

- Finance Chris Norton, Strategic Finance Manager
- Other Chief Officers
- District Councils
- Health Authority
- Police
- Other Bodies/Individuals Janet Purcell, Cabinet Manager (OR)
Michelle McHugh, O&S Manager

FINAL DECISION YES/NO

SUGGESTED NEXT STEPS:

Details to be specified

- Further consideration by this Committee
- To Council
- To Cabinet
- To an O & S Committee
- To an Area Committee
- Further Consultation

Adult Social Care & Health Overview & Scrutiny – 29 June 2011

Learning Disabilities – Management Regime

Recommendation

Members are asked to scrutinise the actions being taken by the Directorate to review and improve the provision of services for people with learning disabilities in relation to safeguarding.

1. Background

- 1.1 In parallel with the higher profile afforded to services for people with learning disabilities in this financial year and subsequent to the consultation process supporting the development of a commissioning strategy, a number of safeguarding matters have coincidentally reached resolution in the same time period. It is important to note at the outset that these cases have been appropriately managed by safeguarding, commissioning and quality control staff and have arisen from different circumstances. Senior managers have however drawn comparisons from the circumstances involved in order to learn and to drive further improvement.
- 1.2 The higher anxieties experienced by all professionals and Members following the Panorama programme about Winterbourne View in Bristol are not justified in Warwickshire, but the programme does serve as an excellent aid to developing a quality assurance checklist that will provide Scrutiny Committee with confidence in the robustness of the management of these care services.

2. Management Framework

- 2.1 The Directorate Leadership Team together with service managers and corporate colleagues conducted a review of cases over the last few months and drew up an initial plan of action. This involved the need to review all aspects of management controls in relation to Provider Services with support from Social care & Support and from Contract Monitoring to ensure that people with Learning Disabilities receiving services:
 - are safe;
 - are treated with respect and dignity;
 - are afforded all of the rights that citizens should expect, and
 - have access to support to maximise their independence and to enhance quality of life and the positive contribution that each person can make to society.

2.2 This regime is being developed by Adult Social Care staff with assistance from :-

- a 'critical friend' / peer review type support from a regional colleague
- national best practice and corporate standards
- an audit from 'Changing our lives
- feedback from service users and carers participating in the consultation

2.3 The peer review was set up in order to specifically assess the management controls within the service which support the safeguarding of our customers. It was conducted by a regional colleague with a high level of experience in the field taking on board best practice and expectations based on practical knowledge from other authorities. It comprised a series of interviews and a workshop held with middle and senior managers. As a result an action plan has been developed (see Appendix 1). The plan outlines the information requirements and review/monitoring to be undertaken by operational managers and shows the current status in each case. The Plan is colour coded to demonstrate the areas where priority is being given to further action. Areas which come into this category are supervision and appraisal, complaints and participation strategies. A management restructuring has recently taken place within community support services and the new management team are addressing this action plan by reviewing all key processes for consistency.

2.4. In addition to the above, an audit is currently being conducted by “Changing Our Lives”, a self-advocacy organisation which supports people with learning disabilities to stand up for their rights. The work of the organisation is led by people with learning disabilities. Representatives are undertaking unannounced visits to internal day services to spend time with customers understanding how they regard the services they receive and whether their needs are being met. Once the results of the audit are received, recommendations will be taken forward and developed alongside the existing action plan.

3. Outcome

3.1 The management of our services are constantly seeking to improve the standards of provision and the outcomes for customers. Although improvements have taken place over recent years, there is no room for complacency. The recent reviews will prove to be valuable in ensuring that risks to our customers are minimised as far as possible in the future.

Report Author:

