INSPECTION OF SERVICES FOR PEOPLE WITH LEARNING DISABILITIES

London Borough of Sutton

April 2007
COMMISSION FOR SOCIAL CARE INSPECTION

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INSPECTION OF SERVICES FOR PEOPLE WITH LEARNING DISABILITIES

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Commission for Social Care Inspection

London Regional Office,
Finlaison House,
15-17 Furnival Street,
London
EC4A 1AB

Telephone number: 0207 979 8001

Service Inspection Team

Lead Inspector: Alison de Metz
Team Inspector: Sandra Miller

Expert by Experience:
Tim Brown supported by Tom Lundy from Barking & Dagenham Centre for Independent Living Consortium

Project Assistant: Helen Malcolm
Project Title: Inspection of Services for People with Learning Disabilities
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National Lead Inspector: Silu Pascoe
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Enquiries about this report should be addressed to: Alison de Metz, Local Lead Inspector
Further copies: This report and an easy-read summary of the report are available from our CSCI website: http://www.csci.org.uk

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CONTENTS

Section       Page
Introduction and Summary
Judgement Matrix
Recommendations

Inspection Findings:
- National Priorities and Strategic Objectives
- Cost and Efficiency
- Effectiveness of Service Delivery and Outcomes for Service Users
- Quality of Services for Users and Carers
- Fair Access
- Capacity for Improvement

Appendices
A. Standards and Criteria
B. Inspection Background and Method
C. Results of Carers’ Questionnaires
INTRODUCTION

Background

The purpose of the inspection was to evaluate social services’ implementation of the national and local objectives relating to the social care needs of people with learning disabilities, and the quality of outcomes for service users and carers. The inspection team was particularly concerned to see how the council was responding to the Valuing People policy agenda. The fieldwork for this inspection took place between 17th and 25th April 2007.

Sutton has an overall population of 181,000, just fewer than 11% of whom are from black and minority ethnic communities. Sutton is an outer London borough south of the Thames. The north of Sutton has some of the characteristics of deprived inner London while the southern boundaries have a rural aspect.

There were 561 adults with learning disabilities known to the council. Eleven percent were from black and minority ethnic communities and 242 (43%) were living in some form of residential setting, over 10% of whom were living outside Sutton itself.

SUMMARY

Overall we judged that some people were being served well.

There was a joint social care and health overarching strategy for services to people with learning disabilities covering the period 1997 – 2007. Work was underway to update the strategy for the next thirteen-year period and this document was out for consultation as the draft Joint Commissioning Strategy for Learning Disability Services 2007 – 2020.

Both the above strategies reflected the national requirements of the Valuing People Strategy and there had been some progress in achieving the Valuing People objectives. For example, progress had been made with developing person centred plans and a high proportion of people with learning disabilities were in paid employment. However, key elements of the current service had not yet been modernised, for example, day services were still focused on Hallmead, a very
large, 200 place day centre and Orchard Hill, the long-stay NHS Hospital managed by Sutton and Merton Care Trust had not been closed.

Although there had been a joint service model in place for some years and social care and health staff were co-located, protocols to promote partnership working and local performance targets and outcomes for learning disability services were lacking. A Section 31 agreement had not yet been signed although social care and health had been working cooperatively for many years.

The corporate focus on increasing the social inclusion of vulnerable people, including those with learning disabilities had a high profile. However, the arrangements to involve service users and carers, and other key partners and stakeholders in strategic planning had been recently revised and were not yet fully embedded.

The council had effective financial planning and budget management arrangements in place. Commissioning practice was in development and market management was also at a preliminary stage. Contracting and quality assurance systems for monitoring service provision and ensuring value for money were inconsistently implemented.

There were examples where relatively recent changes in care management practice had resulted in increased independence for service users. Some service users were using direct payments to help them achieve their objectives but overall only eleven people with learning disabilities were benefiting from this form of self-directed support. However, historically, for the majority of people with learning disabilities, care managers had adopted a more ‘service-led’, institutional approach.

An increasing number of person centred plans (PCPs) were being completed that highlighted a lack of sufficient breadth and flexibility in current services and support arrangements to meet the needs being identified. This was beginning to be addressed through the development of a commissioning strategy. The focus on a person centred approach had also resulted in flexible and responsive accommodation arrangements being put in place for some, including those people who were leaving Orchard Hill following reassessment and development of outcome focussed care plans.
Arrangements to promote direct payments were at an early stage and increasing the uptake of those receiving direct payments was a target in the Local Public Service Agreement (LPSA). Little progress had been made on other approaches to self-directed support that would empower service users, such as individualised budgets. The flexible break scheme was being used creatively to increase choice for carers although some considered the process to access the funds to be lengthy and unduly bureaucratic. Many carers reported that they did not feel sufficiently supported in their caring role and were critical of both the availability and reliability of services for carers.

Adult Protection had not had a high profile in the council and systems and processes had not been robust over a significant period of time. More recent focused work with council staff and partners had been undertaken to address this weakness and the new arrangements were still bedding in. The performance management and quality assurance system for the whole process was weak.

Although care management assessments were generally comprehensive, most care plans we saw were task or service focussed and there was little evidence that service users views were consistently sought and captured in care management documentation. We saw no evidence of management oversight or management audit in the case files sampled. Reviews had not been taking place regularly and the implementation of Carers’ Assessments was underdeveloped too.

The Transitions Unit was working effectively with partners to support more young people in transition to adult services and their family carers. A database had been developed to track young people through the process from age thirteen.

The council was working to address equality and diversity issues but this was not yet embedded throughout the organisation. Eligibility criteria were clearly set out but were under review as they were not comparable with similar councils and there was pressure on resources.

Arrangements to support access to generic alternatives to day services were still limited. Independent advocacy was available on a group basis but was insufficient for the scale of change and there was limited access to individual advocacy. The range of accessible information was not extensive and
what was available was not well promoted. For example, the learning disabilities page of the website was informative but difficult to find and key documents at the Learning Disabilities Partnership Board were not available in accessible formats.

**Overall we judged that capacity for improvement was promising.**

There was a strong vision and clear strategic direction for modernising learning disability services which were consistent with the values across adult social services and the council overall. The Director of Adult Social Services and the Executive Head of Learning Disability services had each been in post for just under one year. There was already evidence of clear leadership that had enhanced the stability of services and had communicated within the council and with external partners the direction of travel. In January 2007 the Healthcare Commission had published a critical report of the investigation into services for people with learning disabilities provided by Sutton and Merton Primary Care Trust. The combined effect of these changes was that the learning disability service was undergoing a period of significant and relatively rapid change during the time of the inspection.

