Service Inspection Report

INDEPENDENCE, WELLBEING AND CHOICE

Haringey Council

January 2009

Safeguarding Adults

Delivering Personalised Services



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INSPECTION OF INDEPENDENCE, WELLBEING AND CHOICE

Haringey Council

November 2008

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Acknowledgements
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 AND BACKGROUND

An inspection team from the CQC visited Haringey Council in January and March 2009 to find out how well the council was safeguarding adults whose circumstances made them vulnerable.

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

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

The fieldwork phase of the inspection was extended due to information that was brought to the attention of the Commission part way through the inspection process. This information warranted further review and investigation by the commission, local auditors and the council.

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

SUMMARY

Safeguarding Adults

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

There were established arrangements in place that were effective in safeguarding some people. Over the last 18 months the council had promoted an increased awareness of safeguarding across the community. High level arrangements for safeguarding, through the Adult Safeguarding Board, had been strengthened and this had contributed to raising the profile of adult safeguarding in Haringey. The involvement of the police in safeguarding work was inconsistent.

The quality and consistency of practice and compliance with safeguarding procedures was variable and records of safeguarding activity were not always comprehensively completed. Therefore, the council could not be assured that all people were consistently safeguarded. Staff working across Haringey were supported in their practice by a comprehensive set of multi-agency safeguarding procedures which were risk based and promoted good practice. Despite these procedures being risk based, risk assessment was not well profiled within case files.

There had been an increase in the number of safeguarding referrals across all service user groups over the last 12 months. Staff were generally alert to safeguarding issues, recognising the need to take action to secure people's immediate safety. However, there was more work to do to ensure that the management of lower levels of risk was responded to appropriately. Arrangements were in place to provide adult safeguarding training to staff internal and external to the council. The uptake of training had increased over the last year. Overall, the quality of safeguarding training was rated as good by social care staff. The council had recognised that training was not sufficiently rooted in practice and had plans in place to address this.

There was a broad range of preventative services and community safety initiatives in place. The potential impact of these resources on the management of low level and ongoing risk had yet to be fully realised by some frontline staff and managers. The council had yet to develop a prevention of abuse strategy that would pull together preventative approaches, align them with other preventative strategies and community safety work.

A performance culture was not embedded in safeguarding. Safeguarding activity was recorded on the councils computer system but not in one easily identifiable pathway. This created difficulties for managers to oversee and monitor safeguarding activity. A new system was being introduced to address this. Management decisions were not always recorded. Other quality assurance measures were not well developed.

Personalised Services

We concluded that personalised services in Haringey council were adequate.

Referral and initial response arrangements were generally sound but not wholly secure. The council had recognised this and there were plans in place to improve access to services for older people. In some areas of care management performance had improved over the last 12 months, these included waiting times for assessments, number of reviews and the provision of statement of need. However assessment, care planning and reviews processes were not sufficiently holistic, person centred or outcome focused.

There was a traditional range of services in support of independence alongside an increasing variety of support to promote older people's well being. There was an impressive range of support services available outside of office hours that were widely used by people. However the experience of most people using services met during the inspection was that they did not know how to make contact with these services.

The provision of services to promote independence and well-being was commendable particularly in the use of libraries where there was a wide range of activities for older people to participate. There was extensive use of telecare, which was being successful in preventing hospital admission and in promoting the independence of older people.

The council had successfully remodelled its homecare into an enablement service, which provided short term support when people were discharged from hospital and to avoid hospital admission. People who use services and carers spoke highly of this service.

There were critical gaps in services for older people with mental health problems. Access to the full range of service provision for younger people was not available for older people.

Services were in place to support carers in their role and there were positive reports where support had been received but this was not the experience of all. The council had recognised the need to further review and develop these services and this work had begun. There was a good range of services to meet the needs of people from black and minority ethnic communities available but staff did not always use them in the most effective way.

The number of direct payments for older people continued to increase alongside a similar rise in the number of people from black and minority ethnic communities using them. The progress of direct payments would benefit from greater strategic oversight and co-ordination particularly in preparation for the planned developments in individual budgets. Advocacy services were available but they were not sufficiently promoted or appropriately used to consistently support older people.

Capacity to Improve

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

There was a clear vision for the future of older people's service based on the promotion of independence, well-being, choice and control that was well known across the community. This vision was reflected within the adult service business plan but there were a lack of other multi-agency plans that reflected joint priorities for the modernisation and improvement of services. The council had responded well to the transformation of the adult social care agenda and a high level plan was in place.

