

Clackmannanshire Council Scrutiny Report

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1. Introduction

On 1 April 2011 the new scrutiny body, the Care Inspectorate took over the work of the Social Work Inspection Agency (SWIA). This report is the result of scrutiny and assessment work carried out by SWIA and completed by the Care Inspectorate.

The Care Inspectorate decides how much scrutiny a council's social work services will need by carrying out an initial scrutiny level assessment (ISLA). This considers potential areas of risk at strategic and service levels. SWIA carried out an initial assessment of Clackmannanshire council's social work services between September 2010, and scrutiny June 2011.

Clackmannanshire Council

Since the performance inspection in September 2008 both Social Services and the council have continued to experience major change and the impact of the most recent will not be apparent for some time. Agreement has been reached with Stirling Council on shared services of education and social work. Both councils view this as a positive move to improve outcomes for people who use services.

Across Social Services there had also been changes which included reduction of service managers' posts from five to four. This was partly as a result of member of staff retiring but also in recognition of future budget restraints. A redesign of learning disabilities service and review of older people's services was completed during 2010.

We carried out an ISLA by:

- Analysing published national key performance and statistical data;
- Examining 102¹ case records from across all care groups. Three staff from Clackmannanshire Social Services were co-opted onto the file reading team;

¹ 53 adult files, 18 high risk offenders' files, 31 children and family files.

- Analysing documents provided by the council or sourced by SWIA relating to the ISLA questions;
- Noting the contents of SWIA's performance inspection report (September 2008) and follow-up report (December 2009) to track progress made on recommendations;
- Noting the contents of HMIE report on the joint inspection of child protection (January 2010);
- Considering information provided by the Mental Welfare Commission (MWC) and the Care Commission; and
- Participating in shared risk assessment activity led by Audit Scotland. This activity included all relevant scrutiny bodies.

Our analysis of risk was based on nine questions:

- Is there evidence of effective governance including financial management?
- Is there effective management and support of staff?
- Is there evidence of positive outcomes for people who use services and carers across the care groups?
- Is there evidence of good quality assessment and care management?
- Is there evidence of effective risk assessment and risk management for individual service users, both in terms of risk to self and public protection?
- Does the social work service undertake effective self-evaluation resulting in improvement planning and delivery?
- Is there effective partnership working?
- Do policies, procedures and practices comply with equality and human rights legislation and are there services, which seek to remove obstacles in society that exclude people?
- Are there any areas which require urgent attention and improvement

2. Initial risk assessment findings (ISLA findings)

Our risk assessment considered how Social Services in Clackmannanshire was identifying and actively managing risk. Based on the available evidence, we considered six of our nine assessment areas presented no significant concerns.

- Leadership was good. The social work services plan linked to team plans with identified outcomes. The Head of Social Services for Clackmannanshire and Stirling was appointed 28th March 2011. Schemes of delegation² went to the council in June when the new Head of Social Services took over the role of the Chief Social Work Officer (CSWO) for both councils. The intention was that sharing of services would be an incremental process.
- There was evidence of positive outcomes from surveys and Care Commission reports and our case file reading during September 2010 showed that 96% of case files read contained evidence of positive outcomes for people using services. Most proxy indicators we use showed a positive picture with most services slightly better or in line with the Scottish average. Findings from our

² Scheme of delegation is the assignment to others of the authority for particular functions, tasks and decisions+

file reading confirmed that in 91% of cases there was no unreasonable delay in people obtaining assessments or services.

- Social Services had worked hard at completing the Clackmannanshire Improvement Model (CIM) and were adopting a thorough approach to performance management and to developing quality assurance processes. The council had completed a comprehensive review of key performance indicators that related to priority outcomes as a result of their CIM self assessment work. These had been deployed to all services as part of the business planning process.
- There was evidence of continued effective partnership working. Across all social work services there was a strong commitment to a partnership approach with a range of agencies, services and neighbouring authorities. These partnerships were operating well and linked to strategic community planning arrangements. Agreement had been reached on the overall approach to the shared service agenda and a steering group had been established to oversee implementation of the joint management of social work and education services with Stirling.
- The council had equality policies in place and provided a range of services to meet the needs of more marginalised groups. The Assurance Improvement Plan (AIP)³ concluded that the council presented no significant scrutiny risks in relation to their approach to equality issues.
- There were no areas requiring urgent attention.

