Inspection report

Service inspection of adult social care:
Halton Borough Council

Focus of inspection:

Safeguarding adults
Improved health and wellbeing for older people
Increased choice and control for older people

Date of inspection: September 2010

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- 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

Halton Borough 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 Halton in September 2010 to find out how well the council was delivering social care.

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

- Safeguarding adults whose circumstances made them vulnerable,
- Improving the health and wellbeing of older people, and
- Increasing choice and control for older people.

Before visiting Halton, 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 Halton. It will support the council and partner organisations 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 Halton 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 Halton was performing excellently in safeguarding adults.

We concluded that Halton was performing well in supporting improved health and wellbeing of older people.

We concluded that Halton was performing excellently in supporting increased choice and control for older people.

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 Halton was excellent.

What Halton was doing well to support outcomes

Safeguarding adults

The council:

- Was active and vigilant in its work to promote the safety and well-being of local people.
- Ensured safeguarding investigations were well-managed and that risks were appropriately addressed.
- Offered a comprehensive programme of training and guidance that built the knowledge, skills and confidence of staff across the sector.
- Promoted a strong culture and standards for ensuring people were treated with dignity and respect.
- Made detailed checks of the quality of local services, and took robust action to tackle poor performance and support improvements.

Improved health and wellbeing for older people

The council:

- Had developed a broad range of preventative strategies and activities that assisted older people to remain fit and active.
- Worked well with other agencies in supporting older people and their carers, including those with complex needs.
- Enabled easy access to and achieved good outcomes from rehabilitation services.
- Provided a range of equipment and home adaptations to promote independence.
- Provided effective support to older people and their families at the end of their lives.

Increased choice and control for older people

The council:

- Provided a high level of information, advice and support to local people.
- Ensured a timely and person-centred response to individual needs.
- Successfully supported high numbers of older people to live safely at home.
- Enabled good outcomes and flexible support through use of Direct Payments and individual budgets.
- Ensured older people and their carers were actively involved in their reviews and that their preferences and changing needs were carefully considered.

Recommendations for improving outcomes in Halton

Safeguarding adults

The council should:

- Strengthen the collection and analysis of information about safeguarding activity to support wider learning and targeting of areas of risk.
- Ensure people have good access to advocacy support to promote their full understanding and involvement in safeguarding work.

Improved health and wellbeing for older people

The council should:

- Secure further improvements in the health and wellbeing of older people and their carers.
- Address gaps in access to and the flexibility of local transport.
- Ensure hospital discharge arrangements work well for everyone and reduce the rate of emergency re-admissions.
- Continue to enhance the availability, range and quality of support for older people and their carers.

Increased choice and control for older people

The council should:

- Make it easier for people to raise concerns and ensure timely investigation and feedback about the outcome of complaints.

What Halton was doing well to ensure their capacity to improve

Providing leadership

The council:

- Benefited from having stable, strong and effective senior managers and elected members.
- Had a clear and shared vision and was making good progress in improving outcomes for older people and their carers.
- Had strong partnerships secured by comprehensive plans and effective deployment of resources.
- Had developed robust staff development and training opportunities to equip staff to do their jobs well.
- Set ambitious targets and ensured clear governance and accountabilities underpinned its improvement work.

Commissioning and use of resources

The council:

- Had a sound awareness of the needs and strengths of people living in the area.
- Had achieved wide ownership of shared agendas to transform local services.
- Effectively managed and controlled its resources.
- Actively promoted the involvement of older people and their carers in developing local services.
- Had successfully driven up standards and promoted innovative services.

Recommendations for improving capacity in Halton

Providing leadership

The council should:

- Strengthen the involvement of older people and their carers in key activities such as mystery shopping and review of the quality of local services.
- Continue to strengthen the involvement and contribution of all organisations to the work of the Safer and Healthier Halton partnership programmes.

Commissioning and use of resources

The council should:

- Ensure effective co-ordination of and enhancement of the role and contribution of local community, voluntary sector and faith groups.

Context

Halton Borough Council became a unitary authority in 1988. It was a district of Cheshire County Council prior to this. It has a population of approximately 120,000 people. Its two biggest settlements are Widnes and Runcorn. Halton's population is currently younger than national and regional averages. There are 17,100 people over the age of 65. This is predicted to rise by 40 per cent over the next decade. The population is predominantly white (97.6 per cent). Gypsy and traveller communities have settled in the area. In recent years small numbers of migrant workers from Poland and Slovakia have come to live in Halton.

Many local people experience significant health, social and environmental problems. Cancer rates, heart disease and life expectancy are amongst the worst in the country. Halton is ranked as the 30th most deprived area in England. A third of the population live in the top 4 per cent most deprived health areas in England. Over 50 per cent of people over the age of 65 have a limiting long-term condition or disability. There are 13,500 carers offering regular and substantial levels of care to family members or friends. Halton has a higher proportion of carers, many of whom are also in poor health, compared to other areas in England. Over 2,400 carers are currently registered.

The council has a Leader and Cabinet model of governance. The Labour party holds the majority of seats. The council is structured into four directorates. The Adults and Community Directorate was restructured on 1st April 2010 into five departments: Community Services, Prevention and Commissioning Services, Catering and Stadium Services, Complex Care Services and Enablement Services. The Directorate has a gross budget of £46,178,820 for 2010-2011. The council employs approximately 650 adult social care staff.