Keeping people safe was a priority across the council. The effectiveness of the Adult Safeguarding Board had improved and it had begun to provide improved high-level leadership that was needed to drive forward the improvement of safeguarding work.

Over the last 12-18 months most staff had experienced a change to the culture of working in adult social care with greater communication and support mechanisms being put in place. However there was still work to do to embed this across all areas and further promote a culture of continuous learning and development. Overall staff felt supported and had regular access to supervision and annual performance appraisals. Elected members recognised the accountability they held for service provision and safeguarding. More work was needed to ensure that they receive the right information about key issues for older people and the quality of frontline practice.

The effectiveness of the council-wide performance management framework was reduced by the lack of consistently specific targets and timescales in the adult services business plan and the adult services commissioning strategy against which performance could be measured and reported.

Up until 2008 commissioning activity for older people had focused on the delivery of traditional services with the council taking a project-managed approach to the review, improvement and efficiency of services. The lack of a specific commissioning strategy for older people and the vague commissioning intentions for older people in the adult service commissioning strategy meant that the council could not fully demonstrate that it was fully meeting the needs of older people despite a robust joint needs analysis.

The council had a comprehensive and ambitious Health and Well Being Strategy for Older People that had begun to improve the lives of older people. This strategy was currently under review. The council had recognised that more commissioning work needed to be done jointly with

health partners and plans were in place for this. Effective working relationships had been developed with independent and voluntary sector providers.

RECOMMENDATIONS

Outcome theme	Recommendation
Safeguarding adults	The council and its partners should: • develop and implement a comprehensive system of performance management and quality assurance, so that the council can be fully assured that people in vulnerable situations are effectively safeguarded; • develop and implement a preventative strategy for safeguarding that is aligned to other preventative work including community safety; • ensure that the planned implementation of the protocol for risk assessment improves the profile, recording and management of risk for people in vulnerable situations. The council should: • ensure that it is fully discharging it responsibilities in regards to securing appropriate strategic and operational police contribution to adult safeguarding to improve people's safety.
Personalised Services	The council should: • ensure that assessments, care planning and reviews are consistently holistic, person centred and promote improved outcomes for people who use services; • ensure advocacy support is widely promoted to enable older people to contribute to decision making and achieve their desired outcomes; and • ensure that the review of the carers strategy is progressed to deliver improved support and outcomes for carers; • develop a strategic framework for the future development of direct payments, aligned to the progress of individual budgets, to ensure that greater choice and control is offered to older people. The council and its partners should: • ensure the needs of older people with mental health problems and their carers are fully met; and • develop and implement a joint strategic plan for the future delivery of intermediate care and continue to reduce the number of delayed transfers of care whilst improving the experience of hospital discharge for older people.

Leadership and Commissioning	The council should: • ensure that there is a framework in place that identifies joint strategic priorities and commissioning intentions for older people, that is underpinned by detailed implementation plans which are appropriately resourced, monitored and reported on; • ensure that the information about the use of direct payments, signposting activities in the ICT and telecare are used to inform commissioning intentions and help to develop an even better understanding of local need; • work with partners to develop a joint workforce plan to ensure that the workforce is able to deliver current and future priorities; • develop a tailored performance management and quality assurance reporting mechanism that supports more effective challenge from elected members; and • ensure that work is progressed to improve data quality and governance arrangements.

CONTEXT

Haringey is an outer London borough and covers 11.5 square miles. The population of Haringey is estimated at 225,700. There is a clear east/west divide and Tottenham in the east is amongst the 10 per cent most deprived wards in the country. Haringey is the 10th most deprived borough in England. Life expectancy is below the national average and 9.4 per cent of the population is 65 years or over. There is a projected shift upwards in the average age of the population over the next 25 years. Approximately 10 per cent of people aged 65 years and over have a limiting long-term illness; this is predicted to rise only slightly by 2026.

Population turnover in Haringey is high, mainly as a result of people moving into and out of other parts of the UK. Haringey is a culturally and ethnically diverse borough. 34.4 per cent of its residents are from black and minority ethnic communities and it is ranked the 5th most diverse borough in London.

The council is labour led. The council leader and executive committee govern the business of the council through a cabinet model of decision making. A single overview and scrutiny committee support the work of the council.

The Haringey Teaching Primary Care Trust serves the borough. In 2008 the Healthcare Commission judged the PCT as 'fair' for the quality of its services and 'excellent' on the use of resources. Scores were awarded on a four-point scale: weak, fair, good and excellent. Barnet, Enfield and Haringey Mental Health NHS Trust provides mental health services and was judged as delivering 'excellent' on the quality of services and 'good' on the use of resources.

