Inspection report

Service inspection of adult social care: **Lancashire County Council**

Focus of inspection:

Safeguarding adults

Improving health and wellbeing for older people

Date of inspection: February - March 2010

Date of publication: June 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

Lancashire County Council

February - March 2010

Service Inspection Team

Lead Inspector: Sue Talbot

Team Inspector: Chrisandra Harris

Expert by Experience: Melvyn Sequeira
Supported by: Help the Aged

Project Assistant: Simon Brown

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 Lancashire to find out how well the council was delivering social care.

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

- Safeguarding adults whose circumstances made them vulnerable.
- Improving the health and wellbeing of older people.

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

Improved health and wellbeing for older people:

We concluded that Lancashire was performing well in supporting improved health and wellbeing.

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 Lancashire was excellent.

What Lancashire was doing well to support outcomes

Safeguarding adults

The council:

- Had a well-developed and innovative range of community safety initiatives that addressed the concerns of local people.
- Worked in a sensitive and person-centred way to support people who had been abused.
- Effectively developed and supported the confidence and competencies of staff involved in safeguarding adults work.
- Was active and vigilant in its approach to ensuring people were treated with dignity and respect.
- Had effectively raised the quality of local services to ensure people's needs and wishes were appropriately addressed.

Improved health and wellbeing for older people

The council:

- Provided a comprehensive range of information, advice and support to promote the health and wellbeing of older people and their carers.
- Had made good progress in delivering new models of self-directed support with many people reporting a better quality of life and sense of wellbeing.
- Strongly focused on ensuring people's needs were holistically assessed and that the support provided was timely and effective.
- Had improved access to rehabilitation, extra care housing and domiciliary care support so that older people were able to continue living in their own homes.
- Had developed some exemplar services for older people with dementia and for carers.

Recommendations for improving outcomes in Lancashire

Safeguarding adults

The council should:

- Ensure everyone is aware of and has the support they require to report abuse.
- Secure a shared approach with its partners to recognising and responding to allegations of abuse.
- Strengthen the contribution of health partners in prevention and investigation work.
- Improve recognition of and response to the diverse needs and vulnerability of individuals in hospital and community settings.

Improved health and wellbeing for older people

The council should:

- Strengthen communication and risk management between hospital and community based teams to ensure older people are consistently well supported.
- Ensure people have a good understanding of and back up support to enable them to effectively manage self-directed support options.
- Strengthen procurement arrangements to ensure providers are effectively informed and equipped to support older people with diverse or complex needs.
- Reach more carers, at an earlier stage, and ensure easy access to short breaks that meet their needs and those of the person they care for.
- Strengthen joint approaches for the sharing of personal information and monitoring and review of individual needs.

What Lancashire was doing well to ensure their capacity to improve

Providing leadership

The council:

- Had comprehensive plans to deliver future change that were inclusive, well-informed and resourced to encourage prevention, innovation and achieve transformation of local health and social care services.
- Had clear programmes of work to tackle inequalities and to support those individuals, groups and communities who were most at risk of social isolation or exclusion.
- Actively involved older people in inspiring and driving local agendas to make their communities safer, healthier and supportive in enabling everyone to enjoy valued and fulfilling lives.
- Promoted innovative practice and the sharing of skills between teams and organisations.
- Had comprehensive performance information, performance management and research capabilities that supported its drive to deliver excellent services.

Commissioning and use of resources

The council:

- Had strong partnerships that were centred around listening to, learning from and acting on feedback to promote continuous improvement in the quality of services and outcomes.
- Had robust medium term plans that were informed by a sound understanding of the strengths, needs and diversity of its current and future population.
- Had made excellent progress in identifying causal factors underpinning inequalities, agreeing shared priorities and strengthening approaches to prevention and early intervention.
- Had strong financial planning and management arrangements, with effective deployment of resources to support transformation priorities.

Recommendations for improving capacity in Lancashire

Providing leadership

The council should:

- Ensure all its partner organisations are effectively engaged in and contributing to the Safeguarding Adults Board's work.
- Strengthen workforce planning with health, community and voluntary sector organisations to support future joint developments and integration of services.

Commissioning and use of resources

The council should:

- Enhance joint commissioning and procurement arrangements with health partners to ensure best use of resources across the whole system.

Context

Lancashire County Council is a large two-tier council located in the north-west region of England. It has a population of 1.16 million people. There are 202,000 people over the age of 65 and the number of older people living in the area is steadily increasing. There are estimated to be 130,000 carers, including 10,647 who are over the age of 65, living in the area. The council works closely with its twelve district councils and three primary care trusts in meeting the needs of local people.

Lancashire has a diverse economy, cultural and social traditions, and patterns of affluence and deprivation. Members of black and minority ethnic communities comprise seven per cent of the population overall. This includes people from Pakistani, Indian, Bangladeshi, Cantonese, Jewish, Kashmiri, African Caribbean and traveller communities. There has been a significant increase in the numbers of people from Eastern Europe settling in the area. People living in some districts of East Lancashire experience the highest levels of deprivation in England. They have significantly poorer health compared to those living in other localities in Lancashire and nationally. The number of people with limiting long-term conditions is relatively high.