The council's Fair Access to Care Services (FACS) criteria includes people who fall within moderate, substantial and critical levels of need. The directorate dealt with a total of 1946 referrals in 2009-10. This included 359 safeguarding adult referrals. The majority of referrals (231) concerned the safety of older people.

Halton Borough Council has been rated by the Audit Commission as an 'excellent' council for a number of years. It is rated as good in its use of resources. The council's performance in the delivery of adult social care has been rated by the Care Quality Commission as excellent overall in the delivery of outcomes. All domiciliary care providers and 87 per cent of care homes operating in the area have been rated as good or excellent by CQC.

In 2009, the Care Quality Commission rated the performance of Halton and St Helens Primary Care Trust as good in the quality of commissioning, and fair in its financial management arrangements. The 5 Boroughs Partnership NHS Foundation Trust was rated as excellent in the quality of services delivered.

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 were active and vigilant in their approach to promoting the safety and well-being of local people. There had been a steady decrease in the incidence of reported crime in the area in recent years. Older people and people with learning disabilities reported positively about the support they had received from the police in helping them to feel safe.

The council strongly promoted equality and fairness in the way it conducted its business. Senior managers and elected members worked closely with local people to address concerns and build safe and supportive communities. Community safety, children and adult safeguarding and public protection arrangements were well-developed and were being continuously enhanced.

There was a significant programme of work to identify people who were vulnerable to abuse and to increase reporting of concerns including hate crime and domestic abuse. Arrangements for supporting people at risk of domestic abuse had been reviewed and strengthened. The Safeguarding Adults Board's (SAB) '*Don't turn your back on abuse'* and dignity campaigns had wide coverage and encouraged local people to report incidences of poor treatment or abuse.

Halton Speak Out[1] had a strong leadership role in raising awareness about abuse and how to deal with bullying. It was in the process of setting up a reporting centre to enable people to raise concerns in a supportive environment. There was positive work undertaken with students at the local college to promote the needs and rights of people with disabilities. This work was effective in supporting their social inclusion. The council was proactive in its encouragement of a number of inter-generational initiatives to promote wider understanding and respect between younger and older people.

Adult social care staff worked closely and effectively with partner agencies in sensitively addressing risks to people who were vulnerable to harm or exploitation. Cheshire Fire and Rescue Service referred people to the council and voluntary sector organisations where it identified concerns about their safety or well-being. Home security and assistive technology was provided to help people feel safe.

[1] Self-advocacy group for people with learning disabilities.

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

The council and its partners were committed to and demonstrated 'zero tolerance' of all forms of abuse. There was clear recognition of individual and joint agency responsibilities and accountabilities. Partner organisations had reviewed and strengthened their capacity and systems to deliver the Safeguarding Adults Board's priorities and work plan. Arrangements for sharing sensitive and confidential information between agencies were clear, complied with legal requirements, and were being continuously improved. There was strong management oversight and support for the work of front-line staff.

Safeguarding adults and dignity in care information was effectively promoted via the council website and through information leaflets, postcards and posters. Information was available in other languages and formats with easy read versions for adults with learning disabilities. The '*Inside Halton'* magazine went to every household and contained articles about safeguarding adults. The council held an awareness-raising event for local voluntary and community sector organisations that promoted their wider understanding of and contribution to safeguarding work. A number of dignity events had been held involving a wide range of partners, including people using services. These had been well-received and informed local priorities in identifying and addressing poor standards of care.

Safeguarding policies and procedures were comprehensive and had been recently reviewed and updated. They promoted best practice and incorporated learning from a wide variety of sources. The Safeguarding Adults Board had recently commissioned its first serious case review. Transition arrangements for young people moving into adult services had a clear focus on safeguarding. There was joint work taking place with neighbouring councils to streamline procedures and strengthen support to people who moved from one council to another. Work to develop a shared approach to safeguarding competences and to establish a multi-agency learning network should further enhance local safeguarding practice across the wider partnership.

There was a clear, joint and well-targeted approach to safeguarding people. Work had taken place to improve understanding of risk and levels of abuse. As a consequence the number of inappropriate referrals made under safeguarding procedures was reducing. Referrals made to the police protection unit had fallen, but the number of those being investigated had increased. NHS partners had seen an increase in the number of safeguarding referrals as a result of improved awareness and scrutiny of care provided. There was appropriate alignment of safeguarding adults and serious and untoward incident procedures. Staff working in Halton Direct[2] and the emergency duty team had sound systems in place for identifying and managing safeguarding concerns.

We saw many examples of work with service providers to learn lessons from safeguarding incidents and to embed learning to prevent recurrence. Care was taken to ensure they had the appropriate levels of staffing and expertise to support people with high and complex needs, including people whose behaviour placed themselves or others at risk. The council proactively supported people who experienced

[2] The council's customer contact centre

difficulties in managing their finances.

The council and its partners were working to strengthen the focus and reliability of safeguarding data to improve awareness of incidences of abuse and local trends. There were some areas where the collection and analysis of information about safeguarding activity required further development. This included learning from people's experiences of being safeguarded and the impact of preventative work in supporting people to be safe.

We found that safeguarding investigations were well-managed from the initial alert through to closure and involved appropriate partners. Safeguarding referrals were given high priority and were promptly followed up. Strategy discussions and meetings routinely took place and were clearly recorded. There was strong support from managers in planning and monitoring the effectiveness of actions to address risk. The standard of case recording was good. Safeguarding investigations were appropriately closed and outcomes were clearly identified and reported. Quality assurance and case file auditing supported wider learning and improvements.