In 2008 CSCI judged Haringey to be improving in the provision of adult social care with the judgement of 'good' in the delivery of outcomes and 'promising' in capacity for improvement resulting in the award of two stars.

KEY FINDINGS

1. Safeguarding Adults

1.1 Safeguarding against poor treatment

There were established arrangements in place that were effective in safeguarding some people. Over the last 18 months the council had promoted an increased awareness of safeguarding across the community. Additional specialist resources had recently been provided for safeguarding. Keeping people safe was a key priority for the council and this was visible across council strategies and plans. There had been an increase in the number of safeguarding referrals across all service user groups over the last 12 months, which was attributed to the increased awareness.

The quality and consistency of practice and compliance with procedures was not secure and therefore the council could not be assured that all people were effectively safeguarded. Staff working across Haringey were supported in their practice by a comprehensive set of multi-agency safeguarding procedures which were risk based and promoted good practice. The procedures were widely available and publicly accessible through the council's website, as was the alert form. Some staff saw the procedures as cumbersome and felt that the use of more flow charts would be helpful.

Despite the safeguarding procedures being risk based, risk assessment was not well profiled within case files. This had led to difficulties in ensuring that appropriate action had been taken in response to assessments. The council had acknowledged this and a protocol to promote the use of risk assessment within care management and safeguarding procedures had been developed but had not yet been introduced. The council had a multi-agency protocol in place for the commissioning of serious case reviews. One serious case review had been completed in the last 12 months.

Safeguarding alerts were responded to in a timely way. Staff were generally alert to safeguarding issues, recognising the need to take action to secure people's immediate safety in high risk situations. Investigations were undertaken promptly. This was not always the case where lower levels of risk were identified and early warning signs were not always responded to appropriately to prevent a later escalation of risk. Advocacy was not always used to support people through safeguarding processes when it would have been appropriate for the alleged victim and/or perpetrator.

There were good multi-disciplinary contributions to investigations where appropriate however the profile of the police in some investigations was inconsistent. This had led in some instances to social care staff making early decisions about whether crimes had been committed when they were not competent to do so. This could potentially compromise further police investigations or involvement.

Overall the quality of completion of safeguarding records was in need of urgent attention. This should be supported by the imminent launch of a new comprehensive safeguarding module on the councils electronic recording system (Fwi). There were examples where alert forms were not dated and incomplete, and case notes were often brief. Some records were being retrospectively recorded, in one example some months after the event. There was a risk that if staff left the council this would have resulted in the record being lost.

Where strategy meetings had taken place, these were frequently held outside the timescales laid down in the safeguarding procedures. The reasons for these delays were not always recorded and risk not re-evaluated as a result. Recordings of these meetings did not always provide sufficient detail. Attendance at strategy meetings by some medical staff and the police was variable.

From case files seen the quality of protection planning was unacceptable, often vague, lacking detail of action, timescales and outcomes. There was no template available for protection planning often resulting in a bullet point list of actions being compiled or actions incorporated into a care plan. It was not always clear who was responsible for carrying out the actions and what the review mechanism should be. Frequently, follow up to strategy meetings did not happen leaving vulnerable people at risk. There was no evidence of contingency planning.

1.2 Making sure that staff and managers know what to do

Arrangements were in place to provide adult safeguarding training to staff, internal and external to the council. Overall, the quality of safeguarding training was rated as good by social care staff. The uptake of training had increased over the last year. Some staff felt that training was too theoretical and not sufficiently rooted in practice. The council was aware of this recognising that the current programme was in need of further review. The council had recognised the need for regular refresher training to be undertaken and planned to introduce a 'Train the Trainers' programme in order to address this. An e-learning course was also available.

Training was multi-disciplinary which was valued by staff. However, the police did not participate in the training which would have provided more opportunities for networking and appreciation of respective roles and responsibilities. The number of staff receiving safeguarding training across all sectors had increased over the last 12 months. A briefing on both adults and children's safeguarding was provided to all new staff through the induction process but it was unclear whether adult safeguarding training was mandatory for all staff in adult social care, what the expectations were for staff across the directorate and the wider council or if this was monitored and reported centrally.

It was not clear whether staff undertaking safeguarding activity including assessments, investigations and decision-making had received appropriate training. There was no systematic way this information was

collated or reported on. Competencies commensurate with levels of responsibility for safeguarding managers and investigating officers had not been developed. Consequently, how managers made decisions on the level of skills required for practitioners to be appropriately allocated to cases was unclear.

