# Inspection report

## Service inspection of adult social care:
## **Derby City Council**

**Focus of inspection:**

Safeguarding adults
Increased choice and control for older people

**Date of inspection:** September 2010

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## About the Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care services in England. We also protect the interests of people whose rights are restricted under the Mental Health Act.

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

## Derby City Council

## September 2010


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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.

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## Introduction

An inspection team from the Care Quality Commission visited Derby in September 2010 to find out how well the council was delivering social care.

To do this, the inspection team looked at how well Derby was:

- Safeguarding adults whose circumstances made them vulnerable.
- Increasing choice and control for older people.

Before visiting Derby, 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 Derby. It will support the council and partner organisations in Derby in working together to improve people's lives and meet their needs.

## Reading the report

The next few pages summarise our findings from the inspection. They set out what we found the council was doing well and areas for development where we make recommendations for improvements.

We then provide a page of general information about the council area under 'Context'.

The rest of the report describes our more detailed key findings looking at each area in turn. Each section starts with a shaded box in which we set out the national performance outcome which the council should aim to achieve. Below that and on succeeding pages are several 'performance characteristics'. These are set out in bold type and are the more detailed achievements the council should aim to meet. Under each of these we report our findings on how well the council was meeting them.

We set out detailed recommendations, again separately in Appendix A linking these for ease of reference to the numbered pages of the report which have prompted each recommendation. We finish by summarising our inspection activities in Appendix B.

## Summary of how well Derby 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 Derby was performing adequately in safeguarding adults.

**Increased choice and control for older people:**

We concluded that Derby was performing well in supporting in supporting older people to have 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 Derby was promising.

## What Derby was doing well to support outcomes

### Safeguarding adults

The council and its partners:

- Had developed a range of initiatives and organisations to help to keep vulnerable adults safe in their homes and to respond to hate crime and anti social behaviour.
- Gave a high priority to keeping people safe and was working to continuously improve local arrangements for safeguarding.
- Generally responded promptly and effectively safeguarded vulnerable people when alerts were raised.
- Had carried out a range of large scale publicity campaigns to raise awareness of adult safeguarding.
- Provided good quality safeguarding adults training for staff in the council and partner agencies.

### Increased choice and control for older people

The council:

- Had a good range of information available and in conjunction with Age UK had developed information centres for older people and their carers.
- Had a strong commitment to developing personalisation and had developed good policies and systems to achieve this.
- Had an excellent carers strategy, self assessments for carers and a growing range of support for carers.
- Provided an enablement scheme and rapid equipment provision which were helping older people to regain skills and maximise their independence.
- Made available a range of community resources to help older people to remain living in the community.

## Recommendations for improving outcomes in Derby

### Safeguarding adults

The council and partners should ensure that:

- All staff are aware of and follow multi-agency safeguarding adults procedures.
- A quality assurance framework for safeguarding is developed and implemented.
- The profile of dignity in care is raised and all staff are aware of the principles.
- Permission is sought from all existing and new people that use services before information about them is shared, and that this is appropriately recorded.
- All citizens who would benefit from deprivation of liberty assessments and support from independent mental capacity advocates receive these services.

### Increased choice and control for older people

The council should :

- Strengthen arrangements to respond to calls from older people and their carers for information and advice.
- Ensure that assessments are holistic and that supported self assessment processes for older people are available.
- Improve recording practices to ensure that documentation is completed appropriately to clearly identify older people's needs.
- Promote personal budgets and direct payments for older people, including their use to meet people with more complex needs.
- Improve and develop culturally appropriate services to meet the needs of older people, particularly for people with dementia.

## What Derby was doing well to ensure their capacity to improve

### Providing leadership

The council:

- Consulted and engaged with a wide range of partner organisations, citizens and staff in Derby on a consistent basis.
- Had a clear vision for modernising and transforming social care services that linked with the corporate agenda and focussed on prevention and customer service.
- Was committed to improving the safeguarding of vulnerable adults and providing personalised services for older people and their carers.
- Had communicated its vision effectively to citizens in Derby and front line staff.
- Had a clear workforce strategy that detailed arrangements to meet the future needs of the social care workforce.

### Commissioning and use of resources

The council:

- Consulted people who used services, their carers and partner agencies about their experiences of using services and used this feedback to inform commissioning.
- Had a comprehensive system to obtain feedback about the quality of home care services and used this information to improve the quality of services.
- Effectively used the Joint Strategic Needs Assessment (JSNA) to influence commissioning priorities and the development of services in Derby.
- Had developed a range of joint planning and commissioning with the PCT to enhance services for older people.

## Recommendations for improving capacity in Derby

### Providing leadership

The council should:

- Maintain the momentum to introduce personalisation and ensure that staff are familiar and confident with relevant processes and procedures.
- Ensure that staff supervision and performance management processes are consistent, challenging and systematically audited.
- Improve quality assurance processes and use this information to improve services for to vulnerable adults and older people and their carers.