The Conservative group has an overall majority on the council and forms the County Council's administration. The council is a major local employer with over 38,000 employees. The Adult and Community Services Directorate holds responsibility for adult social care, culture, registrars, adult learning and welfare rights services. The directorate has a budget of £342.420 million to deliver its adult social care and community services in 2009-10.

The council's Fair Access to Care Services (FACS) criteria includes people who fall within moderate, substantial and critical levels of need. The directorate supported 25,918 older people and offered assessments to 8,877 older people in 2008-09. A total of 1,681 safeguarding alerts were made in 2008-09. The numbers being reported during 2009-10 has doubled. There were 2,537 alerts received from 1st April 2009 to 31st January 2010.

In November 2009, the Care Quality Commission rated the council as excellent overall in its delivery of outcomes for people using adult social care services. The North Lancashire Teaching Primary Care Trust was rated as fair in the quality of its commissioning and financial management. The Central Primary Care Trust and East Lancashire Teaching Primary Care Trust have both been rated as good in the quality of commissioning and fair for their financial management.

In November 2009, the Audit Commission rated the council as performing well overall in its use of resources. The council has achieved beacon status in recognition of its innovative work in improving accessibility, building cohesive and resilient communities, positive engagement of older people and raising economic prosperity.

Key findings

Safeguarding

People who use services and their carers are free from discrimination or harassment in their living environments and neighbourhoods. People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life.

People who use services and their carers are free from discrimination or harassment when they use services. Social care contributes to the improvement of community safety.

The council and its partners had a clear and purposeful focus on keeping local people safe. People from a wide range of backgrounds and localities told us that Lancashire was a safe and friendly place to live. The council had a well-developed and innovative range of community safety initiatives that addressed the concerns of local people. The quality of partnership working underpinning the delivery of community safety was excellent. There was effective targeting of areas of concern. The adult and community services directorate positively contributed to work to address the root causes of discrimination and improve levels of personal safety.

Care was taken to ensure people were not bullied or exploited in any way. The joint work undertaken to identify and address Disability Hate crime was to be commended. It provided important learning about the experiences of deaf and disabled people. People with learning disabilities were supported to keep safe in a number of ways including making relationships and using public transport. The council and local police force had taken seriously the risk of financial exploitation of older people. They were working to enhance detection and conviction rates. The Safeguarding Adults Finance team provided good advice and support to people who needed assistance in managing their money. Technology was increasingly used to promote personal independence, enhance monitoring and to reduce risk.

There was a comprehensive programme of ongoing support to make homes and neighbourhoods safe. The targeted work undertaken by Lancashire Fire and Rescue Services with older people in managing risk was exemplary. Accidental fires in the home were low. Action had been taken to reduce the risk of doorstep crime and to signpost people to the register of safe traders. Inter-generational work was supported and resulted in positive links between younger and older people.

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

The Safeguarding Adults Board had significantly strengthened its arrangements for identifying people at risk of abuse, neglect or poor treatment. There was a strong focus on raising public awareness and encouraging reporting of concerns. The council had produced a variety of information for the public and its partners through

its website and local media. All adult social care public information included a clear focus on abuse and how to report it. The council had established a single telephone number and email address to ensure a dedicated response to the management of alerts. Frontline staff working in Customer Services, Help Direct and Carers Centres were trained in recognising and responding to allegations of abuse. The Emergency Duty team appropriately dealt with safeguarding alerts out of hours.

The numbers of people who were referred under safeguarding procedures had significantly increased in the last year. This included relatively high numbers of people who were previously not known to or using adult social care services. The council was working to secure wider recognition and ownership by its partners in responding to safeguarding alerts. There was a particular need to strengthen the focus on safeguarding adults in health settings. Work was taking place to align serious and untoward incidents and health and safety reporting with safeguarding arrangements.

Some people we met using health and social care services were not aware of how they could report concerns or what support was available to assist them in speaking out. They had not seen leaflets or heard about actions they could take to keep themselves safe. Levels of concerns being reported by individuals, their family or friends in some localities were relatively low. The council was working closely with local service providers, community and voluntary sector organisations, people using services and their carers to widen awareness of abuse. There was a need to review the impact of this and ensure individual support plans and reviews routinely addressed risks to personal safety. This included support to people funding their own care so that they recognised abuse and knew where to go to ask for help.

The council had tightened its systems for recording and managing safeguarding activity. It was working to address areas where information was incomplete and to ensure a stronger focus on individual needs, the nature of abuse and status of alleged perpetrators. Relatively high numbers of alerts did not result in investigation under safeguarding procedures. This was an area for further analysis. There was also work required to improve understanding of the causal factors underpinning repeat alerts. We found some inappropriate referrals and also a lack of recognition of the need to report by a few staff. Improved rigour in recording and analysis of data was providing important evidence of the effectiveness of risk management and decision-making across the partnership.