In the remaining three of our nine assessment areas, the level of risk was uncertain. Further scrutiny was required because we had insufficient evidence or information to draw conclusions and some developments were at too early a stage to make an evaluative judgement. Our initial findings were that:

- Evidence of effective management and support of staff was mixed. The decision to move towards shared services will continue to have an impact on staff for some time as new organisational and management structures are put in place. Evidence indicated there were a number of internal staffing issues including management of vacancies, possible reduction of mental health officers employed the level of staff absences and capacity of some operational staff to progress strategic planning. It was unclear how effectively these issues were being managed within Social Services.
- Results from file reading showed an improving picture in the quality of assessments and care management. However community care assessment and care management guidance did not promote the routine sharing of assessments and care plans with people who used services.

³ The Assurance Improvement Plan is a joint plan setting out the engagement by the various national scrutiny bodies, normally led by Audit Scotland.

- There was evidence to suggest that council procedures to address child and adult protection were not being consistently applied. The file reading results highlighted that of the 83% of cases where it would have been appropriate to have a chronology these were of an acceptable standard in only 26% of cases. The authority's different approaches to risk assessment suggested that there was not an overall policy in place to guide the use of risk models across all social work services.

The areas of uncertainty outlined above formed the focus for our targeted scrutiny activity, which we carried out during June 2011. The amount of scrutiny the Care Inspectorate carries out in a local authority relates to both the assessed level or risk and the size of the local authority. These combined factors mean that we could have undertaken up to 30 scrutiny sessions in Clackmannanshire. We undertook 20 sessions which included meetings with people who used services, carers, staff and managers (See Appendix 2 for details of the scrutiny sessions undertaken).

3. Areas not included in scrutiny

Our scrutiny was targeted and proportionate and did not constitute a full assessment of all social work services. Based on the ISLA findings we did not scrutinise the following areas of practice:

3.1 Effective governance and financial management

Leadership was good with a clear vision statement for the service with identified objectives. The social work services plan linked to team plans with identified outcomes. The Chief Executive was committed to continuous improvement and to implementing the Clackmannanshire Improvement Model. A financial director was in post and the finance team had made significant improvements in financial management arrangements since January 2010, including the approval of a medium term finance strategy, development of a business plan and delivery of a balanced budget for 2010/2011.

The Assurance Improvement Plan (AIP) acknowledged that the council still faced an acute financial challenge, but believed it continued to respond well to this with shared member and officer commitment to a programme of change.

Agreement had been reached by elected members of Stirling and Clackmannanshire Councils on the overall approach to the governance and accountability of shared services of education and social work. Both councils would be working together to minimise any operational risks arising from these significant organisational changes as they were implemented. This means that all social work services would undergo significant change with the impact of this not known for some time. We were told this was being planned in an incremental and staged approach with governance arrangements being put in place.

3.2 Positive outcomes for people who use services and carers across care groups

The Social Services Strategic Overview and Business Plan 2009/12 identified the corporate priority outcomes most relevant to Social Services and linked key objectives to these outcomes. The outcomes informed an action plan for implementation, which was SMART⁴.

There was evidence of positive outcomes from surveys and Care Commission reports and our case file reading during September 2010, which found that 96% of case files contained evidence of positive outcomes for people using services.

Most proxy indicators for children and adult services were slightly higher or at the Scottish average. Proxy indicators for older people's services also showed a positive picture with most slightly better or in line with the Scottish average.

Data Clackmannanshire provided evidenced that in 2008/09, 95% of people received an assessment and 82% of people received a first service within the local target time. Findings from the file reading confirmed that in 91% of cases there was no unreasonable delay in people obtaining assessments or services.

In 2010, the number of people receiving direct payments had increased although the average value of the payments were slightly below the Scottish average. The number of residents in care homes for people with learning disabilities as a rate per 1,000 of the population was 2.0 where the Scotland figure was 0.6. We understood that this was partly related to a long stay hospital closing in the area and people choosing to stay locally. It was imperative that on-going reviews with people who use services evidence positive outcomes and that these placements remain the most suitable for individuals.