### Commissioning and use of resources

The council should:

- Develop robust quality assurance processes for residential care provision and use this to guide improvements.
- Further develop services to promote the personalisation of services for older people and their carers.
- Further strengthen partnership arrangements with health partners by developing a joint commissioning strategy.

## Context

Derby City is located in the East Midlands and is a unitary authority. The council is governed in a leader/cabinet style, and since the May 2010 local elections, has been conservative led with the support of liberal democrats.

According to the office of national statistics, the population of the city was estimated at 237,900 in 2007 and is estimated to rise to approximately 272,00 by 2025. The numbers of older people over 85 years are expected to increase by approximately 40 per cent by 2020.

Derby is an ethnically diverse city. The largest ethnic group, according to the 2001 census, is White British. There is also a small number of people who are white Irish. There is a significant Asian population of Indian and Pakistani people which is larger than the national average. The largest concentration of Derby's Asian population is found in the Arboretum and Normanton wards. There are smaller numbers of Black Caribbean and Chinese people in the city.

In 2007 Derby was ranked 69$^{th}$ out of 354 Local Authorities in England in its indices of deprivation (first being most deprived). Derby has a higher percentage of single person households than either the East Midlands or England. These are predominantly pensioner households. A bigger percentage of people in Derby consider that they have a limiting long term illness than elsewhere in the East Midlands or in England. This is particularly the case within the Arboretum, Mackworth and Normanton wards.

In 2009 Ofsted judged children's services in the city as well. The Care Quality Commission judged adult services as performing well in 2009.

Adult social care in the city was restructured in 2010. The adults health and housing directorate now provides social care services for older people. A strategic director with a small senior management team leads the directorate.

## Key findings

### Safeguarding

**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 be 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 and its partners had a strong focus on keeping people safe in Derby. Derby Community Safety Partnership (CSP) had a central role in increasing community safety and building stronger and safer communities. The Strategic Director for Adults, Health and Housing was an active member of the board and maintained close links. The Family Justice centre played an important role in supporting individuals experiencing domestic and 'honour' based violence and 'forced' marriage. Milestone House provided valuable support for homeless vulnerable people. A six week programme of community safety activities with a focus on reducing anti social behaviour 'Operation Relentless' had been planned for the autumn.

There were a number of community cohesion initiatives. Faith organisations had joined together to bring together people from different cultures and religions via the 'Building Bridges' project. The annual Liberation Day brought together older people from all communities and provided crime prevention and safety advice. The city celebrated the Lesbian, Gay, Bisexual and Transgender (LGBT) history month and held an annual LGBT Pride festival. The International day against homophobia had been marked and a Muslim awareness day organised. Intergenerational projects such as 'Mix it up day' were bringing together older and younger people to share skills.

There were a range of measures to help people keep safe in their own home. Many older people told us they had had police security or fire service checks. The Dusk till Dawn project had supplied safety packs and equipment to potentially vulnerable people to enable them to keep safe in their own homes. The Warm and Well project had provided information and advice to older people on home energy issues. A trusted trader gardening scheme was in place.

Technology was increasingly used to promote personal independence, enhance monitoring and to reduce risk. Telecare[1] was available in Derby and people told us that they valued this service. Carers told us:

[1] Telecommunications or computer equipment provided to support people in their own homes with their health and social care needs.

*"I found it very good with my wife with dementia and myself with a heart condition."*

*"They were very good when my dad had a stroke, calling the ambulance and myself".*

Two new staff had been appointed to further develop and fit telecare. Some units were designed to specifically support people with dementia. 'Just checking' units had been used to help assess what needs a person had, for example if they needed help during the night. There were plans to further develop telecare and a medication dispenser was currently being tested.

The council worked closely with partner agencies to ensure citizens were protected from hate crimes and anti social behaviour. Hate crime awareness sessions had taken place for staff in partner agencies, people who used council services and the public. The police had conducted a Hate Crime awareness campaign. A project to help to protect people with learning disabilities and establish a 'Safe Places' scheme, was planned for the autumn. Where Hate crimes had taken place people told us that they received a prompt response when concerns were raised and that relevant agencies worked together to ensure that they were protected. One person said:

*"Last summer was unbearable; this support made such a difference in our lives."*

Arrangements were in place to ensure that people who used services and their carers were free from discrimination and harassment when they used services. All council staff and managers received equality training which was helping them to provide person centred and culturally appropriate care.

