



Making Social Care  
Better for People

## Service Inspection Report

# INDEPENDENCE, WELLBEING AND CHOICE

## Cheshire County Council

February 2008



# Commission for Social Care Inspection

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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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# INSPECTION OF INDEPENDENCE, WELLBEING AND CHOICE

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## Cheshire County Council

**February 2008**

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## **INTRODUCTION AND BACKGROUND**

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

The inspection team also looked at how well Cheshire was ensuring people have access to preventative services and that they benefited from effective partnership working. To do this the team focused on services for older people.

Before visiting Cheshire County Council, 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 Cheshire County Council. It will support the council and partner organisations in Cheshire in working together to improve the lives of people and meet their needs.

## SUMMARY

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### Safeguarding Adults

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

Most people were effectively safeguarded against abuse, neglect or poor treatment whilst using services. Strategy meetings were held promptly and had good multi agency representation. Most front line staff were aware of how to identify adults in vulnerable situations and responded appropriately to concerns.

However, levels of awareness outside the council needed raising. For example, some health staff needed to build their confidence and expertise in managing adult safeguarding concerns. There was a need to secure a more consistent response by the police in some cases. There was also a need to strengthen information-sharing protocols between agencies to assist in the management of risk and achievement of positive outcomes.

The council benefited from having stable, experienced and appropriately trained staff in its access and social care teams. Staff practice was underpinned by a sound analysis of risks and person centred support and was effectively supported and quality assured by managers. There were regular reviews to monitor the effectiveness of services in keeping people safe. However, there were some areas where capacity was tightly stretched. These included the timely completion of investigations, administration support and undertaking investigations relating to people placed by other councils in Cheshire.

There was a clear focus on strengthening approaches to preventing abuse and neglect. Issues relating to domestic abuse were well managed. The Council and its partners had taken robust action to address poor standards of care and had implemented a programme of work to target poor performance and enhanced its monitoring arrangements. However, there was a need to jointly review the outcomes and levels of support to people with learning disabilities living in supported housing to achieve an effective balance between positive risk-taking and personal safety.

The performance of multi agency arrangements was considerably less positive but was none the less adequate. The Adult Protection Committee was not operating effectively and needed considerable development. A comprehensive review of adult safeguarding activity was in progress at the time of the inspection.

### People have Access to Preventative Services

We concluded that access to preventative services in Cheshire was **good**. There were elements of excellent practice in one area.

There were high levels of satisfaction with the support that people who used services received to sustain and promote their independence. Social care staff

were easy to get in touch with and were reliable in responding to peoples' needs. Packages of support were regularly reviewed and adapted to meet changing needs and circumstances. The council took seriously its responsibilities in meeting the needs of all its local citizens. We found high standards of care management support irrespective of individual financial status.

However, the council and its partners needed to widen their awareness of the needs of older people and their carers to ensure their diverse cultural and lifestyle preferences were positively promoted.

Priority had been given to addressing the needs of older people with mental health needs. However, there were some gaps in the provision of support. There was a growing focus on the needs and provision of support to carers. This was an area for further development to ensure a wider range of opportunities for carers that proactively promoted their wellbeing.

The council and its health, housing and third sector partners had a growing number of initiatives in place to strengthen their shared focus on preventative activity. This included innovative work with the fire service to 'actively case find' to promote the safety and wellbeing of older people living in their own homes. The Age Concern '*Supporting You*' service provided a positive and effective response to people who did not meet the council's '*Fair Access to Care Services*' criteria.

## **People Benefit from Effective Partnership Working**

We concluded that partnership working in Cheshire was **good**.

The Innovation Forum and the local area agreement gave a high priority to addressing health inequalities and to developing stronger and more effective shared responses to need. The council had substantially strengthened its partnership working with local health services in the past year. There was effective working with a wide range of organisations to deliver its ambitious extra care housing strategy.

There were strong partnerships with Age Concern and the Alzheimer's Society that were delivering positive outcomes for older people and their carers. However, the council and its health partners needed to enable some voluntary sector partners to strengthen their capacity to address increases in demand and delays in access to services.

Partnership working with the Older Person's Network was well embedded and some of the contributions and outcomes of its members' work were impressive. However, there was a need to jointly agree the future direction of the Network and to ensure there was sufficient resources and support available to enable stronger local participation and networks of support.

The council and its health partners had made good progress in implementing single assessment processes and there were ambitious expansion plans to maximise the contribution of all stakeholders.

Disputes between health and social care in agreeing continuing health care funding were infrequent, but further work was required to agree processes of support to people who were not eligible for full continuing health funding.

## 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 Cheshire was **promising**.

The council had a clear vision and strategic direction underpinned by a robust focus on the outcomes it was trying to achieve. There were capable and effective managers in place. Staff at all levels had a clear focus on improving performance, reducing costs and modernising services. Efforts had been made to learn from research and from good practice in other areas.

The council had strengthened its approaches to partnership working and prevention. Some recent joint appointments had been effective in co-ordinating a 'whole systems approach' to securing more efficient and effective service delivery. The council required high standards from providers across the sector and contracts had a clear focus on adult safeguarding arrangements.

There was a large and pressing agenda for change outlined in the adult safeguarding strategic review to build future capacity and to radically transform the focus and contribution of partners to the work of the Adult Protection Committee. This needed to be supported by clear and appropriately resourced implementation plans to develop the level of strategic leadership, partnership working, performance monitoring and scrutiny that was required. Workforce planning and development strategies required development to address the increase in the size and complexity of adult safeguarding activity.