We found sensitive and person-centred casework with people who had been abused. Support was tailored to meeting gender, culture and faith requirements. Care was taken to ensure confidential information was appropriately handled. People told us they felt listened to and that they had been kept informed at all stages of the investigation. Carer stress was clearly identified and carers' needs were sensitively addressed. A range of support was offered to assist carers in managing difficulties they experienced. Police and housing partners were positively engaged in supporting people at risk of harm. Alternative housing was promptly secured to assist people who needed to move. The police provided a high level of practical support and reassurance to local people.

We found a few areas where there was a need to strengthen links with children's

safeguarding and public protection arrangements. There were clear protocols to facilitate joint working but communication and the management of risk between partner agencies required development. The use of chronologies to assess risk to people with complex needs was under-developed. There was a particular need to strengthen partner agency accountabilities for ongoing monitoring and support to people who remained at high risk of abuse. Allegations of physical abuse were an area for further analysis as outcomes were deemed inconclusive in a relatively high number of cases. There was potential to strengthen access to medical opinion in this area. The involvement of community nurses and pharmacists in addressing errors in the management of medication was valued.

The council gave a high priority to building the confidence and expertise of staff involved in safeguarding adults work. Safeguarding training was easy to access, focused on the development of key competences, and was of a high standard. Some councillors had benefited from safeguarding training and there were plans to expand their involvement. The Lancashire Care Association provided a clear programme of training and support to independent sector providers. The Lancashire Workforce Development Partnership played a positive and prominent role in enabling providers to deliver safe and personalised support. There were plans to strengthen multi-agency training, promote wider access and proactively address gaps in knowledge identified through appraisal and review of the outcomes for individuals.

Promotion of individual, team and organisational learning was strong. Line managers and locality safeguarding managers were a positive source of support, advice and challenge. Adult safeguarding policies and procedures had been recently reviewed and strengthened. There was clear guidance to assist staff in managing complex situations. This included addressing mental capacity and deprivation of liberty issues. The Safeguarding Adults Local Networks (SALNETs) and learning circles provided positive opportunities for reflection and sharing of good practice.

Quality assurance of safeguarding practice was being strengthened. Auditing of case records and outcomes was routinely undertaken in adult social care services. Work was taking place to strengthen management information systems and expand approaches to quality management involving key partners. There was potential to improve feedback and learning from people and their carers who had direct experience of safeguarding investigations. Work was taking place to strengthen the focus on safeguarding within new models of self-directed support.

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

The council was active and vigilant in its work to ensure that people who were dependent on others for support were valued and treated with respect. It had sound systems to ensure dignity and privacy was sensitively achieved. The council sought to tailor support to meeting individual preferences and the outcomes that they wanted. It had strengthened its review arrangements to ensure improved monitoring and awareness of risks. There was work in progress to guide people in knowing what to look out for when choosing a care home. People using self-directed support were

informed about the standards of support they could expect. High numbers of people told us they were treated with dignity and respect by their social worker and support staff. One person told us:

"They listen, and if there is a way of doing it, they will."

Another person said:

"Staff ask me before doing anything and respect what I say."

The council was effective in its approach to managing the quality of local services. It recognised and rewarded good practice and encouraged innovation. It had a clear strategy for challenging and supporting service providers whose performance was rated as poor or adequate by the Care Quality Commission. It had robust procurement and contract management arrangements. Firm action was taken to address providers who did not deliver the quality or level of person-centred support that was required. There was potential to strengthen joint approaches with health partners and ensure a tighter focus on the delivery of outcomes. There were plans to expand the role and contribution of people using services in monitoring the quality and impact of support provided.

The council was working closely with partners and providers to promote informed and safe practice in meeting mental capacity and deprivation of liberty requirements. The Lancashire Care Services[1] had enhanced its audit arrangements to provide tighter scrutiny and checks of its performance. The council was working to strengthen its focus on service areas that did not require regulation. There was a programme of work to assess the quality of day care and grant-funded services. This was resulting in a stronger focus on value for money and outcomes for people using services and their carers. The council had strengthened its arrangements for employing and managing staff to ensure compliance with independent safeguarding authority requirements. Lone worker issues were carefully managed.

The council's approach to implementing the Department of Health's *Dignity in Care* standards was exemplary. There was a strong network of dignity champions across the sector. We saw positive examples of work undertaken to ensure sensitive and person-centred practice. This included awareness of the impact of sensory loss on the well-being of older people and strategies for addressing this. The council had taken a thoughtful approach to identifying the personal qualities and approaches of staff who had been complimented for their work in supporting individuals. It was working to expand awareness of what works well and to secure high standards of interpersonal behaviour across teams and organisations. This was fundamental to its approach to transforming adult social care.

The council had robust systems for assessing customer satisfaction. A range of surveys, mystery shopping and independent research was routinely undertaken. The Local Involvement Network (LINk) was working closely with local forums and people using services and their carers to identify areas for review. The council was working to expand its feedback arrangements to ensure a comprehensive understanding of

[1] Council directly managed services

peoples' experience of using services and to promote wider learning.