Head(s) of Service: Ron Williamson, Head of Communities & Wellbeing & Resources

Strategic Director(s): Wendy Fabbro

Portfolio Holder(s): Cllr Mrs Seccombe

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Audit Area	Info Location	Info Required	Expected Outcome	Proposed Action	Who	Key Messages
<p>Recruitment</p>	<p>HRMS. Recently agreed corporate action to ensure that all are up to date</p>	<p>CRB</p>	<p>Less risk of safeguarding issues.</p>	<p>Reporting systems with reminders being developed</p>	<p>HR Service Centre Manager/ Team Managers</p>	<p>EMPHASIS MUST CURRENTLY BE ON MAINTAINING SYSTEMS SUCH AS CRB, AND INDUCTION ON ROLE CHANGES AS RECRUITMENT FREEZE REMAINS IN PLACE</p>
	<p>Not generally used in day care Check lists held locally in centres</p>	<p>Agency Staff Induction</p>	<p>Awareness of procedures from early stage of employment.</p>	<p>Random audit of Induction Checklists.</p>	<p>Team Managers (Quarterly)</p>	
	<p>Not previously given priority</p>	<p>Development in Basic Skills</p>	<p>Skilling up and aware staff</p>	<p>Directorate or Council policy to be considered</p>	<p>Rachel Faulkner</p>	
<p>Retention</p>	<p>No establishments but turnover can be measured</p>	<p>Vacancy Levels Turnover</p>	<p>Regular training for new recruits. Regular refresher training in areas of low turnover All staff expected to have LDQ but check needed. Most have to NVQ 4. Due to low turnover in north probably fewer qualified staff but "deemed competent"</p>	<p>Quarterly reporting to team managers</p>	<p>Team Managers</p>	<p>LOW TURNOVER IN SUPPORT OFFICER POSTS THOUGH GREATER IN THE SOUTH GENERALLY HIGH LEVELS OF QUALIFICATIONS GENERALLY. REGULAR TRAINING COURSES AVAILABLE BUT EVALUATION NEEDED OF PEOPLE'S ABILITY TO APPROPRIATELY APPLY THE KNOWLEDGE CURRENTLY BEING ADDRESSED BY TEAM MANAGER'S</p>
	<p>Good quality information held in LD systems but no standard reports produced</p>	<p>Training</p>		<p>Quarterly reporting to team managers</p>	<p>Team Managers</p>	

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Managing absence	Full reporting systems in place	Numbers of S/T L/T absentees Dismissals	Minimising absence	Regular monthly monitoring and acting on adverse trends	All Managers through to LPSMT	IN PLACE AND OPERATING EFFECTIVELY AT ALL LEVELS. HR ADVISORS MEET WITH MANAGERS EVERY SIX WEEKS. REFERRED TO OPS MANAGER AT STAGE 3 & 4.
Managing Performance	Directorate reporting takes place only. Divisional reporting needed	No.s of Disciplinarys Grievances Trends	Maximising performance Ensuring effective supervision	Standard item for supervision agendas	Krys Pietrecki/ Team Managers	MUCH IMPROVEMENT IN THIS AREA OVER TWO YEARS. PERFORMANCE CHALLENGED BY MANAGERS AND STAFF UNDERGO DEVELOPMENT AND PERFORMANCE MANAGEMENT WHERE NECESSARY. LD AWARENESS TRAINING PROGRAMMES IN PLACE.
			“ “	Report on how to implement further improvements by end of July 2011 Highlight any concerns/ trends at LPSMT	Krys Pietrecki Krys Pietrecki/ Steve Smith	
Supervision and Appraisal	No consistent recording of supervisions HRMS records not up to date (but not for whole directorate)	Regularity Quality Targets for development Training needs analysis	That it becomes part of the Service culture and that any areas of concern are highlighted and acted upon	Implement new process by end of June 2011 Evidence to be held on staff files and subject to random audit Appraisals to be recorded on HRMS	Krys Pietrecki Team Managers	NOT SUFFICIENTLY CONSISTENT ACROSS THE COUNTY DUE TO FEELINGS ABOUT LACK OF CAPACITY AND WHETHER OR NOT A USEFUL TOOL. NEW SUPERVISION STRUCTURE NOW BEING PUT IN PLACE BASED ON 6 WEEKLY GROUP /2 MONTHLY PERSONAL SUPERVISION TO ADDRESS THIS

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Learning and Development	Systems in place linking to appraisals System for ODTPs but not fully developed Reporting system on take up of courses available but no standard reporting Evaluation systems need developing	Identifying relevant training, regularity & volume Training needs analysis Take-up Evaluation	Well trained and skilled workforce	Fully develop reporting systems so that quarterly audits can take place by July 2011	Krys Pietrecki/ Rachel Faulkner	GOOD POTENTIAL IN SYSTEMS FOR REPORTING ON TRAINING BUT NOT FULLY DEVELOPED. HOWEVER LOCAL SYSTEMS EXIST WITHIN DAY SERVICES WHICH WORK EFFECTIVELY . EVIDENCE FROM CERTIFICATES ON FILES AND MANAGEMENT ARE FLAGGING UP WHERE PEOPLE WILL BE "TIMED OUT" ON TRAINING TAKE-UP. NEW NEEDS FLAGGED UP. TRAINERS WITHIN SERVICE "PARACHUTED IN" WHERE REQUIRED.
				Ensure that all staff receive core training & that success is evaluated Evaluation system to be put in place by August 2011	Team Managers Steve Smith/ Rachel Faulkner	
Complaints Management/	Numerous systems – corporate, directorate etc	No Outcomes Actions taken Learning from complaints	Customer Satisfaction Improving and responsive services	Need to make reporting fully compliant.	Marcus Herron/ Steve Smith	FORMAL COMPLAINTS PROCESS IS FOLLOWED BUT 'LOW LEVEL' COMPLAINTS NOT RECORDED ADEQUATELY AT LOCAL LEVEL.
Incident reporting	Violent incident logs In supervision	No.s recorded locally and any action taken	Safe and high quality of environment for all	Checking of incident logs Method of collecting	Team Managers (Quarterly)	MOST ISSUES RAISED ARE LOW LEVEL BUT CUSTOMERS/CARERS OFTEN ONLY COMPLAIN TO KEY WORKER. SERVICE NEEDS TO WORK