The council and its partners had been working to strengthen commissioning structures and joint arrangements to secure improvements in their delivery of national and local priorities. Commissioning plans had been reviewed and supported a stronger shared focus on partnership working and prevention. The extra care housing developments provided important additional capacity.

The council had strengthened its approaches to securing value for money. Positive recent action had been taken in reconfiguring services and supporting more sustainable future arrangements.

Further work was required to underpin the commissioning of third sector organisations to address areas of high demand and to support sustainable business planning and service delivery.

Plans to provide improved access to self-directed support were well advanced and being piloted in one area. The council aimed to have full implementation of individual budgets by the end of the year.

## RECOMMENDATIONS

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Outcome theme	Recommendation
<b>Safeguarding Adults</b>	<ul style="list-style-type: none"> <li>• The council and its supported housing partners should ensure an effective balance between positive risk taking and personal safety in supported housing for people with learning disabilities.</li> <li>• The council and its partners should ensure a good standard of competence in safeguarding work across all sectors.</li> <li>• The council and its partners should ensure that the management of risk and the achievement of positive outcomes are supported by appropriate flows of information.</li> </ul>
<b>People have Access to Preventative Services</b>	<ul style="list-style-type: none"> <li>• The council and its partners should improve their awareness of the diverse cultural and lifestyle preferences of older people and their carers.</li> <li>• The council and its partners should ensure better outcomes in prevention, personal control and independence for older people with mental health needs.</li> <li>• The council and its partners should enable a wider range of opportunities for carers that promotes their wellbeing and improves their quality of life.</li> </ul>
<b>People Benefit from effective Partnership Working</b>	<ul style="list-style-type: none"> <li>• The council and its partners should ensure that the work of the Older Person's Network enables stronger local participation and networks of support.</li> </ul>
<b>Leadership</b>	<ul style="list-style-type: none"> <li>• The Adult Protection Committee should strengthen its strategic leadership, performance monitoring and scrutiny arrangements to ensure a clearer focus on risk and outcomes across the partnership.</li> <li>• The Adult Protection Committee should review the deployment of staff and management across the partnership to ensure a sustainable future response to increases in the size and complexity of adult safeguarding activity.</li> </ul>
<b>Commissioning and Use of Resources</b>	<ul style="list-style-type: none"> <li>• The council and its partners should enhance the commissioning of third sector organisations to meet increased demand and support sustainable business planning and service delivery.</li> </ul>

## CONTEXT

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Cheshire County Council was facing significant change as it moved from its current two tier structure to two new unitary councils in April 2009. The Conservative Group controlled the council. Governance arrangements were centred in a Cabinet and Leader model.

The council had been rated as a four star excellent council by the Audit Commission and was judged to be improving well in its 2008 direction of travel assessment. There was evidence of good progress having been made in the care of older people and community safety. These were key areas relevant to the scope of this inspection. The CSCI in 2007 rated the council's performance as good overall in its delivery of outcomes, with promising capacity to improve.

The population of Cheshire was approximately 679,900 with 18 per cent of the population over 65 years of age. The population was expected to grow to 690,500 by 2010 with to 21.7 per cent over 65 years of age by 2016. Approximately 3.7 per cent of the population were from black and minority ethnic groups. The 2001 census identified 71,675 carers of adults in Cheshire. It estimated that over 13,000 were providing unpaid care for more than 50 hours a week.

Cheshire is a council of significant contrasts in relation to the levels of disposable income, life chances and life expectancy of its local population. A total of 9 per cent of the population live in the most deprived areas of the country. Cheshire was ranked 100 out of 150 English councils (with 150 being the least deprived) in the Indices of Deprivation 2004.

The Community Services Department of the council was established in 2006. The Department was responsible for older people and adult social care services. It also included services relating to community wellbeing, libraries, information and culture, and safer and stronger communities. The council spent £88.7 million on social care services for older people and £54.7 million on adults in 2006-07. This amounted to 23 per cent of the council's overall budget. The council provided services to those who fell within the 'critical and substantial' needs banding of the '*Fair Access to Care Services*' criteria<sup>1</sup>.

The Department had a number of established partnerships with local health organisations including the Central and Eastern Cheshire and the Western Cheshire Primary Care Trusts, East Cheshire, Mid Cheshire and the Countess of Chester NHS hospital trusts, as well as the Cheshire and Wirral Partnership NHS Trust. There were a number of partnership initiatives with the six local borough councils. Police and fire authorities operated across Cheshire, Halton and Warrington councils. There were a number of joint developments with local community and voluntary sector organisations.

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<sup>1</sup> Department of health guidance to assist councils in managing local demand within context of available resources.

## KEY FINDINGS

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### 1. Safeguarding Adults

#### 1.1 Safeguarding against poor treatment

The council and its partners had worked hard to improve awareness and there had been a significant increase in adult protection referrals in the last few years. There was a developing range of public information about adult safeguarding and how to report concerns in leaflets and on the council's website. This included easy to read guidance for people with learning disabilities.

Most people were effectively safeguarded against abuse, neglect or poor treatment whilst using services. We found timely and appropriate responses to referrals and effective analysis and management of risk in most cases. Staff had a clear focus on raising standards. However some partner agencies were not consistently provided with feedback resulting in some uncertainty about the actions taken.

