Inspection report

Service inspection of adult social care: **Rotherham Metropolitan Borough Council**

Focus of inspection:

Safeguarding adults
Improved quality of life for people with physical and/or sensory disabilities
Increased choice and control for people with physical and/or sensory disabilities

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Whether services are provided by the NHS, local authorities, private companies or voluntary organisations, we make sure that people get better care. We do this by:

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

Inspection of adult social care

Rotherham Metropolitan Borough Council

July 2009

Service Inspection Team

Lead Inspector: Rob Assall

Team Inspector: Tim Willis

Expert by Experience: Denise Canniffe

Project Assistant: Balwinder Jeer

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

Contents

Introduction

An inspection team from the Care Quality Commission visited Rotherham Metropolitan Borough Council in July 2009 to find out how well the council was delivering social care.

To do this, the inspection team looked at how well Rotherham was.

- Safeguarding adults whose circumstances made them vulnerable.
- Improving the quality of life for adults with physical and/or sensory disabilities, and
- Increasing the choice and control for adults with physical and/or sensory disabilities.

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

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

Summary of how well Rotherham was performing

Supporting outcomes

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

Safeguarding adults:

We concluded that Rotherham was performing well in safeguarding adults.

Improved Quality of Life:

We concluded that Rotherham was performing adequately in supporting improved quality of life.

Increased Choice and Control:

We concluded that Rotherham was performing well in supporting increased choice and control.

Capacity to improve

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

We concluded that the capacity to improve in Rotherham was promising**.**

What Rotherham was doing well to support outcomes

Safeguarding adults

The council:

- Ensured that most people were effectively safeguarded from abuse and harm.
- Effectively managed the multi-agency safeguarding adults board.
- Provided a range of multi-agency community safety initiatives and services that supported citizens to keep safe in their own homes.
- Had raised the profile of adult safeguarding and made good progress in raising awareness.
- Appropriately managed incidents of institutional abuse and poor standards of care.

Improved Quality of Life

The council:

- Was working effectively with wider council departments and partner agencies to improve support to individuals, communities and neighbourhoods.
- Provided a good use of assistive technology to promote the safety and wellbeing of people in their own homes.
- Involved people with physical disabilities and/or sensory impairments in the assessment of accessibility of some key services.
- Provided good support to people with brain injuries.

Increased Choice and Control

The council:

- Was effectively addressing the personalisation agenda and was aware that further developments were required.
- Produced good quality information about the range of services available.
- Had made good progress in supporting the numbers of people with physical disabilities and/or sensory impairments to use direct payments.
- Involved people in assessments and care planning and listened to their views.

Recommendations for improving outcomes in Rotherham

Safeguarding adults

The council and partners should:

- Ensure that all citizens know how to raise issues of potential abuse and broader safety.
- Ensure that safeguarding information is available and accessible to all adult citizens.
- Ensure that all agencies are aware of their responsibilities within the safeguarding policy and procedures.
- Improve quality assurance and compliance processes.
- Improve performance management systems in learning disability and mental health services.
- Ensure that all staff receive the appropriate training aligned to their job and agency role.

Improved Quality of Life

The council should:

- Ensure that all people with physical disabilities and/or sensory impairments can contact and access services in the council.
- Encourage partner agencies to diversify their services to enable them to provide more preventative services to people with physical disabilities and/or sensory impairments.
- Support more people with physical disabilities and/or sensory impairments to live independently in the community.
- Ensure that hospital discharges for people with physical disabilities and/or sensory impairments are undertaken in a timely manner.

Increased Choice and Choice

The council should:

- Ensure that all care planning is holistic and outcome focussed, and aims to meet people's aspirations as well as basic care needs.
- Ensure that information is made accessible to all people with physical disabilities and/or sensory impairments.

- Ensure advocacy services are developed and accessible for people with physical disabilities and/or sensory impairments.
- Develop services for family carers to ensure they are offered a carers assessment and are offered flexible respite services.
- Develop services to ensure people who are lesbian, gay, bisexual and transgender are effectively supported.

What Rotherham was doing well to ensure their capacity to improve

Providing leadership

The council:

- Had an ambitious vision that identified its priorities for developing safeguarding arrangements for adults and preventative and personalised services for people with physical disabilities and/or sensory impairments.
- Had strong leadership from senior manages and politicians.
- Was committed with partner agencies to making improvements for citizens.
- Had a strong corporate approach to developing equality and diversity for its citizens and staff.

Commissioning and use of resources

The council:

- Had a range of mechanisms in place to ensure that views of people who used services influenced commissioning practice.
- Effectively managed its budget.
- Increased financial resource in safeguarding work and across a range of services for people with physical disabilities and/or sensory impairments.
- Had increased financial resource to provide good quality training to partner agencies.

