



# Inspection report

## Service inspection of adult social care: **Wirral Metropolitan Borough Council**

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**Focus of inspection:**

Safeguarding adults

Making a positive contribution for adults with a learning disability

Increased choice and control for adults with a learning disability

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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

## Wirral Metropolitan Borough Council

May 2010

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## Introduction

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

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

- Safeguarding adults whose circumstances made them vulnerable.
- Making a positive contribution for adults with a learning disability and,
- Increasing choice and control for adults with a learning disability.

Before visiting Wirral Council, 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 Wirral Council. 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 Wirral Council 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 Wirral Council was performing poorly in safeguarding adults.

#### **Making a positive contribution for adults with a learning disability:**

We concluded that Wirral Council was performing adequately in supporting adults with a learning disability to make a positive contribution.

#### **Increased choice and control for adults with a learning disability:**

We concluded that Wirral Council was performing poorly in supporting adults with a learning disability to have increased choice and control.

### **Capacity to improve**

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

We concluded that the capacity to improve in Wirral Council was uncertain.

## **What Wirral Council was doing well to support outcomes**

### **Safeguarding adults**

The council:

- Was working closely with Age Concern and Merseyside Fire and Rescue Service to promote the safety and wellbeing of local people.
- Gave a high priority to ensuring people living in the area were treated fairly.
- Positively included representatives of people who used services in shaping the work of the Safeguarding Adults Partnership Board.
- Worked closely with local health partners to improve the quality of care.
- Was expanding the use of assistive technology to improve levels of personal safety and support.

### **Making a positive contribution for adults with a learning disability**

The council:

- Enabled people to make a positive contribution that also benefited the wider community.
- Had included people with a learning disability and their carers in its work to re-design services and improve outcomes.
- Encouraged and supported people in volunteering roles.
- Promoted the development of user-led services.

### **Increased choice and control for adults with a learning disability**

The council:

- Enabled people to benefit from advocacy support.
- Improved transition arrangements to ensure earlier identification and better support to young people moving into adult services.
- Assisted people to be more confident and independent including in their use of public transport.
- Offered flexible support through access to Direct Payments.
- Was working to improve access to employment.

## **Recommendations for improving outcomes in Wirral Council**

### **Safeguarding adults**

The council should:

- Ensure that arrangements and policies for preventing abuse are comprehensive and co-ordinated.
- Embed a shared approach to recognising and responding to allegations of abuse.
- Ensure that staff involved in safeguarding adults and supporting people with high or complex needs have the appropriate knowledge and competencies.
- Ensure that safeguarding activity at all levels is focused on the experience of people who require safeguarding and on the outcomes achieved.
- Ensure that safeguarding is supported by robust quality assurance arrangements across the partnership.
- Improve scrutiny of provider activity and risks across the sector.

### **Making a positive contribution for adults with a learning disability**

The council should:

- Improve its focus on people who have limited opportunities to engage in and contribute to their local communities.
- Ensure wider representation, involvement and support for people using services and their carers in planning and managing change.

### **Increased choice and control for adults with a learning disability**

The council should:

- Ensure that people with learning disabilities and their carers have access to appropriate advice, information and support.
- Ensure people's needs are holistically assessed and supported by effective partnership working.
- Transform support planning to provide a clear focus on the future, on risks to individuals, on the promotion of their independence and outcomes.
- Address gaps in awareness of the needs of and support to carers.
- Ensure that reviews are appropriately timed and focused.
- Strengthen arrangements for management and learning from complaints and compliments.

## **What Wirral Council was doing well to ensure their capacity to improve**

### **Providing leadership**

The council:

- Had clear aims and priorities for improving the quality of life of people living in the area.
- Was working to strengthen the governance, leadership and impact of the Safeguarding Adults and Learning Disability Partnership Boards.
- Had improved its awareness of the health inequalities experienced by local people.
- Had improved access to training and personal development.
- Was working to get a clearer picture of its performance.

### **Commissioning and use of resources**

The council:

- Had taken action to secure improved value for money and was working to reduce costs.
- Had strengthened its approaches to joint commissioning with health.
- Had recognised the need to strengthen procurement and contract management to improve safeguarding arrangements.

## Recommendations for improving capacity in Wirral Council

### Providing leadership

The council should:

- Ensure the Safeguarding Adults Board and Learning Disability Partnership Board drive improved outcomes for local people.
- Promote stronger communication with and involvement of local people and service providers in shaping the vision and development of local services.
- Develop robust joint planning to address local needs secured by effective deployment of resources and management of risk.
- Expand its approach to prevention to deliver improved outcomes for people with learning disabilities and their carers.
- Ensure the workforce across the sector has relevant knowledge, skills and experience to do their job well.

### Commissioning and use of resources

The council should:

- Robustly challenge and enable the local market to address gaps, raise standards and meet new personalisation requirements.
- Ensure joined-up and efficient use of resources across the council, health and housing services.

## Context

Wirral Metropolitan Borough Council is located in the north west region of England. It has a population of over 310,200 residents. Almost 6 per cent of the council's residents are from a black or minority ethnic community. The council has relatively high numbers of older people and people with long term conditions living in the area compared to other councils in England. There are approximately 37,000 carers who provide regular unpaid support. There are 4,470 people with a learning disability living in the area. There is a marked mortality gap with people living on average 10 years longer in its affluent areas compared to its most deprived areas.

The council's base budget (2010-11) for adult social care services is approximately £86 million. The joint health and social care budget for adults with a learning disability is £38.9 million. The council meets the needs of people who fall within the substantial and critical bandings of the Fair Access to Care Services criteria. Services for people with learning disabilities are provided in conjunction with Cheshire and Wirral Partnership NHS Trust. The council provided support to approximately 800 people with a learning disability at the time of the inspection. A total of 54 people with a learning disability were living out of the borough.

The Department of Adult Social Services was structured into five areas. These included Access and Assessment, Integrated Communities and Wellbeing, Finance and Performance, Direct Locality Services and Integrated Commissioning. The department had established a Reform Unit to support transformation across the business areas.

