Inspection report

Service inspection of adult social care: **Barking & Dagenham Council**

Focus of inspection:

Safeguarding adults
Improving health and wellbeing for people with learning disabilities

Date of inspection: July 2010

Date of publication: 12 November 2010

About the Care Quality Commission

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

Whether services are provided by the NHS, local authorities, private companies or voluntary organisations, we make sure that people get better care. We do this by:

- Driving improvement across health and adult social care.
- Putting people first and championing their rights.
- Acting swiftly to remedy bad practice.
- Gathering and using knowledge and expertise, and working with others.

Inspection of adult social care

Barking & Dagenham Council

July 2010

Service Inspection Team

Lead Inspector: Silu Pascoe

Team Inspector: Jacqueline Corbett

Expert by Experience: Nigel Smith
Supported by: Changing our Lives

Project Assistant: Marjorie Chambers

This report is available to download from our website on www.cqc.org.uk

Please contact us if you would like a summary of this report in other formats or languages. Phone our helpline on 03000 616161 or Email: enquiries@cqc.org.uk

Acknowledgement

The inspectors would like to thank all the staff, service users, carers and everyone else who participated in the inspection.

Contents

Introduction

An inspection team from the Care Quality Commission visited Barking & Dagenham Council in July 2010 to find out how well the council was delivering social care.

To do this, the inspection team looked at how well Barking & Dagenham was:

- Safeguarding adults whose circumstances made them vulnerable; and
- Improving health and wellbeing for people with learning disabilities.

Before visiting Barking & Dagenham, 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 Barking & Dagenham. It will support the council and partner organisations in Barking & Dagenham 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 Barking & Dagenham 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 Barking & Dagenham was performing well in safeguarding adults.

Improved health and well being for people with learning disabilities:

We concluded that Barking & Dagenham was performing well in supporting improved health and well being for people with learning disabilities.

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 Barking & Dagenham was promising.

What Barking & Dagenham was doing well to support outcomes

Safeguarding adults

The council:

- Demonstrated a strong commitment to strengthening adult safeguarding arrangements and had invested resources in a dedicated safeguarding adults team.
- Had developed a good range of community safety services and initiatives which helped keep people safe in their own homes and in the local community.
- Provided a range of safeguarding training to both council and partner agencies staff.
- Had taken a robust approach to ensuring staff met Dignity in Care standards.
- Had developed an action plan to address the safeguarding issues related to people who are in receipt of personal budgets.

Improved health and well being for people with learning disabilities

The council:

- Had undertaken effective targeted work to improve access to, and take-up of, primary healthcare services for people with learning disabilities.
- Had ensured that a high number of people had a health action plan, that services were promoting healthy lifestyles and supporting people positively in respect of their health needs.
- Had improved joint working across health and social care, particularly in community health.
- Had enabled access to an increasing range of sports and leisure opportunities for people with learning disabilities.
- Had helped people to either avoid unnecessary hospital admission or supported people to maintain their independence following hospital discharge.

Recommendations for improving outcomes in Barking & Dagenham

Safeguarding adults

The council and partners should:

- Develop clearer policy and guidance to help practitioners respond to situations where abuse of vulnerable adults was identified but victims were reluctant to have intervention, particularly if this could involve the police.
- Address variability in the quality of safeguarding practice and recording, ensuring consistent, high quality practice.
- Strengthen joint working between operational teams and the commissioning and contracts team.
- Ensure that the use of independent advocacy is promoted for people, particularly within safeguarding processes.

Improved health and well being for people with learning disabilities

The council should:

- Take steps to assure itself that people are experiencing a good quality service when contacting the community learning disability team and out of hours services.
- Address the gaps in provision for independent living, employment opportunities and social activities.
- Work with its partners to ensure that people with dual diagnosis and complex needs have access to specialist services to meet their needs.
- Ensure that there is effective support planning for young people in transition.

What Barking & Dagenham was doing well to ensure their capacity to improve

Providing leadership

The council:

- Had a clear vision for adult social care that reflected national and local priorities.
- Had strong partnerships with health at both strategic and operational levels that had led to positive developments to address access to healthcare services for people with learning disabilities.
- Had a structured performance management framework in place, with regular reporting on performance.
- Had strengthened the structure, governance and accountabilities of the safeguarding adults board to ensure safeguarding activity was effectively embedded across the partnership.
- Was strengthening the quality assurance and performance management framework for safeguarding work.

Commissioning and use of resources

The council:

- Managed its budgets effectively and costs were regularly monitored, with a clear focus on using resources effectively and achieving appropriate value for money.
- Demonstrated strong partnership work with health organisations on commissioning.
- Secured additional resources through external funding streams to develop support services.
- Resourced safeguarding work well across strategic partners.
- Had strengthened contract specifications with regard to adult safeguarding requirements to ensure the commissioning of safe services.