Recommendations Rotherham for improving capacity

Providing leadership

The council should:

- Ensure that the workforce development and training plan has a clear action plan that details how key milestones will be met.
- Ensure that all staff clearly understand the impact of transformation on their job role and future status of employment.
- Ensure that staff are effectively supported to improve outcome based assessments through supervision.

Commissioning and use of resources

The council should:

- Develop commissioning strategies and plans to ensure that timescales for meeting key milestones are clearly documented.
- Improve joint commissioning practice and develop further integrated services with health partners.

Context

Rotherham Metropolitan Borough Council is situated in south Yorkshire. It was Labour controlled and governance arrangements were centred in a 'Cabinet and Leader' model.

One third of the total population of 253,400 was aged over 50 years. It was estimated that the total population would rise to 271,100 by 2018.

Over 6 per cent of the population were from black or minority ethnic communities of which the largest was the Pakistani community, which made up 2.2 per cent of the total population. Many of the black and minority ethnic communities lived in the most deprived areas near to the centre of Rotherham.

Rotherham was ranked 68th out of 354 authorities in its indices of deprivation. One third of its population lived in deprived areas. Tackling health and disability inequalities and an ageing population was a major challenge for the council and its health partners.

The council was judged by the Audit Commission to be a three star council in 2008, with a 'Direction of Travel' judgement of 'improving adequately'. The council was seen to be improving in most priority areas but there were still some areas where its performance still needed to improve. In November 2008, adult social care services were judged by the Commission for Social Care Inspection to be two stars, delivering good outcomes with promising capacity to improve.

Services for people with physical disabilities and/or sensory impairments were provided through the neighbourhoods and adult services directorate, which was led by the director of adult social services. A head of service led physical disabilities and sensory impairment services and this was one of four senior management posts in the directorate that reported to the director.

Key findings

Safeguarding Adults

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

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

The council had effective systems in place to ensure that people who used services and their carers were free from discrimination and harassment when they used services. The development of improving safeguarding adults practice was a priority for the council.

The multi-agency Safer Rotherham Partnership had helped to reduce the amount of crime over the last year. Most of the people that we met and those who were surveyed reported that they knew how to raise concerns with the police or the council. However, some people we spoke to told us that they were not sure how to raise a concern, nor had any member of staff provided them with information of how to make a referral.

There were a range of multi-agency community safety initiatives and services in place that supported citizens to keep safe in their own homes. These services focussed on empowering citizens and minimised risk. Services available included the 'safer neighbourhoods' team, support to people subject to domestic violence and hate crimes, support to people who used drugs and alcohol, and advice regarding fire safety.

The needs of vulnerable citizens in the community were reflected in the council's Joint Strategic Needs Assessment (JSNA) and clearly linked to the priorities identified in the crime and disorder plan. The council acknowledged that further preventative work was required to ensure that all citizens who were most at risk were adequately protected.

People with learning disabilities had been provided with support and advice, which focussed on anti-bullying and harassment, and information of how to keep safe in a variety of community settings.

The council had taken positive steps to promote community cohesion, to build support and raise the confidence of all communities. The council had appointed a hate crime officer and had recently set up a 24-hour hate crime helpline service. The council had set up a number of projects, including Islam awareness training, the Rotherham diversity festival, and support to the lesbian, gay, bisexual and

transgender community.

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

Most people were effectively safeguarded from abuse, neglect and poor treatment. The multi-agency safeguarding adults board (SAB) was well managed by the council, and had clear links to the work of the safeguarding children board. The SAB met frequently and there was a wide range of stakeholder involvement including mechanisms to obtain citizens views. Partner agencies told us that they were impressed with how the council had strengthened governance and partnership working over the last 18 months.

The council had made significant financial investment into the development of safeguarding adults work and had recently set up a specific safeguarding adults team. The team undertook the majority of safeguarding adults referrals. Mental health and learning disability services continued to manage their own safeguarding adults investigations. The council had recruited an independent chair to the SAB who they reported would offer a greater degree of objectivity and would be able to provider a greater degree of challenge.

The council had raised the profile of adult safeguarding and had made significant progress in raising awareness. Awareness campaigns included: posters and leaflets in reception areas of council and partner agency establishments; advertisements in the local press and on buses; radio advertisements and an awareness week held in June 2009. Despite these developments some people who used services told us that they had not received any safeguarding information. One person told us:

"*The council have not provided me with any written information and no one has ever told me what to do if I have a concern*".

Safeguarding adults information was not available or accessible in some key partner agency establishments. Some people with visual impairments told us that they did not have access to safeguarding information.