Some infrastructure arrangements had been implemented several years ago, for example, the Partnership Board and co-location of the health and social care staff in the Community Learning Disability team. However, because the Council and its partners had not built on these initiatives sufficiently there was limited impact on service modernisation and improved outcomes for service users and carers. Only within the past year had these arrangements been reviewed and refreshed and the changes were now bedding in.

The need for clear communications with the main stakeholders to ensure they were involved and engaged throughout the modernisation process was recognised and a consultation programme was in place and many meetings had been held. It was now timely to extend the programme to reach those who were not routinely engaged with services through the planning and consultation mechanisms.

Overall, the council and adult social services had a track record of implementing and sustaining improved performance. Adult social services had increased its star rating from one to two stars between 2004 and 2005 and had sustained this level of performance over the following year. In 2006 the council
continued to improve while sustaining the highest four-star rating under the Audit Commission’s Comprehensive Performance Assessment.

These judgements are summarised on the following matrix.

**JUDGEMENT MATRIX**
RECOMMENDATIONS

National Priorities and Strategic Objectives

1. The council and its partners should ensure that the Valuing People Partnership Board and its sub-groups operate more effectively, transparently and inclusively to support the delivery of key outcomes for service users and carers.

2. The council should ensure that the user and carer involvement strategy is effectively implemented and that it reflects user and carer interests. There should be clarity about the responsibility for the output/outcome focus.

3. The council should implement clear protocols with stakeholders that promote joint working and provide an update on outputs from formal partnerships.

Cost and Efficiency

4. The council should continue to develop broader and more strategic commissioning processes.

5. The council should fully implement its contract monitoring and quality assurance processes to ensure services provide value for money and consistent quality and effectiveness.

Effectiveness of Service Delivery and Outcomes for Service Users

6. The council should ensure that people with learning disabilities maximise their independence and choice through a broader range of support, employment, training and leisure services.

7. The council should continue to promote self-directed support by increasing the take-up of Direct Payments and developing other approaches such as the implementation of individualised budgets.

8. The council should work with carers to develop a better range of and access to services to support them in their caring role.
9. The council, with its partner agencies, should urgently ensure that adults are safeguarded through the implementation of up-to-date policies and practice arrangements.

10. The council, with its partner agencies, should urgently ensure that there is a robust adult protection performance management and quality assurance system in place.

**Quality of Services for Users and Carers**

11. The council should strengthen the Assessment and Care Management Service and its management to ensure better and more consistent quality of recording and attention to outcomes for users of the service.

12. The council should ensure that the joint information sharing protocol is fit for purpose and supports joint working arrangements.

13. The council should ensure that people with learning disabilities and their carers benefit from comprehensive, accessible information about the nature, range, and types of services provided and how to access them.

**Fair Access**

14. The council should ensure that equality and diversity are effectively addressed at operational levels in learning disability services.

15. The council should ensure that people with profound and multiple learning disabilities have the same access to services, as others.

16. The council should ensure that independent advocacy on an individual basis is accessible to all groups, particularly those with profound and multiple needs.

**Capacity for Improvement**

17. The council should develop a strategic approach to communicating regularly with all stakeholders to ensure they can contribute to the modernisation of learning disability services.
18. The council with its PCT partner should continue to improve the economy, efficiency and effectiveness of learning disability services.

19. The draft Joint Commissioning Strategy should be completed and implemented as soon as possible as this will assist stakeholders to be clear about future service configurations.

20. The council should implement policies and protocols that systematically promote joint working between health and social care staff at operational levels in order to improve outcomes for people who use services and their carers.

**STANDARD 1: NATIONAL PRIORITIES AND STRATEGIC OBJECTIVES**

**Strategy for Responding to National Priorities**

1.1 The council and its partners had a learning disabilities strategy that covered the period 1997 – 2007. There had been progress in implementing some of the objectives and in responding to the national strategy, *Valuing People*. For example, person centred plans and employment opportunities were well developed and the Learning Disabilities Partnership Board was established.

1.2 However, key modernisation proposals had not been implemented. People with learning disabilities were still living inappropriately in the Sutton and Merton Primary Care Trust (PCT) commissioned and provided services at Orchard Hill hospital. Day services were still focused on Hallmead, a very large traditional day centre.

1.3 The Valuing People Partnership Board had been refreshed in 2006 and it now had the potential to be more focused and to hold others to account.

1.4 The council and it strategic partners had focussed the overarching annual Sutton Partnership conference in 2006 solely on learning disabilities – it was organised and led by people with learning disabilities. A socially
inclusive action plan had been developed, implementation of which was being monitored in a network of themed Partnership Boards, for example, adults services and community safety. Local communities were being engaged through successful partnership working between the Sutton and Merton PCT and Sutton Council in the development of alternatives to Orchard Hill NHS Hospital.

1.5 There was a good understanding at the most strategic level in the Council of the importance of independent advocacy for people with learning disabilities but there was no advocacy strategy that linked with wider social inclusion strategies.

Local Strategic Objectives, Priorities and Targets

1.6 The local strategy was being updated through consultation with stakeholders to become the joint learning disabilities commissioning strategy for the period 2007 – 2020.

1.7 Detailed plans for the modernisation of day services had been agreed and were presented to the social services performance committee by two people with learning disabilities.

Continuous Improvement

1.8 The lack of a systematic approach to securing value for money was just being addressed through the implementation of specific partnership initiatives that strengthened commissioning and contract monitoring.

1.9 It was not clear how stakeholders attending the Partnership Board influenced decision-making and neither was it evident how implementation of the Valuing People strategy was being monitored.
Involvement of Service Users and Carers

1.10 A plan for the modernisation of day services had been agreed but not all key partners and stakeholders had been involved in its development.

1.11 The potential of the draft strategy for user and carer involvement had not yet been fully realised. While opportunities to engage carers had recently increased, overall carers did not feel sufficiently involved in or clear about strategic planning processes and the impact on outcomes for service users and carers.

1.12 Service user and carer involvement in the Partnership Board was not well developed.

1.13 More work was needed by the council and health partners to ensure effective and meaningful dialogue between themselves and family carers, particularly those who were not already engaged with services and those caring for people with profound and complex needs.

