

INSPECTION OF INDEPENDENCE, WELLBEING AND CHOICE

Leicestershire County Council

April 2008

Safeguarding Adults

Delivering Preventative Services



COMMISSION FOR SOCIAL CARE INSPECTION

The Commission for Social Care Inspection (CSCI) was set up in April 2004. Its main purpose is to provide a clear, independent assessment of the state of adult social care services in England. CSCI combines inspection, review, performance and regulatory functions across the range of adult social care services in the public and independent sectors.

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INTRODUCTION AND BACKGROUND

An inspection team from the CSCI visited Leicestershire in April 2008 to find out how well the council was safeguarding adults whose circumstances made them vulnerable.

The inspection team also looked at how well Leicestershire County Council was delivering preventative services. To do this the team focused on services for older people.

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

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

SUMMARY

Safeguarding Adults

The Commission rates council performance using four grades. These are; poor, adequate, good and excellent. We concluded that Leicestershire's **performance in safeguarding adults was good.**

The council gave safeguarding a high priority and had established effective partnerships with other local authorities, police and the independent and voluntary sectors. The Safeguarding Adults Board had high level representation, and while safeguarding arrangements were complex, they worked well. The Board was aware of the need to involve people who used services and carers more directly in the work of the Board.

There were dedicated resources to support the delivery of the multi-agency adult safeguarding procedures, to which key statutory partners contributed. Whilst existing procedures were providing a good framework for safeguarding work, the council and its partners planned to review them in 2008 in line with good practice. There was a good understanding about what constituted a safeguarding referral and responses were generally timely and within target. Action was being taken to promote awareness on the protection of vulnerable adults and there was clear information about safeguarding on the council's website and leaflets were available.

A safeguarding training plan had been developed and there had been an increase in the number of courses delivered. However, there remained an insufficient capacity in the safeguarding team to deliver on the training need identified in the training audit. In addition, training was not linked to levels of competency to undertake key roles such as that of the investigating officer or safeguarding leads.

Overall, we were satisfied that steps were being taken to minimise risk and to protect individuals and we saw evidence of good practice. However, recording practice was variable and protection plans were not sufficiently detailed. In addition, not all records were held within the electronic system making it difficult to access a comprehensive record of individual case histories in a timely way. The quality assurance arrangements for safeguarding practice needed to be strengthened. Contract management and monitoring had been strengthened to ensure a stronger focus on safeguarding.

Delivering Preventative Services

We concluded that the **delivery of preventative services for older people in Leicestershire was excellent.**

There was a strong strategic focus on prevention and over a number of years the council had been moving away from traditional models of care towards a focus on supporting people to remain independent and giving a

greater degree of choice and control to people who use services in the way they are supported. Policy decisions about eligibility criteria for services were supporting early intervention and the council was able to demonstrate good outcomes for people who use services.

There was good partnership working in relation to falls prevention and intermediate care and intermediate care services had been effective in reducing hospital admissions. A range of equipment was available 24 hours a day and this enabled staff to minimise the effects of physical disability and facilitate hospital discharge. Performance in relation to the speed of delivery of equipment was good. However, challenges remained in the time taken to complete major adaptations.

The Homecare Assessment and Re-ablement Team (HART) service was an essential element of the council's preventative work and had been successful in reducing the number of older people needing ongoing support. We were impressed by the flexible way that direct payments were being used to prevent social isolation and maintain good mental health. Older people were able to use direct payments to continue with social activities and reduce isolation.

There was a vibrant voluntary sector and these organisations were central to the delivery of prevention services and were highly valued by older people and their families. The council was working in partnership with the voluntary sector to develop the range of preventative services across the county. They also commissioned services from the sector and were actively encouraging the growth of direct purchase of services by people who use services through the use of direct payments.

The use of Telecare was being explored and tested in a number of pilot areas. The council had a positive approach to the use of technology and was promoting the use of home computers in a number of innovative ways, including the installation of computers in the homes of older people and providing ongoing technical support.

Capacity to Improve

The Commission rates council capacity to improve its performance using four grades. These are; poor, uncertain, promising, and excellent. We concluded that **capacity to improve in Leicestershire was excellent.**

Strategic leadership had created a vision for the future of older people's services that was underpinned by the promotion of independence and prevention. Political and managerial leadership was effective. The council was making good progress on strengthening key areas to incrementally move to a social care system based on early prevention and self directed care. The workforce planning to support this shift was well advanced. In addition, older people and the voluntary and independent sectors were being engaged and involved in the process of change.