The Safeguarding Manager provided advice and support to staff, internally and external to the council. This was valued by staff. Managers of all levels were reported as being supportive in decision making in complex cases. There was a network of champions identified in adult social care and across partner agencies. Champion's forums were held where operational and practice issues were discussed and best practice shared. Records of these meetings were circulated to staff but the value of these records in improving practice was not always recognised by staff.

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

There was a broad range of preventative services and community safety initiatives in place. The potential impact of these resources on the management of low level and ongoing risk had yet to be fully realised by some frontline staff and managers. The provision of floating support, the use of sheltered accommodation and the community alarm service were worthy of note.

Staff had a good awareness of these services yet the use of these services was not always reflected in case files. The identification of low-level risks was not always evident in case files seen therefore, preventative action was not being undertaken consistently. There would be value in the council developing a prevention of abuse strategy that would pull together preventative approaches, align them with other preventative strategies and community safety work and increase the awareness of risk management. There was a prevention sub-group of the adult safeguarding board, which was currently meeting six weekly to establish terms of reference and a work programme.

There was effective partnership working in community safety with a range of initiatives in place that recognised the additional needs of people in vulnerable situations. In particular, the police were beginning to broaden their approach in recognition of the well-being agenda but they had recognised that frontline relationships with a range of practitioners would benefit from greater co-ordination, in particular the work with the Safer Neighbourhood Teams and adult social care. The Head of Community Safety was a member of the adult safeguarding board and therefore strategic links between community safety and safeguarding were in place.

People in receipt of direct payments were offered the opportunity to undertake Criminal Record Bureau (CRB) checks on prospective personal assistants. The checks were facilitated through the Haringey Association for Independent Living; the council met the cost of CRB's.

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

A performance culture was not embedded in safeguarding. Quality assurance and performance management arrangements for safeguarding work, including the monitoring of outcomes, were not sufficiently robust.

The council was aware that further development of systematic quality assurance measures were needed so that the council and its partners could be assured that people in vulnerable situations were protected from harm. Case files reviewed as part of the inspection identified a number of practices, procedural and training issues that required improvement. Some of these had also been identified by managers of the cases. This underlined the need for routine and rigorous quality auditing to be put in place.

There was no safeguarding management data set routinely made available for team, service or senior managers. There was no formal monitoring or reporting of compliance with safeguarding procedures. The imminent implementation of a new safeguarding module in the councils computer system (Framework I), will address this. There was an expectation that team managers undertake this monitoring during supervision and through case file audits, however there was no process to collate and report this information. The Safeguarding Manager did compile some information on compliance with procedures and provided ad hoc reports to service managers as requested. There was no clear expectation for managers to provide feedback on improvements made as a result of this.

Each team manager was expected to undertake five case file audits per team per month including at least one safeguarding file. There was no systematic way of ensuring audits were complied with or any systematic collation of the improvement activity that had been taken in response to the audits that would promote learning and facilitate more sharing of good practice.

Currently safeguarding activity was not recorded in a discrete pathway within Framework I; therefore management oversight of safeguarding activity was difficult. This made it problematic to identify the progress of a referral, investigation, outcomes and closure. Management decisions were not always recorded and there was no consistent use of language when they were. In particular the rationale underpinning managers' decisions to close an investigation was often unrecorded. Management oversight was made more difficult in the older people's mental health team where two electronic recording systems were in place. It was hoped that the imminent launch of a new comprehensive safeguarding module on Fwi would address the performance management and quality assurance issues.

The adult safeguarding board did not have a defined data set that would have provided them with sufficiently robust information to ensure the quality of safeguarding practice. It was planned that the quality assurance and training sub-group of the board would focus its work on

this. The directorate had recognised the value of external scrutiny of safeguarding work but this had not yet been organised.

1.5 Making sure that POVA arrangements are robust and work well

Strategic arrangements for safeguarding, through the adult safeguarding board, had been strengthened and this had contributed to raising the profile of adult safeguarding in Haringey. The board had appropriate governance arrangements in place reporting to the Well Being Partnership Board.

Over the last 12 months the board had been strengthened by the nomination of more senior representatives from partner agencies. This was beginning to enable actions and decisions to be taken in a more timely and effective way. It was also hoped that this would improve continuity of attendance at the board. The need for representation from housing had been recognised and commitment secured. The board's membership had recently been enhanced by the engagement of a service user. There was representation from children's services on the board, which had helped to develop a protocol for transitional work. However there was more scope for the board to develop greater cohesion and consistency across the interface between children's and adult safeguarding work.

Five sub-groups supported the work of the safeguarding, each of which was at a differing stage of maturity. Therefore, their ability to contribute to the development and improvement work was variable. Only one sub-group had a work plan of its own. Multi-agency attendance at the sub-groups had improved which should promote wider ownership of the work programmes in the future.