Joint Working Arrangements

1.14 There had been a long history of joint working with the local NHS and a Section 31 agreement for learning disability services had been developed. This agreement covered joint commissioning, provision and a pooled budget it had not yet been signed.

1.15 The delay in formal commitment was beginning to impede the progress of more systematic implementation of joint working arrangements elsewhere in the service. There were pockets where joint working had improved outcomes for service users, such as the Transition Unit for young people with learning disabilities and the Friday Club for parents with learning disabilities. But within the Community Learning Disabilities Team for example, although operational staff had been co-located for several years, no routine casework was undertaken. Care managers and nurses had recently started doing joint assessments but they were not routinely undertaken with other health professionals and so service users could not benefit from a more integrated process.
1.16 A number of joint posts in the learning disability service and elsewhere had been agreed between the council and the PCT. Joint NHS and council accountability and delivery arrangements had been strengthened.

1.17 The council was in the early stages of engaging some independent sector providers in the development of new services. The voluntary sector had not been developed sufficiently to meet the needs of people with learning disabilities.

**RECOMMENDATIONS**

1. The council and its partners should ensure that the Valuing People Partnership Board and its sub-groups operate more effectively, transparently and inclusively to support the delivery of key outcomes for service users and carers.

2. The council should ensure that the user and carer involvement strategy is effectively implemented and that it reflects user and carer interests. There should be clarity about the responsibility for the output/outcome focus.

3. The council should implement clear protocols with stakeholders that promote joint working and provide an update on outputs from formal partnerships.
STANDARD 2: COST AND EFFICIENCY

Cost of Services

2.1 The level of expenditure on learning disability services was high compared with similar councils partly because of the legacy of residential and traditional day services. Value For Money had not been systematically ensured and the council was in the early stages of strengthening its contract monitoring and quality assurance processes and systems. As a result the council could not currently ensure value for money and consistent quality and effectiveness from provided services.

2.2 The rate of increase of unit costs of residential placements had begun to slow down and work was underway to ensure a better understanding of costs. The council and the PCT were jointly about to pilot improved contracting and commissioning arrangements to manage the market in partnership with neighbouring councils. This was intended to control the cost and quality of independent sector provided services.

Expenditure on National Priorities

2.3 The allocation of the Learning Disabilities Development Fund was targeted on the strategic local and national priorities of service modernisation, advocacy and person centred planning and was approved by the Partnership Board.

Improved Efficiency

2.4 The Council had effective arrangements concerning the use of resources. Improvements had been achieved over the past year in a number of areas including measures to promote external accountability and value for money processes and systems.

2.5 Funding had been agreed for dedicated and time-limited posts to progress day services modernisation, support the Sutton and Merton PCT to close Orchard Hill NHS hospital and establish joint commissioning arrangements.
Joint Financial Arrangements

2.6 The appointment of a joint Executive Head of Learning Disability services created a single budget holder and strategic lead for learning disability services across the Council and the PCT.

Budget Management

2.7 The council had a comprehensive financial planning process in place that worked in three-year cycles and took account of the impact of demographic change on social services budgets by making a higher provision for inflation.

2.8 Budgets were effectively managed by the council and there were no significant overspends for 2006-07.

2.9 The council was increasingly shifting the balance of care towards supported accommodation and away from high cost residential placements.

Joint Commissioning

2.10 The draft joint commissioning strategy was out for consultation. There was an ongoing programme of service user re—assessments, person centred planning and community care reviews of those at Orchard Hill NHS hospital, people attending Hallmead and those placed in residential accommodation to strengthen and inform the needs analysis of the draft commissioning strategy. This work was not yet completed. Specifically, systems for ensuring that assessment outcomes from the work described above fed into wider strategic commissioning priorities were not yet developed.

2.11 A joint social care and health research project into outcomes that would provide an evidence base and benchmarking framework for future commissioning arrangements had just been agreed.

2.12 Despite good joint working, there had not been any developmental work with the local voluntary sector to develop its strategic capacity, cooperative working
arrangements and systems that would enable it to meet specialist needs of people with learning disabilities. Generally, organisations responded in an ad-hoc way to meet the needs with which they were presented which did not maximise choices and opportunities for service users.

**RECOMMENDATIONS**

1. The council should continue to develop broader and more strategic commissioning processes.

2. The council should fully implement its contract monitoring and quality assurance processes to ensure services provide value for money and consistent quality and effectiveness.
STANDARD 3: EFFECTIVENESS OF SERVICE DELIVERY AND OUTCOMES FOR SERVICE USERS

Promoting Independence

3.1 The development of Person Centred Plans (PCPs) had a high profile and was well promoted by a dedicated unit. Service users at Orchard Hill NHS hospital and people who attended Hallmead were priority groups because of the need to progress plans to close and reprovide those services more appropriately.

3.2 Service users who had PCPs were involved in the process and valued them but some carers were concerned that resources were not available to meet the needs identified.

3.3 Very positive steps had been taken to promote employment and training of people with learning disabilities and performance was very good. Sutton had received national recognition for the achievements and approach of its partnership with Mencap in the 'Workright' scheme. The Council had adopted a flexible recruitment policy following engagement with Trades Unions, which included separating out the component parts of a job and other reasonable adjustments that facilitated the training and employment of people with learning disabilities.

3.4 Steps were being taken to promote the skills, qualities and attributes of people with a learning disability to local businesses to increase employment opportunities outside of the council, which was an area that needed to be addressed.

3.5 At the time of the inspection, overall 47 people with learning disabilities were in paid employment, 30 of whom had contracts with the Council for between a few hours per week to full time employment. The Council was committed to increasing the number of people with disabilities in education, employment or training and this was a Local Public Service Agreement (LPSA) target.
3.6 The annual ‘Routes into Work’ event had been running for five years and gave information about employment and training opportunities for people with disabilities, carers and more recently, local employers.

3.7 External funding for transport training for people with learning disabilities had been secured through a partnership bid. This would provide people with the confidence and skills to use public transport more regularly and access more independent activities.

3.8 Effective housing partnerships had increased the range of available housing options for people with learning disabilities. Staff were clear that supported living was the starting point for considering someone’s accommodation needs rather than residential care as had been the case. The supported living team was effective in meeting this demand and the adult placement scheme was highly rated in its recent inspection by CSCI.

3.9 The take up of direct payments remained low among people with learning disabilities and promotion was not embedded in practice. Many family carers were unconvinced that more self-directed approaches were appropriate for their relatives. There was scope for the council to be more proactive in the promotion of direct payments through:
- more targeted information for service users and carers,
- better linkage with assessment, care planning and person centred planning,
- better promotion among external partners, and
- more examples of how direct payments have helped people with learning disabilities.