Improving the lives of older people was a high priority for the council and targets to achieve this could be identified in high level agreements with partners and in business plans. There were strong links across council

strategies and governance and performance management arrangements were strong.

There was a good understanding of the needs of the older population in Leicestershire obtained through a range of research and consultation methods. Commissioning was informed by this information with a clear emphasis on improving quality and efficiency. The council made good use of short life projects to refocus, reconfigure and shape services. This was a strength of planning and commissioning in Leicestershire.

The changes to the Primary Care Trust (PCT) configuration had delayed progress in areas such as developing more integrated services and formalising joint commissioning arrangements. However, partnerships both strategically and operationally were effective under the current arrangements. Gains to be made by formalising arrangements could include efficiencies and economies brought about by single line management of services and back room activity.

RECOMMENDATIONS

Outcome theme	Recommendation
Safeguarding Adults	<ul style="list-style-type: none"> • The Safeguarding Adults Board should ensure that the training programme links roles to competencies, and improved consistency in practice and recording. • The Safeguarding Adults Board should ensure that identified training needs are met. • The council should ensure that all records of safeguarding work are easily accessible by adult social care staff in a timely way across the county. • The council should strengthen the quality assurance of safeguarding practice. • The Safeguarding Adults Board should ensure that people who use services and carers are given a voice in the work of the Board.
Delivering Preventative Services	<ul style="list-style-type: none"> • The council should ensure that carers are aware of their rights under the Carers Recognition Act 1995. • The council should ensure that language is not a barrier to older people accessing preventative services that do not require a formal assessment.

CONTEXT

Leicestershire is a county of sharp environmental contrasts with the eastern side being predominately rural and the north and north-west more urban. Whilst much of the county is relatively affluent small areas of relative deprivation exist, particularly in areas previously dependent on coal mining for employment. Leicestershire is ranked 136 out of 149 local authorities in England for deprivation (where 1 is the most deprived)

Leicestershire has a population of approximately 633,000 people and this is projected to rise to approximately 714,000 by 2029. Projections suggest that the main growth area will be the increase in the numbers of people over 50 years. The council projects that by 2028 a quarter of Leicestershire's population will be over 65 years.

The population of retired people from black and minority ethnic communities had increased by 16.7 per cent between 2001 and 2004. Overall people from black and minority ethnic communities made up just over seven per cent of the population with the largest group being of Asian or Asian British origin (4.4 per cent). Among the white minority groups there are significant communities of Irish and eastern European origin. Migration out of Leicester City together with the arrival of economic migrants is leading to more diverse communities.

There had been recent changes in the configuration of NHS Primary Care Trusts (PCT). The new configuration resulted in the amalgamation of six PCTs, covering three local authority areas. The restructuring was completed in October 2006 creating one PCT for Leicestershire and Rutland.

Leicestershire County Council had been judged as a high performing council by the Audit Commission in December 2004, 2005, 2006 and in 2007 the council achieved a 4 star rating. In the most recent assessment by the Audit Commission in February 2008, the council was judged to be 'improving strongly'. The Commission for Social Care Inspection over the previous five years had awarded the highest star rating to Leicestershire's social care services. In 2007 Leicestershire adult social care services was awarded three stars, with the judgement of 'good' for delivery of outcomes and 'excellent' capacity for improvement.

KEY FINDINGS

1. Safeguarding Adults

1.1 Safeguarding against poor treatment

The multi-agency Safeguarding Adults Board covered Leicestershire County Council, Leicester City Council and Rutland County Council areas. The Board strategically led the work on safeguarding across the three communities. These arrangements had been effective in relation to Leicestershire County Council, the subject of this inspection.

Multi-agency adult safeguarding procedures were in place and partner agencies had either completed an audit of their internal procedures or were in the process of doing so. The Safeguarding Adults Board had ensured that policy and procedures were updated as and when required. Policy updates were published every six months on the internet and on the intranets of all three local authorities and the police. A review of the multi-agency policy and procedures was planned for December 2008.

All partner agencies had a safeguarding lead. Some partners had invested in additional resources in safeguarding work. For example, the police had dedicated officers both at strategic and operational levels and the University Hospitals of Leicester NHS Trust had identified funding for a specialist post to support their lead. There were dedicated resources to support the delivery of the safeguarding procedures with key statutory agencies contributing to a budget to develop safeguarding and provide public information across the three local authority areas. The team consisted of an adult protection co-ordinator and training co-ordinator and administrative support. They were based within Leicestershire Adult Social Care. This was a small team to cover three local authority areas. In addition Leicestershire Adult Social Care employed an investigating officer. The investigating officer took the lead in complex investigations often involving institutional abuse and supported staff in dealing with complex situations.