Safeguarding work had a strong focus on promoting personal independence and expanding social and personal support networks to reduce the risk of further incidences of abuse. We found sensitive and effective multi-agency work to support people with complex needs, including those who were reluctant or felt unable to withdraw from abusive situations. Care was taken to build their trust and confidence and to help them to develop strategies to protect themselves. We found good practice in ensuring mental capacity assessments were routinely undertaken to inform actions taken in the best interests of individuals. Individual safeguarding plans were well-developed and regularly reviewed. People who needed help in staying safe told us:

"I am glad of all the support and advice I have been given to keep myself safe".

"There are people I can turn to who give me the support I need".

Care was taken to inform and involve people, and their carers and families as appropriate, in investigating risks to their personal safety or well-being. The council and its partners recognised the need to promote the use of advocacy to all people about whom there were safeguarding or deprivation of liberty concerns. This included increasing the availability of advocacy to people in hospital and care homes.

There was a need to strengthen support to carers of alleged victims and to perpetrators who were themselves vulnerable. There were some areas where work was required to build peoples' understanding of the safeguarding process and the options open to them. There was some good group work practice in supporting people with learning disabilities and women who had experienced domestic abuse that could be further built on.

There had been a number of positive developments to ensure effective alignment of children and adult safeguarding procedures and to promote a 'whole family' approach to safeguarding work. The focus of drug and alcohol services was reviewed to promote stronger joint working with children's services. There were a number of actions that consolidated joint working and quality assurance of practice in

supporting children whose parents had mental health needs. Partnership working with supported housing providers had been strengthened to ensure early identification of people vulnerable to abuse and reduce the risk of their being made homeless.

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

The council was innovative and challenging in its approach to ensuring local people received high quality, individually tailored support that recognised their uniqueness and promoted their dignity and privacy. The role, leadership and contribution of the dignity in care co-ordinator was highly valued and effective in raising standards and tackling discrimination or poor treatment of people in a variety of settings. There were many examples of the positive impact of this post in promoting and sharing best practice and tackling poor performance.

The council and its partners were working to embed a shared culture and customer care standards centred in implementing the Dignity in Care Charter and action plan. A dignity issues log had been developed to promote awareness of areas where practice fell below the required standards and to track the outcome of concerns raised. Some providers had undertaken detailed dignity in care audits and customer care surveys which provided a reality check of their performance. Other services would benefit from this rigorous approach in striving for excellent standards. The Local Involvement Network (LINk) was well-developed and positively contributed to improvement activity in a number of areas.

The *'Sticks and Stones'* campaign led by the 5 Borough Partnership NHS Trust had improved awareness of the discrimination faced by many people with mental health needs. The council and its partners had reviewed and strengthened their arrangements for promoting human rights and preventing people from being inappropriately deprived of their liberty. Care was taken to ensure care home providers understood their responsibilities in supporting people who lacked mental capacity. Health and social care staff had strengthened their focus on the care and treatment of people assessed as having continuing health care needs.

Frontline staff sensitively supported people in dealing with carer or relationship breakdown issues. Attention was paid to addressing the concerns of carers. Support plans increasingly reflected individual needs and preferred activities and routines. High priority was given to ensuring individual faith, dietary and cultural needs were met.

Social care staff were alert to concerns about the quality and reliability of providers. The council encouraged feedback from people using services about areas for improvement. However, some people we met did not feel confident or were worried about raising concerns, especially on behalf of others. This was an area that required further review.

The council had strong procurement and contract management arrangements. Service specifications required high standards of performance by service providers in

the promotion of equality and diversity, dignity and privacy. There were unannounced visits and detailed checks made of the quality and experiences of people using local services. Care was taken to review provider practices in areas such as infection control, medication, staff training, complaints and management of safeguarding incidents. Improvements were closely monitored to assess progress in addressing gaps or areas of weak practice.

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 and its partners had a strong focus on addressing a wide range of health inequalities and home/environmental issues that posed risks to personal safety and well-being. We found many examples of effective joint working between health, housing and social care staff to maintain people in their homes and local communities.

Halton Speak Out provided a positive challenge and contribution to the review of supported housing services for adults with learning disabilities. Outcomes included an expansion of opportunities for people to shape the development of their support service and be more actively involved in the life of their local communities.

Improved health and wellbeing

People in the council area have good physical and mental health. Healthier and safer lifestyles help lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well-timed, well-coordinated treatment and support.

People are well informed and advised about physical and mental health and wellbeing. They take notice of campaigns that promote healthier and safer lifestyles. This is helping to lower the rates of preventable illness, accidents and some long-term conditions.

Senior managers and elected members gave a high priority to improving the health and well-being of local people. The council and its health partners had been working over a number of years to embed a shared approach to identifying and addressing the underlying causes of poor health. There were joint strategies to prevent ill-health, improve earlier identification of need, ensure targeted rehabilitation and support for people with long-term conditions. This was a significant challenge given the legacy of poor health and extent of deprivation experienced by local people.

Detailed research was undertaken to improve understanding of the health needs and experiences of local people. This has led to better targeting of health improvement work towards individuals and communities facing particular risks. Awareness raising and risk management had been strengthened as a result. For example, the council and primary care trust staff were working with local voluntary sector organisations, older people, housing providers and GPs to reduce the incidence of winter deaths. Halton Direct was implementing improved screening of the health needs of people who made contact with the council. Work was required to improve identification and support for older people and family carers who were dependent on alcohol or substances, including prescription medication.