Recommendations for improving capacity in Barking & Dagenham

Providing leadership

The council should:

- Improve strategic co-ordination of issues relating to carers of people with learning disability.
- Improve feedback from consultation with people with learning disabilities and their carers.
- Take steps to assure itself that people are experiencing a good quality service when raising concerns, making a complaint and receiving feedback.

Commissioning and use of resources

The council should ensure that:

- Third sector organisations are more actively involved and engaged in the personalisation agenda and its impact on the future market for support services.
- Ensure that people using personal budgets have a wider choice of support and services.

Context

Barking & Dagenham is an outer London borough with a population of 164,346 at the 2001 census, estimated to be about 173,000 at the time of the inspection. Barking & Dagenham now has one of the fastest growing populations in the country and has above average levels of both children and older people. At the last census 15 per cent of the population classified themselves as non-white, which is lower than for London as a whole. However, refugee populations are relatively high. The expansion of Thames Gateway is expected to result in the population of Barking & Dagenham increasing by an estimated 60 per cent over the next 5 years.

Barking & Dagenham is the sixth most deprived borough in London. Health is poor compared with the general picture in London and mental health needs are above the national average (Primary Care Trust local services assessment). Barking & Dagenham is the 21st most deprived area in England. Fourteen of its 17 wards are among the poorest in the country. With the lowest household incomes in London, the borough is uniformly deprived. The percentage of residents with no qualifications is higher than the London average and the percentage with degree level qualifications or equivalent is the lowest in London.

In December 2009 the Care Quality Commission judged the delivery of outcomes for adult social care services to be performing excellently.

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.

There was a good range of community safety services and initiatives which helped keep people safe in their own homes and in the local community.

The council had a strong corporate focus on equalities and diversity, to prevent discrimination and harassment. The council commissioned race equality advocacy which had supported anti-harassment work in the borough. Equality Impact Assessments (EIA) were undertaken when developing strategies and practice. The EIA of the safeguarding strategy and action plan had led to a proposal to use the 'Dignify' training model for harder to reach adults from black and minority ethnic communities. In partnership with Toynbee Hall the council delivered the Dignify project to roll out through local day services. This aimed to reduce elder abuse by raising awareness amongst older people and professionals about what elder abuse is, when it occurs, who can perpetrate it, and what can be done about it.

Positively, the borough's domestic violence strategy recognised the specific needs of vulnerable adults and had good read-across with safeguarding policies. There was access to two refuges and specific advocacy for victims of domestic violence.

The safeguarding adults board had identified the need to focus work on tackling disability hate crime. The council and its partners had worked to raise awareness in identifying, reporting and preventing hate crime amongst community groups. People with learning disabilities had benefited from targeted initiatives including the recent development of an easy-read version of the form to report hate crime, which was seen as a useful tool. Informal and social contact between groups of people with learning disabilities and agencies such as the police, the community safety team, and the safer neighbourhood teams had been developed to support early identification and response to any concerns or incidents of harassment.

The borough's community safety partnership plan recognised issues facing vulnerable adults. Work was being done to implement actions to promote the safety of specific groups, including advocacy services which had recently been engaged in reviewing and developing effective responses to community safety issues. A DVD was being made to raise awareness about keeping safe in the community for people with learning disabilities. Community safety officers ran presentations to raise

awareness about distraction crime and home safety across groups of vulnerable adults. Positive joint work was being done with partners in housing to raise awareness of issues effecting vulnerable adults, how to identify concerns and support tenants. Safeguarding practitioners felt that work with housing was an area of strength in the borough.

Practitioners across a range of services identified challenges when responding to situations where abuse of vulnerable adults was identified but alleged victims were reluctant to have intervention, particularly if this could involve the police. Policy and guidance was needed to support practitioners and police in assessing and responding to such situations.

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

The council demonstrated a strong commitment to strengthening adult safeguarding arrangements and had invested resources in raising awareness and expanding its dedicated safeguarding adults team.

A strong “I Care” campaign had promoted awareness of safeguarding issues across the borough. This was supported by targeted initiatives such as the Dignify campaign to raise awareness of abuse relating to older people, and the recent production of an easy read “Say No To Abuse” leaflet for people with learning disabilities. The council had used a variety of techniques for delivering memorable messages about safeguarding to a broad section of the community, including a pack of tissues with key information from the I Care campaign. Safeguarding alerts were increasing, including from family members. Stakeholders that we met identified that awareness of the different ways that carers could be affected by safeguarding issues needed more focused attention.

Partnership work across agencies regarding training and learning events was positive. The council’s safeguarding adults team provided a range of safeguarding training to both council and partner agencies staff. This included training of a significant number of frontline council staff such as library staff on “Effective Conversations”. This helped staff to pick up early signs of abuse in their face to face contact with members of the public who may be vulnerable adults. Training was also available to independent and third sector agencies in the borough and events had been held for people with learning disabilities. Health partners hosted learning events and worked on joint induction training. There had been joint training with the community safety team, and plans were being developed for dedicated training for local police officers. Generally, people found the training to be of good quality and helpful in the roles they performed within the multi-agency adult safeguarding procedures.