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

Safeguarding issues were given a high priority by council and partner agencies in Derby. Derby Safeguarding Adults Board (DSAB) had been established in January 2010. The board had stable and senior representation from most key partner agencies and planned to extend its membership to include people who use services and third sector representation. DSAB met regularly and had established four sub groups focussing on learning and development, performance improvement, the mental capacity act and communications and engagement. The board and its sub groups had clearly developed plans with appropriate timescales, to deliver improvements. It had recently produced its first annual report. Links had been established with the Community Safety Board, Children Safeguarding Board, Multi Agency Risk Assessment Conference[2] (MARAC) and Multi Agency Public Protection Arrangements[3] (MAPPA). Plans were in place to recruit an independent chair who would be able to offer a greater degree of objectivity, oversight and challenge the work of the board.

There was a small adult safeguarding team which included a safeguarding co-

[2] MARAC – A forum to share multi-agency information in order to increase the safety and support to vulnerable citizens including those at risk from domestic violence.
[3] MAPPA – Forum for agencies to manage the risks posed by dangerous offenders in the community.

ordinator and a recently created post of safeguarding service manager. This new post holder had responsibility for reviewing safeguarding adults alerts, ensuring the individuals involved were kept safe and monitoring investigations.

There was a good range of clear and comprehensive public information on safeguarding. This included easy read leaflets and a useful safeguarding vulnerable adults newsletter which was produced every three months. There had been a series of large scale publicity campaigns to raise awareness of safeguarding and this had particularly targeted GPs surgeries. However only a few surgeries had a safeguarding poster on display and only some GPs receptionists knew about safeguarding. New service users were given packs of information that included safeguarding information. However the packs for people with learning disabilities did not include safeguarding material. Some people who had been receiving services for some time told us they had not been provided with safeguarding information, nor had their workers told them how to raise an alert.

Following on from campaigns to increase awareness of safeguarding, the number of safeguarding alerts in Derby in 2009/2010 rose by 67 percent. However these numbers were still low in comparison to other similar councils. Most alerts were in relation to people from the white British community and there were relatively small numbers of alerts concerning people with mental health or physical disability issues. The council was aware of under reporting in these areas and had identified that it needed to increase engagement with communities where referrals were low.

Multi agency adult safeguarding procedures were in place and had been reviewed recently. However safeguarding procedures were not followed consistently by all staff in the council and partner agencies. There were particular issues in mental health services where some staff and partners were confused about the processes to follow in order to raise an alert and some safeguarding situations were not dealt with via appropriate procedures. Supervision for staff in mental health services needed to be strengthened in order for staff to be supported to undertake safeguarding work. More work was needed to ensure that safeguarding referrals in mental health services were appropriately managed and recorded.

There was also a lack of clarity about processes from some general practitioners (GPs), individual police officers and the Department of Work and Pensions. In addition although initial time scales for responding to alerts were met, there were sometimes delays in holding safeguarding adults strategy meetings to plan follow up support for vulnerable adults. More work was needed to ensure that all staff and partner agencies were aware of safeguarding adults procedures and followed them.

Most citizens who were subject to safeguarding enquiries received a prompt response and were effectively protected. We were aware of many examples where staff from different partner organisations had worked positively together to ensure the safety of vulnerable people. One carer who had had concerns about how their relative was looked after in a care home told us:

*“I raised the issue with the social worker, who elevated the issues. They were dealt with under Safeguarding Adults’ policies. Things were handled in a professional and sensitive manner.”*

People who had been involved in safeguarding alerts told us that their views had been listened to and that they had been fully involved in the process. One person who had experienced financial abuse told us:

*"My worker helped me to set up direct debits. I was thrilled, I get so muddled."*

Safeguarding adults had been built into self directed support procedures and was included in the manual available to people planning their own support. People who employed their own personal assistants were encouraged to carry out criminal records bureau checks to establish if the person had a criminal record, the cost of which was met by the council.

Derby City Council led a regional initiative with other local council and partners to increase the standards of medication management. This resulted in a regional medication policy and associated training aimed to safeguard vulnerable people who needed assistance with their medication.

A range of good quality safeguarding adults training was provided, without charge, to staff in the council and partner agencies. Derbyshire police had seconded a trainer to contribute to this programme. There was also a jointly funded post with NHS Derby to deliver training. Several safeguarding conferences had been organised including one on the vetting and baring system, a system to check if a potential employee working with children or vulnerable adults have a criminal record. Staff competence was assessed during courses and via follow up work books which were assessed by line managers. Plans were in place for all council members were to have safeguarding training. There were appropriate employment arrangements in place to promote safe recruitment practice.

Quality assurance mechanisms for safeguarding activities were under developed and not co-ordinated between partners. A 'safeguarding dashboard' had recently been established and was beginning to reflect information on some activity. The council had developed a system for obtaining feedback after six months from people who had been involved in safeguarding alerts. It was not currently clear how this feedback would be used to improve services. The council had commissioned a peer review of safeguarding and was planning activity in response to its findings. However more work was needed to develop and implement a comprehensive quality assurance framework in order for the council to have an overview of safeguarding adults activity and to use this information to further develop services.