3.3 Self evaluation and improvement

Social Services had worked hard at completing the Clackmannanshire Improvement Model (CIM) and in adopting a thorough approach to performance management as well as developing quality assurance processes. Since the performance inspection, they had continued to invest in Organisation for Standardisation (ISO) to support quality assurance. The volume of self-evaluation that had taken place across social work services over a relatively short period was considerable.

A range of data demonstrated Social Services' ability to look at its performance and note which areas required to be addressed and developing action plans to take these forward. Most of the data read positively although performance in children's services was slightly more variable.

Social Services had an approach in place to develop short/medium term plans and processes in place for communication and consultation with people who used services, partners and stakeholders.

⁴ SMART – specific measurable, achievable, reliable and time limited.

3.4 Effective partnership

There was a range of partnerships in place across all care groups. Developments remained well advanced in older people and mental health services. These were operating well and linked to strategic community planning arrangements. Their strong commitment to joint planning extended to service integration.

Findings from the HMIE report on services to protect children highlighted improved partnership working with police, health and education.

Agreement had been reached on the overall approach to the shared services agenda which Clackmannanshire Council was taking forward with Stirling Council. A steering group had been established to oversee implementation of the joint management of social work and education services.

The performance inspection identified the need for a commissioning strategy to be put in place. The council had agreed broad commissioning principles. Social Services staff had produced a common framework for commissioning services based on their formats for developing a business case for new services. These should ensure that there are consistent written, costed commissioning strategies which provide information about preferred models of care, unit costs of services and commissioning intentions. The next stage will include producing commissioning plans for each care group based on these. Staff with Care Inspectorate support, have been taking this work forward with plans to complete the consultation and begin implementation within the next few months.

3.5 Equality and Human Rights

The council had equality policies in place and provided a range of services to meet the needs of more marginalised groups. The AIP for 2011/2014 concluded that the council presented no significant scrutiny risks in relation to their approach to equality issues.

For a small authority, Clackmannanshire had made a substantial investment in advocacy services. Advocacy services were often Forth Valley wide. A joint adult strategic planning group was carrying out a review of existing providers in order to have a more strategic approach to future commissioning of advocacy services across Forth Valley. The Healthier Lives, a community based programme offered support to all people to help them make changes that could improve their health and wellbeing. Fairer Scotland through the Clackmannanshire Alliance funded this programme.

4. Scrutiny Findings

4.1 Effective management and support of staff

Reasons for scrutiny

Evidence of effective management and support of staff was mixed and evaluation made more complex by the knowledge that the structure of Social Services was about to change.

The joint service delivery of social care and social work would be managed by a joint head of service separately accountable through two chief executives. This decision to move towards shared services would continue to have an impact on staff as new organisation and management structures are put in place. At the time of completing the ISLA there had been no announcement on structures.

Data showed that most vacancy problems were in recruiting residential care, social workers and social work/OT assistants. Vacancy rates for all of these were above the Scotland average figure.

There were emerging concerns with regards to the number of mental health officer vacancies predicted to occur during 2011 with little evidence of succession planning in place to address this potential shortfall.

There was a workforce plan, which was based on a Performance Review and Development (PRD) system. If PRDs were completed it allowed a very targeted training programme to be delivered. However in Social Services whilst targets had been set to improve the number of PRDs completed it was unclear as to whether these targets were being met.

Social Services carried out a staff survey April 2010. Specific services within Social Services (e.g. older people services) had also completed their own staff surveys. Results from these surveys presented a generally positive picture of staff's view of supervision, and of their satisfaction with their work. However other areas covered in the questionnaire drew a less positive response, for example in relation to access to training opportunities

From the results of the staff survey it appeared that some staff were unsure as to whether or not Clackmannanshire was meeting its obligations as an employer under the SSSC code of practice. Given a third of staff who responded to the questionnaire held this few we decided to explore this further during scrutiny.

Up to date sickness absence information provided by Clackmannanshire showed that absence rates within Social Services was mixed with a few units appearing to have higher rates of staff absence than others. It was unclear as to how effectively absence from work was being managed within Social Services.