The council received 1,203 safeguarding referrals in the period 1<sup>st</sup> April 2008 to 31<sup>st</sup> March 2009. The majority of these referrals were due to physical abuse or neglect. A total of 1274 referrals were received in the period 1<sup>st</sup> April 2009 to 31<sup>st</sup> March 2010. Frontline teams undertaking investigation work were able to access specialist advice from specific safeguarding staff including a co-ordinator, contracts officer and administrator located within the Reform Unit.

The Audit Commission rated the council as performing adequately overall in 2009. It awarded a 'red flag' for its performance in safeguarding adults. Concerns were raised about poor performance in the completion of investigations, levels of staff and member training and data quality.

The Care Quality Commission judged the council to be performing well in its delivery of outcomes for adults with social care needs. NHS Wirral (the Primary Care Trust) was rated as good in the quality of its commissioning and financial management. The Cheshire and Wirral Partnership Foundation (NHS) Trust was rated as excellent in the way it managed its resources and good for the delivery of its services.

## 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.**

Wirral's arrangements for keeping local people safe were developing. The council's marketing strategy included safeguarding as a priority. We found some work that identified people at risk of harm. This had not yet been secured by a comprehensive and co-ordinated approach to preventing abuse. Age Concern's '*Preventing Elder Abuse and Changing Experiences*' (PEACE) campaign promoted improved awareness of concerns about the care of older people. Work jointly undertaken by Merseyside Fire Service and Rescue Service and the POPIN older person's team had a strong focus on the safety and well-being of local people. Local Trading Standards initiatives would benefit from improved links with adult social care.

The council and its partners had limited awareness of the extent to which people with a learning disability experienced hate crime. There was some protection work with adults with a learning disability including travel training and dealing with bullying. This required expansion to ensure incidences of poor treatment were routinely reported, with improved levels of support provided to people. There was a need to improve understanding of the level of discrimination and harassment experienced by older people. The council had strengthened links between safeguarding adults, domestic abuse and HATE crime. There was work in progress to widen multi-agency working to include all aspects of hate crime. Targets to reduce level of domestic abuse were being met. There was a clear focus on increasing reporting levels. Local area forums needed to improve their focus on identifying and reporting safeguarding issues.

The council had been assessed as 'achieving' against the new local government equality standard. This work was led by the Director of Adult Social Services. Staff received training in recognising equality and diversity issues in their work. The council's equality and cohesion team regularly received telephone calls from people with a disability, mental health issue or who had been a victim of homophobic or race hate crime. The council needed to ensure such incidents proactively informed its work to protect people in their local communities.

The council recently produced an information leaflet that informed people about abuse. Most people who used services and their carers had a limited awareness of abuse and how to report it. There was a need to involve people using services and partner agencies in awareness-raising and the production of accessible information.

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

The council had been working to strengthen its safeguarding arrangements. It had reviewed its performance and developed a project plan to deliver improvements. At the time of the inspection it was undertaking a further review in conjunction with Cheshire and Wirral Partnership (NHS) Trust. Efforts were being made to respond to safeguarding allegations in a timely manner. The council had improved its performance in tracking the progress of investigations and ensuring they were brought to a conclusion. However, there continued to be delays in meeting timescales for investigation in some cases. The council was working to expand access to training, but this was an area that still required substantial development. Attention had been paid to improving management reporting of safeguarding activity.

Local organisations were at very different stages in their planning and delivery of safeguarding arrangements. Lead safeguarding roles were well-established in Wirral University Hospital and the PCT. There was good access to training within these organisations. There was work to do to align the management of serious and untoward incidents with safeguarding arrangements. The Merseyside police force was working to ensure a single point of access for enquiries. Its role in safeguarding adults had been narrowly interpreted and required review. This needed to be addressed to ensure they made a fuller and more appropriate contribution to safeguarding arrangements. There was work to do across the partnership to strengthen links with child and family services and wider community safety work.

The council was working to strengthen the leadership and co-ordination of safeguarding activity across the partnership. The Safeguarding Adults Partnership Board however, was still at a relatively early stage of development. It had only very recently established sub-groups to support the implementation of its strategy. Representatives of people who used services made a good contribution to shaping the priorities of the Safeguarding Adults Partnership Board. This was positive and supported a more inclusive and challenging approach to service developments. The Board intended to appoint an independent chair to support its work.

The inspection took place at a time of significant change in adapting to new procedures and allocation arrangements. Access teams in localities had recently taken on a lead role for investigations. This was providing a clearer pathway and management oversight for safeguarding work. We identified inconsistencies and variable standards of safeguarding practice within and between local teams and organisations. Most of the training provided by the council was basic. It did not adequately equip frontline staff and managers for their work in leading investigations. Some staff did not have sufficient scrutiny of their competencies and performance in undertaking investigation work. We found that accountabilities between key agencies were unclear in a number of cases.

There was limited work jointly undertaken to support learning from national or local incidents including serious case and management reviews. The council had begun to identify staff training needs, but this was not yet secured by a multi-agency training plan. There was a need to develop learning groups to promote consistent practice and stronger partnership working. The new personalised practitioner training course aimed to support a stronger focus on safeguarding and the delivery of person-

centred practice. The council had recently organised awareness-raising sessions for local councillors.

We found that much of the safeguarding work undertaken over the past year had too narrow a focus or was poorly co-ordinated across the partnership. There were examples where the council or CQC had not been notified of incidents and where responses to the management of risk were slow or inadequate. A number of assessments of people with learning disabilities highlighted concerns about their safety but there was little evidence of protection planning or of individual reviews paying attention to this. Some partners were not adequately informed about the progress of the investigation and of the outcomes. Advocacy support had not been secured where this could have improved the focus of the work and engagement of people. People chairing conferences needed appropriate training.

The council should strengthen working together to ensure sound and shared arrangements underpinned the management of safeguarding incidents, protection planning, monitoring and review. This included ensuring clear decision-making and shared actions in recognising risk, assessing mental capacity and promoting the involvement of people using services and their carers. The new multi-agency procedures recognised weaknesses in previous practice and aimed to improve risk management and ensure complex work included relevant partners. These had not yet been approved by the Partnership Board. The referral pathway had been recently reviewed and partner organisations generally reported improvements in the process.