There were a number of targeted campaigns to inform and advise people about risks to their health. Information about specific health conditions and sources of support was widely promoted. The council's approach to assisting people to manage their health and well-being was inclusive of their physical, mental health and emotional needs. There was a range of practical support to assist them in managing their finances or maintaining their home including help with claiming welfare benefits, handyperson and emergency alarm systems.

There was good awareness of and support to people with learning disabilities as they aged. Priority was given to identifying and supporting people who were reluctant to accept or may not know about help locally available. The council took into consideration the limited literacy levels of some people and used other media such as the radio and outreach in community venues to reach them.

There was effective work with members of the local gypsy and traveller communities to encourage their awareness of and take up of health screening and exercise groups. A health inequalities checklist was being used by front-line staff to

proactively identify individual needs and risks arising from their home or environment. This early identification of concerns supported improved targeting and involvement of other agencies to deliver the 'whole system' impact required to address the multiple problems experienced by some people or communities.

There was a strong focus on promoting the health and well-being of carers. There was good partnership working between the council, GPs and the local Carers Centre to ensure better access to health checks for carers and to advise them of social, leisure, training and employment opportunities locally available. An on-line support service was developed for carers who were lesbian, gay, transgender or bi-sexual that allowed them to have their needs recognised and met in the way they wanted.

The council and its health partners had a strong focus on enabling older people to live longer, active and more fulfilled lives. Support provided by Community Bridge Builders and Sure Start to Later Life positively promoted new opportunities and innovative practice. There was a clear focus on reducing social isolation and encouraging the active participation of older people in a wide range of social and community activities. The involvement of older people as volunteers was growing and there was potential to further build on this. There was positive use of exercise classes and falls prevention programmes to promote improved mobility and agility. One older person who enjoyed attending a lunch club told us:

"It stimulates me mentally. I enjoy the social company and the good food. It is a welcome day out. Otherwise I would be isolated".

Travel training was effectively used to help some older people to be independent in the use of public transport, important in an area of relatively low car ownership. People valued the community transport that was provided. However, it had a waiting list and people found it insufficiently responsive, particularly out-of-hours. There was a particular need to expand the availability of wheelchair accessible transport.

People who use services and carers go into hospital only when they need treatment. They are supported to recover through rehabilitation, intermediate care or support at home. This helps them to keep or regain their independence as far as possible.

Community-based health and social care staff worked well together in addressing the needs of older people and their carers, including those with complex mental health needs, sometimes over long periods of time. The council had established a *Social Care in Practice* project in one locality where social care staff were linked to GP surgeries. This ensured a prompt and shared response to addressing people's needs and provided easy access to a wide range of support for people in crisis. There were positive outcomes for people with long-term conditions including significant reductions in admission rates to hospital for some people. One older person told us:

"*I have been very impressed by the multi-disciplinary work of social services, the NHS and my GP".*

The council and primary care trust had enhanced access to out-of-hours and

emergency back-up services. This was effective in providing targeted support to people as their needs increased and provided a prompt response to crises. They had also had significantly expanded rehabilitation services. This was routinely offered to people in advance of decisions being made about how their long-term needs were best met. There was effective deployment of the expertise of team members to assist older people in regaining their skills or adjusting to changes in their health or mobility. Family carers were actively involved and were well-informed and supported in their role. Cardiac rehabilitation and after-care support was valued.

Care was taken to assist people to overcome any barriers to their personal safety and to ensure their home environment remained appropriate to their needs. The council and its partners had strengthened local arrangements for the delivery of items of equipment and assistive technology. There was a good range of equipment provided and older people reported high satisfaction rates with a positive impact on their ability to remain safe and independent. Waiting times for home adaptations had significantly reduced. There was creative work with housing partners to deliver improved outcomes. A few people told us that the delays in having a ramp installed to help them get out and about were too long.

We had positive feedback about many health and social care staff who were involved in supporting older people. The work of the specialist rehabilitation worker supporting people who were newly registered as blind or partially sighted was valued. People were supported to develop new skills and enjoy fuller and more active lives. Older people who were deaf or hard of hearing had identified some areas where they required additional support, which were being addressed by the council. However, some older people told us that there were too many changes of workers as people moved through different health and social care systems. Older people using services, particularly those with dementia and their carers would welcome more consistent support.

Outcomes from joint work to prevent avoidable admissions to hospital or care homes were good and improving. The council performed very well in supporting older people to live independently. There was relatively low usage of care homes in Halton compared to other areas. The council had very good performance in ensuring there were no delays in discharge from hospital for social care reasons. There were positive alternatives to in-patient care for older people with mental health needs. There was work taking place to reduce the length of stay of some people with long-term conditions.

Work was required to ensure hospital discharge arrangements worked well for everyone. This included ensuring shared and robust arrangements for identifying and managing risk. For people with complex needs this required a more person-centred approach with regular review of changes to their well-being or home circumstances. There were relatively high emergency re-admission rates to hospital for Halton residents. There was a need to improve communication and the sharing of information to support discharge arrangements. Some people also highlighted areas where there was a need to improve the care and dignity of older people in hospital settings. Senior hospital staff were working with the dignity in care co-ordinator to promote improvements.

There was a carer pilot project in one local hospital that sought to improve the focus

on and support to carers. This was seen to be working well and required expansion. The practical support provided by the Red Cross service on discharge from hospital was valued.