There had been little progress in the implementation of other approaches to empowering service users, such as individualised budgets.

3.10 Some changes had already been introduced, for example, young people in transition between children’s and adult learning disabilities services were automatically offered direct payments to enable them to meet their needs independently and no young people in transition were referred to the large old fashioned day centre. Following an external review, revised arrangements for direct payments, including the
appointment of a permanent coordinator, were due to be implemented by July 2007.

3.11 The ‘Friday Club’ provided valuable support and development for parents with learning disabilities. This was a partnership initiative whereby staff from Children’s services provided training and funding was from the PCT HIMP budget.

Range of Services

3.12 The range of day services was limited as a consequence of the heavy reliance on the large old-fashioned day centre despite agreement several years ago among the key stakeholders that it should close. There was a range of clubs and activities available on a group basis, the majority of which were focused on the day centre. However, access to some community resources and day services was limited by capacity so waiting lists existed for some activities, which was not always made clear. Within the constraints of the existing arrangements efforts had been made to be more responsive to service users needs but this had had limited impact.

3.13 Service users, carers, staff and providers were unclear about what would be available following the proposed closure of the day centre as this was to be determined by the outcomes of the assessments of people attending the day centre. This assessment had not yet been completed. Although reassurances had been given that services would not be taken away until alternatives were in place, this inability to plan for the future was a cause of much anxiety among service users and carers.

3.14 Availability of places for people with learning disabilities in non-residential colleges in Sutton was limited. These factors restricted the extent to which service users and carers could make positive choices about further education.

3.15 Some people with learning disabilities whom we met felt that they had insufficient support to enable them to use community facilities and they welcomed an increase in numbers of community support staff. There were some interesting theatre projects in the community which
included people with learning disabilities but generally, the range of community based daytime activities was not sufficiently broad to meet needs both in terms of clubs and in terms of support to access generic services.

3.16 There were no groups that were specifically for younger adults or that met people’s cultural, ethnic or spiritual needs. Staff recognised that greater use of direct payments would enable people to access such opportunities in the community. Commissioning arrangements had begun to address needs of diverse communities but were still at a very early stage of development.

3.17 There was good joint work with the local NHS that resulted in there being no waiting list for access to local NHS services for people with a physical or sensory impairment. However, the limited psychology resource was now targeted at the assessment of people at Orchard Hill NHS hospital. The outcome of this was that service users in the community who needed access to psychology input faced lengthy waits of up to six months. This was being addressed through the NHS recruitment of a new community based psychologist.

3.18 There was little in-borough respite provision particularly for people with complex or profound learning disabilities. The criteria for accessing respite were unclear and so it appeared they were being applied inconsistently. We were encouraged to see that the draft joint commissioning strategy identified the need to increase respite provision as did the draft multiagency carers strategy.

Support for Carers

3.19 Numbers of carers who had had an assessment of their own needs was low. Those that had participated in such an assessment did not always receive any or some of the support identified and nothing had changed for them. There was inconsistency in how carer’s assessments were undertaken and how their needs were met, which had not been addressed. Many carers did not feel sufficiently supported in their caring role and were critical of both the availability, reliability and consistency of services for carers and, ultimately, for
their relatives who used the learning disabilities services.

3.20 Carers valued the support provided by the Older Carers Group. In one case, the need for a care plan review for a service user living with elderly family carers had been identified which resulted in the service user moving to more independent living arrangements. The needs of older carers were incorporated into a revised assessment and care planning approach that had more of a focus on outcomes. This was a relatively recent change and in most cases the needs of older carers were not being consistently identified though the care management process.

3.21 The Carers Grant was being used to support a Flexible Fund Scheme. This increased choice for carers and supported them in their caring role by funding a range of creative options, for example, the purchase of washing machines and tumble driers. Staff were available to support people through the application process but some carers considered the process to access the funds to be lengthy and unduly bureaucratic.

3.22 A generic carers outreach worker had increased the number of carers from black and minority ethnic communities who were being supported through access to the Flexible Fund Scheme. For example, it had enabled some carers to visit relatives abroad.

3.23 The needs of younger carers of siblings or parents with learning disabilities were beginning to be addressed through consultation with young carers and partner organisations such as schools and Connexions.

Safeguarding Against Abuse

3.24 The profile of adult protection had not been high in the Council, in partner organisations and in the community more widely. Over the past nine months significant changes had been introduced at both strategic and operational levels to address this. Adult learning disability safeguarding activity had increased by over 600% from May 2006 to February 2007 compared with the previous year.
3.25 The improvements that had been implemented included the launch of an annual adult protection conference to raise the profile and improve information sharing and networking. The first conference was held in March 2007 and was well received. Improvements at an operational level included the provision of accessible training and the appointment of a part-time coordinator who was available to advise staff that were handling cases. However, the impact of these changes was not yet embedded in staff practice, which was unacceptably poor and inconsistent.

3.26 Work was in hand to update the Multi-Agency Policy and Procedure for the Protection of Vulnerable Adults, which had not been undertaken since 2005. Further and ongoing work was required to raise the profile of adult protection among partners to an appropriate level and to establish a joint approach to adult protection in terms of roles, responsibilities and shared funding.

3.27 As lead partner with respect to safeguarding, the council needed to ensure that, for example, basic adult protection awareness training was delivered. The training for permanent council staff had only recently been held and temporary staff had not yet received training. Staff in the PCT had not yet had not yet received training either.

3.28 There was not yet a systematic approach to the regular monitoring and analysis of adult protection work to ensure referrals were investigated in a timely way. The client database did not facilitate this.

3.29 In spite of the above, most service users we met felt safe while using services although not all were clear about what they would do if they felt unsafe. There were no accessible leaflets for service users on this specific matter although the generic accessible leaflet on Services for people with a Learning Disability identified safety as an area that service users could be helped with.

3.30 We concluded that the council’s performance on safeguarding was poor. The urgent attention that this required was now being put into place and needed to be sustained to ensure the improvements were embedded.
Using Feedback from Service Users and Carers

3.31 Person centred planning process was helping service users to become involved in decisions about their support, particularly those with more profound needs.

3.32 Consultation with carers identified the need for cards to notify emergency services of the carers role. The cards were launched in December 2006.