Care was taken to sensitively assist people in making decisions that were right for them. However, some staff needed to enhance their understanding of the role of independent mental capacity advocates in order to effectively tailor their contribution. The recent joint appointment of a project officer to support independent mental capacity act implementation was a positive development.

Practice generally complied with the multi agency adult protection policy and procedures. This was closely aligned to the Department of Health's '*No Secrets*' guidance. The policy and procedures had been informed by research findings. However, they had not been substantially reviewed since 2005 and needed updating. This had been recognised and work was in progress to address this.

Strategy meetings were held promptly and had good multi-agency representation. Professional meetings consolidated action planning, learning and feedback across agencies. Case recording clearly outlined safeguarding priorities and actions. There were regular reviews to monitor the effectiveness of arrangements in keeping people safe. However, there were some concerns about the sustainability of this level of response given high and increasing demand<sup>2</sup>. Staff faced particular challenges in terms of their capacity to respond to adult protection alerts concerning people placed by other councils in its area. Some front line staff and managers had been unable to complete investigations in a timely manner. Other priority work was becoming more difficult to achieve in some cases. There was a need to review the deployment of staff and management across the partnership to ensure a sustainable future response to addressing high referral rates.

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<sup>2</sup> Council dealing with approximately 1,000 adult safeguarding referrals in the past 12 months. High numbers partly due to legacy of some large institutions located in Cheshire that had 'national' usage.

The level of support provided was generally sensitive to individual needs and risk. Home care, short breaks and restraining orders had been appropriately used to enhance protection. The allocation of 'flexible' access to home, day and residential short breaks was effective in reducing carer stress. There was good support to people who required assistance in managing their finances.

There was positive joint working with partner agencies. However, there was still too much reliance on social care staff taking the lead in investigations and a need for health staff to build their confidence and expertise. Joint working with the police in the public protection unit was generally good. However, there was a need to ensure a more consistent approach across the whole force. There was a need for more effective engagement by local district and borough council staff.

The council was working to address poor performance and raise standards in residential and nursing homes. There were examples of positive outcomes following targeted work by the primary care trust and social care staff in conjunction with independent sector providers. Contract specifications clearly identified adult safeguarding requirements. The council had involved members of the Older Person's Network in making visits to care homes and reporting on how well the needs of older people were served. This approach was to be commended. It could be further developed to include people with mental health needs and learning disabilities who had spent a significant period in care.

The Age Concern pilot confidential helpline was a positive development in enabling people to report concerns regarding service quality, dignity and adult protection issues. This particularly benefited people who had arranged their own care who may not have had previous contact with social care staff.

The Cheshire and Wirral Partnership NHS Trust had reviewed local management arrangements against the recommendations of the Cornwall, Sutton and Merton NHS Trust investigations. All improvement actions had been completed by December 2007. The Trust had positively identified additional areas for improvement from its consultation with people who used services and its action plan had been adapted to address these issues. However, there had been insufficient oversight of this improvement activity by the Adult Protection Committee and the lessons learned had not been adequately shared with other parts of the sector.

There were instances of concern within Learning Disability supported housing services where people had not been effectively protected and where consequent actions were slow or insufficient.

## **1.2 Making sure that staff and managers know what to do**

Most staff in the council were aware of how to identify vulnerable adults and respond to concerns. The council benefited from having stable, experienced and appropriately trained staff in its access and social care teams. The quality of casework and partnership working underpinning

adult safeguarding practice was generally good. Strategy meetings and reviews had an appropriate focus on contingency planning and outcomes. Team plans gave priority to adult safeguarding. Staff were updated through practitioner meetings convened by the adult protection co-ordinator.

Managers actively supported front line staff. All social care managers had been trained in managing investigations and regularly chaired strategy meetings and case conferences. There was a need to improve administration support to assist managers in co-ordinating investigation processes.

Inspections of Cheshire's regulated care home and domiciliary services across the sector (2006-07) confirmed that there was a good awareness of adult safeguarding issues with the required systems and procedures in place. Staff in the council's own provider services were clear about their responsibilities and were confident and well supported. The council and its health partners had jointly delivered adult safeguarding awareness training to a number of care home owners/managers in the past year as part of a wider strategy to ensure people were treated with dignity and received appropriate levels of care.

Training statistics however demonstrated limited take up of investigation training by health, housing and provider staff. The council aimed to ensure that all staff had access to relevant training by 2009. It was working to develop alternative methods including workbooks to promote provider staff knowledge and competence.

The investigation and managers' training courses were rated highly. There was some dissatisfaction though with the half-day awareness-raising course. The council had taken positive action to offer adult safeguarding training to Trading Standards and Registration staff and this had resulted in earlier identification of risk and effective joint working. The scrutiny of quality and outcomes of training needed to improve and more joint training with health, supported housing and the police would be beneficial.

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

Most staff were working proactively to try and reduce the risk and incidence of harm to vulnerable adults. Front line staff and their managers impressed us with their commitment. The joint action plan developed in response to poor treatment of older people in two care homes included the deployment of a care manager and nurse to undertake regular random visits to monitor risks and to assess improvements in the care and support to frail older people. This included a key safeguarding focus on people who were funding their own care.