The council and its health partners were working to improve the quality and range of local services supporting older people with mental health needs. We saw some examples of sensitive work with individuals that provided reassurance and effectively involved or distracted them when they were distressed or were at risk of harming themselves or others. However, some service providers were not sufficiently skilled or responsive in meeting the needs of older people with dementia. Some carers highlighted areas for improvement in the level of support and communication by service providers. There was potential to be more creative in engaging with people with dementia and to offer a person-centred and stimulating range of activities.

People who use services in care homes or in their own homes have meals provided that are balanced, promote health, and meet their cultural and dietary needs. People who need support are helped to eat in a dignified way.

The council and primary care trust recognised the importance of ensuring older people were able to enjoy meals that promoted their health and wellbeing. The choice of meals and quality of food was routinely checked by the quality assurance team during their visits to care homes. There was also an assessment made of the quality of the environment and recognition of individual support needs.

The expertise of the speech and language therapist in the rehabilitation team was used to inform healthy eating and the provision of balanced diets in a number of settings. Individual cultural and faith requirements in the preparation and provision of food were recognised. There was targeted provision of hot community meals for some older people. Support plans increasingly included details about the levels of support and preferences of individuals.

At the end of life, people who use services and their carers have their wishes respected and are treated with dignity.

Older people with a diverse range of health needs were supported to die in the place of their choice. This included older people at the end stages of dementia as well as those with palliative care or other progressive conditions. Increasingly older people were able to die in their own homes in line with their wishes. Care was taken to involve wider family and friends and ensure a prompt and flexible response to meeting people's needs. This included provision of appropriate equipment with support provided at a number of levels by voluntary sector, health and social care staff. Work had taken place to strengthen the capacity of residential and nursing homes to care for people at the end of their lives. Domiciliary care staff had received appropriate training to support people with terminal conditions.

Family carers commended the quality and speed of response in meeting individual needs and supporting them before and following the death of their family member. One family member told us:

“Staff were very supportive, and organised a package of care, transfer home and equipment in a sensitive and timely manner”.

Joint arrangements for supporting people with continuing health care needs had been strengthened. There were now clear systems in place that focused on accountabilities, monitoring and review of changing needs to ensure appropriate care continued to be provided.

Increased choice and control

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

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

The council provided a high level of information, advice and support to local people. It had reviewed its Fair Access to Care Services criteria and included people with moderate needs. Information leaflets were well-presented and translated into other formats or languages on request. The council's website provided good and easy access to information about local services. The One Stop Shops and advice bus were well-used and provided a comprehensive range of information. Customer services staff had a sound awareness of the needs of older people and their carers. They had a good understanding of changes within the directorate to support the personalisation agenda.

Local GP surgeries and libraries also provided a good range of information and advice on health and social care matters. The gypsy and traveller liaison worker played an important role in building people's awareness of and confidence in using local services.

The council had strengthened access to and the co-ordination of advice and support across its wider partnerships. It was working with other councils to expand on-line self-directed support and procurement options. Joint working with Age Concern and Sure Start to Later Life enabled a comprehensive response to individual needs. Arrangements for signposting people onto other agencies for additional advice or support were clear. Work was taking place to promote better understanding of the impact of support provided at a wider partnership level. The work of the local Carers Centre was highly valued. The number of people registered as carers was good and continued to increase. These approaches ensured improved targeting of information, advice and peer support.

People using services had been engaged in developing and giving feedback on the quality of public information. Most people reported that information was easy to access. A few people said they would have benefited from knowing about help available at an earlier stage, and that charging for services could be clearer.

Information and practical advice to support people using Direct Payments or personal budgets and employing their own staff was well-developed. The council had recognised the need to expand advocacy for older people, including out-of-hours. It gave priority to ensuring people with complex needs or communication difficulties were able to say what they wanted to see happen. It had commissioned additional capacity to support increased patterns of use. There was work in progress to encourage the development of user-led organisations to provide a higher level of peer support.

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

Many older people and their families praised the work of frontline staff in enabling them to be safe and independent. Older people and carers told us:

"Our social worker is very supportive and treats my husband and me with dignity and respect".

"All my needs have been dealt with quickly".

"They look at things from our perspective- they try hard to understand what we want and will explore alternatives".

The council was working to transform the way it met the needs of older people and their carers. Changes had been made to assessment, care planning and review arrangements to deliver more flexible and creative responses to peoples' needs and personal circumstances. These were informed by consultation with people using services and partner organisations. There was a carer support worker linked to each of the frontline care management teams that provided a strong focus on the specific needs of carers. Adult social care staff worked well with their local health colleagues in supporting older people with a diverse range of needs. There remained a few gaps in implementing single assessment across the wider health system that still needed to be addressed.

The use of pen pictures promoted improved understanding of the history, interests and talents of older people. Care was taken to actively involve them so that their priorities and wishes underpinned the help they received. This approach had also been positively adopted by some service providers, including care homes. There was evidence of stronger partnership working in enabling people to access a range of community-based activities.

The equality of older people and carers was strongly promoted. There was a clear focus on preventing age-related discrimination in promoting access to services. Frontline staff sensitively responded to the diverse faith, cultural and lifestyle preferences of local people. There was appropriate access to interpreting and translation services for people whose first language was not English. The needs of carers were clearly identified and promoted. Arrangements to support carers in the event of an emergency were well-developed.