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	notes			views of carers/customers to be developed by July 2011	Krys Pietrecki/ Steve Smith	TO CHANGE THIS. VIOLENT INCIDENT LOGS REPORTED TO OPS MANAGER
Health and Safety	Information on regular checks	Daily/weekly regularity etc	Safe Service	New process to be implemented Monitoring of recording of safety checks	Krys Pietrecki/ Shirley Scott Team Managers (Quarterly)	NEW PROCEDURES BEING DEVELOPED TO ENSURE CONSISTENCY ACROSS SERVICES
	Corporate reporting system	No.s of incidents	Safe services	Monitoring of reported incidents	Krys Pietrecki	NO ISSUES
Equality	EIAs for all major service changes	That Service can demonstrate that equality issues have been considered in change	Services accessible to all customers	As part of planning for change	Krys Pietrecki/ Steve Smith	GENERALLY DONE AS REQUIRED BUT SOME ARE NOW NEEDED IN RELATION TO BUILDING CLOSURES. NEED TO CHECK THEY ARE DONE AT RIGHT TIME AND CONSISTENTLY.
Standards and Quality	QAs Currently little evidence of recording of customer experience	Expectations and acceptable standards Measurement through supervision Staff attitudes	Improved experience for customers	Ensure full implementation of new standards by end of June 2011 Surveys in some instances Work with : New Ideas Peer Review including carers	Krys Pietrecki Krys Pietrecki/ Team Managers	16 STANDARDS FROM CARE HOMES REGULATORY PROCESSES BEING MAPPED ACROSS BY MANAGER (SOUTH). ALSO PILOTS BEING DEVELOPED IN NORTH ON CUSTOMER EXPERIENCE, MEASURING OUTCOMES

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Communication	<p>Passports available where speech or language resources</p> <p>Makaton used, technical aids</p>	<p>Methods</p> <p>Channels with carers, customers</p> <p>Passports</p> <p>Easy read options</p>	<p>Services attuned to customer needs</p>	<p>Plan for how no. of passports can be increased by end of July</p> <p>Up the number of passports. Staff now have skills work out who still needs them.</p> <p>Training plans for staff re assessed needs (Team Managers) Work on capturing and passing on information from carers (KP)</p> <p>Plan for Service information newsletters on changes by end of June 2011</p>	<p>Krys Pietrecki</p> <p>Team Managers</p> <p>Krys Pietrecki</p> <p>Steve Smith</p>	<p>KEY AREAS FOR DEVELOPMENT ARE IN THE NORTH AS HAS BEEN MORE INPUT FROM SPEECH AND LANGUAGE SERVICES IN SOUTH</p>
Information & Advice/ Access to Services	<p>Do not always know. Information held on CareFirst but not accessible to</p>	<p>Is advocacy available where required</p>	<p>Maximising achievement for customers</p>	<p>Plan for increasing the awareness of advocacy by end of July 2011</p>	<p>Krys Pietrecki</p>	<p>DIFFICULT TO MAKE THIS A TARGET AS DAY SERVICES CANNOT REQUIRE THE INFORMATION BUT CAN INCREASE AWARENESS</p>

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	LPS			Ensure that customers are aware of advocacy	Team leaders	
	Shifting information base Staff don't know where to signpost	Information on a wide range of universal services accessible to all customers	Maximising choice and ability re participate in universal services	Develop use of resource directory	Team Leaders	RESOURCE DIRECTORY ONLY JUST AVAILABLE BUT STAFF MAY NEED TRAINING
Participation	Not much in service development. More in activities undertaken Limited use of customer days	Strategically services developed through involvement of Partnership Board. Locally in assessment/reviews	Services developed in accordance with customer choice policies etc.	Participation Strategy by September 2011 Evidence to be recorded on occurrence and impact Link meetings back into support plans	Chris Lewington/ Krys Pietrecki/ Elaine Ives	NO STRATEGY IN PLACE AND NO CONSISTENT APPROACH WITHIN SERVICES WILL BE DEVELOPED AS AS PART OF LD STRATEGY FOR FUTURE COMMISSIONING