The new central advice and duty team located in the council's call centre was the single point of contact for logging safeguarding referrals. Customer services staff took basic details and forwarded the referral to the appropriate locality or specialist team. The service level agreement between the call centre and adult social services would benefit from a more explicit specification and evaluation of its role in assisting the department to meet its statutory responsibilities. A high proportion (79 per cent) of all safeguarding referrals had been assessed as requiring no further action. There was a need to get a better understanding of the reasons for this and of the effectiveness of the initial response.

The council and its partners had work to do to develop practice in safeguarding people funding their own care, those with learning disabilities or mental health needs that fell outside health and social care criteria and younger people in transition, who without support placed themselves or others at risk. There was limited awareness of the incidence of abuse involving carers, people from black or minority ethnic communities, and people who misused alcohol or drugs. The council also needed to improve its understanding of perpetrators of abuse.

Quality assurance of safeguarding practice was at an early stage of development. Case auditing guidance and tools had been recently developed, but they were not yet in use or adopted across the partnership. Checks had not been systematically made of the safety of other users of services where there were multiple concerns about a provider. Greater care was required in case recording and case closure to ensure risks and outcomes were promptly and accurately reported. Front line staff and their managers would benefit from training in record-keeping. The department's case recording policy was under review at the time of the inspection. The council's

supervision policy did not have a strong enough focus on safeguarding, risk management or practice standards.

Joint working with children's services required significant development. There was a need to share lessons from serious case reviews and for the relevant Boards to actively engage in action planning and review of safeguarding as a 'whole family approach'. The children and adults safeguarding procedures would benefit from a stronger focus on 'whole family' safeguarding practices. The Safeguarding Adults Board was working to strengthen links with the Children's Safeguarding Board.

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

We found variable practice in the extent to which the personal preferences of people using services and their carers were explored and used to shape individual support plans. This included the identification and promotion of personal faith, culture and relationships. There was work in progress to ensure more responsive support to people at the end of their lives. Support planning undertaken by housing, health and social care agencies was not effectively joined up. It required development to ensure a shared approach to safeguarding and the delivery of outcomes. We found some examples of poor practice in identifying and managing risk as people moved between different settings including their own homes, hospital and care homes.

The council had enhanced its electronic case management system to include a clearer focus on tracking and reporting of safeguarding concerns. Some health partners were able to access this and valued being able to broaden their understanding of individual needs and risks. There was work required to roll this out to other relevant partners and ensure use of personal and confidential information was secured by clear information-sharing protocols.

Some people reported a lack of flexibility in their access to domiciliary, day care and short break arrangements. There was a limited range of local services for people with mental health needs or physical disabilities who required a high level of support. This meant that a number of people were placed out of area. The council was working to promote the involvement by people using services and their carers in designing their individual support arrangements. The new supported and self-directed arrangements being piloted aimed to offer greater choice and personal control in meeting individual needs. A risk management process had been developed to support implementation.

There were some examples of work to promote the national *Dignity in Care* policy but these were not yet secured by a shared action plan. An awareness-raising event had recently been held. The Local Involvement Network (LINKs) had set up a task group involving key partners to progress the agenda. Front line staff were not actively involved in *Dignity in Care* developments. Work was taking place with one provider to address concerns about the quality of provision. The Older Person's Parliament, members of the *Enabling Fulfilling Lives*<sup>1</sup> and local advocacy groups

<sup>1</sup> Consultative group that included people with a learning disability and carers.

were encouraged to provide feedback on the quality of services and outcomes for individuals. The Older Person's Parliament had been involved in work to improve hospital discharge arrangements.

The majority of safeguarding referrals concerned physical abuse and neglect. The council received a high number of referrals about people with a learning disability harming themselves or others in care settings. There were also concerns raised about the care and support provided to some people with dementia. The council and its partners needed to undertake a comprehensive analysis of areas of risk and ensure such incidences were effectively addressed and reduced. A new post of safeguarding (contracts) had been established. This was helping to improve understanding of trends and of the quality and performance of specific providers.

Health and social care contracts had a clear focus on promoting dignity and respect. The council had taken action to suspend placements where there were concerns about the quality of care provided. However, there was a need to strengthen risk management of some service providers and ensure robust joint planning and communication underpinned service closures. The council identified some areas where service providers had inappropriately managed the personal finances of individuals. The council was monitoring risks relating to this.

Local health organisations offered training to care providers to improve their knowledge and expertise in supporting people with high or complex needs. This positively included work to improve the care of people who were physically frail and to secure improvements in the management of medication. There was work taking place to improve the quality of personal care provided by domiciliary care staff.

We found positive practice by health staff in supporting people who lacked mental capacity. Matters relating to deprivation of liberty safeguards, control and restraint were well-managed within the University Hospital. The council however, needed to substantially develop and strengthen its practice in this area. Work was required to support a stronger focus on the accountabilities of adult social care staff and the quality of their practice. There was potential for independent mental capacity advocates to be more actively involved in some areas. Work was required to strengthen arrangements for consent to treatment and ensure effective support for people with complex needs on admission to and discharge from hospital.

**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 health partners had recently made a significant investment in assistive technology. This should enhance levels of security and back up support to people to enable them to continue living safely in their own homes and communities.

Some supported living provider's demonstrated good practice. There was potential for learning to be more widely shared across the sector. Some users of supported living services were positive about the help they received to manage their own homes. They told us their support workers were helpful and reliable.

## **Making a positive contribution**

**People who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organisations are thriving and accessible. Organisations for people who use services and carers are well supported.**

### **People who use services and their carers are supported to take part in community life.**

Some people with a learning disability were supported to take an active part in the life of their local communities. This was an area the council was seeking to expand to widen their networks of support and experiences. However there continued to be an over-reliance on traditional day, residential and respite services that detracted from the social inclusion of people with learning disabilities. Some people told us that current levels of staffing meant that it was not easy for some people to participate in community-based activities. This was particularly the case for people who required high levels of support.