Casework demonstrated sensitive practice in working at the pace of and in accordance with the older person's wishes. Advocacy was effectively used where there were differences of opinion or uncertainty about the best way forward. Best interest decisions were carefully taken to secure shared understanding and agreement in supporting people who lacked mental capacity. Assessments of individual needs were thorough and paid attention to risks and areas where the older person required additional support to maintain their dignity and relationships.

Duty and access arrangements had been reviewed and strengthened. Demand and trends were carefully monitored. Staff capacity was flexibly deployed to support transition to new ways of working and address local priorities. This included

strengthening social work input to the older person's mental health team to support wider awareness of and take up of personal budgets.

The workload of frontline teams was well-managed and there were few delays or unallocated work. Management support and supervision arrangements were well-developed. Record keeping was of a good standard. There were clear arrangements in place to support case transfer or closure. Case records were routinely audited including by senior managers.

Service development and review arrangements were robust and guided practice so that new ways of working were sustainable and effectively managed risk. A risk enablement panel had been established to support decision-making in complex cases. Resource allocation systems had been piloted and a model for costing personal budgets had been agreed. A wide range of partners were proactively engaged in understanding the costs, workforce issues and changes required to fully implement self-directed support. Direct Payment arrangements had been reviewed to ensure alignment with new personalisation developments.

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.

Older people had access to a broad range of support services. High numbers of people, including those with complex needs, were helped to live at home. There were few delays before people accessed the help they needed. Most people told us they were satisfied with the level of support provided. There was low and decreasing use of care homes. New models of support were being developed that offered increased choice to older people and their carers.

There was positive joint working with housing, rehabilitation and specialist health partners to help people live safely at home. The outcomes of the council's work with registered social landlords to expand the availability and timeliness of home adaptations was impressive. There was increasing use and enhancement of the capacity of assistive technology. The council had one extra-care housing scheme that was highly regarded by local people and was working to commission others.

Local services strongly promoted the social inclusion of older people and sought to strengthen their support networks. The Community Bridge Builders scheme supported older people to be active and develop new skills. A new sitting service had been developed to support carers of people with dementia, with improved levels of support out-of-hours. Care homes were strengthening their links with local voluntary sector organisations to enable people to access a wider range of opportunities.

There was wide promotion of personal budgets. The use of Direct Payments by older people and carers was steadily increasing. Recruitment, training and back-up support for people using personal assistants had been strengthened.

There were some areas where there was a need to further improve the quality and

availability of local services. Some older people told us that the service provided by their domiciliary care agency was not sufficiently flexible or responsive to their needs. This included issues around the timing of calls and choice of provider. Some carers reported gaps in local short-breaks services. The council was working to make booking arrangements more flexible and widen the range of options available.

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

Older people told us it was easy to get help from the council including out-of-hours. Halton Direct provided a single point of access to the council. The emergency duty team effectively responded to crises out-of-hours. The 5 Boroughs Partnership Trust had established a single point of access that provided a timely response to adults and older people with mental health needs. Surveys undertaken indicated high customer satisfaction with the council's response to requests for help.

The council had good performance in reviewing the needs of older people and their carers. The option of self-directed support and individual budgets was routinely offered. Reviews were outcome-focused and provided a clear picture of how well individual needs were being met. They involved appropriate partners and clearly recorded individual wishes. They took account of changes in individual need and ensured contingencies were in place to manage future risk.

Reviews had a strong focus on safeguarding including the effectiveness of support to people who lacked mental capacity and deprivation of liberty issues. Reviews also focused on the quality of life experienced by older people and their carers. This provided important information about inequalities and progress made in addressing risks.

The council encouraged feedback from people using services to inform its understanding of the quality of local services. There were a number of surveys and focus groups held to identify what was working well and areas for improvement. The dignity in care co-ordinator had undertaken an analysis of all complaints to inform preventative work. Information about making a complaint was widely available. Elected members were proactive in passing on any concerns brought to them by local people.

The council received a relatively low number of complaints about adult social care services. Some local people told us they were worried about or reluctant to complain. There was work required to build the confidence of older people and their carers and ensure independent support in enabling them to raise concerns. Our analysis of recent complaints identified the need for a timely response and to ensure the outcomes of the investigation and improvement actions were clearly shared with all relevant people.

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 benefited from having strong, stable and effective leadership. Senior managers and elected members had regular contact with and a sound awareness of the needs of local people. The council encouraged and challenged its partners to ensure shared understanding of local priorities and promote better use of resources and expertise across the wider system. It was working to continuously improve satisfaction rates, value for money and outcomes for local people. People who used services and their carers told us they had seen real improvements over the last five years, and that they felt safe and happy living in the area.

The council had a clear and ambitious vision and goals to deliver high quality and sustainable responses to the needs of individuals and communities. The council had strong values centred in reducing inequalities in the life chances and outcomes experienced by many local people. Senior managers and elected members were energetic, responsive and accountable in the discharge of their responsibilities. Elected members were actively involved, well-informed and supportive of new developments in safeguarding and personalisation work. Partner agencies commended the council for its role in sharing learning and promoting innovative practice.

Links between children and adult safeguarding and wider community safety arrangements were developing well. Members of the Safeguarding Adults Board were working to continuously strengthen partner agency involvement in keeping people safe. The safeguarding event for local community and voluntary sector organisations provided a useful platform for widening awareness of individual and collective responsibilities in preventing and reporting abuse.