The multi-agency safeguarding adults policy and procedures supported staff and managers to undertake their roles and responsibilities in safeguarding work. The council had produced a robust multi-agency safeguarding strategy and safeguarding annual report that detailed how they intended to minimise and prevent abuse.

We found that the council's quality assurance and compliance processes needed to be developed and improved, and extended to all teams that undertook safeguarding adults work. Further work was also required to improve practice and protocols between adults and children's teams in managing safeguarding work.

Management oversight of safeguarding work was not robust and there was a lack of manager's recordings on individual people's files. Minutes of safeguarding meetings did not always detail clear timescales of required action and which staff member

would be responsible for undertaking specific tasks.

There was no independent audit of safeguarding work in place to ensure that the appropriate outcomes for people were being achieved. Team managers audited the work of staff that they managed. We found inadequate practice and recording on a case file for a person who had mental health needs who had been subject to safeguarding procedures. There was no process in place for ensuring that safeguarding investigations managed by mental health and learning disability services were recorded on the safeguarding database. There was a reliance on team managers to provide this information.

Further work was required to improve multi-agency safeguarding practice. Some partner agencies were not aware of their responsibilities within the safeguarding adults policy and procedure. Some agencies did not understand their responsibilities in relation to the Multi-Agency Public Protection Arrangements (MAPPA)[1] and the Multi Agency Risk Assessment Conference (MARAC)[2].

Safeguarding referrals had increased by over 100 per cent during the last 12 months. Referrals had increased from citizens from black or minority ethnic communities although proportionally they remained lower than referrals from white British citizens. The council was planning to target more support to communities were referrals were low.

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

There was a range of measures in place that supported people's dignity, privacy and promoted personal preference. The safeguarding adults policy and procedure gave clear guidance to staff about how to manage and share confidential information across statutory partner agencies to safeguard and protect vulnerable adults. Public information was available on people's rights to privacy and confidentiality. Consent was required from people using services where disclosure of information was required.

When necessary, people were appropriately supported by the involvement of Independent Mental Capacity Advocates (IMCA). The council acknowledged that further developments were required to improve the range and quality of advocacy support for all adults.

Safeguarding referrals and investigations were dealt with promptly by the council. Most people that responded to our survey and who we spoke to reported that they felt that staff in the council treated them with dignity and respect during safeguarding investigations. People who were subject to safeguarding processes reported that

[1] MAPPA – Forum in place for agencies to manage the risks posed by dangerous offenders in the community.
[2] MARAC – Forum in place to share multi-agency information with the aim to increase safety and support to vulnerable citizens.

case conferences. People who chose not to attend such meetings told us that workers reported back what had been discussed and any decisions made. One older person who used services told us:

"Staff dealt with the concern that I raised very quickly and reassured me to make me feel safe. The social worker was very supportive and explained everything that was happening to me ".

The council had a number of mechanisms in place that systematically captured the views and experiences of people's who used services and their family carers who had been subject to safeguarding enquiries. Postal and telephone surveys were completed on a regular basis and the council had developed some innovative ways to get people views, such as the Home Truths initiatives which used a video diary to capture a person's journey. This initiative led to developments in service provision such as the "text to tell" service which improved access for people with hearing impairments. The council had also implemented a Home from Home initiative which was delivered in partnership with Age Concern This initiative enabled people and their family carers to give feedback on the quality of care in nursing and residential homes.

There was more work to do to ensure that people who were subject to adult safeguarding procedures were routinely advised and offered the choice of using community safety preventative services. The council had recently started to provide people with safeguarding aftercare packs that advised of the range of preventative services available.

Safeguarding adults training was available to a range of staff in the council and in partner agencies. Staff reported that the training supported them to undertake their job role. The quality of basic awareness training was good and 97 per cent of staff in the council's neighbourhoods and adult services directorate had undertaken this training. Partner agency staff told us that the basic awareness e-learning training was good and provided them with good quality information. The council had increased financial resources to provide more training to staff in partner agencies.

There was a lack of a planned management approach to competency based safeguarding adults training, The council was in the process of improving competency based training but further work was required to embed this practice. We found that a number of staff who had completed safeguarding investigations had not completed the appropriate investigation training course. Conversely the course had been completed by some staff who were not required to undertake such investigations. The council needed to improve selection processes to enable them to be assured that the appropriate staff undertook relevant training in line with job role and responsibilities. Some partner agencies reported that they did not have access to safeguarding training.

The council had improved support and training that it provided to regulated care providers. Incidents of institutional abuse and poor standards of care were addressed.

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

The council used regulatory information provided by the CQC and inspection reports to influence how they commissioned services from the independent sector both in Rotherham and from services in other areas. This practice ensured that people and their family carers were provided with choice in the range and quality of services when selecting residential and domiciliary care.