Scrutiny findings

Our scrutiny confirmed that staff were concerned about the move towards shared services. They were worried about the possible changes or deletion of their posts as a result of the pending partnership with Stirling. There had also been changes internally to structures. Service managers described recent changes in their roles and responsibilities, e.g. a single service manager now managed criminal justice and learning disabilities services.

Staff described feeling in a vacuum with a high degree of uncertainty about their future. Team leaders recognised that this was making it difficult to plan longer term.

During scrutiny the resignation of the Chief Executive was announced. Staff at all levels raised their concern about the impact this would have on the partnership negotiations with Stirling. The Chief Executive had run focus groups on the Clackmannanshire change model and had been proactive in communicating with staff.

Information was shared in different ways. A number of managers confirmed that they had yet to receive detailed information on the proposed partnership arrangements so could appreciate why staff felt communication could be improved. There were mixed views about the accessibility of the head of service although front line staff acknowledged that service managers were accessible. The Chief Social Work Officer (CSWO) had previously organised open sessions but these had become less frequent. Most staff described not feeling well informed although this varied dependent on specific care groups. Staff acknowledged that there had been forums and staff meetings.

Staff responsible for Human Resources (HR) were not aware of any policies or procedures having been looked at in relation to the plan for partnership with Stirling. There was concern expressed about the poor initial experience of change management and lack of information on the future restructure. There were a number of changes happening both within Clackmannanshire Social Services and externally in relation to the shared services plans with Stirling. These understandably created major concerns and uncertainties for staff at all levels. To be effective the process of change needs to be planned carefully. During times of such major change the CSWO and senior managers should try to improve their level of visibility to staff and implement good change management procedures.

Recommendation for improvement 1:

Senior officers within Social Services should directly engage with staff, make sure that they are given information and this is disseminated efficiently and comprehensively to everyone at the same time.

During scrutiny we observed a workforce development child care sub group reviewing the training available and identifying training priorities. This was a positive and productive meeting addressing the full range of training and development issues from strategic concerns to practicalities. This operational model was yet to be adopted by adult assessment and criminal justice teams.

Most staff we met confirmed that the performance review and development (PRD) system was being used with their individual PRDs being completed. Staff who had gone through the PRD process saw this as a positive experience. The exception to this was within criminal justice staff where they acknowledged that because of more specialised mandatory training on risk assessment they were behind the majority of staff in completing these. The intention was to complete their PRDs once other training had been completed. The workforce development manager met with teams to promote the use of PRDs and staff saw these as positive in increasing the uptake of the working tool. Managers agreed there was still development to be taken forward.

Staff confirmed that as a result of staff sickness the practitioners' forum had stopped meeting but there was an intention to re-introduce these. There was a training and mentoring pilot being undertaken with newly qualified social workers with staff reporting that this was valued. Such initiatives recognised that the child care teams had a number of recently trained staff and managers were making efforts to build knowledge and experience within teams. Managers valued the summary reports they received on the range of training undertaken which was broken down to work locations.

Staff supervision was embedded within the organisation with most staff confirming that this took place on a regular basis. The exception was within criminal justice although all described managers operating an open door policy.

We asked staff about their response in the staff survey which suggested there was uncertainty amongst some staff as to whether they thought their employer was meeting its responsibilities under the SSSC code of practice. Managers and staff thought this was a misunderstanding of the meaning of the original question rather than a genuine deficit. Staff confirmed they had copies of the SSSC codes of practice and were surprised at the staff survey results.

Mental health officers we met described good peer group support although acknowledged their group was smaller than a year ago. Four mental health officers had recently left (three retiring) whilst two had been recruited. Three mental health officers and the lead officer for mental health were now in post with plans to put another member of staff through the specialist training programme beginning 2012. The lead officer and manager believed this number of staff would ensure Social Services met its statutory responsibilities. The lead mental health officer directly supervised the mental health officers and allocation of their work. Like other local authorities these staff said they were carrying high caseloads although they believed that the situation was manageable.

Staff we met during scrutiny told us of issues with the occupational therapists workloads with staff under pressure to achieve targets. Meanwhile people who used services spoke very positively of the occupational therapy service and easy and efficient access to equipment.