3.33 More generally however, there was not a systematic approach to gathering and using feedback from service users and carers. Senior managers felt there was a culture of openness and a willingness to hear from people who used services. They created opportunities for this to happen by visiting services and meeting with service users on those occasions but acknowledged that there was scope for more to be done.

RECOMMENDATIONS

1. The council should ensure that people with learning disabilities maximise their independence and choice through a broader range of support, employment, training and leisure services.

2. The council should continue to promote self-directed support by increasing the take-up of Direct Payments and developing other approaches such as the implementation of individualised budgets.

3. The council should work with carers to develop a better range of and access to services to support them in their caring role.

4. The council, with its partner agencies, should urgently ensure that adult protection policy and practice arrangements are reviewed and implemented.

5. The council, with its partner agencies, should urgently ensure that there is a robust adult protection performance management and quality assurance system in place.
4.1 Care managers were increasingly adopting the approaches and techniques used in person centred planning and health action planning in their own casework. Assessments generally gave a comprehensive account of individual needs and staff appreciated the increasing range of activity and accommodation options available to promote the independence of service users and to achieve their preferred outcomes.

4.2 Most care plans that we saw were task or service focussed. A new outcomes based care plan had very recently been introduced which had improved the focus on outcomes and the holistic range of service users needs. However, the approach was not embedded - staff had not been involved in the development of this new tool and were unclear about how they could influence it in the future.

4.3 There was little evidence from the case files examined that service users views were consistently sought and captured in assessments and care plans. Many service users we met had not seen or signed their care plan. Service users were much more familiar and involved with their support plans which were reviewed regularly.

4.4 There was no evidence that consideration had been given to planning alternative arrangements if the care plan broke down at any time. Many service users (and carers) did not have a care manager or did not know who their care manager was mostly because there had been a high turnover of care managers and a high number of temporary agency staff.

4.5 Care management reviews had not been taking place on a regular and timely basis and there was a backlog. Reviews were triggered when circumstances changed; for example, the service user, carer or key/support worker could initiate a care management review.
Otherwise, the default position was to rely on support plans, which were generally in place, had involved the service user and other key people and were reviewed regularly. A new ten-month cycle of care management reviews was being introduced with clearer feedback of the outcomes into the commissioning team.

4.6 The additional care management resource focused on undertaking the re-assessment of service users needs at Orchard Hill NHS hospital and those attending Hallmead day centre had resulted in new arrangements being put in place that enhanced service users independence and social inclusion. For example, several people had left Orchard Hill and were now living successfully in an adult placement or in a supported living scheme; others had moved again into semi-independent accommodation.

4.7 A systematic approach to joint working between social care and health staff was not in place. In the joint Community Learning Disability Team (CLDT) social care and health files were not integrated and health staff could not input data onto the client database, PARIS. A number of approaches to holding joint team meetings had been tried but they had not successfully established a shared caseload as a basis for joint work.

4.8 Social care and health staff in the CLDT recognised that by working together more, service users would receive a more holistic, integrated service with fewer delays and repeat contacts with different professionals. There had not been any planned developmental sessions to share knowledge and expertise, which would also have improved service users’ contact with the learning disability service.

4.9 There was evidence social care and health staff were beginning to develop shared protocols that promoted joint working on a routine basis between different teams. Nursing staff in the CLDT were increasingly working with care managers to undertake joint assessments; both the specialist mental health team and the children’s services team had started work on developing protocols for routine joint working. Although the impact of these initiatives was likely to be positive for service users and staff, they had emerged from the various teams and were not necessarily consistent or complementary.
4.10 Strategic management of the transitions unit had introduced a transition tracking database, a transitions strategic planning group that had recently been reviewed and refreshed, and a systematic networked partnership approach. The experience of transition for young people with learning disabilities and their carers as they moved into adulthood and from children’s to adult’s services had improved. Staff in the transitions unit commented that,

‘Before the unit and database, helping plan for transition was like falling off a cliff’.

4.11 There was a named social worker in the adult’s team who had the responsibility for working with the transition team and individual service users, which enhanced continuity during transition. Although people were still concerned about lack of access to a care manager in adult’s services, they were more confident about having continued access to named support in the future. Person centred transition reviews, a key element of planning for transition, started at age thirteen or fourteen and were attended by a broad cross section of people from school, children’s and adults teams and Connexions.

4.12 The Transitions team was working with finance and commissioning staff to ensure the needs of young people coming into adult’s services were captured in financial and commissioning plans. Transitions workshops were held to prepare and inform young people and their parents about transition. Workshops were also held during school holidays for those attending residential schools out of the borough.

4.13 Positively, older people with learning disabilities remained in the community learning disability team beyond the age of sixty-five unless their needs were predominantly age related. Joint working with staff in the older people’s team was undertaken on an ad-hoc basis to bring in any specialist advice and expertise.
Quality Assurance

4.14 There was no evidence of regular management audits of case files to monitor quality of practice and recording. Supervision had not been taking place regularly although this had changed with the recent appointment of an interim head of learning disability services.

4.15 However, all assessments were inputted onto the client database system PARIS and could not be progressed unless they were authorised by the team manager.

4.16 Some interim staff appointed to undertake the discrete activity of person centred reviews of the service users most affected by the modernisation plans had not received any induction or safeguarding training and did not have regular supervision although there was access to managerial support on an ad-hoc basis.

4.17 A new self-audit template had just been introduced but was in the very early stages and was only being used in the case files sampled.

Privacy and Confidentiality

4.18 There was a local joint health and social care information sharing protocol dated 2004 that did not appear to have been reviewed within the scheduled time period of one year and so was not fit for purpose.

Information about Services

4.19 There was a limited range of information about services that was readily available or accessible that empowered service users and carers. For example, although the learning disabilities page of the Sutton website was comprehensive and helpful, it was difficult for service users to find without support and few of the carers we met were aware of it. Most carers and service users had not received leaflets in any format about, for example, direct payments or carer’s services.

4.20 There needed to be a stronger focus on routinely ensuring good quality information was readily accessible to all. At the Learning Disabilities Partnership Board meeting we attended some key issues were on the
agenda including the revised terms of reference and an outline of the day services modernisation plan. However, only the agenda and minutes of the last meeting were in an accessible format, which disadvantaged the service users who were attending and meant they could not feedback effectively to those they were representing.

4.21 Partners thought that the council generally could improve the way it disseminated information.

4.22 Service users found the lack of symbols on council building signs made it hard to find their way round. However, they also said that help was readily available if they needed it. Correspondence from the council about the inspection meetings was not in an accessible version.