Most people told us that the staff supporting them had positive attitudes and were skilled in meeting their needs. However, there were a few key areas for review to ensure the diverse needs and vulnerability of individuals were fully recognised and sensitively responded to. This included use of interpreters and communication aids, support for people who required assistance with eating and drinking in hospital settings, and involvement of carers. The Safeguarding Adults Board had developed an action plan in response to the *Death by Indifference* report to improve health care for adults with a learning disability. There was potential to expand the focus to include people with mental health needs.

People told us of instances where domiciliary carers were not following the care plan, where different carers were turning up, where people were not staying the required length of time or were inadequately trained. Most of these concerns had not been raised as formal complaints. However, when these matters were brought to the attention of the council, they were carefully looked into and alternative arrangements were made as appropriate. People told us:

"We were concerned about the level of care being provided in a nursing home and we were able to arrange for a transfer to a different nursing home within days."

"I spoke to the social worker about the carer's behaviour - things improved after that."

Very few care homes continued to be rated as poor in meeting National Minimum Standards by the Care Quality Commission. A number of these provided support for older people with dementia. The council had taken action to prevent admissions and to decommission services where there were serious concerns. The council had expanded its supported living arrangements for adults with learning disabilities and people enjoyed a higher quality of life and standard of person-centred support.

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.

Care was taken to ensure people's living environment was of a good standard. Most care homes had modern and accessible facilities. The council had increased its investment in care homes for people with dementia as part of a wider strategy to expand availability and raise standards across the sector. The work undertaken by social workers in identifying the incidence of depression in care homes and its causal factors was to be commended.

There was a clear focus on ensuring people living at home were safe and comfortable. There was positive promotion of telecare and plans to expand provision. The capacity of home improvement agencies had been strengthened. The Help Direct service provided a wide range of information and support to help people maintain their homes to a good standard.

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 and its partners faced significant challenges in working to address the poor health and inequalities experienced by some of its local citizens. They had undertaken detailed research to improve their understanding of the causes of poor health and to strengthen their focus on prevention. A new Joint Health Unit had been established that was working to drive this agenda forward. There was a significant programme of work planned to improve the quality of life, health and wellbeing of local people. This included targeted work to deal with poverty, poor housing and social isolation.

There was a broad range of universal and targeted health and well-being initiatives that assisted older people and expanded their interests and social networks. Information about local services was well-designed and available in a range of formats. Help Direct contributed significant additional capacity in signposting people to practical support and assisting them to keep safe and well. A Wellbeing Directory had been developed to advise people about local activities and groups. Help Direct was also a positive means by which people were encouraged to volunteer. There was work taking place to support improved outreach to people from black and minority ethnic communities. There were a number of expert patient programmes. There was potential to improve the levels of engagement of older people in these.

There was a clear shared focus on prevention and early intervention involving local district councils, community health and voluntary sector organisations. Positive links had been forged with local leisure centres to improve access and support for older people. The establishment of dedicated review and assessment officer posts in East Lancashire to address fuel poverty promoted strong partnership working and a shared focus on outcomes. This was improving access and reached people who did not know about or were reluctant to ask for help. This approach uncovered other needs concerning the wellbeing of older people and their capacity to remain independent that otherwise may have been missed. Priority was being given to providing enhanced advice and support to people with dementia and their carers.

The council had significantly strengthened its arrangements for promoting access to services. The quality of information and support provided by a number of local organisations, including Carers Centres was good. We had positive feedback on the work of local organisations supporting older people with a sensory loss. We found

staff listened carefully to requests for help, provided clear advice, and were knowledgeable about local services. However, some people had not heard about Help Direct and were not clear about how it fitted with the Customer Service Centre's work. The council needed to ensure local people understood the role and function of each organisation and their fit with each other.

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.

The council and its health partners gave a high priority to ensuring that older people were admitted to hospital or to a care home when this was seen to be the most appropriate option and in their best interests. There was a complex network of primary and secondary health provision in Lancashire. Most joint and specialist health and social care arrangements worked well. However, there was work required to strengthen communication and risk management between hospital and community based teams to ensure older people were consistently well supported. The complexity of transitional care arrangements and their impact on securing improved health and wellbeing outcomes had been recognised as areas for improvement. There was work in progress to strengthen capacity and address unmet need.

The joint strategic needs assessment contributed valuable learning about service effectiveness and the areas of risk for older people using health and social care services. The numbers of older people, including those with mental health needs being admitted to hospital in an emergency was an area for further review. The work to address health inequalities provided a comprehensive picture of areas where there was a need for earlier intervention and a stronger joint focus on the management of risk.

The council and its health partners were strengthening their arrangements to prevent inappropriate admissions of older people to hospital. The Urgent Care and Crisis teams offered targeted support to enable people to recover at home. There was an improving focus on the needs of family carers including increased use of contingency plans. The council had continued to expand the capacity of adult social care services to meet demand and ensure a flexible and robust response to individual needs. This meant that the number of older people who required long-term care in a residential or nursing home was relatively low.