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

Some arrangements were in place to support vulnerable adults' dignity, privacy and promote preferences. However dignity in care was under promoted and not all staff were aware of the principles. There had been some initial awareness raising and training for staff. The safeguarding co-coordinator was the lead dignity champion in the council. However there were few current initiatives and the profile of dignity in care was low.

People were not consistently consulted regarding the sharing of confidential information about themselves. Staff were unsure as to when they should seek consent. On new assessment forms relevant questions were included. However staff were using old assessment formats and people that were already known to the council were not being asked to provide their consent. On the files that we read no one had had registered consent to share their information, and there was no indication that staff had discussed this. Procedures need to be put in place to ensure that all existing and new people in touch with the council are consulted regarding the sharing of information about themselves, and that this is appropriately recorded.

The numbers of people receiving Deprivation of Liberty[4] (DOLS) assessments and Independent Mental Capacity Advocates[5] (IMCAs) were low. Referral rates for DOLS assessments in relation to people in care homes were particularly low. Some staff lacked awareness in this area and were not clear about the criteria that should be applied.

Derbyshire MIND, a mental health charity, provided IMCAs. On some of the records that we read people would have benefited from support from an IMCA but had not been referred. Some staff reported difficulties accessing IMCAs and we saw one record where a person had waited over three months for one to be appointed. Where IMCAs were involved we saw the positive impact of their involvement and people benefited from their support. However communication and information exchange with IMCAs by council staff was inconsistent. Some people told us that IMCAs had ceased their involvement because council staff had failed to communicate with them effectively. Action is needed to raise the profile of DOLS and the use of IMCAs and ensure that people who would benefit from these services receive them.

**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 and CQC inspection reports to influence how they commissioned independent regulated care services. Where independent home care providers were able to demonstrate quality and this was confirmed by user satisfaction surveys, they were designated as 'preferred providers'. Most agencies that provided services to people in their own homes were rated as good or excellent. People told us:

*"My wife really enjoys the ladies who come to care. They are a very jolly lot and very helpful."*

*"I am happy with the service I have received, the carers are excellent."*

Two extra care housing projects had been recently developed. These were helping people to continue to live in the community. People told us:

[4] Safeguards to protect people in care homes and hospitals from being inappropriately deprived of their liberty.
[5] Support for people who lack the capacity to make decisions independently.

*“I like living in the complex and the independence that it gives.”*

*“The facilities are marvellous and we are very happy. Food can be delivered from the restaurant if you so wish.”*

The assessment process promoted individual preferences. Front line staff listened and responded to the wishes and preferences of people who required assistance in managing their daily lives. Many people told us that their views as to their needs and how they wanted their care delivered were respected. People told us:

*“My input is always asked for and my wishes carried out.”*

*“My keyworker always asks me what I want and what I need.”*

Safeguarding adults disciplinary matters that involved council staff were effectively managed in a timely and robust manner.

## 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.**

A comprehensive information and customer service strategy was in place. The council produced a good range of clear information, including details of self directed support, for older people and their carers. Packs of information were available for carers of older people, although these did not include safeguarding information. Information was written in English, but was available in a range of community languages and formats including easy read on request. The website contained clear and specific details about the range of services available and was fairly easy to navigate.

The range of information available in public places was variable. The council house had useful leaflets in many areas on the ground floor and was easily accessed by citizens of Derby. However there were no leaflets or posters in the central library about services for older people, and few GPs surgeries had information. Many older people we spoke to had seen some information, but one person told us:

*"Social services should provide more information for ethnic minorities – more work should be done on this."*

Funding had been provided to Age UK for a Derby 50+ information hub in the Eagle Centre market. Age UK had successfully piloted a first contact project in one part of the city. This provided face-to face information and sign posting for older people. The service was now to be extended across the city. A dedicated advice and information line was available for carers.

A single point of contact point for adult social care was available in the council. This aimed to provide a screening and assessment service. However when we tried to contact this service by telephone, we had difficulties getting an answer and on one occasion waited over five minutes. The member of staff answering the call was not able to answer a straightforward query about support for carers. In addition one person told us:

*"Sometimes there is someone at the office to help or you just leave your name and number. Sometimes they get back but not always."*

The contact point needs to be improved so that calls are responded to promptly and basic advice and information is available for callers.