4.23 Conversely, person centred plans and health action plans were available in different accessible formats, including a computer-based version.

4.24 Workright information about employment showed positive images of people with learning disabilities in council jobs that were powerful examples to other people with learning disabilities. They also helped to promote a culture of social inclusion among council staff.

**RECOMMENDATIONS**

1. The council should strengthen the Assessment and Care Management Service and its management to ensure better and more consistent quality of recording and attention to outcomes for users of the service.

2. The council should ensure that the joint information sharing protocol is fit for purpose and supports joint working arrangements.

3. The council should ensure that people with learning disabilities and their carers benefit from comprehensive, accessible information about the nature, range, and types of services provided and how to access them.
STANDARD 5: FAIR ACCESS

Eligibility Criteria

5.1 The Council had clear eligibility criteria that were also incorporated with the assessment and care planning documentation. The threshold, which was not indicated on the documentation, was set at moderate/high, which was lower than other outer London boroughs. A shift towards meeting only higher level needs through assessed services was being considered although the range of community based provision was not adequate to sustain such a change at the time of the inspection.

5.2 Staff acknowledged that as service users developed their abilities and became more independent they could become ineligible for care managed support.

5.3 Information on eligibility criteria was not in an accessible format.

Demonstrating Fair Access

5.4 Person centred plans were identifying innovative ways of communicating with people with profound needs and involving them in their own care planning.

5.5 Advocacy services were targeted at those who lived in hospitals or care homes and who used the day services at Hallmead. We were concerned to hear some people with high support needs who lived at home or with carers did not have equal access to advocacy and may have been at greater risk of social isolation. There had been a project to target this group but funding was no longer available.

24-Hour Access

5.6 There had been limited progress in making day services available at different times of the day and week, particularly for those with profound needs. Proposals for specialised day services included extended availability outside the hours of nine to five.
5.7 Service users and carers said they had no difficulty in accessing support out of hours and they knew how to contact GPs and the emergency duty team.

5.8 Staff were confident that the information sharing arrangements between the community team and the emergency duty team worked well. Care managers alerted the emergency duty team to cases that might come up overnight or the weekend. Arrangements for council staff to access the local NHS services out of hours were also in place.

Valuing Diversity and Social Inclusion

5.9 There was a coherent approach to the equalities agenda and equality impact assessments were integrated into routine business planning. However, not all council staff demonstrated an awareness of diversity when working with service users or carers from black and minority ethnic groups. The more obvious cultural differences were targeted and creative solutions that addressed the whole person tended not to be offered.

5.10 Joint work was underway to understand the needs of local black and minority ethnic groups better. Improved public health information was becoming available that identified the needs of black and minority ethnic groups more explicitly. The council was clear that the make-up of local community groups was changing but they had yet to develop a strategy to respond effectively to this understanding.

5.11 The council was at level 2 of the national equality standard and working toward level 3 which did not compare well with other similar councils.

Culturally Appropriate Access

5.12 Independent advocacy support was targeted at the strategic priorities of service users at Orchard Hill NHS hospital and those attending Hallmead day centre. For other groups the availability of independent advocacy was limited and not well promoted.

5.13 In addition to the council investment in advocacy, the PCT spent £200,000 annually which was also targeted at
service users in Orchard Hill NHS hospital and on those who would be affected by the modernisation of day services.

5.14 In relation to the scale and extent of change in learning disability services in Sutton there was concern that there was insufficient advocacy provision to assist people to make choices and support them through change.

5.15 Advocacy for people from black and minority ethnic communities was not available.

5.16 The council was at an early stage of developing the role of the Independent Mental Capacity Advocate (IMCA) and protocols for working alongside other professionals.

5.17 The translation service that was available from Languageline was not sufficiently responsive to local needs and it was felt that people with learning disabilities would benefit from a more personalised service.

5.18 Some people’s experience of the document translation service was poor – the turnaround was slow and more recently the range of languages in which documents could be translated was no longer relevant to the local minority communities.

**Charging Policy**

5.19 Service users and carers were not clear how charges for services were worked out although most carers thought charges were fair.

5.20 There was some inconsistency in the way in which some charges for activities were applied. While this meant some service users were not denied access to activities, it was not a fair and transparent implementation of the policy.

**Complaints**

5.21 Although many service users and carers were not familiar with the complaints procedure, most knew how they would make a complaint if they needed to. There was a complaints leaflet in an accessible format.
5.22 The council was strengthening its approach to embedding learning from complaints in a more systematic way.

<table>
<thead>
<tr>
<th>RECOMMENDATIONS</th>
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<tbody>
<tr>
<td>1. The council should ensure that equality and diversity are effectively addressed at operational levels in learning disability services.</td>
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<tr>
<td>2. The council should ensure that people with profound and multiple learning disabilities have the same access to services as others.</td>
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<tr>
<td>3. The council should ensure that independent advocacy on an individual basis is accessible to all groups, particularly those with profound and multiple needs.</td>
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STANDARD 6: CAPACITY FOR IMPROVEMENT

Vision and Strategic Direction

6.1 The vision and strategic direction for modernising learning disability services were consistent with the values across adult social services and the council overall. There was now clear leadership of learning disabilities and adults services in place, which had enhanced the stability of services, had communicated clearly within the council and with external partners that service modernisation was on the agenda and had begun to implement change.

6.2 The council’s overarching vision for citizens was captured in the acronym PRIDE (Partnerships, Respect, Innovation, Diversity and Empowerment). This was embedded in staff practice through roadshows led by the Chef Executive of the Council and induction arrangements that also included group sessions with the chief Executive. The learning disability service mission statement had extended this approach:

‘We will work with PRIDE to deliver CHOICES (Citizenship, Homes/housing, Opportunities, Independence/inclusion, Creativity, Empowerment/employment, Self Directed Support).’

6.3 There was no communications strategy or plan although the need to keep stakeholders informed stakeholders was recognised and meetings had been taking place. All stakeholders were clear that significant change was being implemented but there was a lack of clarity about the nature of specific arrangements in the future, which caused concern among service users, carers and providers. Among service users and carers there was concern about the availability of resources to meet the future service model and practical delivery arrangements such as transport and support for people to access services in the community. Service users, carers and providers were unable to plan for the future.
Sustained Recent Progress

6.4 The council improvement strategy for adult social care had resulted in increased stability and sustained recent progress. Service development and modernisation plans were now underpinned by a workforce strategy and plan. There was now an integrated business plan for learning disability services across health and social care.