There was a growing focus on preventative work to enhance the personal safety of people in their local communities. The recently established domestic abuse partnership diversity task group aimed to reduce the risk of exploitation of people with a disability, people who are lesbian/gay and

people from other faith/ethnic groups. There was joint work in progress with local day services to strengthen support to people with learning disabilities and to increase their awareness of risk and reporting of concerns. Staff working in the supported housing sector needed to proactively assist people in keeping themselves safe, especially when people secured their first tenancy.

The council had a strong focus and a good track record in the management and prevention of domestic abuse. There was positive joint working between the domestic abuse and adult safeguarding teams that included training, preventing exploitation and shared 'high risk' management processes.

There was effective joint work with Trading Standards staff to reduce the risk of doorstep crime. There had been a number of successful prosecutions of traders who sought to exploit vulnerable people.

The council had developed an accessible version of the adult safeguarding policy for people with learning disabilities. However, there was a need to raise the profile of adult safeguarding and prevention in the wider community. Few older people or carers that we spoke to knew how to report concerns. Our visits to access points and local community services identified limited promotion of adult safeguarding publicity.

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

There was close monitoring of the outcomes of adult safeguarding activity. There was a strong focus on quality assurance with clear processes of sign off by social care team and locality managers. There was good management oversight of practice. Front line staff and managers had prompt access to legal advice to inform their practice.

The Partnership NHS Trust had strengthened its quality assurance processes and scrutiny of outcomes and had embedded lessons from national incidents. The Trust needed to further improve its data management to ensure up to date and accurate reporting.

The council had made effective use of contracting processes to improve the quality of services. The council had used incentive payments to improve the range of services and to build specialist capacity in meeting the needs of people with dementia. The performance of service providers was actively monitored and placements had been suspended or contracts terminated when the required quality standards were not achieved.

#### **1.5 Making sure that POVA arrangements are robust and work well**

The Adult Protection Committee had not effectively exercised its strategic leadership role across the partnership. There were significant weaknesses with regard to its focus, governance and performance management functions. Council wide and partner agency ownership and support for its work needed substantial development. The council had recently started to

address this and had sought to learn from top performing councils. The strategic review report outlined a significant improvement agenda.

The work and expertise of the adult protection co-ordinator was valued by staff and partner agencies. However, there were severe capacity constraints on the post-holder given that was a part time post. The council had recently taken action to strengthen capacity and had agreed funding for two full time adult protection co-ordinators from April 2008. This was an important step in promoting the sustainability of future adult safeguarding arrangements in the two new unitary councils.

The process of undertaking criminal records bureau checks and Protection of Vulnerable Adults requirements was well embedded in employment practice. The council had set high standards and expectations of its workforce in terms of their professional conduct. Firm and appropriate action had been taken to address poor performance by council employees.

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

There was a significant programme of work in hand to enhance electronic case management systems. Privacy and confidentiality were well managed. Staff had good access to data protection and human rights training.

Information sharing protocols between agencies needed improving. Greater care was required to ensure effective exchange of pertinent information in hospital admission and discharge arrangements. Uncertainty about the bounds of data protection in the wider partnerships needed to be addressed.

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## **2. Delivering Preventative Services**

### **2.1 Promoting independence**

There was a high degree of satisfaction with the help people received from the council and voluntary sector agencies. Services were easy to get in touch with and reliable in responding to their needs. This included people who were in a position to fund their own support services. Feedback overall was very positive and included:

*'Staff are always helpful and try to make sure I am safe and well.'*

*'The support I have had from my social worker has been brilliant in enabling me to care for my wife who has Alzheimer's.'*

We found positive person centred practice underpinning support to older people and their carers. Staff at all levels accorded a high priority to challenging ageism and to maximising personal independence by tailoring

support to individual circumstances and preferences. Care packages were regularly reviewed and adapted to meet changing needs. However, there was work to do to ensure appropriate transition of adults with mental health needs and adults with learning disabilities to older person's services. The recently developed transition policy should improve practice in this area.

Care managers actively explored a range of alternative support arrangements to placement in long term care. The council had recognised that flexibility was required in procurement arrangements to enable people to return to their own homes following a period in residential care. It was piloting a '*Return Home Premium Payment*' with care home providers to encourage ongoing rehabilitation support and a return home wherever possible.

The council and its health partners had worked well together to develop intermediate tier and rehabilitation services to reduce reliance on in patient care and to promote timely discharge from hospital. The council had been able to reduce its care home placement levels by two per cent in the past year despite an increase in numbers requiring high levels of assistance. There had been a marked reduction in the use of acute hospital beds by people over the age of 75 years.

The council had good comparative performance in the delivery of Direct Payments for older people. Age Concern provided effective support in enabling people to manage the process and to meet their obligations as an employer. The council's adult social care redesign plans had given high priority to developing individualised budgets to enable people to have more flexibility and choice in their personal support arrangements. Plans were underway to pilot the approach in one locality and roll it out across the whole council area by the end of the year.

There were gaps in the provision of support to older people with mental health needs. The review of the work of the primary care mental health teams highlighted the need to strengthen approaches to identifying and supporting the mental well being of older people. There were some delays in the discharge of older people from hospital exacerbated by the limited supply of high quality specialist care homes in some localities. There were also gaps in intermediate tier services in promoting the rehabilitation/maintenance of skills of older people with a diverse range of mental health needs. The Innovation Forum<sup>3</sup> had given priority to addressing these issues.