The council had a good understanding regarding the quality of provision it commissioned from regulated care providers. The council only commissioned services from residential care providers that offered single occupancy rooms to ensure that dignity and respect was maintained.

Improved quality of life

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

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

Initial contact with the council was made through their "assessment direct" team which provided a single point of contact for citizens. All people who referred to the assessment direct team were offered an initial assessment and if appropriate referral to non-care managed services. Information provided by the council reported that they had received 96 per cent satisfaction rates with people who had used assessment direct. However, a number of people told us that they were frustrated by the difficulties that they experienced when contacting the council. People made the following comments:

"Sometimes staff do not get back in touch with us when we have left messages."

"They only give us their first names, it is then hard to get back in touch."

Some people also reported that they felt passed round different teams or staff members and that they did not get a positive outcome to the issues that they raised.

People with hearing impairments told us that some of the council's partner organisations had lacked sufficient staff who could use British Sign Language. People with hearing impairments were concerned that this had a negative impact upon their ability to access services and to effectively communicate.

The numbers of people with physical disabilities and/or sensory impairments who were referred to non-care managed services had increased over the last twelve months. Arrangements to follow up contact to assess the impact of the services people were referred to, and to get feedback on the appropriateness of these services, were being developed.

Some people with physical disabilities and/or sensory impairments had been involved in supporting the council to assess the accessibility of some key services such as post offices, council access points, banks and libraries. The council developed an action plan to improve accessibility in buildings that had been identified as a location that required improvement.

People with sensory impairments were able to access the council. There was a duty

system in place that ensured that staff with appropriate communication skills were available to respond to issues raised. The council had been awarded the 'Louder than Words' charter mark by the Royal National Institute for Deaf People (RNID) for demonstrating that they provided services that were accessible to deaf and hard of hearing people.

There was good use of assistive technology that promoted the safety and well-being of people in their own homes. Assistive technology was provided by the Rothercare services and operated 24 hours every day. Equipment provided included smoke alarms, bogus caller alarms and key safes. The service was available to anyone who lived in Rotherham in either private, rented or owner-occupier accommodation. People could self-refer to the service and did not require a formal assessment. The council was working in partnership with NHS Rotherham to support them in developing and providing telehealth equipment to people in their own homes. The council planned to merge Assessment Direct and Rothercare during the autumn 2009.

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

The neighbourhoods and adults services directorate was working effectively with wider council departments and partner agencies to improve the identification and targeting of support to individuals, communities and neighbourhoods. Further work was required to develop preventative services. The council acknowledged this and had made it a requirement in their personalisation plan. Some partner agencies told us that they would like to be engaged more by the council and supported to diversify their services.

There were examples of mainstream services making themselves available to people with physical disabilities and/or sensory impairments. Extra care housing facilities offered support and activities to people who lived in other community settings. Support focussed on minimising isolation and promoting health and wellbeing Examples of activities included walking groups, bowling and health and fitness classes.

The council had recently involved people who used service including people with physical disabilities and/or sensory impairment in restructuring the meals on wheels service. The council had organised a 'consultation café' event that brought together number of meal providers and people who use services. The outcome resulted in a better value for money service that met the individual dietary needs of people, such as providing a wider range of culturally sensitive food and healthier options.

People with physical disabilities and/or sensory impairments reported to us that public transport was reliable and effective. The council had recently undertaken a review of transport services and the majority of people who responded identified that transport services met their individual needs. Some people with visual impairments

told us that they experienced difficulties with some taxi drivers who refused to transport assistance dogs. People with visual impairments found it difficult to make a complaint because they could not see the taxi driver identification or number plate.

The numbers of people with physical disabilities and/or sensory impairments who resided in residential care was higher than the national average. Some people lived in residential care outside of Rotherham because there was limited specialist provision. Further work was required to develop housing related support to enable more people with physical disabilities and/or sensory impairments to live independently in the community. The council had made progress in providing more adaptations to people who lived in both social and private housing. One person using services told us:

"I have now moved to an adapted bungalow and I am now able to get around inside."

However, more work was required to reduce waiting lists and providing more appropriate housing options for people with physical disabilities and/or sensory impairments.

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

Improving the quality and range of services for people with physical disabilities and/or sensory impairments are a key priority identified in the councils local area agreement.

The council appropriately supported young people with physical disabilities and/or sensory impairments to transfer from children's to adult services. The council had a transitional team in place to support young people and their family carers.

People with more complex or progressive needs were supported by a range of dedicated services. One person using services told us:

"Being supported to be able to live on my own and having choices has given me my independence back."