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

We saw information that demonstrated that the majority of assessments were completed in a timely way. Most people told us that they were involved in their assessments and care planning and that staff attempted to give them choice over their care arrangements. One person told us:

*"I have had a very positive experience. I have been listened to, heard and treated fairly."*

However self assessment documentation for older people was not currently available and most assessments tended to focus on meeting physical care needs. For example an assessment of a person who was not from a white British background did not include consideration of her cultural or language needs. Another person who was gay had not been asked about his sexual orientation and as a result inappropriate care arrangements had been made for him. Assessments rarely contained information about social or leisure activities and or how an older person's aspirations would be met. Assessments needed to be more holistic, taking account of the totality of individuals needs.

Most people received copies of their assessment and support planning documentation. Risks were assessed and the council had drafted a risk enablement policy to promote choice and support older people to manage risk. A risk enablement panel was available to consider and assist older people with complex situations.

Assessments and records were recorded in an electronic format. A number of the records that we looked at were incomplete with assessments, carers' assessments and review information missing. Staff told us that they struggled to input information on to the system. The review format that was being used was confusing. Several reviews were entered on to the same form and it was not clear which information was current. We also saw one review that appeared to have taken place without the person concerned being involved. Work was needed to improve recording practices and to ensure that documentation was complete and clear.

Derby had a strong commitment to developing personalisation. Good policies and systems were in place to achieve this, and a comprehensive range of guidance was available for staff. A range of events had taken place to provide information for partners and the public and to promote personalisation.

There had been a growth in the number of older people taking up personal budgets, however most people relied on the council to arrange practical support services for them. Many older people were aware that they could take their budgets as cash and arrange their own care but were reluctant to do this assuming that it would be too complex to organise and manage. Most people were not aware that they could get help with setting up their care. Support planners from voluntary organisations had been trained to assist people with this, but were not getting referrals.

Personal budgets were providing useful support, but were generally modest and meeting relatively single straightforward needs. For example one person used a

personal budget to pay for someone to accompany him to a dance class as he was not able to travel safely. Another person used the budget to pay for culturally appropriate day activities and transport. Staff told us that they felt overwhelmed and confused with the paperwork needed and were struggling to introduce personal budgets to older people. There was a need to be more ambitious, to promote direct payments and personal budgets for older people and to use these budgets to meet more complex care needs.

An excellent robust and clear carer's strategy that linked to current health and social care policy was in place. It identified the employment and social needs of carers and considered the needs of people from ethnic minority backgrounds and LGBT people. Self assessments for carers were available and could be accessed on line. Carers were also offered annual reviews of their assessments.

**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.**

The council and its partners provided a range of services to support older people living in the community. Most people who needed support after illness or disability were offered a period of up to six weeks intensive enablement, a combination of home care and occupational therapy service. The first four weeks of this service were provided free of charge. Small items of equipment were provided as appropriate. These services were put in place promptly when necessary. One person told us:

*"A representative from the city council contacted me about getting help before I had a chance to contact them. The speedy response was very good."*

These services were helping older people to regain skills and maximise their independence, most people did not require follow on support. One carer told us:

*"After my partner had a stroke social services helped him become more independent".*

A range of community resources had been developed. These included extra care housing, homecare, telecare and support services for people recovering from strokes. Intermediate care services had been established with the primary care trust (PCT). The council and the Alzheimer's Society had developed support services for people with dementia, including 10 dementia cafes and a befriending service. The Piramid project offered support to older people without social contacts. There were day support services for people from the Asian community. One person told us:

*"Social services are generally good at providing services and putting us in touch."*

However there were issues for some people who needed to access day and respite care particularly if they had dementia. There was one small unit that provided day care for people with dementia and this had a waiting list. One carer told us:

*"My husband is being assessed at the hospital but I don't know what will happen when he leaves as there is a waiting list at the day centre."*

The council had plans to provide some home support day care for people with dementia. Initiatives to provide culturally sensitive services for older people from ethnic minority or LGBT backgrounds were underdeveloped. For example one older person gay person with dementia had not received culturally sensitive home care or residential care provision. A small amount of funding was provided to Age UK for advocacy for older people. However there were insufficient advocacy services, particularly for people with dementia. In addition further work was required to ensure that all relevant staff understood when to offer advocacy to older people and their carers.

Derby was awarded additional funding by the Department of Health in 2009 to develop support and deliver a range of services to carers. The range of services to support carers had been increased and support for carers of people with dementia was particularly well developed. Information was available to carers via a regular newsletter, there was an annual carers conference, a caring with confidence course, stress buster sessions and pamper days, carer's breaks, a carers discount system, personal budgets for carers and an emergency planning service to provide seventy two hours of free care if necessary. Some work had taken place specifically to reach carers from ethnic minority groups.

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

Older people and their carers were able to access support out of office hours via Carelink, which responded to calls from community alarms and Careline the out of hours social work team. Staff in these teams reported that they had close links with key partners including out of hours medical and nursing teams and the police. The teams were able to access emergency home care support from either in house or independent care agencies. However staff reported that locating emergency support after midnight and dealing with broken equipment was difficult. Interpretation services and language line were available to the teams if needed. Careline staff accessed, and inputted on to, the councils recording system. Most Careline members of staff were approved mental health professionals.