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Choice and Control	'A&CM' files: Assessment, Care Plan/Support Plan/r Reviews of Provider Services Support plans "This is me" document.	LD case file audit outcome Identify common cases Personalisation Audit outcomes	Have choice and control + identify actions to improve.	Audit of A&CM files (Monthly)	Team Manager Jon Soros	RESULTS FROM MONTHLY AUDIT ARE DISCUSSED BY TEAM MANAGER WITH SERVICE MANAGER ON A MONTHLY BASIS TO ENSURE OUTCOME FOCUS
Care Planning Support Planning Reviews (Activity/numbers etc)	Case files	Build into monthly/quarterly management local 'PI' reports Individual key data eg No. of assessments No. of reviews etc	We know that peoples' support is recorded, geared towards identified outcomes and reviewed in timely way.	Audit of A&CM files (Monthly) Performance reporting	Jon Soros (A&CM/ SDS)	CASE SUPERVISION TOOLS USED IN TEAMS TO ENSURE ACCURATE RECORDING AND THAT SUPPORT IS REVIEWED IN TIME
	Achievement of support plan recorded and some reviewed by Adult Reviewing Team	Support Plans for customers in provider services		Audits of in-houses files undertaken Report on outcome by end of June 2011	David Alexander/ Team Leaders (In-house)	CASE FILE AUDIT WORK HAS BEEN COMPLETED MATCHED TO A SPECIFICATION.
				Monitoring visits to PVI	Carol Schubert (contracts)	TAKES PLACE BUT RESOURCES NOT AVAILABLE FOR WIDER COVERAGE

Audit Area	Info Location	Info Required	Expected Outcome	Proposed Action	Who	Key Messages
Safeguarding: Training for Assessment & Care Management staff	Teams/ HRMS	Training/competency levels. WFDP	All A&CM undertaking assessment responsibilities Can deliver a competent safeguarding response.	Monitoring that all staff undergoing training	Jon Soros	DATA IS HELD ON STAFF WHO HAVE COMPLETED SAFEGUARDING TRAINING
				Appropriate targeted training at all levels (July 2011)	Edward Williams/ Carol Judge	SAFEGUARDING LEADS TO WORK WITH LEARNING & DEVELOPMENT TEAM TO PROVIDE THIS
Customer/Carer experiences	Survey/reviews	Regular summary reporting Collating: Self reporting Complaints and comments outcomes Logged incidents Formal 'review' outcomes Part of a satisfaction survey (QA system)	We know customers feel safe with service and community they live in.	Regular attention paid to views expressed and followed up	Jon Soros Chris Lewington	CONSULTATION PROCESS HAS IDENTIFIED SATISFACTION AND POSITIVE RESPONSE TO NEW WAYS OF WORKING NEED TO LOOK AT STRENGTHENING VOICE OF PARTNERSHIP BOARD
				On "roll out " of self directed support, highlight the need to "keep safe" as part of support planning	Team Managers	

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<p>Management Information: Trends and learning</p>	<p>CareFirst DLT report Annual report Critical and SCR reports</p>	<p>Further refinement of current reporting to better define: Trends Efficiency/Effectiveness of response Learning and actions</p>	<p>We know people feel safe and safeguarding framework is robust</p>	<p>DLT Adult Safeguarding Board</p>	<p>Edward Williams</p>	<p>MONTHLY MONITORING PROCESS TO BE INTRODUCED TO ALLOW SENIOR MANAGEMENT TO MONITOR SAFEGUARDING CASES</p>
<p>Contract / Provider Monitoring</p>	<p>Various: Provider services SW teams Contract Monitoring</p>	<p>Contract Monitoring Pro active: Risk management framework and appropriate reporting.</p>	<p>Providers meeting Specification safety Service user outcomes are met Choice and control opportunities continue People are safeguarded, whichever provider.</p>	<p>Regular liaison between managers working within LD to ensure that they are aware of performance of providers</p>	<p>Rob Wilkes supported by: Jon Soros Jane Southeard Steve Smith Chris Lewington (customer feedback)</p>	<p>NEED TO IMPROVE SYSTEM TO RECORD AND EVALUATE FEEDBACK ABOUT PROVIDERS' CONDUCT AND PERFORMANCE AND USE AS BASIS FOR FURTHER REVIEW</p>