Adult social care safeguarding policies and procedures had been developed and published in 2008. These contained detailed information about recording safeguarding processes on SWIFT, the adult social care electronic recording system. The council recognised that the policy and procedures had needed updating to reflect changing national policy developments and priorities. A pan-London group

had been working on a single safeguarding policy for London boroughs with sign up from relevant pan-London agencies such as the Metropolitan Police; however, the production of this had been delayed. In the meantime, Barking & Dagenham had introduced interim single-agency policies in 2010 to support the restructuring of adult social care and safeguarding teams.

The council had recently invested in expanding its safeguarding adults team (SAT), to four members of staff. The team had a wide range of functions, including delivery of most of the safeguarding training, receiving and 'screening' safeguarding alerts, providing advice to safeguarding teams across health and social care, leading on 'Level 4 alerts', and providing a quality assurance role for on-going and closed safeguarding incidents.

Partnership work to raise the profile of safeguarding amongst practitioners across both health and social care services was positive and effective. Work had been particularly strong in community health services, supported by new safeguarding leads who led on policy and practice issues. Barking, Havering and Redbridge University NHS Hospitals Trust (BHRUT) was establishing a safeguarding team. Improvements had been made in promoting awareness of safeguarding and consistency of response across secondary health services, mental health and substance misuse teams. There were clear policies about the interface between serious untoward incidents and safeguarding issues. However, work remained to be done to ensure that all key staff, particularly in mental health and substance misuse teams, had relevant training and that this was translated into improved, good quality safeguarding practice.

The recent appointment of a dedicated detective constable was identified as a significant improvement in communication between practitioners and the police, particularly with the safeguarding adults team.

Overall, stakeholders that we met reported that the response to safeguarding issues in the borough had been strengthened and was continuing to improve since the expansion of the safeguarding adults team and increase in resources across key partners. Prior to this expansion, there had been some delays in allocation of safeguarding work to operational teams and delays in keeping partners informed of outcomes of intervention. It was acknowledged that capacity to respond to safeguarding would remain an area for focus as referrals were continuing to increase. The council was continuing to monitor and respond to this situation.

Practitioners that we met were generally clear about their role in safeguarding practice and felt that this had been clarified in recent months through the programme of training being rolled out. Support in identifying and responding to low risk alerts or managing the interface between safeguarding and care management was identified as an area for development by some stakeholders. Responding to incidents where both perpetrator and victim were service users was used as an example.

Safeguarding practice was very variable across the case files we saw during the inspection, although most were adequate in addressing the safety of the vulnerable adult. The persistent delays in the initial response to and allocation of safeguarding referrals had undermined the quality of safeguarding work, although it was reported

that this had been addressed by the increased resources in the SAT. Work remained to be done to ensure that timescales after allocation were more consistent. The quality of recording across the safeguarding case files we saw was patchy. The council had recently taken action to strengthen recording systems, and improve the quality of recording as well as practitioner compliance with policy and procedure.

There were clear reporting pathways for assessment and care management teams to report safeguarding issues or concerns about the quality of care in services to the commissioning and contracts team. However, joint working in this area needed to be strengthened to ensure clearer communication and clarity about what action would be taken by whom.

Most practitioners demonstrated a good understanding of managing risks when promoting independence. Although most stakeholders felt that practice had improved in this area, there were some concerns about managing risk with increasing use of self-directed support and personalisation of adult social care. Positively, the council had developed an action plan to address this area. The council was also working with some independent sector domiciliary care agencies to develop Home Care Apprentices. This was intended to support the development of a pool of personal assistants who had undergone safety checks and training, who could be matched to people using self-directed care.

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

The council had taken a robust approach to ensuring that relevant staff met the Dignity in Care standards. There was good awareness of promotion of privacy and issues around information sharing across agencies. The safeguarding adults board was also reviewing the information sharing policy. We found some positive examples across accommodation and day services of promotion of people's preferences and a person-centred approach to care planning.

Targeted work had been done by health partners in response to care homes raising concerns about skin care and pressure sores. This had led to significant improvement in promotion of skin health and a reduction in hospital admissions due to pressure sores.

There had been an increase of referrals under the Deprivation of Liberty scheme, attributed to increased training on the mental capacity act. Most people with learning disabilities that we met said they were treated with dignity and respect by their support staff.

The council had recently completed a review in line with national recommendations from the Six Lives Review, assessing how well health and social care services meet the needs of people with learning disabilities and promote their dignity. Action Plans for all agencies had been agreed across health and social care, and progress was monitored by the safeguarding adults board and its Case Review Sub-group.