6.5 Sutton has addressed the areas for improvement agreed with CSCI in the last two Annual Performance Assessment meetings.

Performance Management

6.6 There was a developing approach to performance management using a balanced scorecard system. Steps were being taken to integrate the council’s performance and quality frameworks in a more coherent and systematic way. The council had just agreed to adopt the British Institute for Learning Disabilities quality assurance framework.

6.7 There was scope for more engagement of service users and carers in the developing performance and quality approaches that would enhance the commitment and understanding of shared objectives between key stakeholders. Provider quality assurance arrangements were being reviewed to include enhanced service user input.

6.8 The approach to embedding systematic organisational learning and changing practice was developing through better linkage of monitoring systems with the appraisal process which would provide staff with greater clarity about how and what to change, how they could influence change and how they could contribute to service development. There were already clear links between individual and team performance, and service related performance indicators but it was acknowledged that this approach did not take sufficient account of quality factors and further work was planned to address this.
6.9 Councillors and top managers visited services for people with learning disabilities and stakeholders appreciated this level of commitment. However, it was acknowledged that there was scope to increase the engagement with people with learning disabilities.

**Organisational Structure**

6.10 A review of strategic partnership arrangements, undertaken in the past nine months, had identified weaknesses in the links with corporate and decision making arrangements that were inconsistent with service modernisation. Consequently, changes had been implemented that more clearly linked the Learning Disabilities Partnership Board through to an Adults Services Partnership Board and the Local Strategic Partnership, which enhanced stability and decision-making.

6.11 The Sutton Partnership Conference held in autumn 2006, led by and focused on people with learning disabilities as citizens in Sutton, also identified issues that were influenced by the effectiveness of the strategic partnerships and which were addressed by the new arrangements and recent executive level appointments.

**Workplace Development and Workforce Planning**

6.12 A skill mix review, based on experience in the older peoples service, and restructuring of the community learning disability team into three separate teams for intake, long term care and reviews, had just taken place. A practitioner career path, parallel to the NHS, was also being developed. However, not all health staff in the CLDT were clear about how the new structure affected them and the arrangements for their professional leadership. Recruitment of permanent staff had improved over the past year and unplanned sickness and absences were well managed. Generally staff morale was increasing.

6.13 There were clear project management arrangements in place for the closure and reprovision of Orchard Hill,
the NHS hospital and Hallmead, the large day centre. Posts to undertake this time limited and specific work had been filled on a temporary or interim basis. However, there were risks that these temporary appointments would exacerbate the lack of consistency and continuity experienced by service users and carers. The appointment of a new permanent Head of Service for Learning Disabilities should help to provide more stability in the Community Learning Disabilities team and contact with service users and carers.

6.14 Independent sector and council staff had good access to a range of developmental networks and effective council training, for example there was a new safeguarding adults e-learning package. However, diversity training did not focus sufficiently on helping people improve or change the way they worked. The council was working towards becoming an accredited Learning Disability Accreditation Framework/British Institute of Learning Disabilities (LDAF/BILD) training centre and local human resources and training/workforce development partnerships were being established, for example with the PCT and neighbouring councils.

6.15 The makeup of the workforce at junior levels reflected local diversity; the council was at an early stage of developing arrangements to redress the workforce balance at more senior levels.

**Work with External and Corporate Partners**

6.16 On a day-to-day basis there was effective and cooperative working with the older peoples team and staff in children’s services to ensure service users and carers needs were met.

6.17 Across the council there was clear evidence that arrangements that enhanced social inclusion and citizenship also met the needs of people with learning disabilities as well as other groups. At a strategic level, the Joint (Sutton Council and local NHS) Chief Executives group included the Council Director of Environmental Services not least to ensure the hospital and day centre reprovision plans were consistent with local planning requirements. More operationally,
leisure services routinely accessed expertise from the voluntary sector to ensure the environment promoted inclusion. Library services had discussed job design to facilitate the employment of people with learning disabilities and work experience placements in the local libraries were available.

6.18 There was not yet a clear understanding about the change agenda among all external stakeholders. Some provider partners welcomed opportunities for further engagement in strategic planning processes.

6.19 The council was developing a corporate consultation strategy.

**Strategic Commissioning**

6.20 Person centred plans (PCPs) were being developed as the basis for future strategic commissioning but clear mechanisms that connected individual PCPs with strategic commissioning arrangements were not yet in place. However, it was clear that PCPs were making a positive difference at an individual level and there was strong corporate commitment to this approach to ensuring positive outcomes for individual service users were achieved.

6.21 Despite good joint working, the council had not developed the local voluntary sector with respect to:
- strategic capacity,
- cooperative working arrangements, and
- systems to enable it to meet specialist needs of people with learning disabilities.
Generally, organisations responded in an ad-hoc way to meet the needs with which they were presented, which did not maximise choices and opportunities for service users.

**Managing Social Care Budgets**

6.22 The council has a strong track record in delivering balanced budgets. Until 2004/05 there had been a history of overspends in social services but for adult services this has been turned round in 2005/06 and 2006/07.
RECOMMENDATIONS

1. The council should develop a strategic approach to communicating regularly with all stakeholders to ensure they can contribute to the modernisation of learning disability services.

2. The council with its PCT partner should continue to improve the economy, efficiency and effectiveness of learning disability services.

3. The draft Joint Commissioning Strategy should be completed and implemented as soon as possible as this will assist stakeholders to be clear about future service configurations.

4. The council should implement policies and protocols that systematically promote joint working between health and social care staff at operational levels in order to improve outcomes for people who use services and their carers.
APPENDIX A: STANDARDS AND CRITERIA

STANDARD 1: National Priorities and Strategic Objectives

The council is working corporately and with partners to deliver national priorities and objectives for adult social care, relevant National Service Frameworks and local strategic objectives to serve the needs of diverse local communities.

1. The council has implemented a coherent overall strategy for responding to national priorities for social care generally and for services to people with learning disabilities in particular.

2. The council has developed local strategic objectives, priorities and targets for learning disability services which complement the national ones and serve the whole community.

3. The council is consistent in implementing a strategy for improving cost and quality of its services and can demonstrate Best Value principles in learning disability services.

4. All learning disability services actively involve services users and carers in development and improvement work. This includes all groups within the community, fully reflecting local diversity.

5. The council has well-developed joint working with relevant partner agencies that operate effectively in all service areas.