The "visual impairment and sensory impairment team" provided support to people of all ages. Independence training in mobility and daily living skills, communication support and the provision of specialist equipment was provided to help promote peoples independence.

The council had a head injury team in place that provided specialist support to people with brain injuries. Partner agencies reported that the head injury team provided high levels of personalised support to people with a brain injury to enable them to live as independent lives as possible.

We were concerned to find that some people with physical disabilities and/or sensory impairments were not fully supported when they were due to be discharged from

hospital. Social workers undertook assessments just before the person's discharge date which resulted in the person being offered limited choices. The council and health partners acknowledged this concern and reported that action will be taken to rectify the problem.

Increased choice and control

People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support.

All local people who need services and carers are helped to take control of their support. Advice and information helps them think through support options, risks, costs and funding.

The council and its partners were proactively addressing the personalisation agenda and were aware that further work was required to meet this challenge. Systems were in place to ensure that citizens, staff and partner agencies were involved in these developments.

The council gave high priority to providing quality information to people with physical disabilities and/or sensory impairments. Improvements had been made in the provision of information and advice over the last 12 months.

We found that the quality of information was good. It was informative, to the point and was available in a variety of community language formats and easy read. The information provided people with the necessary information regarding the range of services available. However, some people with sensory impairments told us that information was not always accessible. The council had recently developed information packs that it provided to people after they had received an assessment or review of their needs. These packs provided people with physical disabilities and/or sensory impairments with information regarding the range of services available and information of how to make a compliment or a complaint.

Further work was required to ensure that all people with physical disabilities and/or sensory impairments could access the council and receive information to promote their independence. We received a mixed response from people with physical disabilities and/or sensory impairments regarding their experience of contacting the council's assessment direct service. We also received concerns from some people regarding the quality of information they received when being discharged from hospital. One person using services told us:

"They are all very nice when I contact them; they speak in the correct manner and explain things clearly".

Another person using services told us:

"I am a tetraplegic and on leaving hospital found that not one single person was available to advise me of what services were available to help me adjust and continue to live with my disability."

Arrangements were in place to provide information and assessments and subsequent support if required to people who self-funded their own care.

People who use services and their carers are helped to assess their needs and plan personalised support.

The council had made progress in supporting and increasing the numbers of people with physical disabilities and/or sensory impairments to who use direct payments. The council always offered people with physical disabilities and/or sensory impairments the choice of using a direct payment. If people chose not to use a direct payment, this option was further explored with them at their next review meeting. Direct payments were delivered through the council in-house direct payments team.

Some people told us that by using a direct payment this had helped them to engage in leisure activities such as attending the cinema or going shopping. One person using a direct payment told us:

"I have been using a direct payment since 1997. I have recently moved from another area, and have found the support from Rotherham outstanding. They really do go the extra mile."

However, we found that care planning was not holistic and outcome focussed. Packages of support offered tended to focus on meeting people's basic physical care needs and not their wider needs or aspirations.

No-one with a physical disability and/or sensory impairment was using an individual budget. The council acknowledged that further work was required with partner agencies to develop this.

Most people told us that their needs and wishes had been taken into account during the assessment and review process. People reported that they were treated with dignity and respect by staff across the agencies that were supporting them. One person using services told us:

"I am fully involved and attend all of my reviews. The social worker listens to my views and values my contribution."

Advocacy services required further development, particularly for people with physical disabilities. There were limited choices and on occasions people with physical disabilities and/or sensory impairments needed to use advocacy services out of area. We found on some occasions when advocacy had been used it had not been empowering to the recipient. The council acknowledged that independent advocacy services needed to be developed for people with physical disabilities and/or sensory impairments.

People who use services and their carers benefit from a broad range of support services. These are able to meet most people's needs for independent living. Support services meet the needs of people from diverse communities and backgrounds.

People with physical disabilities and/or sensory impairments were not consistently helped to shape their own support. Assessments depended on the individual skills of social workers and tended to focus on people's limitations rather than their personal aspirations.

People did not yet have systematic access to self-assessments, though the council was planning to introduce these within the development of personalising adult care services.

Once referred, people with physical disabilities and/or sensory impairments usually got prompt assessments. Significant progress had been made to reduce waiting times for occupational therapy assessments.

The council were developing services to enhance the range of support available to people. There were some good services available to family carers. Services included access to carers assessments, the emergency carers card, training courses and respite services. Some carers told us that they were able to engage in leisure activities such as the cinema or going for a meal with friends when the person they cared for received respite care. The council intended to improve carers services further and a number of family carers benefited from using a direct payment. One family carer told us:

"I have been offered a carers assessment and have chosen not to have one at this time. The social worker keeps an eye on my needs, and advises that I am entitled to an assessment at any time".