We found that some people living at home with older or single carers had limited opportunities to engage in social and leisure activities. There was a need to address this to ensure people with a learning disability and their carers had the support they required in their own right. Some family carers told us that the lack of flexibility in access to day services and transport made it difficult for them to have a job or pursue their own interests. Some activities were provided in day services such as pottery, drama, horticulture or country dancing. There was a need to ensure people also had the option of and support to pursue their interests in local community settings.

Over 130 people with a learning disability were involved in volunteering including a variety of charitable and small businesses in their local communities. Only 43 people were engaged in paid work for up to four hours per week. Some people who had been attending day services for a long time continued to receive an 'incentive payment'. This was valued by them, but was not available to new users of services. This needed further review in the light of the council's strategy to promote employment opportunities and to ensure compliance with minimum wage issues.

The adult social services department had recently appointed three community development workers. One of these had a lead responsibility for progressing new ways of working with people with learning disabilities and their families. There was a need to ensure future developments were inclusive of people with diverse needs including people from minority ethnic communities and those who required high or specific levels of support to access their communities.

**Voluntary organisations contribute views and develop services that support people in all communities. They can show that people who use services and carers are involved in the work.**

There were some strong relationships and work with local groups centred in enabling people with a learning disability to make a positive contribution. The monthly 'Seven Waves', community radio slot provided discussion and awareness-raising of the experiences of people with disabilities living in Wirral.

People with learning disabilities valued their contribution to neighbourhood or community activities such as Royden and Central Park and *Everyone's Community Café*. These arrangements sought to maximise the use of local resources and promoted a stronger voice and presence of people with a learning disability in their local areas. There was potential to build on this to strengthen the council's approach to social inclusion and to ensure opportunities for people with a learning disability were embedded within a wider equalities framework. This included making better use of local community, sports and leisure facilities.

There was work required to ensure a shared strategic direction in partnership with local community and voluntary sector organisations. The council's procurement and commissioning action plan would benefit from a stronger focus on outcomes. Policies and procedures relating to the use of volunteers were being revised at the time of the inspection. Partnership between the council's *Working Life* project and the council for voluntary services was growing and enabled some people to have a wider range of opportunities and to learn new skills. People with learning disabilities and family carers valued the support they received from advocacy organisations such as WIRED and Mind.

**People who use services and carers contribute their experience and views about social care. Their experience and views help to shape service improvements.**

The council was working to expand its approaches for involving and listening to people who used services and their carers. It had included high numbers of people in its plans to transform in-house services. The development of social enterprises and user-led organisations was encouraged. One user-led organisation told us that their relationship with the council was positive, open and encouraging. A few people had attended a '*Partners in Policy Making*', course and felt that this had helped them in having their voice heard. However there was a need to review involvement arrangements to ensure the inclusion of people with high or complex needs and people from a minority ethnic background.

There was a particular need to improve the availability of support to enable people with a learning disability to have a stronger voice. This included expanding opportunities for self and peer advocacy. There was work required to routinely provide clear information in formats that were appropriate to individual needs with recognition of support requirements and costs. The engagement of people with a learning disability and their carers in setting standards and reviewing the quality of

local services was under-developed.

The Learning Disability Partnership Board had recognised gaps in its representation and had recently strengthened its membership to include parents involved in transition. It had only recently established sub-groups to support implementation of *'Valuing People Now'* priorities. Some people with learning disabilities and carers we met had not heard about the Board and were unaware of its role or how they could bring matters to its attention. It needed to develop its arrangements for communicating with wider groups of people using services, their carers, service providers and partners so that they were kept informed about priorities and progress.

The *'Enabling Fulfilling Lives'* group was accountable for electing Board members. This group included people with disabilities, their carers and staff. There was a need to widen its focus and include user and carer representation from other parts of the sector including supported living. One person told us:

*"We would have a bigger voice if we all pulled together".*

There were some new developments that sought to strengthen the engagement and leadership of people using services. Work was taking place to strengthen the involvement and voice of carers. A Wirral Carers Association had recently been established and carers' issues were being championed by an elected member. An autism development group had been established and involved family carers, professionals and advocates. Their work was informing the development of a local autism strategy. The new Open University course on personalisation positively included participation by people using services and carers.

The council had undertaken a detailed consultation exercise *'Options for Change'*, on the future of its directly provided services. Care was taken to use a variety of methods to involve people and to engage advocates in facilitating and recording discussions. Decisions had yet to be taken by the council on the best way forward. People who had been involved in the consultation told us that they found the proposed changes difficult to understand and were unclear about what the various options meant. In particular they wanted more information about costs and how individual budgets would work in practice. They identified expansion of supported housing as a key priority for improvement.

## **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's arrangements for the provision of advice, information and support to people with learning disabilities and their carers were under-developed. It was at a relatively early stage in producing information in accessible and easy read formats. The recent appointment of people with learning disabilities to take a lead role in its development was positive. The council's website had been recently reviewed and improved. There was work required to support its use by people with a learning disability and their carers. The council and its partners had improved the provision of information about the transition process. "*Your Future, Your Choice*" information events had been held involving all transition partners.

The council produced an annual Care Services Directory for users of adult social care services. A number of information booklets had been recently produced, but many people had not yet seen them. There was a need to progress shared approaches to the production of information with local partners. All information would benefit from review and involvement by people using services and families to improve its focus and accessibility.

Welfare benefits information was provided by a number of local organisations. However, there was a need to improve the targeting of information to promote improved understanding of savings thresholds and the implications of having a job. The Wirral Multi Cultural Organisation was funded by the council and NHS Wirral to provide advice and support in areas such as health, housing, maximising income, social care and befriending. There was work in progress to assess the outcomes of this. A helpline for carers had been recently introduced. The council had consulted carers about the need for a local carers centre. There was a high level of support for this.

All enquiries were dealt with by the Central Advice and Duty team. We found them to be friendly and approachable in their manner. They provided information about a range of local services. This could be provided in other languages and formats. The team did not keep data about the people it had signposted onto external agencies. There was a need to improve their focus on the outcomes for people it referred on and learning from re-referrals. The emergency duty team was under review at the time of the inspection. There were issues to be addressed with regard to its focus, funding and joint arrangements with partner agencies.