We found the quality of work with older people with dementia to be sensitive and purposeful in one of the council run community resource centres we visited. The consultation undertaken to identify options for decommissioning three resource centres highlighted high levels of public confidence in and appreciation of their work.

Family based care was a flexible option for increasing numbers of older people and there were plans to further extend its capacity. However,

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<sup>3</sup> Established in excellent councils to support new more effective partnerships and outcomes

some people reported gaps in the choice and availability of support within the home. There remained some issues still to be fully addressed in the quality, flexibility and availability of some domiciliary care services.

There was a growing focus on the needs and provision of support to carers. This was an area for further review given that a number of carer support organisations were at maximum capacity and had waiting lists for some carers' services. This particularly related to carers whose needs fell outside the '*Fair Access to Care Services*' criteria. The council and its partners would benefit from a better understanding of the needs and pressures in its localities to inform its social care re-design agenda and to strengthen its preventative focus on carers. There was work required to ensure carers from across the community were aware of their right to a carer's assessment and were enabled to access a range of support to promote their social inclusion. This included the promotion of employment opportunities for carers in line with recent legislation.

There was prompt delivery of minor aids and equipment. The retail model for equipment services being piloted offered increased coverage and options for individuals. There was effective joint working between the home improvement agencies and other organisations to enable a holistic response in promoting independence.

There had been a marked reduction in the waiting times for occupational therapy assessments in the past year, though some delays remained for people designated as priority 2. There were difficulties in ensuring a timely response to major adaptations. The move to unitary councils should enable more effective joint working and scrutiny of performance in the delivery of major adaptations.

## **2.2 Preventative services**

Care managers had a strong customer focus and responded promptly to the changing needs of older people. This level of responsiveness was important to achieving a preventative focus in practice.

*'They are only a phone call away and can usually see me immediately if need be.'*

There was innovative work with the Cheshire Fire and Rescue Service to promote the safety and wellbeing of people living in their own homes. We heard about a number of incidences where joint visits had uncovered needs relating to the safety and well-being of older people. This was an important element of the council's strategy to enhance its prevention capacity. Cheshire had an ambitious plan to visit all older people to enhance their awareness of risk and to inform them about the range of help available. This approach is to be commended in addressing inequalities and in enabling the safety and well-being of local people.

However, there were a few areas where the council and its partners could do more to identify 'hidden need' and positively respond to diverse cultural and lifestyle preferences. This included older people who were lesbian, gay, bisexual or transgender and older people from the

traveller/gypsy communities. The need for improvements in this area had been identified in the carers' strategy and the council's corporate equality plan.

The council and its health, housing and third sector partners had a number of complementary and joint initiatives in place to maximise the independence of older people and their carers. These included extra care housing, telecare and falls prevention support.

The evaluation of telecare services identified improved outcomes for older people including feeling more safe and secure and being able to be more independent. Older people reported an increase in their personal confidence due to the back up response service. Most carers highlighted that the installation of telecare equipment contributed to their peace of mind and enabled people to remain living at home. Telecare equipment contributed to timely and safe discharges from hospital and had helped to reduce/prevent falls.

The council had a long established and effective partnership with Age Concern that enabled a positive focus on prevention. Age Concern had established a free home safety risk assessment service across Cheshire providing free minor adaptations and repairs to reduce risks such as trip hazards. Age Concern supported almost 2,000 people who did not meet the council's '*Fair Access to Care Services*' criteria in 2006-7. The outcomes and impact of their involvement had begun to be measured and included improved levels of physical activity, participation in more social activities, feeling healthier and greater levels of personal independence. Age Concern had also been instrumental in promoting the economic wellbeing of older people through assisting people to access almost £2 million previously unclaimed benefits. Much of this activity was driven and supported by older people in a voluntary capacity.

The Innovation Forum had enabled positive partnership working with health and other community partners in undertaking specific work such as falls prevention that achieved positive outcomes in terms of improved personal confidence and mobility. This work was being independently evaluated by Keele University.

There was a growing focus on promoting community engagement and social inclusion. The council and its partners recognised the importance of addressing need at the earliest point to prevent crises or dependence on statutory services. The quality of community meals provision was commended and enabled effective and regular monitoring of individual well-being. Opportunities for adult learning had been expanded with encouragement of people over 75 years to participate. The local area agreement aimed to enable older people to remain economically active and promoted healthy lifestyles.

## 2.3 Access to preventative services

The council had strengthened its focus on the provision of information, advice and support to people who funded their own care or who did not meet the council's threshold for access to services. The recent joint '*Ageing Well in Cheshire*<sup>4</sup>' publication provided a good overview of how to access help. The increased role of the library service in the provision of information was positive. Library services were playing a key role in promoting mental stimulation and social networks through the 'Books on Wheels' service and senior reading clubs and coffee mornings. The council had begun work on developing a comprehensive information strategy that was informed by older people. This formed a key element of the council's plans to inform and prepare people for taking control of their own support arrangements.

The council and its health partners had a rolling programme of information events to raise public awareness of help available. For example, the fire service recently attended flu vaccination sessions to actively case find people who could benefit from an early home safety check.

The council and Age Concern through the '*Supporting You*' initiative proactively addressed the needs of people who fell below the *Fair Access to Care Services* threshold and offered a holistic assessment of their needs. Services provided included assistance with cleaning, shopping, transport, equipment, home maintenance and assistance with welfare benefits claims. The council had growing evidence to show the effectiveness of these approaches in reducing/delaying demand for statutory intervention.