The Safeguarding Adults Annual Report 2007/08 was used to inform the council and partners about the progress and effectiveness of safeguarding arrangements and plans for further improvement. More detailed analysis on types of abuse, client groups, perpetrators and location would have provided a more comprehensive picture. The report would have benefited from more qualitative information on outcomes and service users experience.

There was a Safeguarding Adults Action Plan 2008/09 in place that had been developed from the Annual Report. Progress had been made in achieving some of the actions identified. The plan did not overtly demonstrate proportionate, multi-agency ownership, it lacked specific targets and had no resources allocated within it. The Annual Report and work plan had been subject to appropriate governance processes in the council.

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

The council provided public information on people's right to privacy and confidentiality. There was a joint information sharing protocol in place which was publicly available on the councils website.

In regards to safeguarding, there was no evidence that a record was maintained whenever information was shared with a third party as laid down in safeguarding procedures. The council considered this process as being overly bureaucratic and procedures were to be amended to reflect this.

Consent to share information was not included in the case file audit so managers were not assuring that procedures were being complied with in regards to the sharing of information.

2. Delivering Personalised Services

2.1 Access to Assessment and Care Management

Referral and initial response arrangements were generally sound but not wholly secure. The council had recognised this and there were plans in place to streamline and further improve access pathways for older people.

There was a single initial point of contact for older people via the Initial Contact Team (ICT). The team provided a prompt response to callers. Not all calls made to the ICT were recorded on the Framework I computer system. Callers who did not meet eligibility criteria or who were requesting information were not recorded and therefore no follow up was or could be undertaken to assess the effectiveness of the signposting activity. This information could provide valuable intelligence to inform the commissioning of low-level preventative services.

There was a good range of up to date leaflets available that have translations/links for other languages. The full range of leaflets was not always available at all of the public access points visited during the inspection. The councils website was easy to use and provided a further good source of public information for the community.

Some older people and carers were unaware how to contact social services. Where people were in regular contact with services staff frequently provided individual contact numbers. Most older people responding to our survey said they always or usually found it easy to get in touch with people who could help. This contrasted with some of the older people that we met whose experience was more varied.

Most older people felt that they were treated with respect and dignity by social work and home care staff. Older people were often unsure if they had an allocated social worker as they frequently reported there was little

continuity in social work provision, with a number of different practitioners engaging with them over a period of time.

A person who used services reported

> *"My care manager always listens to my concerns"*

Another stated

> *"I am concerned I have not been contacted by or made aware of the person who replaced my last key worker"*

2.2 Assessments and Care Planning

Performance in care management performance, in some areas, had improved over the last 12 months. These included waiting times for assessments, the provision of statement of need and the number of reviews completed. However assessment and care planning processes were not sufficiently holistic, person centred or outcome focused. Some positive therapeutic and pragmatic work was undertaken to ensure older people remained in their own homes safely.

Assessments often lacked acknowledgment of people's social needs and did not sufficiently reflect people's aspirations. Recognition of people's cultural and religious needs was absent in the majority of case files seen. Whilst effective multi disciplinary contributions to assessments were made, however the single assessment process was not fully embedded in care management processes. Some older people and carers stated that they often had to repeat their story to a range of different practitioners.

A person who used services stated

> *"We can get in touch with each separate department. But it seems no one can tie up together to share their information".*

A carer reported

> *"'people are in hubs and the hubs don't talk to one another"*

Care planning lacked ambition, was not person centred or outcome based despite older people and carers reporting feeling involved in making decisions about their care. Few older people had used advocacy to support them through the care management processes.

Performance on the number of reviews completed had improved over the last 12 months. The council was aware of the need to make reviews more person centred and holistic, which was supported by our findings from case files.

The council had increased the number of carers assessments completed over the last 12 months. This had not always improved the quality of life for some carers. A Local Area Agreement target was supporting the

further development of carer's services and the council was undertaking a review of the carer's strategy. This work was being informed and progressed following the completion of an inclusive consultation process.

Some of the case files viewed on FWi had clearly been subject to recent up dating as retrospective recording was evidenced on some of these files. We were concerned as to why this was not carried out at the time of the intervention as laid down in procedures and why management oversight had not addressed this matter.

There was an impressive range of care and support services available outside of normal office hours. This included the provision of emergency carers, access to residential care beds and access to telecare within six hours. The community alarm service provides cover to approximately 4,500 people across the community. This was having a positive impact on keeping older people in their own homes and avoiding hospital admission. There was more work to do promote the awareness of these services. Most people we met using services did not know how to contact services outside of normal office hours.