Community care staff described the pressure of dealing with an increased volume of complex work and the impact this had on morale. They told us that the duty system and duty rota made it difficult to manage ongoing work. They gave examples where

there had been gaps in the workforce numbers as a result of retirements and non replacement of some staff.

Capacity of staff to undertake a number of roles was an issue during our performance inspection and this had remained the case. Service managers continued to carry responsibility for policy and operations. Whilst they saw the positives in the duality of the role they acknowledged that it continued to be difficult to manage competing commitments. Two team leaders within adult care were supervising all staff. The head of child care acknowledged that there was delays in permanency planning and had taken action in the short term to address the shortfall until plans for shared services were progressed. A number of staff within children and families hoped they were about to enter a more stable period after recently reaching their full complement of staff. Most of the recent posts filled within children and families were on fixed term contracts. There is potential for shared partnerships with Stirling to improve capacity of staff. However managers will need to monitor the impact of changes and measure performance in these areas.

Absence reports were provided to managers on a regular basis. Managing absence had improved and given high priority corporately. A concentrated effort by service managers had shown improvement in figures. For example team leaders and service manager for older people services had carried out return to work interviews with staff who confirmed that these had been supportive with options in place to help the return. Data provided by Social Services showed a decrease in absence rates from 14% to 7% over a nine month period.

Information gained from HR staff confirmed that concerted efforts by managers had made an impact on the long term absence rates with vacancies and turnover now low. They had been involved in service reviews and redesigns and were being involved appropriately in running surgeries for staff and working with unions.

Some staff described the changes they and people who used services had experienced as a result of the learning disabilities services redesign and the review of older people services. The learning disabilities day services redesign had created bases in four local centres rather than one building. Staff within older people's services were clear about the need for the review and described being well informed throughout the process. It was too early to say whether the review had resulted in service improved outcomes.

4.2 Scrutiny of assessment and care management

Reasons for scrutiny

During our performance inspection in 2008, we recommended that Social Services take steps to improve the quality of assessments and care plans. We also recommended that practitioners in community care be more rigorous in making sure that all assessments and care plans were shared as routine practice with people who used services and carers. We were unclear whether care plans were being given to people who used services by practitioners.

The results of our case file reading indicated an improving picture with assessments generally being completed on time and with the appropriate level of partnership involvement. Our file reading indicated that 98% of cases had an assessment on file with the quality of 81% of these rated as excellent, very good or good.

The community care assessment and care management guidance we read did not make it clear that service users should receive a copy of their assessment or that they should be asked if they wanted a copy of the care plan. A care plan should be informed by an assessment of need, with a record of the objectives and expected outcomes and be SMART. Only 43% of care/supervision plans read during the file reading were SMART. It was unclear what practitioners in practice shared with people who used services.

From the evidence provided it appeared that within community care 477 people were pending/overdue a review. It was unclear from the information whether these reviews related to people due for review within or outwith the agreed timescales. We decided we needed to clarify this during scrutiny.

Partly as a result of the redesign of services to people with learning disabilities and of budget constraints there had been recent changes in staffing arrangements for adults with a learning or physical disability. It was unclear how these changes were being monitored to ascertain the impact on people who used services.

A Forth Valley multi agency strategic planning group had produced a concise partnership document which included promotion of the GIRFEC⁵ Integrated Assessment Framework (IAF) and toolkit. Whilst this was an impressive and fit for purpose document, it was unclear as to how this was being shared or used by practitioners.

There was a range of procedures to guide practice, which clearly set out processes and timescales for staff. It was less clear what systems were in place for reviewing these policies and procedures. For example, the adoption procedures appeared not to have been updated since 2006 with no mention of the more recent 2007/09 legislation. There was no evidence to suggest this outstanding piece of work was being progressed.

Scrutiny findings

Managers we met during scrutiny said that all adult care assessments were countersigned by the team leader as a way of monitoring the quality of these.

Providers of adult care services believed there was room for improvement in the standard of assessments they received, describing receiving minimum information at the referral stage rather than an assessment. In contrast, staff supporting people in

⁵ GIRFEC – Getting it Right for Every Child – a national policy for child care agencies so that they can work better together to support children.

longer term placements said the assessments they received were thorough and detailed.