Home improvement agencies and handyperson services made a positive contribution to enabling older people to remain safe and independent in their own homes. The council's work with partners to extend access to telecare services and to pilot approaches to telehealth was enabling the council to improve its understanding of positive risk-taking and what combinations of support worked best.

## 2.4 Access to initial assessments

The council took seriously its responsibilities in meeting the needs of all its local citizens irrespective of their ability to fund their own care arrangements. We found examples of high standards of care management support irrespective of individual financial status. People who funded their own residential care placements had access to a web based directory of local homes. The council funded Age Concern East Cheshire branch to provide a placement officer to assist older people who were funding their own placements. The Age Concern brokerage service assisted people in organising and funding care at home.

There was close partnership working with health partners to ensure older people had universal access to initial assessments irrespective of their

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<sup>4</sup> Supported by Cheshire County Council, Age Concern and Cheshire NHS

level of need or individual circumstances. All patients needing care services on discharge from hospital were initially screened for continuing health care eligibility and then referred to social services as appropriate regardless of peoples' ability to self fund their support arrangements. The access teams effectively signposted people to other organisations who were more appropriately placed to assist with individual queries/needs.

There was some innovative practice in meeting needs in the initial assessment work being undertaken by some partner agencies. This included a joint protocol between the Fire Service and Age Concern linking needs identified through the home safety checks to the 'Supporting You' service using the single assessment process. This was a positive example of the council's new approach to achieving efficient and creative responses to identifying and meeting need.

There was a prompt response to addressing the visual impairment needs of older people. The council worked to the standards outlined in 'Progress in Sight'<sup>5</sup> and had a clear focus on enhancing individual mobility and retaining skills of daily living.

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### **3. Working in Partnership**

#### **3.1 Joint working**

Front line staff took great care to ensure older people and their families were enabled to play their full part as partners in determining how their needs could be best met. A 'Participation Promise' had been developed to ensure high quality consistent staff performance in developing relationships with people using services. Feedback from older people included:

*'We are always involved in decision-making and one to one discussion with health and social care staff is valued.'*

The Innovation Forum and the local area agreement gave a high priority to addressing health inequalities and to developing stronger and more effective shared responses to need. The recently agreed 'Every Older Person Matters' framework had promoted a shared vision and future direction that aimed to unite the contributions of a broad range of local organisations in supporting older people in their local communities.

The council had significantly strengthened its partnership working with local health services in the past year. There were a number of joint appointments that were supporting the shift to 'whole systems' working and the active engagement of key local stakeholders. Work was progressing well in meeting the needs of older people through new service development and commissioning activity. Areas identified for further development included joint approaches to workforce development and risk management.

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<sup>5</sup> National Standards for Social Care of Visually Impaired Adults 2002

Training partnerships, special projects, networking groups, strategy groups, and carers' groups supported strong and effective joint working. There was positive joint working between health, social care and voluntary sector organisations in promoting and responding to the needs of older people and their carers. The Alzheimer's Society worked closely with staff in the memory clinics to help people when they were first diagnosed. Age Concern provided a broad range of advice and support that complemented statutory provision. Local people had positively benefited from this partnership and there had been creative use of funding to generate additional capacity and to influence improvement.

The council had an ambitious and well considered extra care housing strategy. Its plans were centred in the promotion of the widest possible range of partnerships and funding streams to deliver the levels of service required to meet current and future demand. The joint developments supported sustainable options to care home placement.

The independent sector had positive and open relationships with the council although there was some work to do to more clearly specify their role and contribution to the new policy framework. Many independent sector providers valued the support and challenge from the council in assisting them to deliver higher quality services and outcomes. The Learning Resource Network had a clear focus on supporting the ongoing development of independent sector organisations.

The council had a positive and appropriate relationship with its own directly managed services in supporting their ongoing modernisation. In house services had undergone significant changes to continuously ensure value for money and effectiveness in the delivery of outcomes. However, decisions about further review/decommissioning of community support centres had been recently put on hold given the imminent changes to local government structures in Cheshire. This was an area for early attention by the new councils to avoid continued uncertainty.

Partnership working with the Older Person's Network was well embedded and some of the outcomes of its work were impressive. Its members provided a healthy challenge and steer in the council's approach to developing services for older people. However, there were some gaps in funding support to service the network. Some older people were reluctant to claim expenses or charge for additional costs in relation to their work. A recruitment campaign had been put on hold in one locality given shortfalls in funding. Further consultation with older people and review of existing arrangements was required to sustain and further enhance local participation and networks of support.

### **3.2 Single assessment processes**

The Cheshire Health and Social Care Partnership had made good progress in promoting the further development of the single assessment arrangements to address some gaps in access to and use of electronic information systems and to support more efficient and effective management of personal care records. Expansion plans included innovative work with the fire service and Age Concern to extend access to

contact assessments and enable stronger evidence based analysis of needs.

Achievements in this area had been recognised at a national level and the partnership had recently secured an additional government grant to enable it to further improve links with NHS patient records. Priorities for the next stage of implementation included securing improved engagement of all key stakeholders to ensure consistent and holistic responses to need and effective analysis of risk across partner agencies.

### **3.3 Continuing care**

There was a clear continuing care protocol in place that had recently been reviewed. There was generally a positive problem solving approach between health and social care managers in addressing complex issues including continuing care. New screening tools had improved practice and were centred in a shared approach to safeguarding the dignity and wellbeing of older people. Disputes between health and social care were infrequent. However, further work was required to improve the approach to people who were not eligible for full continuing health care funding- particularly those awaiting hospital discharge.