The council had complaints, suggestions and compliments procedure in place and most people we spoke to were aware that they could contact the council about their views. Most older people who were assessed were given a leaflet telling them how to do this, and there was also information on the web site. People told us that when they made a complaint the issues were dealt with. People told us:

*"When I had an unfortunate experience with a carer and informed the council, they sent someone to see me. As a result I was transferred to another carer with whom I am well pleased. My complaint was received with the utmost kindness."*

*“I made a written complaint about the treatment of my father. The manager called me to reassure me that the issues would be sorted and they were.”*

We saw evidence that the council took action following complaints. This involved resolving issues for individual older people and their carers and also, when appropriate, resulted in staff training and to changes to policy, practice or commissioning. One person told us:

*“After complaining about a day care centre I was told that services would change and they did.”*

We were told by people who used services and people that provided services that reviews took place on a regular basis and re- assessments could be requested if needed. One carer told us:

*“A social worker calls on an annual basis and questions my mother to ensure she is happy with her care and what her preferences are.”*

## 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 a clear vision for modernising and transforming social care services which had been developed with its partners. This was closely linked to the corporate plan for Derby and particularly the healthy city and sustainable community visions. The council's vision for social care was detailed in its business plan for adults, health and housing and reflected national and local priorities. It focussed on supporting adults to remain independent and healthy, had a customer based and a preventative focus. There was strong leadership from senior managers and council members. The council had recently reconfigured its leadership structure which had created some additional leadership capacity and a stronger focus on adult services and health.

The council had developed a number of mechanisms to ensure that citizens, council staff and partner agencies were involved in the development of services. These included the older persons partnership planning board, carers partnership board, over fifties forum, independence day, three wishes cards, citizen jury event and neighbourhood forums. The council consulted with older people and their carers about the introduction of personalisation. A public meeting had been held and people who used services had been sent a letter asking them to contribute their views. However some people we spoke to could not recall being asked to for their opinions. There had not been any consultation with older people from LGBT communities in order to consider how services could develop to meet their needs.

Representatives from older persons' organisations were involved in the appointment of the new director of adult social care and housing. They told us that they felt consulted, involved and valued. Some staff had volunteered to become 'change champions' identifying best practice and acting as a link with senior management.

Derby had a strong commitment to developing the personalisation of services and was making steady progress to implement this. A putting people first manger had been appointed to oversee this. Derby's strategy for older people was detailed in its 'Full of Life' plan. This was a robust and clear document that focussed on promoting increased choice and control for older people. It was user friendly and was presented in a clear and attractive way.

There was a clear vision and strategy to improve the safeguarding of vulnerable

adults in conjunction with partners from other agencies. The safeguarding adults board reported to the healthy city board. The cabinet member for adult social care was a member of the board.

Representatives from older peoples' organisations told us that they had positive communication with senior managers and were treated as valued partners. Staff that we spoke to told us that senior managers were visible and communicated with them effectively via team briefs and visits to team meetings. A monthly staff magazine 'AHHa!' (Adults, Health and Housing newsletter) kept staff up to date with developments, events and issues and included messages from the senior management team. The corporate magazine 'In touch' kept all staff across the various directorates informed about city council issues. A new initiative was encouraging staff to contribute ideas and suggestions on any issue on a 'thought clouds' that is a board where comments could be left.

**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.**

A joint strategic needs assessment (JSNA) had been carried out and was recently refreshed in order to keep it up to date. This combined with feedback from consultation was used to identify how services needed to be developed and to further improve outcomes for vulnerable adults and older people and their carers in Derby.

Derby older people's strategic planning partnership board played an important role in influencing the development of services for older people and their carers and had a clear role in developing the older persons plan. The majority of members were older people; however the needs of older people from ethnic minority groups were not well represented on the board.

The council was working effectively with health colleagues and older peoples organisations. For example the dementia strategy was developed with the primary care trust and the Alzheimer's Society. An intermediate care service, services to support people who have had strokes and a falls service were being developed with the health service. A project had been established with Derby LINk[6] whereby volunteers visited care homes in order to get feedback from residents about the service.

Derby promoted equality and diversity for citizens and staff in the council. The council were assessed as level 2 in the equalities framework for local government. They were aiming to achieve an excellent level by March 2011 and were working

[6] Local involvement network, networks of local individuals, community groups, voluntary organisations and service providers that have been set up by the government to give local people a say in how local health and social care services are designed and delivered.

with neighbouring councils to cross reference each others' assessments and act as critical friends. Equality and diversity training was provided to staff. This training equipped staff with the skills to consider the holistic needs of people who used services. The take up of services by different ethnic groups in the community was monitored. The ethnicity of staff was monitored and when one ethnic group was seen as being under represented appropriate action had been taken. The numbers of people with a disability employed within adult social care are relatively low. Equality impact assessments were completed on relevant service areas and policies.