Since 1<sup>st</sup> April, everyone with a learning disability could access a personal budget. Information packs were not yet available. It was not sufficiently clear to people where they could go for help and advice. The council had not yet established its brokerage

arrangements. Wirral had a low level of investment in advocacy services for people with a learning disability. This needed review to enable people with learning disabilities and their carers to have greater understanding and control.

Several people told us that correspondence from the council was not easy to understand. This included information about charging, complaints and self-directed support. We saw no evidence that correspondence from the council recognised individual access issues such as impaired sight or specific communication needs.

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

Most assessments and support plans did not adequately reflect the whole person's needs or those of their carers. They were not sufficiently focused on the future, on risks to individuals, on the promotion of their independence or outcomes. Mental capacity issues were not embedded in assessment and support arrangements. There was work to do to agree and align the role and contribution of partner agencies including service providers. This included both improving existing arrangements and developing new models of support. Strict criteria and an additional point of entry to specialist health services meant that some people were not getting the level of support they required. There was a strong focus on eligibility, costs and affordability of existing services.

The council had restructured and expanded its learning disability care management teams over the past year. It was working to provide a more reliable service and to deal with increased demand. However, some people told us of ongoing difficulties in getting in touch with their social worker, changes of social workers and lack of effective relationships. One person said:

*“Social workers change too often and you can't build up a relationship with them. They don't have time and think everything is about the money-but it's about listening to things I want to say.”*

We found that the council had not addressed need in a timely manner in a number of cases. Some people reported having to wait too long for resources to be agreed. The work undertaken with some individuals and their families was very limited and did not secure the required outcomes. We were particularly concerned about the lack of support provided to older carers, single carers and those with multiple caring responsibilities. A number of older carers said they were tired and worried about their ability to care long term. Few people had clear contingency plans in the event of carer breakdown. This was poor practice and resulted in some people being placed without adequate preparation and in inappropriate environments.

Carers told us:

*“You can be very isolated and don't know where to turn”.*

*“I don't know how long more I will be able to care for X on my own”.*

There was generally weak practice in the development of person-centred planning. Although there were a few areas where practice was improving, the approach was not embedded. This meant that the council did not have a clear or up date picture of peoples' wishes and preferences to inform new models of service development. The council was working to address this. All new requests for assistance and review arrangements offered the option of a personal budget. However, people told us that the new self-directed assessments and carers assessments were too complex and did not ask what they considered to be the right questions. They relied on others to understand what was required and assist with their completion.

A number of assessments highlighted a lack of awareness about 'stranger danger' or risk of exploitation or harm. These concerns were not adequately addressed through support planning and the development of self-protection strategies. We identified a few examples of sensitive work being undertaken to support people in managing loss and change. However, this approach was not sufficiently embedded in frontline practice. Sexuality and personal relationships had not been identified or effectively supported in some cases. Some people we spoke to were not able to and would have liked to be involved in recruiting their own staff.

The lack of robust practice in these areas required urgent review. Some staff did not have the required levels of knowledge or training for their roles. We found examples of low expectations by caseworkers. This included views that assistive technology was not appropriate due to lack of rehabilitation potential, or college courses being too difficult for the person to understand. There was a lack of creativity in addressing barriers to access. Some case workers did not adequately involve people, their families and independent advocates in these important decisions.

There were significant pressures on health and social care agencies in meeting local demand, but current arrangements detracted from effective case co-ordination. Care processes, equality and engagement, service design and delivery had been identified as areas for improvement in supporting people with learning disabilities and mental health needs. The council reported that approximately 44 per cent of people with a learning disability living in the area had a health action plan. There was better practice in the number of health checks undertaken by doctors which was recorded as 75 per cent. There was good support provided by community nurses in the management of epilepsy and challenging behaviour. The appointment of a physiotherapist at a local college was effective in opening access for some people.

There was positive recent work to improve transition planning and provide earlier identification and consistency of support as young people moved into adult services. Joint working with partner agencies was being strengthened and this was increasing options for young people and their families. Efforts were being made to develop alternatives to out of county college placements. One carer told us:

*"Our social worker is good. They have a nice rapport with X"*

However, there was work to be addressed, particularly for people about to leave college. There was a need to significantly improve support to people with learning disabilities as they aged to ensure any additional needs were proactively recognised and responded to. Support for people with early onset dementia or high health needs

required development.

A total of 58 people with a learning disability were in receipt of Direct Payments. The council had a contract with an advocacy organisation to provide support in managing the process. People who had a Direct Payment or had access to the Independent Living Fund valued the opportunities and flexibility this offered. There was relatively low levels of promotion and use of Direct Payments for carers. The council was at a relatively early stage in the development of self-directed support and personal budgets. There was a considerable programme of learning taking place to improve staff understanding and to implement affordable and appropriate resource allocation arrangements.

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

People who used services and their carers were heavily dependent on traditional services where support was provided to large groups of people. Carers lacked opportunities to balance their caring responsibilities with a life of their own. The council needed to radically transform local services so that they recognised peoples' aspirations and supported their move on to more enabling forms of support. There were too many people living in residential care or with older carers who could benefit from supported living.

Access to supported housing was poorly co-ordinated. There were risks of unequal access given gaps in joint working in this area. There was an urgent need for a shared approach to agreeing priorities and the development of a clear and transparent allocation system. Adaptations, including those that were urgent, were slow to be provided in some cases. Assistive technology had not been adequately promoted to people with a learning disability living in their own homes or with family carers. People who benefited from supported living valued the opportunity to be more independent.

Work was beginning to take place to widen employment opportunities. The council and its health partners had recently set targets to improve its performance in this area. Dale Farm provided opportunities for people to develop their interests and knowledge in horticulture. A person volunteering at the farm told us:

*"I like coming here. I like to be busy. I have learned to do some new things".*

A person who had been supported to find a job told us:

*"Before I started working I was talked down to, things are very different now".*

The council's travel training positively assisted people to be more confident and independent in using public transport. Some people reported problems in the use of the council's transport. There were some people who had to leave their day centres

early in order to meet scheduling requirements.