The recent appointment of continuing care advocates provided additional support for older people and their families. This initiative was still relatively new and should provide feedback to inform improved person centred support and challenge of decisions. Training had been provided to panel members to assist in decision-making and managing complexity in this area.

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## **4. Capacity to Improve**

### **4.1 Leadership**

The council had a clear vision and strategic direction underpinned by a robust focus on outcomes. There was good alignment of corporate and service plans to promote improved outcomes in line with *'Our Health, Our Care, Our Say'*. The *'Every Older Person Matters'* framework provided a clear strategic direction for building capacity to meet future increased demand and continue to raise standards and choice in service delivery. Staff at all levels had a clear focus on improving performance, reducing costs and modernising services.

The Community Services Department was well led. There were capable and effective managers in place within the organisation. There was an effective organisational culture and drive towards continuous improvement. The council had commenced a radical programme of improvements to assessment and care management activity to enable a more flexible and individually tailored response to addressing the current and future needs of older people.

Senior managers and elected members were both leading and responding to change and challenge as they worked to implement the re-design of adult social care whilst simultaneously managing the transition to two new unitary councils and reconfigured PCTs. The scale of the change was significant and had a direct impact on all partnerships. Senior managers and elected members were sensitive to risks in managing such wholesale change within a very tight timeframe. Close and ongoing scrutiny was required to ensure that the good progress made did not drift and that the successor councils maintained the pace of planned change.

There was a top priority given to partnership working and this was embedded in the mission statement of the department. The council had benefited from strong operational partnerships in a number of areas. There had been a positive shift to a more strategic approach to supporting partnership working in recent months. The new 'whole systems' approach actively promoted better alignment and focus on everyone's contribution to the '*Putting People First*'<sup>6</sup> agenda. The local area agreement and the Innovation Forum had clear targets to positively promote independence and reduce reliance on health and social care services.

The council had strengthened its capacity to deliver prevention services. The Older Person's Commissioning Group had strong senior representation from all key partner agencies and was working to radically transform services. We found a number of examples of the council and its partners' willingness to take difficult decisions to secure better outcomes.

The council had effectively mapped the implementation of its future priorities. Plans to deliver self-directed support were well advanced in one locality. The council intended to progress full implementation of personalised services including key elements of self directed support and individual budgets by the end of the year.

The council benefited from having stable, experienced and appropriately trained staff in its access and social care teams. Managers and front line staff were aware of their priorities and targets and were working to continuously improve peoples' experience, the quality of services and the outcomes achieved. Efforts had been made to learn from research and from good practice in other areas.

Performance management arrangements had been strengthened. There was regular monitoring and reporting of performance and activity at a number of levels. The new information management system should support more efficient and comprehensive monitoring of progress.

The key priority area for improvement related to the role and function of the Adult Protection Committee. Although there had been good representation from a number of partner agencies, most existing members were not of a sufficiently senior level to drive improved outcomes or to commit staffing or resources to development activity. The council and its partners needed to develop their leadership and

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<sup>6</sup> Cross government guidance seeking to actively support the new personalisation/self directed support agenda.

governance roles to enable the level of strategic management, co-ordination, performance monitoring and scrutiny that was required.

The Adult Protection Committee did not have an agreed multi agency work plan or sub groups to support its development activity. Whilst there were positive connections made with the Domestic Abuse Partnership and the Supporting People programme, there was work to do to strengthen linkages with the Children's Safeguarding Board and wider service user focused Partnership Boards, commissioning and workforce development strategies.

The council had identified this as a priority for improvement in its last two annual safeguarding reports to council. The strategic review of adult safeguarding activity was comprehensive and identified a significant improvement agenda. The council had recently commenced work with its partners to support its implementation. Workforce planning and development strategies were required to address the increase in the size and complexity of adult safeguarding activity.

There were some positive examples of elected member involvement in adult safeguarding activity to date. This included scrutiny of the council's progress in implementing the '*Dignity in Care*' challenge. However, some elected members had been slow to understand the risks and relevance of adult safeguarding activity.

## **4.2 Commissioning and use of resources**

The council had responded positively to challenge from external inspectorates to strengthen its commissioning activity and to improve tracking of outcomes. A number of actions had been taken to improve capacity. The council and its partner agencies had jointly established a comprehensive commissioning framework. The Older Person's Executive Commissioning Group had set a clear strategic direction and priorities in line with national policies and local priorities. The joint strategic needs analysis work was progressing well. Commissioning plans had been reviewed and were supporting a stronger shared focus on prevention and partnership working.

Senior managers had clearly identified that the current costs of older person's services were above average compared to similar councils, and in some areas the outcomes of this investment were not yet of a consistently high standard. The council was thoughtfully working out its *Transforming Cheshire* strategy to enhance its capacity to more flexibly deploy resources and address increasing demand. There was a significant programme of change in place at a number of levels supported by tight project management to secure efficiencies and improved outcomes. The council had engaged consultants to assist it in mapping its business processes so as to enable the shift to self-directed support.