The Older Persons Empowerment Network (OPEN) and LINk had a strong focus on the experiences of local people. They were actively engaged in identifying and supporting improvements across a wide range of council and health services. The development of peer support groups for people with dementia and their carers was a positive development in tackling social isolation and ensured wider representation and involvement of older people.

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.

Older people and carers were actively engaged in a range of user-led forums, partnership boards and joint planning groups. Strengthening their involvement in quality assurance activities such as mystery shopping and review of local services should ensure a comprehensive focus on the wishes and experiences of older people and their carers. As highlighted earlier in the report enhancing the involvement of people who were at risk of or who had been abused should provide important feedback on the effectiveness of safeguarding approaches and support provided.

The council had strong and enabling relationships with a wide range of partners. It had skilfully woven together a number of strategies and partnerships to keep people safe and to promote their independence and personal control. It was inclusive in its approach to addressing challenges and managing change at strategic and operational levels. The social care in partnership work with local GPs and work taking place to integrate hospital discharge arrangements should ensure wider learning and improved capacity to support people as they moved between different health and social care systems.

There was a sound focus on delivering efficiencies, securing value for money with close scrutiny of capacity to meet changes in demand and address risks. Plans were up-to-date, comprehensive and secured by robust governance and reporting arrangements. The council was effective in its management and control of resources. Medium term financial planning was closely aligned to service development and improvement priorities. Alternative funding had been secured to support new ways of working.

The terms of reference, representation and partner agency contribution to the work of the Safeguarding Adults Board had been reviewed and strengthened. The police and local health organisations had increased their capacity and focus in relation to the recognition and support of people at risk of abuse. There was positive joint working with neighbouring councils to align safeguarding policies and procedures. However, there were still a few partners that needed to be actively involved and increase their contribution to the work of the Board and its sub-groups.

The safeguarding work plan was well-developed. Good progress had been made in all areas. There was work in progress to develop practice networks that included a range of staff involved in safeguarding work. This was welcomed by frontline staff to support wider learning and review of their work, particularly in supporting people whose needs or personal circumstances were complex.

Joint approaches with health, community and voluntary sector organisations were being expanded to improve targeting and co-ordination of work to address the health and wellbeing and quality of life of local people. There was good progress being made and wide ownership of the personalisation agenda. The council had built open and transparent relationships with service providers. As highlighted elsewhere in the

report the joint approach to implementation of *'Dignity in Care'* in Halton was challenging and effective in recognising the value and human rights of people who were reliant on others for their safety and well-being.

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

Frontline staff and their managers impressed us with their sense of purpose, enthusiasm and commitment to deliver high quality and responsive support. The council invested in a range of apprenticeships, professional training and leadership programmes that contributed to high staff morale and a stable workforce. There was a comprehensive programme of staff development and training to equip staff across the sector with the knowledge, skills and sensitivity required to meet the diverse needs of older people living in the area. The directorate restructuring process had been well-managed and the new operational teams worked well together.

The council's recruitment and employment practices complied with legal requirements and promoted high professional standards. Disciplinary procedures were promptly and appropriately used where there were concerns about the performance of staff. The council's quality assurance team routinely checked the procedures and practice of local providers.

There was a comprehensive programme of multi-agency safeguarding training and guidance to build the expertise and confidence of the workforce across the sector. Partners reported positively on ease of access to and the quality of safeguarding training. Training provided by the local police force supported improved joint working and understanding of evidence gathering requirements. Audits were undertaken of the effectiveness of training and its impact in delivering better outcomes. This approach to learning from and refining the delivery of training, including assessment of value for money was robust.

Workforce planning was well-developed and had a clear focus on the areas where change was required to support full implementation of the personalisation agenda. There had been a range of development work to promote awareness of the responsibilities of people employing their own personal assistants.

The council had positively used external support to strengthen its arrangements for carers and to develop new tools and approaches to deliver person-centred support. New ways of working were being introduced that promoted innovative working with people who had high or complex needs.

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

The council was strong in challenging its own performance and that of its partners in its quest for the highest possible standards and top performance. The directorate had a solid track record in raising and sustaining high performance, with an improvement-driven culture that supported a wide range of transformational activity. The council set ambitious targets and performed well in meeting them, including its local area agreement targets. There were sound systems in place for identifying and managing organisational risk.

Changes in performance levels and trends were carefully monitored and evaluated. Comprehensive quarterly performance reporting was undertaken. Policy and performance boards had a clear focus on the assessment of progress in meeting key targets, with detailed analysis of cost and efficiency and the quality and effectiveness of local services. Performance against key and wider partnership indicators, risk management and equality actions was routinely reported. The Safeguarding Adults Board and its sub-groups were working to continuously improve the collection and analysis of data.

Frontline staff had a good awareness of their own personal and team performance and contribution to wider organisational priorities and targets. Service development days and performance clinics were held to promote wider learning and shared approaches to service delivery. There was a strong emphasis on learning from compliments and complaints. Partnership agreements were in place and regularly reviewed to ensure the required outcomes were achieved. Action planning to support improvements was robust.

Commissioning and use of resources

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

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

The council gave a high priority to involving and listening to its partners, including people who used services and their carers. The Older Person's Empowerment Network had a large membership. There were engaged in work to identify unmet need and were consulted on the development of new models of support. The Carers Strategy was well-informed by the wishes and views of carers. Progress was reviewed and new priorities identified through a range of consultation and focus groups.