There was a good range of advocacy services available, including specific advocacy for people using self-directed support that was shared across seven London boroughs. We saw some positive examples of advocacy being involved in a positive way in case files that we read but there were some missed opportunities where advocacy could have been promoted more actively. There were mixed views across stakeholders about how well access to advocacy was promoted by adult social care staff. The council recognised the need to ensure that the use of independent advocacy was promoted, particularly for people within safeguarding processes.

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 had a good understanding of the quality of provision it commissioned from regulated providers. It used contract monitoring and regulatory information and inspection reports from the Care Quality Commission to gain a better understanding of the experiences of people who used regulated services. A high number of registered services in the borough had been assessed as ‘good’ or ‘excellent’ by the Care Quality Commission.

Local home improvement agencies provided valued help with home repairs. Victim support services provided home safety checks to people living in their own homes. Good use was made of key-safe schemes to help enable people to have support while living independently. The provision of handyman services assisted people to maintain their homes in the way they wished, and an ‘eyesore gardens’ initiative helped identify and support vulnerable adults who were having difficulty maintaining their property.

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.

The council had recently developed a wide range of leaflets and information about health and wellbeing, including easy-read versions for people with learning disabilities. Plans were in hand for their distribution and to publicise them. Many of the easy-read leaflets were of a good quality but some were more difficult to understand, such as the information on personal budgets. The council needed to review the quality of, and response to, the range of leaflets being produced. The easy-read complaints leaflet was aimed at both adults and children, although the images and language used were more appropriate for children than adults.

The North East London Foundation Trust (NELFT) had produced a number of easy-read documents about health for people with learning disabilities and work was underway to produce accessible information about universal health services.

The council used a number of routes to promote access to information. New 'Elephant' information points (free-standing touch screen computer screens) were located in buildings used by large numbers of people, which made it easy for them to access information. Initial feedback about these information points was positive, although some of them were located in areas that made it difficult to hear the talking pages. The council was aware of this problem and was actively considering ways to address the issue. Library staff helped people access web-site information as well as printed materials and were aiming to build up contacts with members of the community, including people with learning disabilities, through coffee mornings, strengthening face-to-face contact and attending events such as at the council's learning disability week. Housing staff were working with the learning disability partnership board to produce easy-read information including a housing manual. Access to leisure and sports was being promoted well, for example through 'TV adverts' at leisure centres. Classes for healthy living were being run at adult learning centres. The Health & Well-being Board was undertaking an information audit and planning to develop an action plan to address any issues identified.

The council had focused work on improving awareness of issues around health and wellbeing for people with learning disabilities and their carers, with some success. It had been well received by stakeholders. Awareness raising, development of health action plans, and access to primary and preventative health services such as

opticians, community dental services, and Seeability had been supported by new health facilitator posts. A high number of people had a health action plan, and generally people felt that these were being developed positively. Accommodation and day services were also supporting people positively in respect of their health needs and promoting healthy lifestyles.

Carers spoke positively of being able to have extended consultation periods with GPs. This could be further embedded by a more proactive approach in primary health care to identify carers, targeting health information about areas that may affect them, and developing routine screening of carers' health.

The intake team had a role as a 'first contact' point for callers to adult social services. The intake team and community learning disability team (CLDT) provided information and signposted to other services where appropriate, for example where people did not meet eligibility criteria. The information that was available had very recently been revised and expanded. This had previously been quite limited and people had identified a need to address this issue, particularly in ensuring that people with mild or moderate learning disabilities had easy access to information that supported them to keep physically and mentally healthy. The vulnerable adults team provided two drop-in sessions for people with learning disabilities, including those who did not meet eligibility criteria. The team provided advice, support and signposting to other services and organisations, as well as undertaking specific work with nurses from the CLDT to offer health checks.

Some stakeholders, including people with learning disabilities and their carers, reported that they experienced great difficulty in contacting the CLDT, particularly in contacting specific members of staff. This meant that it was difficult for them to get information or help at the time they needed it. We heard of several occasions where people were not satisfied with their experience when contacting the team and had left messages but not had any response. Out of hours there was a council call centre service and people reported that they were no longer able to leave messages on the CLDT answering machine. Some people found the out of hours response to be unsatisfactory. This was identified as an important area for development by stakeholders. The council needed to take steps to assure itself that people were experiencing a good quality service.

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.

We saw several examples of comprehensive packages of care provided that were person-centred and positively promoted people's health. Focused partnership work had led to improved liaison across health and social care, particularly in community health. A range of stakeholders reported improved communication between general health services and social care and significantly increased awareness of health issues relating to people with learning disabilities amongst health professionals. This, along with the widespread development of 'hospital passports', meant that people

with learning disabilities were experiencing improved quality of service when they had contact with general hospitals and secondary health services. Continued focus on this area would help ensure that progress was embedded and promoted consistency, as there was still some variation in the quality of people's experience.