The financing of older person's services identified risks and contingencies and was increasingly aligned to the council's strategic direction and adult social care re-design proposals. The council had strengthened its focus on securing value for money. The council was aware of its outliers in terms

of unit costing and was working to build and stabilise the local market. Positive recent action had been taken in reconfiguring services and promoting more sustainable arrangements with independent sector domiciliary care providers.

Developments in extra care housing and preventative services enabled good use of existing and alternative funding streams. However, there was further work required to secure multi agency agreement to addressing gaps and investing in future adult safeguarding activity.

There was prudent and effective management of budgets. The new councils (and primary care trusts) were likely to face additional challenges in managing within their resources as further efficiencies were required. The council was aware of these risks and was working to ensure the best possible position for the successor councils. Budgets were devolved to front line managers and were tightly managed.

Senior managers were working effectively with a range of providers to assist them in modernising their services and to enable them to be more relevant to the needs of the current and future population of older people. Incentive payments had been made to encourage some providers to diversify and expand the range of residential and short breaks support for older people with mental health needs. There was an ongoing need to strengthen the capabilities of domiciliary care providers so as to sustain increasing numbers of older people with mental health needs in their own homes.

The council required high standards from its providers. Cheshire had embedded a robust approach to contract management and monitoring to address poor quality in some of its legacy services across the sector. Contract monitoring arrangements had a clear focus on adult safeguarding arrangements.

The Older Person's Network provided a positive and effective means of ensuring older peoples' voice and experience informed all service planning and improvement activity. The carer's inter agency group was well informed by carer's experiences and views. Carers were playing an increasing role in shaping services through their engagement in agreeing bids for the Carer's Grant, staff training and re-designing assessment and support plan formats. The adult safeguarding strategic review had identified the need to involve people using services and their carers in shaping future adult safeguarding activity.

The council was working to develop its Third Sector strategy and was seeking to promote new organisational approaches such as social enterprises. However, there were some issues still to be addressed in terms of grant giving and service level agreements with key local community and voluntary sector providers. Joint commissioning, earlier notification and longer term funding of voluntary sector organisations was required to ensure more sustainable arrangements.

## APPENDIX 1 INSPECTION THEMES AND DESCRIPTORS

<b>INSPECTION THEME 1 (Core Theme)</b> <b>People Are Safeguarded</b>	
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.

<b>INSPECTION THEME 4</b> <b>People Have Access to Preventative Services</b>	
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"> <li>• meet people’s care needs (appropriate to culture, religion, sexual orientation, gender and age);</li> <li>• minimise the impact of any disabilities; and</li> <li>• enable people to live their lives in the way they choose.</li> </ul>
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.

<b>INSPECTION THEME 7</b> <b>People Benefit From Effective Partnership Working</b>	
7.1	The Council has well-developed, and consistent joint working arrangements with health partners and other relevant agencies or departments.
7.2	Single assessment processes have been fully planned and implemented and show a positive impact for all people who use services.
7.3	Joint working arrangements ensure that needs are considered holistically and services are assigned in effective partnership.
7.4	There is a clear protocol between the council and the PCT(s) covering continuing care. This is effectively implemented. Disputes are rare and are dealt with effectively and do not adversely affect anyone who needs care.

<b>Leadership</b>	
8.1	Highly competent, ambitious and determined <b>leadership skills</b> of senior officers in the council champion the needs of all people who use adult social care and their carers, to ensure that [the selected themes <sup>7</sup> ]. Senior officers make sure there is <b>effective staff contribution</b> , 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	<b>Plans</b> to ensure the delivery of the selected themes <b>are comprehensive</b> and linked strategically and address key developmental areas. They identify <b>national and local priorities</b> for the selected themes <sup>8</sup> . Realistic <b>targets</b> are being set and are being met. Coordinated working arrangements across the council and with external partnerships are reflected in <b>strategic planning</b> 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 <b>people, skills and capability</b> in place at all levels to deliver <b>service priorities</b> and to maintain high <b>quality services</b> to ensure the good outcomes in the selected themes.
8.4	<b>Performance Management, quality assurance</b> , 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.

<b>Commissioning and Use of Resources</b>	
9.1	The council, working jointly with relevant partners, has a detailed <b>analysis of need</b> for the selected themes with comprehensive gap analysis and <b>strategic commissioning plan</b> 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 <b>justifiable cost</b> , having identified the range of options available and made comparisons in terms of quality and cost with other areas and nationally. There are robust <b>financial management planning and reporting systems</b> 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 <b>consultation, design and evaluation of service provision</b> . 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 <b>understanding of the local social care market</b> 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 <b>joint commissioning and partnership working</b> 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.

<sup>7</sup> People are safeguarded / people receive personalised services / people have access to preventative services.

<sup>8</sup> Safeguarding Adults / Delivering personalised services / Prevention

This inspection was one of a number inspections carried out by the Commission for Social Care Inspection (CSCI) in 2008 under the Independence, Wellbeing and Choice agenda<sup>9</sup>. The aim of this inspection was to evaluate how well adults were safeguarded by Cheshire County Council and how well the council was meeting the needs of older people and their carers in relation to:

- People have access to preventative services; and
- People benefit from effective partnership working.

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 Descriptors<sup>10</sup>.

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; and
- key staff in other parts of the council and partner organisations.

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<sup>9</sup> Department of Health 'Independence, well-being and choice' (2005) and subsequent White Paper 'Our health, our care, our say' (2006).

<sup>10</sup> CSCI 'Outcomes Framework for Performance Assessment of Adult Social Care' 2006-07