There was an Emergency Duty Team in place whose arrangements were shared with children's services, which at times, had been experienced as a point of pressure for the adults team. The Emergency Duty Team had access to IT systems to support communication and access to information. At times the quality of information on FWi had presented problems to the team as details were sometimes found to be missing or inaccurate.

2.3 Range of Services.

There was a customary range of services in support of independence alongside an increasing variety of support to promote older people's health and well being.

There was a good range of specialised services available for people from black and minority ethnic communities. The effectiveness of these services was reduced by the lack of identification of religious and cultural needs in assessments. This often led to these services not being commissioned appropriately by practitioners to meet individual needs.

There was extensive use of telecare, which was being successful in preventing hospital admission and in promoting the independence of older people. Telehealth was also in the early stages of implementation. There was scope to use the data and intelligence from this service to inform future commissioning and provision of low-level support more effectively.

Day care was largely traditional and buildings based. It was evident that service users and carers highly valued the quality of service provided by day care centres.

A carer reported

> *"the centre provides real social stimulation, I know my mom is safe and well cared for"'*

Improvement activity was being undertaken within each centre, which would have benefited from being more strategically driven and co-ordinated. Plans were being developed to take this work forward.

The council had successfully remodelled the provision of its homecare into an enablement service, which provided short term interventions and targeted at avoiding hospital admissions and hospital discharge. Service users and carers spoke highly of this service. The quality of the council's own regulated services for older people were good.

The quality of some hospital discharges experienced by people who use services and carers was satisfactory, however this was not always the case. Hospital discharge policies focused on the speed of discharge rather than identifying issues of quality. There was no opportunity to learn from problems with discharges in order to improve the experiences of all service users and carers. It was hoped that the newly formed whole systems capacity-planning meetings would provide a mechanism where greater attention is given to the quality of discharges.

The council was aware that the provision of services to care and support older people with mental health problems was in need of review and modernisation. People's needs were not being fully met as there were critical gaps in services for older people with mental health problems. They did not have the same access to a range of established service provision for younger people.

A good range of advocacy services were commissioned by the council but they were not always appropriately engaged. Carers and service users reported variable knowledge of advocacy. Plans were in place to ensure there was a clear vision for advocacy, its commissioning and promotion across the community.

2.4 Promoting Independence and Choice

The provision of services to promote independence and well-being was commendable. In particular in the use of libraries where there was a wide range of activities for older people to participate. These activities also demonstrated a strong commitment by library staff to meeting the needs of the community and of joint working with other agencies to deliver services.

There was a broad range of supported housing and accommodation support for older people including culturally specific support for people from black and minority ethnic communities. Not all practitioners made best use of this support, as some were unaware of procedural pathways to access housing support. The provision of four drop-in centres across the borough also contributed to the promotion of well-being and were highly appreciated by the communities they served.

The number of direct payments for older people and carers had continued to increase alongside a proportionate number of people from black and minority ethnic communities that had resulted in positive outcomes for some older people.

A person who used services reported

> *"As a person who receives Direct Payments I am involved in making all my own decisions"*

However there was need for greater strategic oversight of this work particularly in preparation for the planned developments in individual budgets. The council had developed its own support service and work to identify clear roles and responsibilities in the promotion and management of direct payments was nearing completion. There were no systems in place to capture the outcomes and effectiveness of the use of direct payments; therefore the use of direct payments was not being used to inform commissioning and future market management.

The public information on direct payments was in need of urgent review as the council had restricted its availability due to the high number of inappropriate enquiries. There was no communication mechanism in place for people who use direct payments and the council was giving consideration as to how this could be managed. Payroll capacity was limited and had led, in some instances, to non-payment of wages. This had unacceptably resulted in personal assistants seeking alternative employment, leaving service users without care and support. Policies did not support the smooth transition of payments from children's to adult services and this had led to breaks in service provision in some cases.

3. Capacity to Improve

3.1 Leadership

There was a clear vision for the future of older people's service based on the promotion of independence, well being, choice and control. Staff, partner agencies and other key stakeholders had an understanding of the vision for services. Whilst this vision was reflected within the adult service business plan there was a scarcity of other multi agency plans that reflected joint priorities for the modernisation of services. In particular, the lack of joint strategic direction for day opportunities, older people with mental health problems and intermediate care had resulted in the continued delivery of traditional pattern of services where value for money could not be fully assured.