People with learning disabilities were a priority for discharge planning from hospital and were rarely delayed. Health staff in the CLDT were able to go into hospital and work with ward staff, promoting good discharge planning. The council's reablement service had helped people to either avoid unnecessary hospital admission or supported people to maintain their independence following hospital discharge through the provision of intensive person centred rehabilitation and support at home. The CLDT worked closely with this team as well. Vacancies in the CLDT occupational therapy (OT) team had led to long waiting lists. The senior OT post had very recently been recruited to; however, assistant OT posts remained unfilled. People identified access to OT, physiotherapy and Speech & Language therapy as an area for improvement that the council should review with health partners as the CLDT was to become integrated.

Joint working across learning disability and mental health services was identified as an area for improvement. Some stakeholders identified a lack of clarity as to where to refer people with dual mental health and learning disability diagnosis. There were few appropriate services for people with learning disabilities who also had mental health problems, including dementia. The NELFT had developed a memory service for people with dementia regardless of age. It was acknowledged that greater consideration could be given to meeting the needs of people with learning disabilities within this service.

The council had taken steps to address the wider personalisation and prevention agenda in line with national priorities. Work was underway to develop systems that would support people to maintain their independence and well-being, thereby avoiding contact with health and social services. Take-up of individual budgets was increasing and the council was launching a pilot for health personal budgets that included some people with learning disabilities. In-house services were adapting how they offered services to encourage people with learning disabilities to purchase services flexibly or to use other support services. We saw some positive examples of use of individual budgets but heard of variable experiences of how well they had been explained or set up and there was some doubt and resistance to their introduction amongst a range of carers that we met. Work was needed to promote the positive aspects of self-directed support and demonstrate their benefits. People arranging their own care were given information on the range of services available. However, when packages of care were arranged through brokerage people were matched to available domiciliary care agencies. Greater consideration could be given to providing more choice and control to people in this process.

Progress was varied across other strands of the personalisation agenda. A wide range of stakeholders identified the need for greater support, better care planning and more services for carers of people with learning disabilities. The lack of respite services was consistently identified as a significant gap and the experience of many people that we met was that what was available was difficult to access. There were insufficient services for people with mild or moderate learning disabilities, as well as

for those with complex needs, to support the role of carers. We saw some positive examples of carers assessments and support for carers in the case files that we read. However, reports of how well people felt that they had been involved in support planning by learning disability assessment and care management teams varied. Improvements could be made to how well carers were consulted or treated as partners in the care planning process. There was a lack of contingency planning for carers and there was a need for greater recognition of and response to the health needs of carers.

Effective partnership working between adult social care and leisure services had enabled an increasing range of leisure opportunities for people with learning disabilities. Focused work had been done to improve accessibility to museums and leisure centres and this had included consultation with groups of people with learning disabilities. Mencap was working with local sports centres to support people using their facilities and there was an 'Inclusive and Active' programme action plan to promote uptake. Some people with learning disabilities were to be involved as volunteers for the upcoming Olympic games. Access to education was also promoted, with high numbers of people with learning disabilities accessing a range of educational courses. However, access to, and choice of, social activities was identified as an area for development across a number of stakeholders, particularly the lack of choice of evening and weekend activities. People with learning disabilities and their carers wanted information about what specialist or mainstream social activities were available, a wider range of social activities and meeting places and support to be able to access what was available.

The council had a contract with Pure Innovations to work with people with learning disabilities to develop employment opportunities and offer support but this contract had recently been terminated due to lack of confidence that Pure Innovations was performing to required standards. The council acknowledged that it could do more to promote opportunities in employment and social enterprise and was committed to achieving this.

The range of accommodation that helped people with learning disabilities develop independent living skills was expanding but remained limited. There was insufficient accommodation providing different levels of support to meet the needs of people with learning disabilities requiring this type of provision. Representatives from the housing directorate now attended the learning disability partnership board housing sub-group and were involved in developing a housing strategy. A housing representative also attended the carers sub-group. This had enabled people with learning disabilities to raise awareness of their housing and support needs to key strategic and operational housing staff and there had been some positive developments as a result.

The easy-read housing manual being developed was focusing on issues around repairs because this had been identified by people with learning disabilities as a priority. Changes had also been made to the choice based lettings to ensure that people with learning disabilities could use the scheme. They were offered access to move-on accommodation with support from the vulnerable adults team. The team had been restructured to focus more on supporting people with learning disabilities to live more independently. This included supporting people in three training flats prior to moving to their own accommodation. Members of the team provided training,

support and help with shopping and preparing health meals. Work was being planned to identify people with older carers who may need alternative accommodation or more support in the future to help prepare them for changes in their situation.

There was a dedicated team within adult social services working with young people across all groups who were in transition from children's to adult social services. However, effective support planning for young people with learning disabilities in transition was highlighted by a range of stakeholders as an area for development. There was a transitions protocol in place and some positive schemes to support young people with learning disabilities learn independent living skills. But the transitions strategy was a work in progress. Some challenges in ensuring that issues around eligibility criteria were dealt with, to promote seamless transition to adult services, needed to be resolved. The council recognised the need to improve systems to work with parents of young people in transition who were using individual budgets and a need to start work with all parents at an earlier stage of transition. A joint protocol was being developed to ensure greater support for parents who had learning disabilities and/or mental health problems.