There were systems in place for the management of malpractice and the council was taking steps to ensure as far as possible that service users are safeguarded against potential risks from employees. There was also a process in place to manage serious case reviews.

The safeguarding partnership was taking action to promote awareness on the protection of vulnerable adults. Information on the council's website about safeguarding was easily accessible and the media was being used in a variety of ways to raise awareness. The effectiveness of awareness raising activity had been partially evaluated through an equalities impact assessment of safeguarding information. People who use services had been involved in the assessment and areas for improvement had been identified and an action plan had been developed in response.

Leicestershire had significantly fewer safeguarding referrals than similar councils; however there had been a year on year increase. In the

previous twelve months, referrals had significantly increased from 149 in 2006-07 to 324 in 2007-08. There was a good understanding about what constituted a safeguarding referral and response to referrals regarding potential safeguarding issues were generally timely and within target. The council needed to gain a better understanding about the reasons why the referral rate was lower than similar local authorities.

Adult Social Care were working with corporate and other partners to promote safety. The 'Keep Safe' initiative was one example of the joint work taking place under the strategic framework of community safety and safeguarding. The aim of the initiative was to reduce the risk of people with a learning disability being unable to summon assistance from the community when faced with a variety of risk situations. A card with the cardholder's details, including medication and communication difficulties and who to contact in an emergency, is kept with the service user for use in emergencies. The initiative started in one area in Leicestershire but was so popular with service users and their families across the county that plans were well advanced to make 'Keep Safe' cards available to all who wish to carry one.

1.2 Making sure that staff and managers know what to do

A safeguarding training plan had been developed and the safeguarding team held the database for training and reported on a regular basis to the Safeguarding Adults Board. There had been an increase in the number of courses delivered since the adult protection training co-ordinator was recruited in 2006. However, there remained insufficient capacity in the team to deliver on the training need identified in the training audit. This needed to be reviewed by the Safeguarding Adults Board.

Free training was available to staff both internal and external to the organisation and staff spoke highly of the quality of courses. The range of courses covered basic awareness, alerter, referral takers, investigators and training for managers. Those who had completed the course particularly valued investigator training done jointly with the police. However, training was not linked to minimum levels of competency and assessment of skills and knowledge to undertake key roles such as that of the investigating officer or safeguarding leads.

Partners had demonstrated a commitment to safeguarding in a number of ways including making multi-agency training mandatory and had incorporated safeguarding into staff induction. Awareness raising had also been incorporated in the learning for third year medical students and student social workers and the PCT's delivery and improvement statement 2007-08 had a target for increasing the number of staff completing adult protection training

1.3 Making sure that there are services to help prevent abuse and neglect

We found a robust approach to safeguarding through contracting arrangements. Contracts had minimum safeguarding specifications in place and contract officers assessed compliance annually or more often if

any concerns were reported. Contracts officers were involved in safeguarding investigations as part of the investigating team and they had a monitoring role to ensure that actions required of the provider following an investigation were completed.

There was a strong strategic focus on prevention in Leicestershire. Fair Access to Care Services (FACS) criteria had remained at levels established prior to the introduction of FACS. This policy enabled staff to provide support to people with moderate need in addition to substantial and critical. The FACS criteria provided a framework for staff to offer support early to reduce the likelihood of abuse occurring in strained family circumstances. In addition the flexibility offered by the use of direct payments for early preventative support provided staff with the opportunity to create very personalised protection plans. The council also provided support for people at risk of financial abuse who were unable to manage their financial affairs by the use of receivership or appointeeship.

Overall, we were satisfied that steps were being taken to minimise risk and to protect individuals and we saw evidence of good practice. However, recording practice was variable and it was difficult to make a judgement about the extent to which prevention services in the voluntary sector were being used to reduce risk of abuse. Protection plans were not sufficiently detailed to make this judgement. In addition not all records appertaining to safeguarding work were being held on the central electronic records system.

The council and its partners were proactive in promoting a culture of service users' right to high standards of care and treatment. One initiative, the Residents Charter, had been implemented in all in-house residential establishments. The other was the Dignity in Care Strategy launched in November 2007. This initiative had been developed by the University Hospitals of Leicester NHS Trust and then supported by the council and other partners. The aim of the strategy is to create a care system where there is zero tolerance of abuse and disrespect of older people.

There were robust strategic and operational arrangements between the police and Leicestershire and its local authority partners Leicester City and Rutland County Council. In addition, Leicestershire County Council had a well-established and experienced domestic violence service. These structures and arrangements were reducing the confusion that can occur between incidents of domestic violence and safeguarding and were ensuring that the most appropriate response was initiated by the appropriate team or agency.