The structure of the Adult, Culture and Community Services Directorate supported the delivery of the vision for older people. In particular the opportunities to develop activities within libraries and recreational centres had been recognised and were contributing significantly to the well being of older people.

The senior management team within adult social care recognised the challenges that needed to be addressed within current service provision. We consider that additional capacity will need to be sought in order to deliver current and future priorities, including the transformation agenda, within the desired timescales. Over the last 12-18 months most staff had experienced a change to the culture of working in adult social care, with greater communication and support mechanisms being put in place. However, there was still work to do to embed this across all areas and further promote a culture of continuous learning and development that was required to deliver service priorities and truly personalised services. Overall, staff felt supported and had regular access to supervision and annual performance appraisals.

Keeping safe was a corporate priority. The effectiveness of the adult safeguarding board had been enhanced and it had begun to provide the strategic leadership that was needed to drive forward the safeguarding agenda. This had had a positive impact in raising the awareness and profile of safeguarding with staff, partners and key stakeholders. This commitment was evident particularly within Haringey Primary Care Trust, as they had recently appointed a senior manager specifically responsible for adult safeguarding who was working very closely with the council.

The Adult Services Business Plan set out the work plan for adult social care and included results from service user surveys to support priorities set out. It would have benefited from being more concise and it lacked clear targets for improvement that would have allowed progress to be more accurately assessed, monitored and reported. There was a People Plan integrated in to the Adult Service Business Plan that reflected the changes required to the workforce to deliver the plan. There was also an overarching corporate People Strategy 2008-16. However, joint workforce development with health partners was under developed.

The council had responded well to the transformation of adult social care agenda and there was considerable work to do to transform the current traditional pattern of services. A team was being created to take this work forward. A high level plan was in place with clear milestones alongside a strategic framework with appropriate governance arrangements. Resources were beginning to be allocated to support this work. Further work streams had been identified which would require close co-ordination to ensure alignment and integration of other planned operational and service improvements. A programme of pilot projects was in place to introduce individual budgets to adult and learning disability services, this was to be rolled out to older people's service in 2010.

Regular briefings were held between senior managers and the portfolio holder for adult social care and well-being who recognised the accountability they held for service provision and safeguarding. More tailored performance management and quality assurance reporting for members could better support a greater level of challenge and provide an improved insight into the quality of frontline practice. An elected member had recently been nominated as the Dignity Champion but this role was in the early stages of development. A programme of adult safeguarding training for members was due to be introduced shortly.

In September 2008 a Scrutiny and Overview Report was published on access to services for older people. This report made a number of recommendations for improvement, including the development of a person centred strategy, a joint information and advice strategy, a review of transport and carers services, along with a number of other relevant recommendations. Progress of these recommendations had not yet been reported back to scrutiny and overview.

The council had a performance management framework in place, which had been successful in improving performance of national performance indicators. It was acknowledged that the qualitative measures currently in place such as service user surveys, audits and complaints needed further development and clear integration into current reporting processes. The effectiveness of the performance management framework was reduced by the lack of appropriately detailed targets in the Adult Services Business Plan and the Adult Services Commissioning Strategy, against which performance could be measured and reported. Senior managers needed to ensure that the current reporting systems enabled them to assess and monitor frontline practice adequately.

The council was aware that there were some weaknesses within the current data collection systems and associated control processes. These weaknesses risked impacting on some performance indicators and on care management processes. The council was actively working with the auditors to rectify this.

The council was aware that there was more work to do to embed equality and diversity across the workforce. The council is aiming to achieve Level 3 of the Local Government Equality Standards in March 2009. Equality Impact Assessments were poorly completed and were not being used to drive service improvement so that the diverse needs of people were being met.

3.2 Commissioning and Use of Resources

A culture of effective commissioning was still developing for older people's services. It was hoped that the new management structure within strategic commissioning would increase the pace of these developments. Up until 2008 commissioning had focused on the continued delivery of traditional services with the council taking a project-managed approach to the review, improvement and efficiency of older peoples services through joint commissioning. This had resulted in some episodic examples of good practice, such as Osborne Grove, but was not embedded or mainstreamed across older peoples services.

There was no separate commissioning strategy for older people. There was a comprehensive Joint Strategic Needs Assessment that was publicly available and informing the work of adult social care. However there was further potential for it to inform the commissioning of services for older people. The commissioning strategy for adults provided only vague commissioning intentions for older people with very few specific targets for improved outcomes. There was no resource allocation aligned to these

intentions. The council had a range of information such as use of direct payments, signposting activities and intelligence from telecare that was not being used effectively to inform commissioning processes and help develop an even better understanding of local need.