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.

People were satisfied with the quality of meals available in the services that we visited. The meals provided took account of individual preferences, religious, cultural and dietary needs, and staff were observed to support people to eat their meals in a dignified way where appropriate. There was a good range of equipment and aids available, including pictoral menus to enable people to indicate choices.

Residential and nursing care home providers in Barking & Dagenham performed well in meeting key national minimum standards for the quality of meals they provided and the contracts team had received no complaints in this area.

People living independently were supported to shop, buy and prepare healthy meals and this had prominence in care planning that we saw.

One day service we visited had stopped offering puddings as part of a drive to promote health and positive eating habits. This was well meaning but overly paternalistic and this approach would benefit from a review.

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

The focus on promoting health within services for people with learning disabilities had supported positive work across a range of accommodation services in ensuring that people with increasing health care needs could remain in their placement. This was beneficial to people with learning disabilities in that it promoted continuity of care

and supported them in familiar surroundings.

We saw positive examples of effective work across health and social care when issues around continuing health care for people with learning disabilities were reviewed. The responsibility for the assessment and long-term management of continuing care had been delegated from a dedicated continuing care team to the joint community learning disability team and this was felt to be a positive development, supporting joint decision making. However, there were few appropriate services that could meet the needs of people with learning disabilities who had significant health problems that would require specialist services such as nursing care, hospice or specialist health treatment.

A palliative care co-ordinator provided advice and support to community health and social care staff, care homes and domiciliary care staff, and informal carers about end of life care. There were good links between the palliative care worker and the CLDT, although there had been few referrals of people with learning disabilities to date. It was planned to establish meetings to discuss individual cases needing end of life care planning as the need arises to ensure a seamless service. Despite this, insufficient work was done to identify and address the end of life care needs and wishes of people with learning disabilities and their carers. The council had adopted an approach to ‘death and dying’ which was considered more accessible and easily understood by the range of stakeholders involved. It had been identified as a priority area for planning. While registered care homes had done work with Mencap on developing funeral plans, little had been done to develop end of life care plans and it was widely recognised that this could be developed further.

Capacity to improve

Leadership

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

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

The council had a clear vision for adult learning disability services that reflected national and local priorities. Strong partnership working with health at both strategic and operational levels had led to positive developments to address access to healthcare services for people with learning disabilities.

The council had developed a health and well-being strategy with health partners, linked to the allocation of resources. An overarching action plan was supported by ten more detailed action plans, each monitored by a dedicated multi-agency sub-group to the health and well-being board. These plans did not specify action points for particular groups such as people with learning disabilities, reflecting the council's priority of promoting inclusion through access to universal services.

Good progress had been made against national milestones for transforming adult social care, particularly in promoting the uptake of individual budgets. Lead councillors had a clear understanding of the personalisation agenda, which included the vision for promoting Valuing People Now principles for people with learning disabilities.

Although several posts within adult social care held some responsibility for services relating to carers, there was work to be done to improve the strategic co-ordination for carers' issues and to oversee the finalisation and implementation of the draft carers' strategy 2010-15. The action plan for this strategy was insufficiently specific and the cost implications were unclear.

The safeguarding adults board had adopted a more strategic approach to its work. The structure, governance and accountabilities of the board and its sub-groups had been strengthened to ensure safeguarding activity was effectively embedded across the partnership. The board provided clear leadership for safeguarding work across all partners and was driving effective change.

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.

The council had focused on strengthening the learning disability partnership board (LDPB), ensuring that its sub-groups worked effectively and promoted engagement of people with learning disabilities and carers in strategic planning. The board meetings had been split into an open forum and a business planning session, which allowed a balance between participation and efficient decision making. A group of people with learning disabilities formed an advisory partners group that had significant input into the LDPB. The group were involved in strategic planning in areas such as housing and health. This positive engagement was to be extended by the creation of a learning disability parliament to structure consultation with a wider range of people with learning disabilities. This was timely, as there needed to be wider representation of different groups of people with learning disabilities in strategic planning. Young people, people with complex needs and people from black and minority ethnic communities were under-represented on the LDPB. Young people with learning disabilities were already involved in strategic planning through a disabled children's parliament.

A carers' sub-group to the LDPB had very recently been established. This group was linked to a carers' coffee morning – a two-monthly informal gathering for carers to hear feedback from the sub-group and channel views back in. There was also a carer of a person with learning disabilities on the wider carers' partnership board. These recent developments would help address concerns amongst some carers that they were poorly consulted and had insufficient information about the implementation of the personalisation agenda and its implication for support and services. Feedback from consultation with people with learning disabilities and their carers needed to be improved. A clearer 'You Said, We Did' approach was needed to ensure people felt their views had been taken into account and to understand when their suggestions were not taken up.