Advocacy services were available. They had been commissioned in specialist areas such as mental health, learning disability and physical disability but there was no general advocacy. Some provision was in place for older people using direct payments and for self-funders in residential care. Advocacy services reported an increase in demand for the service and the council had responded by making short term funding available whilst considering options for the future.

1.4 Making sure that quality assurance processes are in place and working effectively

Quarterly monitoring reports were presented to Leicestershire's Adult Safeguarding Working Group and the Safeguarding Adults Board. The monitoring data was collected systematically through monitoring forms completed by staff. There had been under reporting by teams and this had been the focus of management, resulting in some improvement.

The annual safeguarding report was informative and effective in improving practice. It reviewed progress on the previous year's work programme and set out the objectives for the following year. The report also featured a section on lessons learnt by staff through the process of individual investigations.

Contract management and monitoring had been strengthened to ensure a stronger focus on safeguarding. However, the quality assurance arrangements for safeguarding practice needed to be strengthened. There was an over-dependency on team managers to quality assure the work of their staff and on occasions their own investigation work. They were key decision makers in relation to the management of safeguarding referrals; they provided management oversight of the progress of investigations and were tasked with quality assuring the work. This was a weakness in the procedures and management arrangements.

1.5 Making sure that POVA arrangements are robust and work well

Leicestershire's Protection of Vulnerable Adults (POVA) arrangements were complex but worked well. They were effective in forging partnership arrangements outside of Leicestershire's borders with other local authorities and with agencies that operated across all three local authority areas such as the police and the independent and voluntary sectors.

The Safeguarding Adults Board had strategic lead for the partnership. Membership of the Board consisted of representatives from all three local authorities and Leicester City PCT, Leicestershire County and Rutland PCT, Leicestershire Partnership NHS Trust and University Hospitals of Leicester NHS Trust, Leicestershire Police, Leicestershire and Rutland Probation Trust and representatives from the independent sector, voluntary sectors and CSCI. More recently, the Board had extended its membership to include housing representatives. In line with good practice, Board membership is reviewed periodically to ensure that the membership is at an appropriate senior level. Leicestershire's Assistant Director (Adult Services) chairs the Safeguarding Adults Board and had lead responsibility for safeguarding within the council. We understand that the Director of Adult Social Care and Health is to join the Board as a member in the near future, a further indication of the high profile given to safeguarding by the council

The strategic links between the Adults Safeguarding Board, the Children's Safeguarding Board and other high level multi-agency strategic planning

groups was a strength of Leicestershire's safeguarding arrangements. Governance arrangements and linkages with other multi-agency strategic groups had recently been strengthened with the decision to establish a direct reporting link between the Safeguarding Adults Board and the higher level Community Safety Programme Board. All partner agencies were charged with ensuring strong governance arrangements. In Leicestershire, the Adult Social Care and Health Services Overview and Scrutiny Committee made a recent decision to receive regular safeguarding reports.

The county had established a multi-agency adult safeguarding working group to implement policies and procedures agreed by the Board. This was one of two sub groups of the Board. The training sub group was well established and agreement had been reached to establish a third – a quality sub group. A county reference group had been established within adult services to operationalise policy within the council and inform policy development and implementation.

The council and its partners were at an early stage of planning the involvement of people who use services and carers in safeguarding policy development and quality assurance. The council acknowledged that this was an area for development.

1.6 Making sure that people's privacy and confidentiality are respected

Leicestershire County Council had robust policies and procedures in place to assure the privacy and confidentiality of people who use services. Where there were allegations of abuse, vulnerable adults had the option of being interviewed in a dedicated video suite situated within a residential unit. We were informed that this unit was used regularly by the police, who also used other mobile facilities as required.

A multi-agency data exchange agreement was in place but this was not well understood by staff across all agencies. This had led to some operational difficulties for investigators in eliciting information from staff of other agencies. The intervention of the adult protection co-ordinator was required on occasions to negotiate between agencies when these problems arose. Partners had recognised the necessity to strengthen and refresh the arrangement for sharing information and were developing a data exchange agreement specifically for safeguarding

2. Delivering Preventative Services

2.1 Promoting Independence

The council had a well-embedded focus on promoting the independence of all people who used services and there were well-targeted initiatives that had been effective in improving the lives of older people. There was a high level of satisfaction, from the people who use services who responded to our survey and those we met, with the services they were

receiving and their contact with Adult Social Care. Forty-one of the forty-five people who responded said it was always or usually easy to get in touch with staff. One person reported:

"staff were very helpful in dealing with the problems we had."

