addition to leaflets.
- 5.3 Make it easier to understand how to complain and what people can complain about, perhaps by producing step by step guidance.

Capacity For Improvement

- 6.1 Introduce staff development for care co-ordinators and team managers to increase their capability to take responsibility for budget and resource management.
- 6.2 Do some work with the Social Workers and Nurses to helping them take better account of costs and efficiency measures, in planning support services in the most creative ways possible.
- 6.3 We would encourage the Joint Service, in its role as a commissioner of health care to exercise firmer authority with its health care providers to encourage better access for learning disabled people into mainstream healthcare provision, including hospital and mental health services.

Inspection Background and Method

The White Paper *Valuing People: A New Strategy for Learning Disability for the 21st Century* sets out the Government's commitment to improving life chances of people with learning disabilities. It has a particular focus on partnership working with an emphasis on people with learning disabilities and their families. It is concerned with the ambition to provide new opportunities for those with learning disabilities to lead full and active lives. The objective of the inspection was to evaluate the implementation of national and local objectives relating to social care needs of people with learning disability and the quality of outcomes for them and their carers.

The overall performance assessment standards and criteria were used to evaluate services within the context of CSCI's overall performance assessment of the council.

The inspection team consisted of two inspectors, and for part of the time a learning disability assessor and personal supporter. We visited a range of projects and interviewed people who use services and their carers. We also visited supported housing services and met with advocacy groups. The team interviewed managers at different levels both within the council and within Health and met with the Council member with lead responsibility for social services.

In addition we attended a Partnership Board meeting and had access to a range of case files, background papers and information provided by the council. We also conducted two surveys. We sent questionnaires to a sample of carers. A different questionnaire was completed by a sample of fieldworkers involved in assessment and care planning for people using these services.

We would like to thank all those who met with the team and took part in the inspection.

Carers' Questionnaires

[41] questionnaires were completed and returned.

Making contact

- [27] carers said social services staff were always or usually easy to contact
- [25] carers said social services were always or usually easy for their relative to talk to
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Involving you

- [29] carers said social services staff always or usually listened to them
- [22] carers said social services always or usually give them choices about what happened
- [16] carers said social services always or usually asked them what they thought of services
- [30] carers said they were always or usually invited to meetings
- [12] carers said they were always or usually involved in discussions

Informing you

- [14] carers said social services always or usually gave them written information
- [18] carers said they were always or usually told what was happening
- [20] carers said they knew how to make a complaint
- [11] carers said they had been told they could see their records
- [6] carers had been told they could have an interpreter
- [12] carers had been told they could have a friend/advisor
- [15] carers said they know how charges were worked out
- [14] carers thought the charges were fair

Services to meet your own needs

- [20] carers said they had been told of their right to assessment of needs
- [6] carers said they had an assessment of their needs in the past 12 months
- [26] carers said they had a written care plan
- [11] carers said they always or usually received services that supported them
- [18] carers said the reasons for the decisions were always or usually explained
-

How satisfied are you?

- [37] carers said they were always or usually treated with respect
- [23] carers said they cultural needs were always or usually met
- [23] carers said social services staff were always or usually well informed
- [23] carers said they were always or usually satisfied with the quality

What's changed

- [22] carers said they had always or usually received the services they had wanted
- [14] carers said they always or usually waited for services
- [22] carers said they had always or usually been helped by services
- [19] carers said their situation had become better

About you

- [25] carers were aged between 18 and 64
- [32] carers were female
- [36] carers were white
- [30] carers lived with the people who use services