The council had not adequately developed its arrangements to support carers, many of whom had cared for a family member for decades. The council was slow in its approach to implementing carers' legislation. It was still working to establish a carers' emergency scheme. Carers' support planning and review arrangements were weak and did not adequately consider their personal development and employment needs. There was a limited range of short break options for people with learning disabilities and their carers. Usage of adult placement schemes was low. Family carers were heavily reliant on a large accommodation-based service. Some carers told us:

*"If there was a choice, we would not use it."*

There were gaps in local provision for people with specific needs including autism, older people with learning disabilities and people from black and minority ethnic communities. The use made of and outcomes achieved from specialist health resources including the assessment and treatment and short breaks provision was being reviewed. There was a need to expand support out of hours and enhance access to social and leisure opportunities.

There were some areas where further work was required to help people consider their options and prepare for changes in line with the council's promotion of self-directed support. This included ensuring access to reliable and appropriately trained staff that could be appointed as personal assistants. There was also a need to ensure robust back-up support in the event of a crisis.

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

The quality and outcomes of reviews was an area for urgent attention. There were a relatively high number of unscheduled reviews. It was of concern that a number of people with high or complex needs had not had a recent review of their needs. A consequence of this was that there were missed opportunities for outcomes for individuals to be assessed or support plans adapted in the light of individual priorities or preferences. The council had undertaken reviews of all people with learning disabilities living out of area. All expressed a desire for their support arrangements to continue. A number of reviews had been undertaken of high cost placements and had resulted in savings.

The management of complaints was inadequate. Some complaints were very slow to be resolved and there was a lack of clarity about the outcomes achieved. The council had not adequately addressed the root causes of some complaints such as the level of staffing or the quality of its buildings. Advocacy and mediation could have been more proactively used in some cases. The council did not have a system to check if people were satisfied with the outcome of their complaint or with the improvements made. There was also a weak focus on promoting and learning from compliments.

## Capacity to improve

### Leadership

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

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

The council had clear strategic aims for improving the quality of life of people living in the area. These were shared with local health partners and included addressing inequalities and promoting independence and choice. The vision for transforming adult social care was developing. Priority was given to enabling people to have more involvement and personal control. However, some partners including service providers, people using services and their carers were not clear about the future direction and did not understand the impact for them. The council needed to provide them with clear and up-to-date information, encourage new ways of working, and address uncertainty and fears about future change. The departmental '*Focus*' newsletter and senior manager briefings were positive means of informing and involving front-line staff.

The council and its partners were working to strengthen the governance, leadership and impact of the Safeguarding Adults and Learning Disability Partnership Boards. Membership had been recently reviewed and included senior managers with an improving focus on working together. A number of work streams were being developed to progress policy agendas and improve outcomes linked to safeguarding adults, '*Putting People First* and *Valuing People Now*'. The council was significantly behind the pace compared to most other councils in delivering improvements in these areas. The Cabinet recently approved the establishment of a review group to strengthen the focus of senior managers and councillors on safeguarding children and adults.

**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.**

There was work required to translate the vision for personalisation into clear, responsive and sustainable plans. The departmental plan was too heavily weighted

towards internal processes and did not sufficiently specify targets or the impact of proposed changes and outcomes for people. The department was under significant pressure to identify efficiencies and deliver savings in the short term. This was impacting on its capacity to effect and deliver change in a timely manner in a number of areas. The council was ambitious to strive forward, but there were some critical gaps and risks to be addressed in the areas of resource management and partnership working.

Wirral was at an early stage in implementing personal budgets and self-directed support. Plans to widen access to services including out-of-hours had been delayed. There was work required to progress joint working with health and housing partners at both strategic and operational levels. The future modernisation of its directly provided services was unclear. There was heavy reliance on making savings from the '*Options for Change*', programme in the current year. This was becoming more difficult to achieve. The local market was not well-positioned to support new models of service delivery. The work of front-line staff required review to improve the quality of support provided to people with complex needs. There were significant gaps in the council's approach to prevention for adults with a learning disability.

The priorities of the Safeguarding Adults Partnership Board had not yet been secured by shared action plans. A safeguarding adults' strategic framework was produced in March 2010 that identified a number of areas where improvements were required. An action plan to support its delivery had not yet been developed. There was an urgent need to strengthen joint arrangements, establish and progress the work of its sub-groups to improve the focus on and co-ordination of safeguarding at a number of levels. There was work to do to ensure safeguarding adults was higher on the agenda of the council and some local strategic partners.

The Learning Disability Partnership Board was working to build its capacity to respond to '*Valuing People Now*'. There were gaps in its implementation of the original *Valuing People* strategy that still needed to be addressed. The Board had recently agreed a forward plan that detailed areas where work to deliver improved outcomes was urgently required. Senior managers and people using services were jointly accountable for key areas of delivery. It was too early to tell the impact of this. Board members needed to strengthen their focus on supporting and tracking the delivery of outcomes to enable people to be positively and safely included in their local communities. There had been a significant over-spend against the allocated budget in 2009-10.

A joint strategic needs assessment had been carried out. It included areas where additional information was required to improve understanding of the needs of the local population. This was beginning to inform the development of joint commissioning strategies. There was an improving focus on addressing health inequalities including those experienced by people with a learning disability and people from black and minority ethnic communities. The council recognised that too often people were expected to fit into existing services. Its key challenge was to translate this into person-centred, affordable and responsive services. There was improved joint working between children and adult services in mapping the needs and resources to address areas of growth.

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

Some staff did not have the required level of knowledge, skills or experience to do their job well. The council and its partners needed to expand access to safeguarding training so that staff and others, including volunteers, were competent and confident in managing risk and keeping people safe. There was a need to improve co-ordination of training and to develop multi-agency review and learning groups. We found gaps in workforce planning and development, including joint arrangements with health and local service providers. There was a need to promote the development of a flexible health and social care workforce. There was a particular need to ensure the workforce across the sector effectively supported people with mental health needs, learning disabilities and dementia.