Some staff we met who were responsible for completing community care assessments confirmed that after the completion of assessments they did not consistently provide service users with copies of care plans. We would expect as routine practice that people who used services be given a user friendly version of their care plan within a realistic timescale of its completion. People who used services we met confirmed that whilst they had seen their assessments they had not all seen or received a copy of their care plan.

Child care managers and teams through their own evaluation processes recognised the areas in need of improvement. These included the need to improve the pace of agreeing permanency plans for children and improved involvement of children with disabilities and families in decision-making processes.

There had been a recent appointment of a GIRFEC co-ordinator for Forth Valley (multi agency post). This officer's role was to screen all vulnerable children and young people reports received from the police. Managers told us they were at the early stages of introducing the IAF for children and young people with training yet to be put in place. This was confirmed by front line staff who explained that they were about to use the framework and had been consulted on its usage.

Recommendation for improvement 2:

Managers should actively support practitioners in community care to be more rigorous in making sure that care plans are shared as routine practice with people who use services. These care plans need to be in a format that is more outcome focused.

Staff in adult care services explained that care provided was regularly reviewed. The apparent large number of outstanding reviews reflected the way Social Services recorded people who were receiving a service rather than the work not being carried out. Staff believed the system was pro active and worked well.

Staff told us that they received management support to deliver personalised services and were encouraged to promote direct payments as an option for service users. A range of staff confirmed that personalisation was discussed individually and in forums. We met people who used services who had a range of physical disabilities, mental health issues or learning disabilities who confirmed this. Some of the people used direct payments to assist them in creative ways and said they were happy with the services they were able to access.

Information provided by Social Services demonstrated the engagement of carers of adults with learning disabilities, people who used services and their representatives in the redesign of learning disabilities services. However we met a few carers of people with learning disabilities during scrutiny who thought the options and choices of activities were more limited for people as a result of the redesign of services. They held the view that the people they cared for tended to be more isolated during the day.

There was a system in place to monitor waiting lists for most services. There was a waiting list for day services for people with learning disabilities. Our scrutiny confirmed there were no formal systems in place to monitor the impact of the changes that had taken place to services for people with disabilities. Social Services need to put this in place.

4.3 Scrutiny of risk assessment and risk management for individual service users

Reasons for scrutiny

The council had procedures in place to address child and adult protection and was working in partnership with other stakeholders. There was some evidence to suggest that these had yet to be consistently applied.

There was a Forth Valley wide adult support and protection committee in place and overall guidance and procedures adopted. The adult support and protection guidance had been revised.

Chronologies are an important aid to monitoring and managing risk over time. The file reading results highlighted that of the 83% of cases where it would have been appropriate to have a chronology these were of an acceptable standard in only 26% of cases.

In 78% of all case files we read across a range of care groups where risk was evident there was a protection type risk assessment on file with 57% of these being graded as being of a good standard with 5% recorded as weak. There was an up to date protection type risk management plan on 57% of files.

Adult care services were using the Joint Improvement Team (JIT) risk assessment form. We found this was not being used consistently with some duplication of the use of tools when there were also mental health issues.

Clackmannanshire stood out from its partner authorities, having high numbers of protection plans but with data suggesting that few case conferences had taken place. This low conversion rate raised concern regarding referral thresholds and assessment practice, which warranted further scrutiny.

During January 2010 Clackmannanshire was subject to a joint inspection of Services to Protect Children by HMIE. The report published April 2010 was generally positive, although areas of improvement included the need to strengthen assessments of risk and needs and improve plans for children. An action plan was produced and progress on these areas for improvement was being monitored.

Forth Valley carried out its own child protection audit during Jan 2011 and while a very small sample of files from Clackmannanshire were read results concurred with HMIE findings.

The child care team plans were clear in identifying areas for improvement. For example, the youth justice team plan recognised the need to undertake risk assessment of offending type behaviours. They were taking action to address these areas.

Whilst different tools are appropriate to different care categories the different approaches to risk assessment, suggested that the authority had an inconsistent approach to risk assessment.

Scrutiny findings

Front line staff we met confirmed that there were a range of risk assessment tools being used although children and families staff used a more standardised risk assessment format. Child care managers acknowledged that not all children and families workers yet understood the range of risk assessment tool options available to them.