Another reported that:

"calls are returned promptly and with courtesy."

The vast majority of positive comments from people who use services were about how equipment and support from their families had helped them to stay independent. One person reported:

"the equipment I have on loan has enabled me to cope far better."

The community equipment service was effective and used a system of delegated authority to ensure that equipment and minor adaptations were delivered speedily. This enabled staff to minimise the effects of physical disability. Performance in relation to the speed of delivery of equipment was good when compared to similar councils. However, challenges remained in the time taken to complete major adaptations.

The council's performance in relation to the completion of the occupational therapy assessments, an initial requirement of the process of major adaptations work, had improved significantly over the last 18 months but delays remained in the time taken for district council to fund the work. The length of delay was variable and dependent on the funding district council of which there were seven. We were informed of delays of up to 12 months for low priority cases. The council was working with district councils to improve this performance and to develop a joint strategy for housing with support.

There was good partnership working in relation to falls prevention and on intermediate care. Falls prevention was a target within the local area agreement and a falls co-ordinator had been appointed across health and adult social care and a countywide falls strategy developed. A number of initiatives to prevent falls were being piloted across the county including the use of Telecare and a risk assessment tool.

Intermediate care services were in place and these had been effective in reducing hospital admissions. The council's performance in relation to delayed discharges from hospital was very good with few delays attributable to Adult Social Care.

The single assessment process had not been implemented across the whole of health and adult social care. Where it had been, it was facilitating frontline commissioning across the traditional health and social care boundaries. For example, intermediate care teams were able to commission support services without recourse to adult social care teams. Health and social workers based in older people's mental health services also commissioned services in this way using the Care Programme Approach. Voluntary services officers were based within older people's

community mental health teams and they were helping the teams maximise the opportunities in the voluntary sector for individual service users.

The council was effective in promoting the use of direct payments to support its preventative approach. We were impressed by the flexible way that direct payments were being used to prevent social isolation and maintain good mental health. Improvements in the direct payments system and the use of small direct payments were creating opportunities for older people to obtain the support they needed to continue with social activities and reduce isolation. Whilst the use of direct payments was expanding, with a 24 per cent increase in 2006-07, the demand for personal assistants was also expanding. The need for synergy between the increasing demand for personal assistants and ability to recruit and train was being addressed in the draft workforce plan.

2.2 Preventative Services

The council had made good use of government grants dating back to 1999 to test out a number of models to shift the emphasis away from more traditional forms of home support to re-ablement and prevention. The Homecare Assessment and Re-ablement Team (HART) was formed and developed over a number of years as an essential element of the council's preventative work. The service was very successful in helping older people regain skills and confidence in order to live their lives independently. In 2007-08 fifty-five per cent (1,231) of older people following a period of rehabilitation no longer needed help to live at home. The success of this service had reduced the numbers of older people at any given time being helped to live at home when compared with similar councils.

The council's approach to developing Telecare was broadly similar to the approach taken in 1999 to test out the effectiveness and value for money solutions using a central government grant before committing to a particular range of equipment. One of the projects funded by the grant was the signal bus. The bus was fitted out with demonstration equipment and travelled to different sites across Leicestershire.

One example of the equipment available was a system for monitoring wandering in older people with dementia. This was being used by families in conjunction with professionals to gain a better understanding of the person's movements. The information was then used to assess the degree of risk the person faced – care plans were then adjusted appropriately. We heard very positive comments from the staff of the community mental health teams about the usefulness of this equipment in creating effective plans of support to help people with dementia remain in their own home. The signal bus also promoted community alarm lifeline services provided through district councils as a way of promoting and maintaining independence. This joint promotional activity had resulted in 2000 more people using community alarms in 2006-07.

The council had developed a range of carer support services, many of which did not require a formal assessment. One such service was the

carers centre run by the Carers of Leicestershire Action and Support Project (CLASP). The service offered information, advice, emotional support, training for carers, social activities and information on caring issues, including benefits and entitlements. The Take a Break scheme was another example. The carers special grant enabled carers to access a maximum of £250 to provide flexible respite of their choice. The carers we met valued highly the support they received from open access services. However, none were aware of the Carers Recognition Act and their right to a formal assessment of need. There was scope for improvement in this area and in the use of direct payments to support carers.

The council's approach to providing services for people from black and minority communities was to commission specific services with providers who had staff with appropriate language skills. There were a small number of day services but the vast majority were offering early prevention services, providing a social outlet and information and advice. Some had introduced exercise classes as part of the service and were staffed by volunteers from the community. There were other community groups offering services without the support of the council. Age Concern supported many of these.