The Older People's Partnership Board had recently been re-energised with new joint chairmanship arrangements. The Board was undertaking a review of membership and terms of reference that would provide an opportunity to strengthen its influencing, consultative and performance management role. A number of service user representatives were on the board, their knowledge and contributions were striking. There were a number of examples where older people and carers had been involved in the design and planning of services, in the main through the Haringey Forum for Older People. There was further scope to develop the role of older people who had used services in the evaluation of service provision.

The council had a comprehensive and ambitious Health and Well Being Strategy for Older People that had begun to improve the lives of older people and had recently been revised. The plan included a more robust process in which outcomes will be routinely captured and reported on.

There were constructive working relationships with Haringey Primary Care Trust. The council and its health partners had recognised that there needed to be a joint strategic framework in place through which all service strategies are developed, implemented and monitored and in which resources agreed. This had recently been agreed with health partners and work had just begun.

Effective working relationships had been developed with independent and voluntary sector providers. There were established provider forums where information was exchanged and service development was encouraged. Contract managers were undertaking some effective and practical work with independent sector providers. Contract monitoring was experienced as thorough but fair. Recently appointed market development officers were beginning to work alongside independent providers to develop new services. Block contracts had been used with main providers in residential and domiciliary care for older people to stabilise the market, which is imperative as the transformation of social care is implemented.

APPENDIX 1 INSPECTION THEMES AND DESCRIPTORS

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

INSPECTION THEME 3 People Receive Personalised Services	
3.1	All referral, assessment, care planning and review processes are undertaken with respect for the person and in a timely manner.
3.2	People with urgent social care support needs outside normal working hours are appropriately supported.
3.3	All people who use services and their carers: • need to 'tell their story' only once in having their social care needs assessed; • have care plans that include clear accounts of planned outcomes; • know how to access any records kept about them; and • have been offered advocacy services.
3.4	The range of services is broad and is able to offer choices and meet preferences in all circumstances.
3.5	All people who use services are aware of the availability of self-directed services and are encouraged to take up these services resulting in people being more in control; they are able to continue to live in the environment of their choice.
3.6	There is universal access to initial assessments of social care needs regardless of whether a person intends to self-fund, or whether they are eligible for council services.
3.7	All people are clearly assigned to a team or manager for assessment, care planning, and service delivery.
3.8	Care planning and service delivery are holistic and effectively identify and meet individual needs.

Leadership	
8.1	Highly competent, ambitious and determined **leadership skills** of senior officers in the council champion the needs of all people who use adult social care and their carers, to ensure that [the selected themes[1]]. Senior officers make sure there is **effective staff contribution**, both within the organisation and across partnerships, to planning and delivery of key priorities and to meeting suitably ambitious outcomes in the selected themes.
8.2	**Plans** to ensure the delivery of the selected themes **are comprehensive** and linked strategically and address key developmental areas. They identify **national and local priorities** for the selected themes[2]. Realistic **targets** are being set and are being met. Local area agreements reflect identified key areas for improvement. Coordinated working arrangements across the council and with external partnerships

[1] People are safeguarded / people receive personalised services / people have access to preventative services.
[2] Safeguarding Adults / Delivering personalised services / Prevention

	are reflected in **strategic planning** to ensure delivery of the selected themes. There is evidence that this working has resulted in improvements in the selected themes.
8.3	There are the **people, skills and capability** in place at all levels to deliver **service priorities** and to maintain high **quality services** to ensure the good outcomes in the selected themes.
8.4	**Performance Management, quality assurance**, and scrutiny arrangements are in place and effective to ensure that good outcomes in the selected themes: performance improvement can be demonstrably linked to management action.

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

APPENDIX 2 METHODOLOGY

This inspection was one of a number inspections carried out by the Commission for Social Care Inspection (CSCI) in 2009 under the Independence, Wellbeing and Choice agenda[3]. The aim of this inspection was to evaluate how well adults were safeguarded by Haringey council and how well Haringey council were meeting the needs of older people in relation to:

- **Personalised Services** and
- **Safeguarding Adults**

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

An inspection design team created the inspection methodology. The Themes and Descriptors (see Appendix 1) were developed from the CSCI's Outcomes and Descriptors[4].

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

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

The fieldwork consisted of 7 days 'on site' in the council community. During the fieldwork, we met a wide range of people with knowledge and experience of the services provided and commissioned by the council, including:

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

[3] Department of Health 'Independence, well-being and choice' (2005) and subsequent White Paper 'Our health, our care, our say' (2006).
[4] CSCI 'Outcomes Framework for Performance Assessment of Adult Social Care' 2006-07