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

Derby had a comprehensive range of training opportunities available for staff in the council and in partner agencies. A range of safeguarding training was available free to all staff in partner agencies and people told us that this was good quality. The majority of council staff had received training in preparation for the personalisation of services and personals budgets. This was also available to staff in partner agencies. However further work was required to develop training to ensure that staff understood the processes to access advocacy and brokerage.

Staff that we met were committed to providing a good service to citizens of Derby and many of them had worked for Derby for a number of years. Several members of staff that we met had received a long service award from the council. A corporate staff reward and recognition scheme 'Working wonders' was in place to celebrate the success and achievements of council staff. However the sickness levels for staff within adult social care and housing were the highest of any department in the council. A number of people who use services told us of the impact this was having for them:

*"It is tricky when the named worker is off sick for a length of time."*

*"The good point is being able to phone my care manager. The poor point is when they are off sick."*

Although staff had had training and briefings about personalisation, people told us that the change in council culture had slowed and staff were struggling to introduce new procedures. More work was required to embed the culture of personalisation. Senior managers were aware of the low take up of personal budgets by older people, and a council commissioned survey carried out by Age UK had revealed low aspirations by many older people. The council was planning further training for staff and considering the possibility of designating practice champions to promote personalisation.

Derby council had a clear workforce strategy plan that detailed arrangements to meet the social care workforce needs resulting from the personalisation of services. Plans were structured with clear time scales. The council had engaged with partners in the private, voluntary and independent sector to produce a workforce development

plan to support the development of their staff. However the strategy would benefit from further development with partner agencies to fully include multi agency plans. The council was aware of this and had started to take this work forward.

Robust arrangements were in place for the recruitment of staff and for dealing with disciplinary issues.

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

The senior management team received performance information on a regular basis on a range of national, local and corporate measures and milestones. For example information was provided on the number of adults with personal budgets and the length of time that people waited for an assessment. The council's analysed its performance against relevant milestones and identified where action was needed to improve performance. These reports were analysed on a monthly basis by the corporate strategic director and on a quarterly basis by the cabinet and scrutiny commission.

More work was needed to evaluate the impact of personalisation and to develop additional targets linked to improving outcomes for older people. The council had recognised that this was an area that needed further work and was considering using the personalisation outcome evaluation tool in order to get a picture of how self directed support was working and what developments were needed to further improve the services it provided.

We found that performance management practices in adult social care were inconsistent. When we looked at staff supervision records we saw a range of practices. Some individuals received supervision on a regular monthly basis; however some staff in mental health teams had not had formal supervision for some time. Staff told us that they could usually access managers to discuss cases if necessary. Most supervision concentrated on case work issues and needed to be more challenging and to focus more on the performance and development of staff. Some random sampling of supervision notes had taken place, but a more systematic auditing process needed to be developed in order to improve consistency.

A corporate system 'managing individual performance' had recently been introduced. This was designed for individual staff to be able to set objectives and review their performance. The aim of this was for staff to be able link their work to team, divisional, directorate and corporate targets and monitor their achievements against objectives.

## 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 sought views from a range of individuals and partner organisations in order to continuously improve its understanding of the preferred outcomes and options for future service delivery. For example Derby older people's strategic planning partnership was made up of members from across council services, other public services such as health and the fire service, voluntary and community organisations and older people. This group provided a direct voice for older people and produced the older people's plan. The council worked with the stroke patients involvement group and health service partners to develop services for people who had had strokes. Joint work with the Alzheimer's Society and the PCT had resulted in successful additional funding for dementia services and the opening of more dementia cafes. These were helping to provide personalised support to people with dementia and their carers.

The council had a comprehensive system to obtain feedback about the quality of home care services. This included seeking the views of people who used home care services on a regular basis. Some care workers were also asked for their views on how services could be improved. Where gaps in standards were identified this was fed back to home care providers. To determine which home care providers were preferred, the council used information gathered from feedback. The quality of regulated home care services in Derby as judged by the Care Quality Commission (CQC), had been gradually improving.

The council needed to develop robust quality assurance processes for residential care. Where the council became aware of issues in care homes, via safeguarding alerts or informal feedback from care management staff, interventions had taken place. However this was reactive rather than proactive. The council had worked with Derby LINk to set up a quality assurance project for care homes. LINk volunteers visited people in care homes and spoke to their families to obtain feedback about services. This project had begun recently, and was starting to provide useful information. The council needed to obtain feedback on a consistent basis about residential care services, included services outside of Derby, which it funded. This information should then be used to guide improvements.