The council worked to ensure older people were not inappropriately delayed when they were fit to be discharged from hospital. The number of delayed transfers of care attributable to adult social care was low. Flexible working by the hospital social work teams positively contributed to ensuring a timely response to need. However, there were some areas where discharge planning required further development. This included learning from review of unsafe discharges and speedier access to specialist support for people with high or unpredictable health needs or complex home circumstances. Ensuring prompt access to medication would have reduced delays.

There was a need for improved communication between hospitals and GP surgeries

in some cases to ensure appropriate and timely follow-up support. There were inconsistencies in the management of continuing health care between localities and a particular need to strengthen shared approaches to agreeing funding for people with complex mental health needs. There was a need to ensure wider access to advocacy support for people at the centre of this process.

The council and its health partners had a good and growing range of intermediate care services. New models of support in conjunction with housing services provided positive options for some people and supported their ongoing independence. The community reablement teams were effective in supporting people to live safely at home some months after their admission to hospital. However, there was a need to improve transition planning and outcomes for older people using residential rehabilitation options.

There was prompt delivery of aids and equipment to assist older people to be safe and promote their independence. The council and its health partners had piloted the delivery of small items of equipment in conjunction with local businesses in East Lancashire. This highlighted the potential for a more efficient and cost-effective approach. There was further work required to explore options for the provision of equipment to people with high or complex needs. There were a number of developments to reduce the risk of people falling or being seriously injured. Senior managers recognised the need to improve co-ordination of falls initiatives and to integrate this into its wider approaches to prevention.

Many people told us that their social worker was easy to contact and sorted out problems quickly. There was a strong focus on ensuring people's needs were holistically assessed and that the support provided was timely and effective. However, some people were concerned about the lack of continuity of their relationship with their social worker and reported having to tell their story over again when their needs changed. The council was working to develop a named worker role to ensure a more co-ordinated approach to meeting individual needs.

The council had made good progress in delivering new models of self-directed support with many people reporting a better quality of life and sense of wellbeing. The new assessment and support planning workbooks provided a comprehensive picture of individual requirements and risks to personal safety and independence. Older people and their carers were positive about the flexibility of new self-directed support arrangements. One person told us:

"I am always involved in decisions in my life. I live my life the way I wish, and my support is based on my needs and wishes."

However, some people were unclear about the options available to enable them to effectively manage their own support. There was a need to ensure staff offered consistent advice and ensured good back up support was available to them. They told us:

"I don't really understand the new system."

"The paperwork and finances is a worry and it is difficult getting advice about this."

The council had adopted electronic procurement arrangements that enabled local providers to receive timely information about people who had been assessed as requiring assistance. Generally this method of advising providers about potential work was effective and enabled a fair and prompt response in managing demand. However, we found some situations where there had been inadequate information provided or inappropriate matching of people to the capabilities of providers. In particular there were gaps in their awareness of and expertise in meeting the faith, language and cultural requirements of some older people and people with complex mental and physical health needs.

The council, its health, community and voluntary sector partners had increased their awareness of carers needs and expanded the range of support available to them. The *Time for Me* initiative was valued by carers. There were some innovative services that offered a sensitive and tailored approach to meeting the needs of older people with dementia and their carers. The council and its health partners recognised there was work to do to reach more carers, at an earlier stage, and ensure easy access to short breaks. There was positive promotion of respite vouchers. However, this was an area that warranted review as some people were not using their allocation. Others told us of difficulties in securing local provision and the need to expand access to in-home support.

We found good joint working between frontline health and social care staff in a number of areas. Some community teams were multi-disciplinary and others were at different stages of integration. Health and social care staff who worked in the integrated teams gave positive feedback about their experience of working together. Some health staff commissioned social care services. This was effective in reducing the numbers of staff who were involved in people's care and ensured a timely response to people in need of support. There was positive in-reach by some health staff to day care and residential homes. This was strengthening the confidence and awareness of provider staff in meeting the specific needs of older people. There was potential to expand on these approaches.

Efforts were made to ensure health and social care personal records were well managed and met single assessment and case co-ordination requirements. Some health staff had previously used the council's electronic case management system ISSIS. However, health managers had taken a decision that this was not required. As a consequence frontline health staff working out of hours experienced delays and additional work in order to get an up to date picture of people's needs, risks and support available to them. Further work was required to ensure electronic case management systems were efficient and effectively supported the delivery of outcomes where a number of teams and agencies were involved in meeting individual needs.

We also found areas where person-held records needed wider promotion. This was particularly the case for older people with mental health needs or those whose first language was not English so that their communication needs and preferred routines were recognised and appropriately responded to. This was recognised as an area for development and a patient passport had been developed to promote continuity of care and improve awareness of risks.

The council had improved its performance in ensuring older people had their needs regularly reviewed. However, service providers and supported housing colleagues were not routinely involved in the ongoing monitoring and review of people's need. There was potential to strengthen practice in this area to ensure appropriate alignment of assessment and support planning arrangements and to strengthen risk and contingency planning across the whole system.