The council was working to enhance the knowledge and competencies of its staff. A total of 450 adult social care staff had accessed its development centre and received feedback on their performance. Areas of personal development were agreed and were being progressed. The council had made a significant investment in training for its managers. 'A Values and Leadership Unites Everyone' (VALUE) programme sought to promote shared understanding of the vision and values of key partners. There was a programme of training to support personalisation. The staff recognition process recently introduced was positive.

Team structures had been reviewed to support localisation and integration of support for older people and adults with a physical impairment. There was evidence of improved joint working with primary health care staff. The number of staff employed within the specialist adult social care learning disability team had recently been increased. Its next steps in progressing joint working with specialist health staff were unclear. Knowledge and information systems required significant development as the different systems in use were a barrier to efficient joint working. The department needed to secure the effective deployment of expertise across all its frontline teams to raise the quality of safeguarding work and assessment of mental capacity. It would benefit from closer scrutiny of its supervision arrangements.

The council's expenditure on assessment and care management staff was lower than that of other councils in the region. Some managers were over-stretched in meeting operational and service development targets. The Reform Unit workforce provided additional capacity, but its future focus and funding arrangements required review. Work was required to establish brokerage arrangements to support personalisation developments.

Recruitment was generally compliant with safeguarding requirements, with appropriate checks being made. There were gaps in the staffing of some frontline teams. It took too long for some disciplinary issues to be explored and brought to conclusion. The department of adult social services was working to encourage better use of its whistle blowing procedures to promote a culture of openness and accountability.

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

Wirral was ambitious to become an excellent council. It monitored its performance against key indicators and local area agreement targets. Its approach to performance management, including responding to complaints, needed development to include a stronger focus on the experience of people using services and the outcomes delivered. The recently introduced balanced scorecard was beginning to enable a better focus on wider organisational effectiveness. Performance surgeries had been established to provide feedback and support to frontline managers. Action was being taken to improve the accuracy and reliability of management information including in the area of safeguarding adults. The council and its partners needed to strengthen systems for information-sharing, quality assurance and the management of risk.

There were some areas where the council and its partners had not made the required level of progress in transforming services for adults with learning disabilities and their carers. A previous inspection in 2005 highlighted a number of areas that still needed to be addressed including partnership working and implementation of person-centred planning. The Department of Communities and Local Government in a recent visit to the council identified that there were a number of people remaining in residential accommodation who could be living in supported housing.

The council had not achieved the required level of performance with regard to self-directed support, help for carers, people with learning disabilities living in settled accommodation and people having a review of their needs. Support to carers of adults with a learning disability (15 per cent) was significantly lower than the overall performance of the council in this area. The council needed to more rigorously benchmark its performance within the department and against similar councils to improve understanding of good practice and raise levels of customer satisfaction. Equality impact assessments and action plans were insufficiently developed.

The council recognised weaknesses in its arrangements for keeping local people safe. It commenced a review of safeguarding in February 2009. A number of changes were being made to improve joint working and the quality of practice. The Safeguarding Adults Partnership Board and senior managers had improved their awareness of activity and trends, but gaps remained in some key areas. There were variable levels of activity between teams and partner organisations that required further analysis. The engagement of elected members in local safeguarding activity required development. There was a need to promote learning from management and serious case reviews. The council and its partners needed to have a better understanding of concerns about specific localities, user groups and settings.

## **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 was working to strengthen its engagement and consultation arrangements to support improvements in listening to and learning from the views of local people. This was still at a fairly early stage of development. Further work was required to ensure appropriate levels of involvement and coverage to support the delivery of its transformation agenda. There was work required to expand the level of involvement and focus of the personalisation steering group to promote wider learning and regular feedback on what was working well and areas for improvement. Some people were not clear about some key areas including personal accountabilities, resources, employment responsibilities and contingencies.

The focus of the Learning Disability Partnership Board had recently been reviewed and its membership complied with *Valuing People Now* guidance. The '*Enabling Fulfilling Lives Group*', was working to ensure people with learning disabilities and their families had a stronger voice on the board. Although arrangements were still relatively new, we had positive feedback from some people that the work was moving in the right direction. Concerns raised by people with learning disabilities about the availability of accessible public transport had resulted in Merseytravel becoming involved in the work of the Partnership Board. There was potential to widen the challenge and impact of the Board. One person told us:

*"We are on a steep learning curve and willing to learn together-things are slowly improving."*

The council and its health partners had recognised the need to do more to support carers. A carer's survey was recently undertaken and provided some important feedback on areas for improvement. This should assist the council and its partners in targeting future support to carers and addressing areas where customer satisfaction was low. The joint carers' action plan required substantial development in the light of this.

**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.**

Commissioners were working to improve their understanding of the local population's needs for housing, social and health care. The council had taken action to secure

improved value for money and had reduced the costs and fees paid to all providers. However, there remained some areas where better value for money was still required. The council was beginning to challenge its legacy investment patterns and support more flexible use of its resources. This included promoting user-led organisations and social enterprises. A high level of efficiencies and savings had been made by the department in recent years. Significant financial pressures remained in the current year. There was a need to strengthen medium-term financial planning to ensure effective control of costs and progress the transformation agenda.

We found gaps in transforming strategic objectives into timely, robust and sustainable joint plans. New commissioning frameworks for adults with learning disabilities and older people had been recently agreed. Detailed project and resource planning work to support implementation was not well-developed. A total of £26 million of the learning disability budget (over 66 per cent) was invested in residential, nursing homes and day services. Work with local voluntary sector organisations needed to be underpinned by a clearer focus on outcomes and use of resources. There had been a significant fall in the rate of people using Direct Payments. The council needed to understand the reasons for this. It needed to ensure its new arrangements to support people in managing their individual budget were effective.

The council was piloting new ways of working to support learning in implementing self-directed support and individual budgets. Phase 1 of the pilot, due to its small sample size did not allow for a robust evaluation of its approach. The council had set a target to include 200 people by August 2010 including adults with a learning disability, people who had a stroke and people living in the Birkenhead locality. New systems and support requirements were being tested, and additional staff had been deployed to support the work of frontline staff. We had concerns about the council's capacity to secure full implementation within the required timescales including supporting the level of change required in conjunction with its partners and people using services.