Despite the above areas of good practice we found that some improvements were required to provide support to family carers. Some family carers told us that they had not been offered a carers assessment. Those that had, said they had never been reviewed. One family carer told us:

"I was promised a review earlier this year, I am still waiting for it."

We also found that residential respite care was inflexible. Some carers told us that they were limited to which weeks and weekends they could use and often had to book months in advance. This did not enable the family carers to be spontaneous. Despite the efforts made by the council to involve family carers, some family carers told us that they had not been involved in the development of services. The council acknowledged these concerns and reported to us that they intend to strengthen respite support by involving carers in developing respite services and increasing financial resource.

The council aimed to provide personalised support to all sections of the community including meeting the needs of people from different black or minority ethnic

communities. Further work was required to meet the needs of people with physical disabilities and/or sensory impairments who identified themselves as lesbian, gay, bisexual and transgender.

People who use services and their carers can contact service providers when they need to. Complaints are well-managed.

People with physical disabilities and/or sensory impairments benefited from a range of multi-agency out-of-hours services, including the council's emergency duty team (EDT). Social work staff in the EDT finished at 10pm and referrals after this time were taken by Rothercare. Out-of-hours services strived to consider the wishes and feelings of people during the assessment process and strived to accommodate these as far as possible in emergency situations.

The council had two contracts in place with independent care providers who provided domiciliary care during the night. This support was available at short notice and was available to family carers in emergency situations. Health partners provided a 24-hour fast response service that was also accessible by council staff. This service provided support to people in their own homes for periods of up to 72 hours. If necessary the period of 72 hours could be extended, for example over bank holiday weekends.

Out-of-hours services required further development. The council was developing its Information Technology (IT) to improve the interface between the councils and Rothercare's IT systems. Some people with physical disabilities and/or sensory impairments and staff told us that they did not know what multi-agency out-of-hours services were available. The council told us that they widely promoted out-of-hours contact numbers. Some people, particularly those with visual impairments, did not know how to make contact with out-of-hours services.

The council had recently revised its complaints procedure. The council responded to complaints in a timely manner, and satisfaction levels had increased in how people felt the complaints were dealt with. The council provided information to people on how to make complaints through a variety of different processes.

One person using services told us:

"I have been given information on how to make a complaint. I am also asked at my review if I have any concerns that I would like to discuss".

Capacity to improve

Leadership

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

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

The council had an ambitious vision that identified its priorities for developing safeguarding arrangements for adults and for developing personalised and preventative services for people with physical disabilities and/or sensory impairments. There was strong leadership from senior managers and politicians. Staff across the council and partner agencies were committed to making improvements for citizens.

The vision for transforming adult social care was developed in 2007. It was to improve the quality of services and to ensure that all vulnerable adults were protected. This was properly reflected in the council's corporate plan, local area agreement, commissioning strategies and personalisation plan.

The council gave high priority to ensure people from all communities were given the opportunity to contribute to the redesigning of services. The council had held a number of successful visioning events that engaged a variety of different stakeholders such as people who used services, their family carers and front line staff. The visioning events enabled the different stakeholders to consider how services needed to be reshaped to meet the transformation challenge.

There was political support for the transformation for adult social care. Discussions and plans had been brought to the attention of the leader of the council and other senior politicians. The council and politicians acknowledged that the transformation of adult social care required corporate partnership and support from other council departments and partner agencies.

The council had a range of tools in place to ensure that staff were effectively communicated with. Staff received a regular newsletter, 'As One', and were invited to become involved in debates through the staff intranet. Transformation also featured as a regular agenda items in team meetings. However, despite these positive efforts by managers to effectively communicate, some staff did not understand the council's vision to transform adult social care. Some staff were also unclear of what the impact of transformation would have on their job role and future status of employment.

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

People using services had the opportunity to influence the development of local provision, supported by the council's vision to transform adult social care. The council had recently retained the Government Customer Service Excellence Standard, which acknowledged their efforts in delivering a professional service to citizens.

There were a range of forums in place that routinely involved people with physical disabilities and/or sensory impairments in strategic planning. Development work around Rotherham local involvement network (LINk) was positive but in its early stage of development.

The JSNA identified that preventative services needed to be developed for people with long term conditions. The council's adults planning board, which had membership from people who used services and partner agencies including health partners, agreed local priorities for people with long term conditions. The board also considered implications for the Governments 'transforming community services agenda'. A joint set of commissioning priorities had been agreed by the board to develop community equipment services and intermediate care. Both the council and health partners acknowledged that further work was required to improve the delivery of integrated services for people with physical disabilities and/or sensory impairments.