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.

Most service providers recognised the importance of good nutrition and were sensitive to meeting dietary needs and cultural requirements. Most people commended the quality of food and the choices available. There was positive promotion of support with shopping and community meals for people who were frail or lived alone. There were a range of luncheon clubs including for older people from specific minority ethnic communities that celebrated their food and culture.

Contract monitoring arrangements included checks to ensure people using adult social care services had a balanced, nutritious and varied diet that took account of individual preferences. Care providers carefully monitored changes in people's weight, motivation and wellbeing. Deprivation of Liberty Safeguards applications were increasingly used in managing risks related to fluid and dietary intake. There were 'taste' sessions offered in some care homes to encourage people whose appetite was limited. These approaches needed to be rolled out across all health and social care provision.

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

There was an improving focus on ensuring people were supported to have the level of specialist support they required and to die in the place of their choice. Care was taken to record the wishes of people and their carers and to give priority to making things happen in accordance with this. However, there were some instances where decision-making was slow and individual choices had not been achieved, particularly for people who wished to die at home. There were a few instances where there was a need for improved communication and co-ordination of planning between teams.

There were positive developments to expand palliative care services and to raise the skill levels and confidence of care home and domiciliary care staff to reduce the need for people to be admitted to hospital to die. Specialist equipment was generally provided in a timely manner. There was potential to strengthen support for older people and their carers in the end stages of dementia. People told us that they welcomed the support that was available to help them to deal with their loss and the after-care recognition and support provided to carers. However, some people felt they had needed more support in accessing relevant welfare benefits.

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.

Lancashire County Council had a clear, ambitious and shared vision that set out its strategic direction and priorities. There was a high level of awareness and ownership across a diversity of stakeholders to delivering improved outcomes for local people. The council had comprehensive plans to deliver future change that were inclusive, well-informed and resourced to encourage prevention, innovation and achieve transformation of local health and social care services.

The adult and community services directorate benefited from strong, purposeful and talented leadership. Staff at all levels were actively involved and supported in shaping the vision and delivering service improvements. Many of the directorate's achievements were due to their openness, ideas, hard work and enthusiasm. Councillors played an active role in positively supporting the work of the directorate. The council had achieved top performance in a number of areas and was working to continuously improve the range, quality, and value for money of local services.

The council worked in an open, reflective and transparent way when making changes or taking difficult decisions. Its goals to secure improvements in the safety, health and wellbeing of local communities were clear and well-targeted. Its approaches to transformation sought to lever influence where it needed to have most impact. There was a clear focus on building person-centred, effective and sustainable ways of working that were responsive to the needs of individuals and made best use of organisational capacity and resources.

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 a strong outward-facing focus and was working to continuously improve its awareness of and responsiveness to the needs of individuals and local communities. The detailed work and partner engagement in developing its joint

strategic needs assessment was impressive and promoted ongoing review and learning to inform future joint planning and resource use. The council gave a high priority to ensuring people who used services and their carers played a central role in shaping strategic plans and service developments. The directorate benefited from having a Programme Office that effectively co-ordinated project planning to transform the council's aspirations and commitments into positive outcomes for local people. The council had positively involved frontline staff in shaping its vision and implementation plans.

The Safeguarding Adults Board had a strong and influential independent chair. Its members were active in raising the profile and reviewing accountabilities in the delivery of safeguarding arrangements. The Board had commissioned an independent review of its performance that assisted in identifying the areas where capacity and workforce capabilities required development. The new safeguarding manager posts supported improved recognition of and response to people at risk of abuse. The Board had a comprehensive improvement plan underpinning its future direction. Its sub-groups and area leadership groups were still forming but had the potential to radically transform local arrangements. However, some partner organisations were not yet sufficiently engaged in or contributing to the Board's work.

There was a strong and positive focus on recognising and valuing the diversity of Lancashire's people and localities. Care was taken to identify people who may be reluctant to ask for help and to assess any organisational barriers to the delivery of equitable and person-centred services irrespective of people's backgrounds or where they lived. There were clear programmes of work to tackle inequalities and to support those individuals, groups and communities who were most at risk of social isolation or exclusion. New approaches to building community capacity and promoting community cohesion were to be commended.

The council was working closely with its health partners to deliver services that were targeted and tailored to achieving the best possible outcomes for individuals. There were a number of plans to strengthen partnership working and make better use of existing resources. There was a significant programme of work to improve outcomes for people who were at risk of or had a stroke. New models of support were enriched by the contribution of local community and voluntary sector organisations. Help Direct encouraged better awareness of and co-ordination of support available in local communities. Charnley Fold provided a positive blueprint for the future development of services for people with dementia and their carers. There was innovative work to strengthen the role and contribution of supported housing in enabling older people to be safe and independent.

There was strong and effective participation by older people and carers within local forums and partnership boards. Older people were actively involved in inspiring and driving local agendas to make their communities safer, healthier and supportive in enabling everyone to enjoy valued and fulfilling lives. The council and its partners had been recognised for its exemplary work in this area through the achievement of beacon status. The new Fifty Plus Assembly offered further opportunities for the voices of older people to be heard and have impact at many different levels.