The joint strategic needs assessment was being updated and its findings were being used to inform joint commissioning and service procurement activity. A website had been developed to support access by local partners and stakeholders. There were some gaps in awareness of the needs of people with a learning disability. These included people with complex needs, people living with older carers, people with a learning disability who were parents, and people from minority ethnic communities. Gaps in person-centred planning meant that commissioning was not sufficiently alert to peoples' aspirations and did not proactively drive the development of new models of service delivery. There were plans to co-locate the department's business support unit with NHS Wirral to improve research and identification of needs.

The adult social services department had made significant savings and delivered efficiencies in a number of areas in recent years. It had re-negotiated contracts with care home providers and secured savings of over a £1 million. There was potential to achieve better targeting and outcomes from its quality incentive scheme that had been in place since 2005. There was work still required to tackle over-provision of care home places and the quality and sustainability of some providers. Domiciliary care contracts had been re-negotiated and a standard fee agreed. The costs of some services for adults with mental health needs and adults with physical disabilities were

high. There was work required to re-shape the local market to strengthen the quality and capacity of local services and improve the choice and flexibility of local provision.

There was an urgent need to expand housing and support options for people with a learning disability. The council had reviewed the costs of its supported living services and secured savings in excess of £600,000. All except one provider had agreed to new contract terms. Action was being taken to address non-compliance. The council needed to ensure it had robust contingency plans to manage the process of decommissioning across the sector. NHS Wirral and the council was in the process of reviewing the outcomes and effectiveness of use of specialist resources for adults with a learning disability. There was work required to respond to the findings of the council's strategic asset review.

The learning disability budget had over-spent by £4 million against its allocation in 2009-10. The council's base budget for learning disability services was below regional averages. The council had further work to do with its partners including people using services to ensure the level of resources was appropriate, and that its plans, including the '*Options for Change*', work secured improved outcomes and value for money. It needed to develop the local market to ensure reliable and easy access to alternatives and back-up support. Some providers told us they had not been adequately included in reviews of individual need. This meant that opportunities to learn from and adapt support to deliver improved outcomes for people were not robustly captured.

The quality of residential, nursing and domiciliary care services operating in the area was high overall compared to other areas. However, care home provision for adults with physical disabilities or long term conditions was an area for improvement. The council needed to strengthen its focus on the outcomes achieved by its own directly-provided services. It also needed to improve its focus on the outcomes for people using services that were not regulated including day care and grant-funded services. There was work in progress to review services for people with challenging behaviour in line with the findings of the Mansell report.

The council needed to develop its work with partners and service providers to reduce the risk of self-neglect or of people harming each other. This included embedding shared approaches to the management and monitoring of risk, careful matching of people to the services commissioned, with sufficient and appropriately skilled staff to meet individual needs. The council recognised that its contract monitoring arrangements were largely reactive and focused on investigating safeguarding issues or complaints. The new safeguarding officer (contracts) was working to improve scrutiny of and support to service providers. The new outcomes framework planned for implementation in April 2011 aimed to strengthen procurement practice and drive higher standards of service delivery.

## Appendix A: summary of recommendations

### Recommendations for improving performance in Wirral Council

#### Safeguarding adults

The council should:

1. Ensure that arrangements and policies for preventing abuse are comprehensive and co-ordinated. (Pages 10,12-13)
2. Embed a shared approach to recognising and responding to allegations of abuse. (Pages 10-14)
3. Ensure that staff involved in safeguarding adults and supporting people with high or complex needs have the appropriate knowledge and competencies. (Pages 11-14)
4. Ensure that safeguarding activity at all levels is focused on the experience of people who require safeguarding and on the outcomes achieved. (Pages 10-12)
5. Ensure that safeguarding is supported by robust quality assurance arrangements across the partnership. (Pages 11-12)
6. Improve scrutiny of provider activity and risks across the sector. (Pages 11,13-14)

#### Making a positive contribution for adults with a learning disability

The council should:

7. Improve its focus on people who have limited opportunities to engage in and contribute to their local communities. (Page15)
8. Ensure wider representation, involvement and support for people using services and their carers in planning and managing change. (Pages 16-17)

## **Increased choice and control for adults with a learning disability**

The council should:

9. Ensure that people with learning disabilities and their carers have access to appropriate advice, information and support .(Pages 18-19)
10. Ensure people's needs are holistically assessed and supported by effective partnership working. (Pages 19-21)
11. Transform support planning to provide a clear focus on the future, on risks to individuals, on the promotion of their independence and outcomes. (Pages 19-22)
12. Address gaps in awareness of the needs of and support to carers. (pages 19,21-22)
13. Ensure that reviews are appropriately timed and focused. (Pages 22 and 28)
14. Strengthen arrangements for management and learning from complaints and compliments. (pages 12 and 22)

## **Providing leadership**

The council should:

15. Ensure the Safeguarding Adults Board and Learning Disability Partnership Board drive improved outcomes for local people. (Pages 23-24)
16. Promote stronger communication with and involvement of local people and service providers in shaping the vision and development of local services. (Page 23)
17. Develop robust joint planning to address local needs secured by effective deployment of resources and management of risk. (Pages 24 and 26)
18. Expand its approach to prevention to deliver improved outcomes for people with learning disabilities and their carers. (Page 24)
19. Ensure the workforce across the sector has relevant knowledge, skills and experience to do their job well. (Page 25)

## **Commissioning and use of resources**

The council should:

20. Robustly challenge and enable the local market to address gaps, raise standards and meet new personalisation requirements.(Pages 27-28)
21. Ensure joined-up and efficient use of resources across the council, health and housing services.(Pages 28-29)

## 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 Wirral Council when we met with approximately 7 people whose case records we had read and inspected a further 25 case records. We also met with approximately 200 people who used services and carers in groups and in an open public forum we held.

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.

Wirral Council 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.