The LINk was actively involved alongside senior managers and elected members in work to address a range of health and social care issues that mattered to local people. Their *'Fact or Fiction'* events provided an important means of ensuring local people got clear messages about national and local policy changes and the implications for them.

The council hosted a number of personalisation events over the past year. "*Celebrating Our Successes"* was effective in promoting wide awareness of the impact of new ways of working in enabling people to have more choice and control over their lives. The council through its *"Working for Change*[3]*"* pilot with provider organisations demonstrated creative work and positive outcomes for adults with mental health needs. Its improvement focus and priorities were positively shaped by the experiences and views of people using local services.

Halton Speak Out had undertaken some innovative consultation work with older people with a learning disability. This included work on identifying peoples' future dreams and aspirations. There were positive outcomes including improved access and opportunities for people to make a positive contribution to the life of their local communities. Older people with mental health needs including dementia would also benefit from a targeted focus on the quality of their lives and the opportunities open to them.

[3] Department of Health initiative to enable organisations consider the workforce and commissioning implications in supporting the shift to personalisation

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.

Senior managers and elected members had a sound awareness of the needs and strengths of people living in the area. They were continuously striving to secure new opportunities and to deliver 'whole system' change to address the deprivation and inequalities experienced by local people. The joint strategic needs assessment had been updated and local people gave feedback on the issues they saw as most important for them and their communities. The council and its local health partners had a detailed understanding of the needs and risks to the safety and well-being of local people. It had achieved wide ownership of shared agendas through the work of policy and performance boards, local partnership boards, joint strategic needs assessment and joint commissioning arrangements.

The council had developed strong and shared approaches to maximising use of its own and partner agencies' expertise and resources. The work of the Carers Centre, Sure Start to Later Life and Community Bridge Builders enabled older people to have help at a number of levels and participate in a wide range of activities. The council was working to further expand these services in response to increased demand. Dignity in care was a 'golden thread' that supported a shared culture, standards and joint improvement projects across the partnership. Developments in assistive technology should further strengthen links between teams and agencies and provide better management and monitoring of risk.

There was a significant programme of work to address the current and future needs of older people. There had been additional investment in intermediate care services. High numbers of people did not require ongoing support, or a reduced level following their period of rehabilitation. The council was working with its health partners to shift investment from hospital care to ensure a stronger focus on early intervention and prevention and to expand the levels of specialist and out-of-hours support available in community settings. There was effective joint working with housing partners to expand approaches to meeting the needs of older people. The joint commissioning strategy for people with dementia supported an improved focus on early diagnosis, treatment and the delivery of person-centred support.

The council was effective in the management and control of its resources. Pooled budgets were well-managed. There was a clear focus on securing value for money and building organisational flexibility to address future risks and changes in demand. The council was working to address the impact of future funding constraints for its own and partner organisations. Care was taken to safeguard and continuously improve frontline operations whilst seeking efficiencies in its back office functions. It had refined and reduced its use of care home provision and worked sensitively with local providers to expand support to people with complex needs. It had freed up block contracting arrangements and had decommissioned some of its traditional services to enable a wider choice of options and flexibility of funding.

The council had a good track record in working with local providers to challenge poor performance and to drive up and maintain high standards of service delivery. Contract management and monitoring promoted a strong joint focus on work to continuously improve the responsiveness, quality and consistency of service

providers. There was a review of sheltered housing taking place to strengthen levels of support and the quality of local services. Further review of domiciliary, day care and short breaks services was required to achieve more individually tailored support arrangements.

The council was working to strengthen the capacity and contribution of local community and voluntary sector organisations. There was work required to ensure effective co-ordination of and enhancement of the role and contribution of local community, faith and voluntary sector groups in supporting the delivery of local priorities.

The council was working to update and improve the capabilities of its electronic social care recording system. There was work in progress to improve data capture across its partnerships. New management information systems aimed to strengthen analysis of the diverse needs of local people and improve performance management of outcomes across the wider system.

Appendix A: summary of recommendations

Recommendations for improving performance in Halton

Safeguarding adults

The council should:

1. Strengthen the collection and analysis of information about safeguarding activity to support wider learning and targeting of areas of risk (Page 13).
2. Ensure people have good access to advocacy support to promote their full understanding and involvement in safeguarding work (Page 13).

Improved health and wellbeing for older people

The council should:

3. Secure further improvements in the health and wellbeing of older people and their carers (Page 16).
4. Address gaps in access to and the flexibility of local transport (Page 17).
5. Ensure hospital discharge arrangements work well for everyone and reduce the rate of emergency re-admissions (Page18).
6. Continue to enhance the availability, range and quality of support for older people and their carers (Pages 18-19, 24 and 31).

Increased choice and control for older people

The council should:

7. Make it easier for people to raise concerns and ensure timely investigation and feedback about the outcome of complaints (Pages 14 and 24).

Providing leadership

The council should:

8. Strengthen the involvement of older people and their carers in key activities such as mystery shopping and review of the quality of local services (Page 26).
9. Continue to strengthen the involvement and contribution of all organisations to the work of the Safer and Healthier Halton partnership programmes (Page 26).

Commissioning and use of resources

The council should:

10. Ensure effective co-ordination of and enhancement of the role and contribution of local community, voluntary sector and faith groups (Page 31).

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 Halton when we met with five people whose case records we had read and inspected a further twenty case records. We also met with approximately hundred 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 41 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.

Halton 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.