Information provided by the council told us that people were highly satisfied with the assistance they received to access welfare benefits advice. The council reported that 99 per cent of the people that they surveyed were happy with the advice that they received. The council reported that this advice had led to increased numbers of people, including people with physical disabilities and/or sensory impairments, receiving increased benefits.

There was a strong corporate approach to promoting equality and diversity for citizens and staff in the council, which was embedded in day-to-day practice. The council had achieved level five in Equality Framework for Local Government and told us that they would be hoping to achieve the excellent standard later in the year. The council completed Equality Impact Assessments on relevant service areas and policies that impacted upon people with physical disabilities and/or sensory impairments. They had also identified a number of areas that required a new Equality Impact Assessment. The Equality Impact Assessments appropriately considered how to ensure that people from minority communities could be involved in service design.

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

Staff turnover in the neighbourhoods and adult services directorate was low and the council employed higher numbers of disabled people compared to the national average.

The workforce and development training plan lacked a clear action and implementation plan for meeting the personalisation challenge and details about how and when key milestones would be met. We found that this lack of clarity contributed to some staff not understanding the council's vision to transform adult social care.

The council employed a workforce development officer who had responsibility to ensure that the workforce was trained to meet the personalisation agenda. The council provided a comprehensive learning and development syllabus to its staff and feedback from staff was positive about the quality of training they could access. The council told us that they supported staff to undertake professional social work training. However, some staff who could benefit from this opportunity were not aware of this.

The physical disability and sensory impairment teams had carried a number of staff vacancies. The council had used agency staff as an interim arrangement to fill the posts. The turnover of staff in these teams had been high and this had had an adverse effect on staff morale and caseloads. The teams had been under stress but were now in the process of recovery.

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

The council had an effective performance management framework in place and key performance indicators identified in the local area agreement set targets for delivering priority improvements. Frontline managers were supported by weekly performance management clinics to understand reasons for trends in under performance and take ownership of rectifying concerns raised. Frontline mangers understood the performance management framework and were able to effectively use the systems.

Staff reported that they received effective support and supervision from their managers. However, we found that care planning processes were not holistic and outcome focussed. Packages of support offered tended to focus on meeting people's basic physical care needs and not their wider needs or aspirations. Managers did not challenge social worker's practice to support them in providing more ambitious and holistic packages of support that would have met peoples social, leisure and educational needs as well as basic physical care needs.

The council had taken positive action to reduce the amount of staff sickness,

including the establishment of a dedicated absence management post and training for managers. The council had introduced a rehabilitation physiotherapy service in 2007 to support staff who had sustained manual handling injuries. Absence management was also considered in the weekly performance management clinics.

The council had recently established an innovations team, which led on the process of restructuring services to meet the personalisation agenda. Calculated risks were embedded into the council's key service plans and were monitored through the risk management register.

Commissioning and use of resources

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

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

The council gave high priority to ensuring that people who used services were listened to and were fully involved in consultation and the process of service development. The council had a range of mechanisms in place to ensure that the views of people who used services influenced commissioning practice and better outcomes for people.

The views of people using services were collected in a variety of ways to inform commissioning and contracts work. Some of these arrangements were innovative and constituted good practice nationally. Visioning days enabled the council to meet face to face with people who use services, family carers, staff, partner agencies and elected members. The purpose of these events was to engage a range of stakeholders in the transformation of adult social care.

The customer inspection service initiative enabled people who use services, including people with physical disabilities and/or sensory impairments, to test council services and make recommendations for improvement. Examples where outcomes had been improved for people include the production of easy read safeguarding literature and a single access point for reporting safeguarding concerns.

The home from home initiative was managed in partnership with people who lived in residential care and Age Concern. People were supported to give feedback of their experiences of living in residential care. Examples where outcomes had improved include better information being provided and improvement of the choice of meals and activities.

The home truths initiative enabled people who used services, including people with physical disabilities and/or sensory impairments, to keep a video diary of their day-to-day activities. An example where outcomes had been achieved as a result of this initiative include the text to tell service, which enabled people with a hearing impairment to make a safeguarding referral.

Most people that we spoke to who had been involved in processes of giving feedback and service development told us that they valued this experience. However, some people with physical disabilities and/or sensory impairments told us that they felt that they were not fully engaged in the process of developing services.

Providers told us that the council required them to seek the views of people who

used services and feed this information back to the council via the contracting process. The council made sure that the views of people who used services were captured during care plan assessments and reviews and were fed back into the commissioning process.

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

Council commissioners were knowledgeable about local needs and worked well with partners were opportunities existed. The council had arranged a visioning day specifically for partners to engage with them about how their services could diversify to enable them to provide more personalised and preventative support.