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

The council gave high priority to equipping staff with the knowledge, skills and tools they required to deliver better outcomes across the sector. Senior managers promoted strong values, professional standards and a healthy organisational culture. The council was open to and encouraged learning from research and top performers nationally. There was an impressive range of staff and management development programmes. Support and supervision arrangements were well managed. Individual training, development and appraisal arrangements were embedded. The council benefited from having a stable and experienced workforce that was open to new ways of working. We found staff from many different organisations to be self-aware, reflective and ambitious to deliver the best possible service to local people.

There were a number of initiatives to strengthen workforce training and development with partner agencies and providers across the sector. These were working to promote innovative practice and the sharing of skills between teams and organisations. The Customer Services and Help Direct teams benefited from a comprehensive induction programme to assist them in providing good quality information and advice to people who asked for help. There was a shared leadership development programme to assist social care and health managers to extract improved outcomes from joint commissioning and review of local services. The safeguarding multi-agency training strategy sought to address gaps, expand access and promote a shared standard of competences and practice across the partnership.

The council had a clear workforce strategy to support its plans to secure a flexible and skilled workforce. It was working to promote wider use of technology to enhance mobile working and reduce costs. There was a need to strengthen workforce planning with health, community and voluntary sector organisations to support future joint developments and integration of services.

The council had encouraged providers to review their business plans to support implementation of the *Putting People First* agenda. There was close collaboration with providers to enhance their capacity to respond to new approaches to commissioning services including self-directed support. The *New Ways of Working* programme in conjunction with Skills for Care had been rolled out to over half of the council's preferred providers.

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

The council's performance information, performance management and research capabilities were comprehensive and advanced. They told a clear and accurate story about the experience of people using services and enabled the council to promptly assess progress against key milestones and targets. The council had a rich data base and strong capabilities to tailor reports to meet local and senior manager and

councillors' needs. The directorate was strengthening its capabilities to support stronger analysis of the impact of partner organisations' performance. There was routine benchmarking of teams' performance. Frontline staff were clear about their accountabilities. Organisational risks were carefully considered and well-managed.

The Safeguarding Adults Board had improved its analysis of trends and reporting of safeguarding activity across the partnership. It was working to get a better understanding of risk in areas of relative under-reporting and deprivation. The Board had agreed a clear set of quality expectations that was leading to an improved focus on the effectiveness of management decision-making and outcomes across the partnership. A high priority had been given to strengthening record keeping to enable tracking of people's experience and the effectiveness of protection planning. The new arrangements positively included a check to ensure the person at the centre of the process felt safer as a consequence of actions taken.

The council was strengthening its performance management arrangements to take account of the diversity and complexity of future joint working. This included enhanced working with health partners, district councils and people using individual budgets or 'prescription' models of support. The Lancashire multi-agency outcomes framework for people with dementia was shaped by the experience of a wide range of local partners including people with dementia and their families. It had clear priorities that recognised people's changing needs and requirements for support. There was an agreed set of measures for how progress would be tracked. This new approach to performance management should strengthen the role of the Overview and Scrutiny Committee in tracking service effectiveness and 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 actively sought the views of a wide range of individuals and agencies in order to continuously improve its understanding of the preferred outcomes and options for future service delivery. The council routinely collected feedback from local people using a variety of methods. It commissioned research where appropriate to provide independent challenge and expertise in implementing new models of support. Feedback was compared with previous performance and shared with partners in order to secure wider awareness and ownership of the things that worked well and areas for improvement.

There was positive and effective engagement of older people and carers in shaping innovative practice and the delivery of better outcomes for local people. Older person's forums and partnership boards effectively addressed a wide range of issues. This included strong championing of the *Dignity in Care* campaign and their active participation in supporting the delivery of local area agreement targets. Carers had been involved in designing the out-of-hours emergency services and in specifying the contracts and ongoing monitoring. They told us that their views were respected and acted on. There were positive developments in conjunction with the Lancashire Local Involvement Network to engage in a programme of visits and reviews of local services.

The council had made very good progress in building its infrastructure and systems to enable people have greater choice and control over their support arrangements. A range of models of self-directed support were offered to all new users of services and to people as part of their regular review of needs. People using services had informed the development of the new self-directed support arrangements including assessment and financial allocation models. The council was working to strengthen feedback and learning from people who were using self-directed support. Building confidence in new ways of working and strengthening networks of support including enhancing the role of brokers had been identified as key priorities to support the next stages of implementation.

Whilst people at the centre of safeguarding processes were positive about the help they received, there was potential to strengthen feedback and learning about what works well. Involving partners in this process should address areas where there was a need for a better fit between family, public protection and community safety arrangements.

The council had developed mature and effective partnerships with local service providers. Its commissioning intentions and priorities were widely shared and understood. Most providers were open to and positively contributed to the council's plans to transform local services. There was potential for health managers to play a stronger role in the work of provider forums.