There was a growing awareness of the council's vision across the wider community of stakeholders. The council had communicated with some sectors about the transformation agenda and promoting health and well-being. A customer reference group (CRG) had been established and was influential in the development of personalisation strategic planning. Provider forums had been used to share information and there had recently been workshops for providers, users and carers. These had initiated discussions about how services could be shaped in the future. However, we found that some partners were less clear about the implications of the vision for them. Work was needed to promote greater understanding of the vision for adult learning disability services across all stakeholders and to embed a change of culture to support it. This would be helped by the finalisation of the draft voluntary sector strategy.

The safeguarding adults board had good representation from across partner agencies at an appropriately senior level and was looking to expand this to include

representation from General Practitioners. There were strong links with other strategic boards including the health and well-being board, the Safer Borough board, MARAC and MAPPA. The safeguarding adults strategy and action plan were resourced with contribution from health partners.

The independent chair of the SAB was planning to meet with the learning disability partnership board and the board had adopted a 'Think Family' approach to consider the needs of parent who are vulnerable adults, including parents who have learning disabilities or mental health problems. There were plans to develop a joint action plan across adult and children's safeguarding boards, both of which reported to the Public Service Board as part of enhanced governance arrangements.

The council planned to adopt the pan-London safeguarding policy and procedures once these had been finalised, which had been developed with user and carer involvement through 'Big Partnership for London' events. Locally, plans were being developed to seek feedback from vulnerable adults and carers involved in safeguarding procedures to help inform quality assurance.

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

The community learning disability team comprised health and social care practitioners co-located in one team. Plans to develop more formal integration of health and social care staff were underway. Adult social care services were also in the process of being restructured across all directorates. The details about how teams would be structured was still a work in progress. This was causing some uncertainty about future role and responsibilities amongst members of staff, although a process of consultation was underway after which proposals would become more explicit.

The CLDT had experienced some turnover in management over the last year, although new permanent managers were now in post. Team managers were aware of the need to build upon the benefits of having a joint team and embed a culture to support working towards personalisation and the transformation of services. Awareness and acceptance of the personalisation agenda across the CLDT was considered varied. This would need to be addressed to establish a positive culture change that would support buy-in from people with learning disabilities and carers who remained ambivalent about the benefits of the personalisation agenda.

The council had a workforce strategy that included a rolling programme of training around the personalisation agenda. There was good range of learning and development opportunities for staff in the CLDT, including joint training events. The council was working with Skills for Care regarding developing staff skills across social care sector. There was good access to training on safeguarding processes and roles, and practitioners reported training to be of a good standard and helpful. Most practitioners were clear about who could lead investigations in terms of qualification but some had undertaken an investigator's role without having done relevant investigators training. A minority of key staff had not had formal

safeguarding training. There was increasing investment in resources for safeguarding, including a more robust approach to roll-out of the training programme.

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

There was a structured performance management framework in place, with regular reporting on performance. Organisational risks were systematically managed. Team and service managers received regular performance reports with an effective risk rating system on performance indicators. Regular scrutiny reporting included recent updates on the older person's housing review, and review of dementia services, both of which included reference to services for people with learning disabilities.

We heard of some reports of poor experiences when raising concerns and making complaints from stakeholders that we met, which included people with learning disabilities and their carers. Work was needed to focus on the quality of experience of people using services, to ensure that they felt safe and confident in raising concerns. The annual complaints report had insufficient analysis of the quality of outcomes or trends in complaints, which would be helpful to strengthen the learning and action points.

There were systems in place for monitoring the quality of commissioned services, including regular monitoring visits and checks on performance. Examples of decisive action being taken in response to poor performance included the suspension of some services. There was a form for staff to complete to alert the contracts team of concerns. We found processes for on-going communication and action planning in some of these cases was insufficiently robust. In some case files there were examples of concerns and safeguarding alerts being identified in registered services without appropriate liaison with the Care Quality Commission.

The safeguarding adults board was strengthening the quality assurance and performance management framework for safeguarding work. The collection and analysis of safeguarding data informed the strategic action plan, service development and resource allocation. A number of quality assurance processes had been developed and implemented over the last year, including peer review, monitoring by the safeguarding adults team and a 'call-over' system so that managers and practitioners had feedback on any issues identified. Monitoring of safeguarding practice was reported to the safeguarding adults board, and there was a performance monitoring sub-group. The annual safeguarding report contained some analysis of reporting trends but greater analysis would help inform practice and target training as well as prevention. Some work was being planned to investigate trends such as increases in referrals of different types of abuse.

The appointment of an independent chair of the safeguarding adults board was valued for providing challenge and scrutiny to the work of the board. A greater focus on the effectiveness of sub-groups was supported by developing detailed and specific action plans, compliance of which was monitored by the board in quarterly reports.