STANDARD 2: Cost and Efficiency

Adult social care commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available.

1. The council secures services for people with learning disabilities at a justifiable cost, having identified the range of options available and made explicit comparisons in terms of quality and cost.

2. Expenditure on social care services for people with learning disabilities reflects national and local priorities and is fairly allocated to meet the needs of diverse communities.

3. The council demonstrates improved efficiency across all aspects of social services operations and consistently monitors the efficiency of services involving people who use services.

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1 A full set of descriptors for these standards and criteria was given to the council and is available from CSCI
4. The council makes optimum use of the potential for joint commissioning and partnership working to improve the economy, efficiency and effectiveness of local services.

5. The council has sound financial management systems, which provide the foundation for good planning and commissioning in social care.

6. The council uses effective procurement processes that are designed to further the strategic aims of the council, and reflect local social care market conditions.

**STANDARD 3: Effectiveness of Service Delivery and Outcomes for Service Users**

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

1. The independence of service users and carers is promoted actively and consistently to minimise the impact of any disabilities, and to avoid family stress and breakdown.

2. The range of services available is broad and varied to meet the needs, offer choices to many and take account of individual preferences. This includes sensitivity to the needs and preferences of diverse communities.

3. The council provides a good range of services to support and encourage all carers in their caring role.

4. Service users are effectively safeguarded against abuse, neglect or poor treatment when using services. Incidents of this kind are rare.

5. The council actively seeks feedback from service users and carers; acts on this feedback, and can demonstrate that they value services.

**STANDARD 4: Quality of Services for Users and Carers**

*Service users, their families and other supporters, benefit from convenient and good quality services, which are responsive to individual needs and preferences.*

1. All referral, assessment, care planning; and review processes are convenient, timely and tailored to individual needs and preferences including diverse groups.

2. The service has effective quality assurance systems in place and service quality is consistent across all sectors, services and communities.
3. Privacy and confidentiality are assured in all contacts supported by appropriate policies and procedures.

4. Good quality information about services and standards is readily accessible to all, including diverse groups in the community.

STANDARD 5: Fair Access

Adult social care services act fairly and consistently in allocating services and applying charges.

1. Clear eligibility criteria for learning disability services are published, easy to understand and fair to all.

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 in all areas and action is taken to increase the take-up of services from under-represented groups.

3. There are clear routes to access all key social services 24 hours a day, 7 days a week, as needed.

4. The range of services available reflects the needs of the community, promotes equality to comply with all relevant legislation and demonstrates that diversity and social inclusion are valued.

5. Access to services is culturally appropriate, and inclusive. Advocacy and Interpreting services are promoted and used appropriately.

6. A fair and transparent charging policy has been agreed with stakeholders, and income is collected efficiently.

7. Complaints are handled promptly and courteously. The complaints/comments procedure is well-publicised and service user friendly and effective in improving services.

STANDARD 6: Capacity for Improvement

The council has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in Adult Social Services.

1. The council’s leaders have a clear vision and strategic direction for adult social services, communicate this effectively, and organise the necessary resources required to deliver it.

2. The council’s improvement strategy for adult social care has resulted in sustained recent progress. Relevant policies, plans, objectives,
targets and risk assessments are in place to support ongoing improvement.

3. Performance management, quality assurance and scrutiny arrangements are in place and effective: performance improvement can be demonstrably linked to management action.

4. The council’s organisational structure and management arrangements promote improvements for adult social services and promote the wider modernisation agenda for social care.

5. The social care workforce is well trained and reflects local diversity. Local partnerships across all sectors have produced a human resources strategy that effectively trains, recruits and retains staff.

6. The council works effectively with external and corporate partners to improve the range, quality and coordination of adult social care services.

7. The council has effective commissioning processes, encompassing robust needs analysis, market analysis, and clear improvement targets. These are designed to improve economy, efficiency and effectiveness of services over time.

8. The council has a track record of competently managing its social care budgets, in the context of sound corporate performance in this area.
APPENDIX B – 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 improve life chances for people with learning disabilities. It has a particular focus on partnership working, with an emphasis on people with a learning disability and their families. It is concerned with the ambition to provide new opportunities for those with a learning disability to lead full and active lives.

The objective of the inspection was to evaluate the implementation of national and local objectives relating to the social care needs of people with a learning disability and the quality of outcomes for themselves and their family carers.

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

The inspection team consisted of two inspectors, and for part of the time an Expert By Experience and supporter. We visited a range of projects and interviewed people who use services and their carers. We also met with advocacy groups and representatives from the black and minority ethnic community. The team interviewed managers at different levels both within the council and with representatives from the council’s partner organisations. We also met with Councillors and the Chief Executive of the council.

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.
APPENDIX C – CARERS’ QUESTIONNAIRES

Eighty-nine questionnaires were sent out, and 38 were completed and returned. Not all carers answered every question.

Making contact
23 carers said social services staff were always or usually easy to contact
19 carers said social services were always or usually easy for their relative to talk to

Involving you
25 carers said social services staff always or usually listened to them
14 carers said social services always or usually give them choices about what happened
13 carers said social services always or usually asked them what they thought of services
18 carers said they were always or usually invited to meetings
8 carers said they were always or usually involved in discussions

Informing you
11 carers said social services always or usually gave them written information
12 carers said they were always or usually told what was happening
10 carers said they knew how to make a complaint
7 carers said they had been told that they could see their records
5 carers had been told they could have an interpreter
10 carers had been told they could have a friend/advisor
13 carers said they know how charges were worked out
14 carers said they thought the charges were fair

Services to meet your own needs
28 carers said they had been told of their right to assessment of needs
18 carers said they had had an assessment of their needs in the past 12 months
14 carers said they always or usually received services that supported them
17 carers said the reasons for the decisions were always or usually explained

How satisfied are you?
31 carers said they were always or usually treated with courtesy/respect
23 carers said their cultural needs were always or usually met
15 carers said social services staff were always or usually well informed
19 carers said they were always or usually satisfied with the quality of services

What’s changed?
18 carers said they had always or usually received the services they had wanted
12 carers said they always or usually waited for services
23 carers said they had always or usually been helped by services
10 carers said their situation had become better

About you
1 carer was aged under 18
28 carers were aged between 18 and 64
6 carers were aged between 65 and 84
1 carer was aged over 85
27 carers were female
9 carers were male
31 carers were white
5 carers were from a minority ethnic group
32 carers lived with the people who use services