There was a vibrant voluntary sector in Leicestershire and these organisations were central to the delivery of the council's prevention strategy. The services provided by this sector were highly valued by people who use services and carers that we met.

Adult Social Care were working with corporate and other partners to promote the use of mainstream services such as libraries as a way of helping older people stay active both physically and mentally. The approach had been to utilise the network of libraries (54) and the seven mobile libraries across the county to offer venues to local communities and professionals and early prevention services. The work of the Loughborough Library hosting an Asian reading group for older women was a good example of a service providing a social outlet, establishing the library as a social centre and building confidence in the women as library users.

The council was helping older people become familiar with technology and making use of it to obtain information and connect with other people. The Adult Learning Service was reaching out to people in rural areas with a mobile ICT service and the library service ran a number of 'silver surfers' computer taster sessions across the county. The adult social care CareOnline service had assisted over 300 housebound people to use computers in their own homes and over 3000 others in other settings like day centres. This service provided information and advice and a chat line facility.

2.3 Access to Preventative Services

The council had a range of information about preventative services. These included the Ageing Well directory of which 35,000 copies were distributed to individual households, and a monthly publication on

information about 'what's on' across the county. The council's website also contained good information about services and how to access them. However, many people we met had not found it easy to access information prior to making contact with services. The council was aware of the need to review the effectiveness of its distribution network.

The range and variety of services across Leicestershire provided by the voluntary sector was variable. In the main, this was historical and reflected the complexity of district council arrangements and the previous PCT configuration. A number of services had been developed by the voluntary sector in response to local requirements and not as part of a strategic approach to planning for the county. The council had well advanced plans to review all voluntary sector provision to ensure equity of service whilst reflecting local requirements within countywide priorities.

Overall, we found that adult social care staff were knowledgeable about local preventative services and were signposting and referring people to voluntary sector services. Staff had access to the Ageing Well directory of services and a number of voluntary organisations visited teams to update them on what was available. Age Concern provided services across the county and staff said that they regularly signposted older people to this service. Contracts officers monitored the use of prevention services through data submitted by providers. This was both quantitative and qualitative information. The council had recognised the need for a more robust outcome based monitoring and was in the process of improving the system.

2.4 Access to initial assessments

The council provided support to self-funders. There was clear guidance to staff of the requirement to undertake an assessment of need if requested. In addition, an advocacy project had been commissioned to provide support to self-funders in residential care. They were also provided with assistance in maximising their income through the welfare benefits service and the provision of information. The council recognised that meeting the needs of self-funders in the provision of information and support as an area for development and had taken steps to collect data to inform future planning.

A number of services were developed in consultation with older people and many of these had been set up to facilitate open access. Some services were specifically focused on particular community groups others were not. There were occasions when people from black and minority ethnic communities were disadvantaged by this arrangement when trying to access non-specific minority ethnic services. Small voluntary organisations funded by the council were unable to access the council's arrangements for interpreting and translating services free of charge but interpreting services were available to adult social care teams for assessment and signposting purposes. We concluded that the same facility needed to be available to commissioned services in order to ensure that preventative services that do not require a formal assessment are available to all older people in the community, including those whose first language is not English.

3. Capacity to Improve

3.1 Leadership

The council had given a high priority to improving the lives of older people. Strategic leadership in Leicestershire had created a vision for the future of older people's services that was underpinned by the promotion of independence and prevention. Political leaders were committed to this vision. They were well informed about social issues and had a good working relationship with senior officers. Together they were providing effective political and managerial leadership.

Targets set to improve the lives of older people had been agreed with partners under the umbrella of the local area agreement (LAA). One target to increase benefit take-up by older people had led to over £2 million of increased welfare benefits to local people. Other targets also designed to help people stay independent for as long as possible were visible within the relevant council business plans and performance against targets was being monitored on a regular basis. Management action was informed by a range of good data that set service performance within national and local priorities.

There were strong strategic links with other strategic groups such as community safety and domestic violence and other corporate departments such as libraries and adult learning. The development of the Ageing Well in Leicestershire multi-agency strategy had brought together different strands of preventative work into a coherent plan. Multi-agency governance arrangements were in place to ensure effective delivery of the strategy.

The council was making good progress on strengthening key areas to incrementally move to a social care system based on early prevention and self directed care. We understand that an additional senior manager is to be recruited to oversee the development of self directed care. The council is also reviewing voluntary sector provision and the infrastructure of support to the voluntary sector to assess its capacity and sustainability to provide the range of prevention services that will be required in the future.