The council had an appropriate focus on improving recording, which had been identified as an area for improvement prior to the inspection. We were told that this had led to noticeable improvement, supported by monitoring by the safeguarding adults team. Data capture had been supported by channelling all safeguarding alerts through the intake team. Management oversight had been increased and a new case closure process developed to help track timescales and action planning. The focus on performance was strengthening recording and leading to improved quality of outcomes.

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 demonstrated strong partnership work with health on commissioning.

Forums for the council to engage with providers and third sector organisations had been used for sharing information and promoting the vision for implementing the personalisation agenda. Many stakeholders were positive about these forums. Some third sector organisations felt that the council could improve the quality of engagement with them in discussions about implementation of the vision for personalisation. Positively, specific capacity building workshops had recently been held, to discuss how providers could develop to meet changing needs and demands. Consideration was also being given to encouraging social capital and building social networks. There were examples of support being developed to support people with learning disabilities moving from residential care. However, the council recognised that they were at the early stages of engagement with the third sector regarding the personalisation agenda and responding to self-directed support.

There was insufficient information about how budgets, resources and commissioning activity would be managed over time to translate the overarching vision into a coherent reconfiguration of services. Consultation with stakeholders would be fully effective and robust once there was better information on what the modernisation process would involve.

The council engaged with people with learning disabilities and carers through the learning disability partnership board. There was much to be done to work with parents of people with learning disabilities to support a change of culture and moves to modernise services away from a dependence on traditional models of service provision

There were effective systems for capturing the experience of people using services through contract monitoring and accreditation schemes, which helped to maintain a generally high standard of service delivery.

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.

A joint strategic needs assessment had been undertaken, which contained specific data on the needs of people with learning disability. This had been used to inform the joint learning disability commissioning strategy. Further work had been done to identify the needs of children and young people with learning disabilities who would be eligible for adult services over the next ten years.

The council managed its budgets effectively and costs were regularly monitored. There was a clear focus on using resources effectively and achieving appropriate value for money. Additional resources had been secured through external funding streams to develop specific priorities, such as developing more housing options for people with learning disabilities. However, the learning disability commissioning strategy was not yet linked to resources, or to a programme of disinvestment and reinvestment.

Discussions had commenced with providers about shaping the market to support greater choice, independence and self-directed support. Work was being done across neighbouring boroughs to review opportunities to access a wider market, including a 'People4People' initiative across four boroughs to develop a pool of trained and safety checked personal assistants to be matched to people using services. But the range of services was underdeveloped with some gaps and limited choice for people with learning disabilities and carers. The council recognised that further work was needed in this area and the pace of change needed to increase to support the increasing number of people with personal budgets.

More robust planning was needed to address future demands and the changing needs of people with learning disabilities. A transitions group was reviewing the needs of young people with learning disabilities who were leaving college and wanted a greater choice of day opportunities beyond traditional day centres. Options such as pooled budgets were being explored to help them have more choice and control.

Safeguarding work was well resourced across strategic partners. Contract specifications with regard to adult safeguarding requirements had been strengthened to ensure the commissioning of safe services.

Appendix A: summary of recommendations

Recommendations for improving performance in Barking & Dagenham

Safeguarding adults

The council and partners should:

1. Develop clearer policy and guidance to help practitioners respond to situations where abuse of vulnerable adults was identified but victims were reluctant to have intervention, particularly if this could involve the police. (page 11)
2. Address variability in the quality of safeguarding practice and recording, ensuring consistent, high quality practice. (pages 12 & 13)
3. Strengthen joint working between operational teams and the commissioning and contracts team. (page 13)
4. Ensure that the use of independent advocacy is promoted for people, particularly within safeguarding processes. (page 14)

Improved health and well being for people with learning disabilities

The council should:

5. Take steps to assure itself that people are experiencing a good quality service when contacting the community learning disability team and out of hours services. (page 16)
6. Address the gaps in provision for independent living, employment opportunities and social activities. (page 18)
7. Work with its partners to ensure that people with dual diagnosis and complex needs have access to specialist services to meet their need. (page 19)
8. Ensure that there is effective support planning for young people in transition. (page 19)

Providing leadership

The council should:

9. Improve strategic co-ordination of issues relating to carers of people with learning disability. (page 22)
10. Improve feedback from consultation with people with learning disabilities and their carers. (page 22)
11. Take steps to assure itself that people are experiencing a good quality service when raising concerns, making a complaint and receiving feedback. (page 24)

Commissioning and use of resources

The council should ensure that:

12. Third sector organisations are more actively involved and engaged in the personalisation agenda and its impact on the future market for support services. (page 26)
13. People using personal budgets have a wider choice of support and services. (page 27)

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 Barking & Dagenham when we met with people whose case records we had read and we inspected a further range of case records. We also met with people who used services and carers in groups.

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.

Barking & Dagenham will now plan to improve services based on this report and its recommendations.