Commissioners understand local needs for social care. They lead change, investing resources fairly to achieve local priorities and working with partners to shape the local economy. Services achieve good value.

The council had a sound understanding of the strengths, needs and diversity of its current and future population. Its medium term plans were robust and focused on the delivery of national policies and local priorities. Plans were informed by changes in future demand and levels of need, and sought to achieve high quality and sustainable models of support across the whole system. The council was working to continuously expand its capacity to drill down and capture the impact of its own and partners' strategies and resource use in addressing inequalities and delivering improved outcomes for all.

The joint strategic needs assessment provided a comprehensive baseline to support the council's ambitious transformation programme. Positive progress had been made in identifying causal factors underpinning inequalities, agreeing shared priorities and strengthening approaches to prevention and early intervention. Its Programme Office and Joint Health Unit provided additional capacity in effectively managing change.

The council and its health partners had strengthened commissioning, contract monitoring and service development capacity in response to learning from people using services, internal and external reviews, and issues identified through world class commissioning activity. New models of service delivery had been developed that enhanced access to advice and support, increased flexibility and service responsiveness, achieved high levels of customer satisfaction and a wider range of specialist support. Commissioning plans were focused on promoting a shared approach to service access and provision between different primary care trust localities. This should assist in overcoming some legacy inconsistencies arising from the diversity of health organisations operating in the area.

There were some areas where joint commissioning and service delivery with health partners required enhancement. There was a need to fully identify areas of overlap and service gaps at a joint and single agency level to ensure best use of resources across the whole system. This included ensuring a shared approach to the allocation of grants to community and voluntary sector partners and regular review of the outcomes from jointly funded and jointly staffed services. The work taking place to address transitional care pathways should provide important intelligence about the experience of people using services, the impact of specialist teams, and priorities for strengthening shared approaches to the delivery of outcomes.

The council had strong financial planning and management arrangements. There

was effective deployment of resources to support transformation priorities. The joint strategic needs assessment provided a comprehensive and transparent process to aid decision-making in the allocation of resources so that those localities with the highest levels of need or deprivation were appropriately targeted. There was good use of Invest to Save initiatives to promote new approaches to meeting need. Efficiencies were clearly identified and achieved. There was careful analysis of future funding gaps and the council and its health partners were working to minimise the impact of this for frontline services. There was thoughtful use of alternative funding streams and wider council and partner resources. This included work to promote user-led and social enterprises to support the personalisation agenda.

Care home providers were rewarded for quality and had received incentives to expand provision in key areas such as supporting people with dementia. The council took firm action to challenge service providers who failed to meet the required standards. There was a strong and enabling focus on raising standards across the sector. The council had a positive track record in driving up the quality of services and ensuring better outcomes for people. It made effective use of learning from complaints to evaluate the experience of people using services and support wider organisational learning.

Appendix A: summary of recommendations

Recommendations for improving performance in Lancashire

Safeguarding adults

The council should:

1. Ensure everyone is aware of and has the support they require to report abuse (page 11).
2. Secure a shared approach with its partners to recognising and responding to allegations of abuse (pages 11-12).
3. Strengthen the contribution of health partners in prevention and investigation work (pages 11, 12, 13).
4. Improve recognition of and response to the diverse needs and vulnerability of individuals in hospital and community settings (page 14).

Improved health and wellbeing for older people

The council should:

5. Strengthen communication and risk management between hospital and community based teams to ensure older people are consistently well supported (pages 16-17, 19).
6. Ensure people have a good understanding of and back up support to enable them to effectively manage self-directed support options (page 17).
7. Strengthen procurement arrangements to ensure providers are effectively informed and equipped to support older people with diverse or complex needs (page 18).
8. Reach more carers, at an earlier stage, and ensure easy access to short breaks that meet their needs and those of the person they care for (page 18).
9. Strengthen joint approaches for the sharing of personal information and monitoring and review of individual needs (page 18-19).

Providing leadership

The council should:

10. Ensure all its partner organisations are effectively engaged in and contributing to the Safeguarding Adults Board's work (page 21).
11. Strengthen workforce planning with health, community and voluntary sector organisations to support future joint developments and integration of services (page 22).

Commissioning and use of resources

The council should:

12. Enhance joint commissioning and procurement arrangements with health partners to ensure best use of resources across the whole system (page 25).

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) and Age Concern to help publicise the inspection among people who used services.

We spent six days in Lancashire and made contact with eight people whose case records we had read. We inspected a further eight case records in detail and sampled the quality of case records work in some places we visited. We also met with over two hundred people who used services and carers in groups and in two open public forums we held. We sent questionnaires to 130 people who used services and 63 were returned.

We also met with

- Social care fieldworkers.
- Senior managers in the council, other statutory agencies and the third sector.
- Independent advocacy agencies and providers of social care services.
- Organisations which represent people who use services and/or carers.
- Councillors.

This report has been published after the council had the opportunity to correct any matters of factual accuracy and to comment on the rated inspection judgements.

Lancashire 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.