Safeguarding adults had been accepted as a core responsibility of the whole council and by the wider strategic partnership. The cabinet lead member for adult social care had lead responsibility for safeguarding and there was a commitment to safeguarding work across all political parties. The council's governance arrangements for safeguarding had been recently strengthened by the agreement by elected members that the Adult Social Care and Health Services Overview and Scrutiny Committee would receive regular safeguarding reports.

The council consulted on changes to policy and strategic and service development. A range of ways of consulting and involving older people, and the voluntary and independent sectors in planning were in place.

Older people were involved in research projects such as people with dementia and people from black and minority ethnic communities and there were standing groups such as the Older Peoples Engagement Network (OPEN). Members of the network were in contact with an estimated 2,000 older people.

There were forums for discussion and consultation with the private and voluntary sectors. These were effective in engaging both sectors. However, there were benefits to accrue by involving the voluntary sector at an earlier stage in planning in order to harness the knowledge and expertise of the sector through the exchange of ideas.

Adult Social Care was planning for the long-term workforce needs with partners. The draft workforce plan contained a good analysis of the adult social care workforce and linked this to future service needs of the whole social care sector. The plan had been developed with partners but was a single agency production. We were informed that future workforce plans would be produced in partnership with key partners.

3.2 Commissioning and Use of Resources

The council and the PCT had established a joint post of director of public health. However, until very recently the post had been covered by a series of temporary appointments. It is to the credit of the council that these difficulties had not resulted in a planning blight with the PCT and significant progress had been made.

The council had a good understanding of the needs of people who use services, obtained through widespread consultation and specific research and this data was being used to inform commissioning. Local and national priorities were central to both the commissioning plan and service plan. Whilst plans had been developed with partners, they were single agency and a framework for joint commissioning had yet to be developed with the PCT. More recently, agreement had been reached to recruit a joint commissioner for long-term conditions.

There was a strong emphasis on improving quality and efficiency through commissioning. This was linked to an historically low funding base for the council and adult social care services. The strategic shift in adult social care services was clearly linked to efficiency savings and to creating greater control and choice for people who use services through service improvement and redesign. The council overall achieves the highest possible rating on value for money from the Audit Commission and had been praised for its ability to manage resources well. However, opportunities for further efficiency gains through integrated services with partners with single line management and joint processes and systems had yet to be realised.

Service review and evaluation was a feature of the contract arrangements in Leicestershire. People who use services were involved in both these activities. The performance of services against targets and the experience of people who use services were being used to inform commissioning decisions.

Monitoring systems were being improved by developing a more robust outcome based framework for the voluntary sector with a particular emphasis on the impact of prevention services. There was a commitment to strengthening the contracts section to undertake this task in the future. The contracting processes had been improved to strengthen safeguarding arrangements.

There were effective partnership arrangements in place with corporate partners, the PCT, neighbouring local authorities and other agencies. The council had developed a number of joint strategies with partners including a joint strategy for strokes and falls with the PCT. A good example of the effectiveness of partnerships in Leicestershire was the long standing joint equipment service with the British Red Cross and the PCT. Another was the result of a successful bid in 2006 in obtaining a Partnerships for Older People Projects (POPP) grant, the only one in the East Midlands. The POPP project Decisions at Life's End (DALE) offers older people the option of dying at home rather than in hospital and aims to support 1800 people over a 12 month period. The project had been designed to make improvements in existing services by learning from the positive aspects of the project. This approach of using short life projects to refocus, reconfigure and to shape services for the future was a strength of adult social care services in Leicestershire.

APPENDIX 1: INSPECTION THEMES AND DESCRIPTORS

INSPECTION THEME 1 (Core Theme) People Are Safeguarded	
1.1	Adults who are vulnerable are safeguarded against abuse.
1.2	Workers are competent in identifying situations where adults who are at risk may be abused and know how to respond to any concerns. The council makes sure that all managers are aware of how to manage safeguarding issues.
1.3	Workers are aware of and routinely use a range of preventative support services and this has led to an increase in the reporting of incidents of abuse. There is satisfactory closure in all cases.
1.4	Robust quality assurance processes are in place and working effectively.
1.5	Adult Protection Committees, or similar arrangements, are in place; they work effectively and accord to POVA requirements.
1.6	People who use social care services are assured of privacy and confidentiality through the consistent application of appropriate policies and procedures.