The JSNA was aligned to and supported the priorities of the local area agreement. The council commissioning plans were shaped by the awareness of the needs of local people with a diverse range of needs. However, the council's commissioning strategies for people with physical disabilities and/or sensory impairments and their family carers, lacked sufficient detail of how the council's and partners vision for transforming services would be implemented. There was a lack of robust action planning that detailed timescales for when key milestones would be met.

A significant proportion of the adult social care budget was spent on preventative services but mainly in older people services. Further developments were required to develop joint commissioning practice and integrated services with health partners. The council had increased some financial resource across a range of preventative services for people with physical disabilities and/or sensory impairments and had made significant investment into the establishment of a dedicated safeguarding adults team.

The council effectively managed its budget and costs were regularly reported on and appropriately controlled. There was a clear focus on Medium Term Financial Planning and on securing improved value for money. Managers at all levels received appropriate support including training to assist them with their budgetary responsibilities.

Commissioning and contracting arrangements in relation to safeguarding adults practice was strong. We found that the council used information provided by the Care Quality Commission (CQC) to assist them in ensuring safe and effective commissioning practice. The council did not make new placements in regulated care homes that had a rating below good. There were contract monitoring systems in place for monitoring the quality of regulated care providers. The council visited regulated care providers annually and increased visits to poorer rated providers. The council worked with the CQC regarding providers when there were concerns. Incidents of institutional abuse and poor standards of care were promptly and robustly addressed.

NHS Rotherham had recently committed to allocating some financial resource to the SAB, therefore accepting corporate ownership of safeguarding activity. The council was working proactively with other key partner agencies to encourage them to provide financial support.

Brokerage and contract compliance was developing and investment had been made into recruiting more contract compliance officers. Partner agencies told us that they received good support from the council's contracting officers, despite the fact that some of them were not sure what was happening to their contract. Some contracts had been renewed for one year and providers were not sure of what would happen after this period. The council had recently made significant financial investment into the training grant for partner agencies. Most partner agencies reported that the quality and range of training provided by the council was excellent.

Appendix A: Summary of recommendations

Recommendations for improving performance in Rotherham

Safeguarding adults

The council and partners should:

1. Ensure that all citizens know how to raise issues of potential abuse and broader safety. (page 11)
2. Ensure that safeguarding information is available and accessible to all adult citizens. (page 12)
3. Ensure that all agencies are aware of their responsibilities within the safeguarding policy and procedures. (page 13)
4. Improve quality assurance and compliance processes. (page 12)
5. Improve performance management systems in learning disability and mental health services. (page 13)
6. Ensure that all staff receive the appropriate training aligned to their job and agency role. (page 14)

Improved Quality of Life

The council should:

7. Ensure that all people with physical disabilities and/or sensory impairments can contact and access services in the council. (page 16)
8. Encourage partner agencies to diversify their services to enable them to provide more preventative services to people with physical disabilities and/or sensory impairments. (page 17)
9. Support more people with physical disabilities and/or sensory impairments to live independently in the community. (page 18)
10. Ensure that hospital discharges for people with physical disabilities and/or sensory impairments are undertaken in a timely manner. (page 19)

Increased Choice and Control

The council should:

11. Ensure that all care planning is holistic and outcome focussed, and aims to meet people's aspirations as well as basic care needs. (page 21)
12. Ensure that information is made accessible to all people with physical disabilities and/or sensory impairments. (page 20)
13. Ensure advocacy services are developed and accessible for people with physical disabilities and/or sensory impairments. (page 21)
14. Develop services for family carers to ensure they are offered a carers assessment and are offered flexible respite services. (page 22)
15. Develop services to ensure people who are lesbian, gay, bisexual and transgender are effectively supported. (page 22)

Providing leadership

The council should:

16. Ensure that that the workforce development and training plan has a clear action plan that details how key milestones will be met. (page 26)
17. Ensure that all staff clearly understand the impact of transformation on their job role and future status of employment. (page 24)
18. Ensure that staff are effectively supported to improve outcome based assessments through supervision. (page 27)

Commissioning and use of resources

The council should:

19. Develop commissioning strategies and plans to ensure that timescales for meeting key milestones are clearly documented. (page 29)
20. Improve joint commissioning practice and develop more integrated services with health partners. (page 29)

Appendix B: Our methodology

This inspection was one of a number service inspections carried out by the Care Quality Commission (CQC) in 2009.

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

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

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

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

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

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

We spent six days in Rotherham when we met with eight people whose case records we had read and inspected a further eight case records. We also met with approximately 40 people who used services and carers in groups and in an open public forum we held. We sent questionnaires to 150 people who used services. 32 were returned.

We also met with

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

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

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

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

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