Providers of services told us that regular meetings were held with them and they were informed about planned developments and had the opportunity to contribute their views. When people who used services, their relatives or carers raised concerns about provider quality, these were thoroughly investigated and

safeguarding procedures used if appropriate. The council liaised effectively with the CQC to share information and take action when necessary. Front line staff were able to provide feedback about services. Staff from commissioning services attended team meetings and were involved in safeguarding meetings when appropriate.

**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.**

The council had a good knowledge of the strengths, needs and diversity of its population. The JSNA informed decision making and the development of services in Derby. In order to ensure that it was accurate and current it had been refreshed in 2009. This refresh highlighted a number of issues including a significant growth in the numbers of older people, particularly people over eight five.

The councils commissioning strategy for older people provided a comprehensive summary of current service patterns and an analysis of future needs. It used evidence from the JSNA, the most recent census, the CQC and other locally generated information including feedback from local consultation. The strategy was focussed on prevention and partnership working to deliver services.

The council had developed a range of joint planning and commissioning of services in partnership with the PCT. These included, intermediate care, an integrated community equipment service, falls prevention work, assistive technology, stroke services, a dementia strategy and services for carers. Further work was needed to strengthen partnership arrangements with health partners by developing a joint commissioning strategy.

Some work had taken place to diversify services; however more work was needed to create a wider range of services in order to provide more choice and culturally appropriate services. People from organisations that provided services told us that they were reluctant to develop new services as they were unclear about the demand. Some services that had been developed, such as brokerage, were being under used. The council should further develop and promote services in order to meet the personalisation agenda and further improve outcomes for vulnerable people, older people and their carers.

The council used information provided by CQC to enable them to assess the quality of care providers and to detect any themes of poor standards of care. Higher fees were paid to providers who were judged as good or excellent by CQC. There had been no placements in services that were rated as poor by CQC. The number of places commissioned in services that were rated as adequate by CQC was higher than in similar councils but was improving.

The council effectively managed its budget and had reviewed its use of resources alongside efficiency guidance. With a move to personalisation the council was focussing on developing cost effective and early intervention community services.

For example the enablement service and rapid equipment provision was resulting in less dependence on home care support. When some equipment such as hoists were provided, senior practitioners advised on the best value apparatus to meet needs. There had been a move from providing in house home care, to services provided by independent agencies. The spending on residential care was decreasing and the development of extra care housing was helping to support this. Some of the savings made had been re invested into dementia care services and services to support carers. The councils had a clear plan to continue to make efficiency savings. This was based on the reshaping of services and how they were delivered, rather than on cuts to services. The council were aware of future financial constraints and were proactively planning contingency measures to address this.

# Appendix A: summary of recommendations

## Recommendations for improving performance in Derby

### Safeguarding adults

The council and partners should ensure that:

1. All staff are aware of and follow multi-agency safeguarding adults procedures. (Page 12)
2. A quality assurance framework for safeguarding is developed and implemented. (Page 13)
3. The profile of dignity in care is raised and all staff are aware of the principles. (Page 13)
4. Permission is sought from all existing and new people that use services before information about them is shared, and that this is appropriately recorded. (Page 14)
5. All citizens who would benefit from deprivation of liberty assessments and support from independent mental capacity advocates receive these services. (Page 14)

### Increased choice and control of older people

The council should:

6. Strengthen arrangements to respond to calls from older people and their carers for information and advice. (Page 16)
7. Ensure that assessments are holistic and that supported self assessment processes for older people are available. (Page 17)
8. Improve recording practices to ensure that documentation is completed appropriately to clearly identify older people's needs. (Page 17)
9. Promote personal budgets and direct payments for older people, including their use to meet people with more complex needs. (Page 17)
10. Improve and develop culturally appropriate services to meet the needs of older people, particularly for people with dementia. (Page 18)

## Providing leadership

The council should:

11. Maintain the momentum to introduce personalisation and ensure that staff are familiar and confident with relevant processes and procedures. (Page 23)

12. Ensure that staff supervision and performance management processes are consistent, challenging and systematically audited. (Page 24)

13. Improve quality assurance processes and use this information to improve services for to vulnerable adults and older people and their carers. (Page 24)

## Commissioning and use of resources

The council should:

14. Develop robust quality assurance processes for residential care provision and use this to guide improvements.(Page 25)

15. Further develop services to promote the personalisation of services for older people and their carers.(Page 26)

16. Further strengthen partnership arrangements with health partners by developing a joint commissioning strategy.(Page 26)

# Appendix B: Methodology

This inspection was one of a number service inspections carried out by the Care Quality Commission (CQC) in 2010**.**

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 Derby when we met with eight people whose case records we had read and inspected a further eight case records. We also met with approximately 70 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 and 48 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.

Derby 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.