INSPECTION THEME 4 People Have Access to Preventative Services	
4.1	The independence of all people who use services and carers is promoted consistently within all services. Well targeted initiatives in a wide range of areas: <ul style="list-style-type: none"> • meet people’s care needs (appropriate to culture, religion, sexual orientation, gender and age); • minimise the impact of any disabilities; and • enable people to live their lives in the way they choose.
4.2	There is a successful focus on early prevention, which can be demonstrated to be reducing need for higher-level support in almost all relevant instances.
4.3	Where the council commissions services which do not require a formal assessment all people have easy access to these services, which meet their cultural and other needs.
4.4	Where the council commissions services which do not require a formal assessment the council and all people who use these services are satisfied with the care and support on offer and the council can evidence good outcomes from these services.
4.5	Care managers refer on to relevant non-care managed services all people who need them.
4.6	There is universal access to initial assessments of social care needs regardless of whether a person intends to self-fund, or whether they are eligible for council services.

Leadership	
8.1	Highly competent, ambitious and determined leadership skills of senior officers in the council champion the needs of all people who use adult social care and their carers, to ensure that people are safeguarded/receive preventative services. Senior officers make sure there is effective staff contribution , both within the organisation and across partnerships, to planning and delivery of key priorities and to meeting suitably ambitious outcomes in the selected themes.
8.2	Plans to ensure the delivery of the selected themes are comprehensive and linked strategically and address key developmental areas. They identify national and local priorities for the selected themes ¹ . Realistic targets are being set and are being met. Coordinated working arrangements across the council and with external partnerships are reflected in strategic planning to ensure delivery of the selected themes. There is evidence that this working has resulted in improvements in the selected themes.
8.3	There are the people, skills and capability in place at all levels to deliver service priorities and to maintain high quality services to ensure the good outcomes in the selected themes.
8.4	Performance Management, quality assurance , and scrutiny arrangements are in place and effective to ensure that good outcomes in the selected themes: performance improvement can be demonstrably linked to management action.

Commissioning and Use of Resources	
9.1	The council, working jointly with relevant partners, has a detailed analysis of need for the selected themes with comprehensive gap analysis and strategic commissioning plan that links investment to activity over time. Expenditure on relevant services reflects national and local priorities and is fairly allocated to meet the needs.
9.2	The council secures services relating to the selected themes at a justifiable cost , having identified the range of options available and made comparisons in terms of quality and cost with other areas and nationally. There are robust financial management planning and reporting systems in the services delivering the selected themes.
9.3	The council makes sure that all people who use services, carers groups and staff groups relevant to the selected themes are integral to the commissioning process through consultation, design and evaluation of service provision . There is evidence that the council has information about costs in relation to quality and these are used in strategic and service planning and in commissioning to improve the economy, efficiency and effectiveness of the selected themes.
9.4	The council has a clear understanding of the local social care market relating to the selected themes and there are innovative measures taken jointly with providers to meet the needs of both publicly funded and self-funded individuals. Optimum use is made of joint commissioning and partnership working to improve the economy, efficiency and effectiveness of the selected themes. Informed choices are made about the balance of cost and quality in commissioning and de-commissioning services.

¹ Safeguarding Adults / Delivering Preventative Services

APPENDIX 2: METHODOLOGY

This inspection was one of a number inspections carried out by the Commission for Social Care Inspection (CSCI) in 2007 under the Independence, Wellbeing and Choice agenda². The aim of this inspection was to evaluate how well adults were safeguarded by Leicestershire County Council and how well Leicestershire were meeting the needs of older people in relation to delivering preventative services.

The inspection had a particular emphasis on improving outcomes for people. The views and experiences of adults in need of community social care services were at the core of this inspection.

An inspection design team created the inspection methodology. The Themes and Descriptors (see Appendix 1) were developed from the CSCI's Outcomes and Descriptors³.

The inspection team consisted of two inspectors from CSCI and an 'expert by experience'. At the beginning of the inspection process, we invited the council to provide evidence, supplementary to that provided in their annual self-assessment survey, related to the focus of the inspection. Before the fieldwork, we reviewed all available evidence on the performance of the council.

We sent questionnaires to 150 older people who use services. The results from these questionnaires helped us to identify areas for exploration during the fieldwork. We also wrote to other agencies for their views about the council in relation to the focus of the inspection.

The fieldwork consisted of five days 'on site' in the council community. During the fieldwork, we met a wide range of people with knowledge and experience of the services provided and commissioned by the council, including:

- people who had experience of receiving services
- organisations which advocate or represent people who use services and carers' interests
- council staff
- key staff in other parts of the council and partner organisations

² Department of Health 'Independence, well-being and choice' (2005) and subsequent White Paper 'Our health, our care, our say' (2006).

³ CSCI 'Outcomes Framework for Performance Assessment of Adult Social Care' 2006-07