Staff within adult care services said that they used similar documentation across services and shared these with service users. Team leaders and service manager screened assessments prompting the completion of risk assessments when these had been missed. The lead officer for adult protection responsible for checking completed formal risk assessments acknowledged inconsistency in its use. This concurred with our findings that practitioners did not always use the JIT risk assessment in the most relevant situations. Team leaders or the lead officer chaired all case conferences attempting to provide continuity and consistency of practice.

The lead officer told us that he regularly checked IT screens for signs of adult support and protection work. We found that whilst supervision was the main system for quality assurance of risk assessment and risk management practice, team leaders needed to be more robust and consistent in their approach. The service manager and lead officer acknowledged that there needed to be a more formal quality assurance reporting mechanism put in place for adult protection risk assessments.

Recommendation for improvement 3:

Social Services should adopt a strengthened and wider approach to quality assurance particularly in the management and assessment of risk. This should include enhancing current arrangements for supervision.

Stakeholders we spoke to confirmed that relevant staff within social work services had completed training on adult protection and on risk assessment. They described a positive interagency approach with inter authority protocols recently introduced for situations where adults crossed authority geographic boundaries. The Forth Valley Committee was established with police due to set up a new public protection unit based at Larbert. Within adult protection as of April 2011 a two tier risk assessment had been introduced with the intention of this providing a better measurement of risk. It was too early to say whether this was the case.

Workforce development staff we met confirmed that a Forth Valley training co-ordinator for adult protection had recently started with the intention that child care staff would undertake adult protection training in the autumn. Risk assessment training had been provided in partnership with one of the universities.

Social Services had a good range of data collected on adult protection that should helpfully inform future evaluation of adult protection work. There were good structures to support the consideration of adult support and protection practice and its development across Forth Valley. An adult support and protection sub group chaired by a service manager had been established to look at practice issues. Staff we spoke to thought the sub group was making a positive impact on improving practice. This was at too early a stage of development to evaluate.

Managers and staff accepted that chronologies needed to be developed and improved and had begun to give this consideration.

Recommendation for improvement 4:

Social Services should fully implement formats for risk assessment, risk management plans, including chronologies and make sure that staff are trained and competent in their use.

File reading highlighted confusion and different use of adult protection case conferences and adult protection planning meetings. Data showed that staff were on occasion holding planning meetings as opposed to case conferences. A number of staff confirmed that planning meetings were being used differently dependent on the manager and practitioner. Formal minutes of these meetings were not always taken. A professional discussion among a small group of staff should not be used as a substitute for a full adult protection case conference. The lead officer chaired all case conferences whilst team leaders convened planning meetings. This created inconsistent practice across the authority.

Recommendation for improvement 5:

Social Services should ensure that a full adult protection case conference is convened when this is required to protect an adult at risk of harm.

5. Summary of recommendations

In addition to the range of improvement work already underway, we identified a number of areas for improvement.

Recommendation for improvement 1:

Senior officers within Social Services should directly engage with staff, make sure that they are given information and this is disseminated efficiently and comprehensively to everyone at the same time.

Recommendation for improvement 2:

Managers should actively support practitioners in community care to be more rigorous in making sure that care plans are shared as routine practice with people who use services. These care plans need to be in a format that is more outcome focused.

Recommendation for improvement 3:

Social Services should adopt a strengthened and wider approach to quality assurance particularly in the management and assessment of risk. This should include enhancing current arrangements for supervision

Recommendation for improvement 4:

Social Services should fully implement formats for risk assessment, risk management plans, including chronologies and make sure that staff are trained and competent in their use.

Recommendation for improvement 5:

Social services should ensure that a full adult protection case conference is convened when this is required to protect an adult at risk of harm.

We will ask the council to draw up a SMART action plan, based on these recommendations.

As part of our commitment to promote and encourage self-evaluation (through the role of the link inspector and the use of Care Inspectorate self-evaluation guides⁶), there will be an option of supported self-evaluation available to the council. Supporting the development of a commissioning strategy has already begun.

⁶Guide to Supported Self-Evaluation, SWIA, January 2009

6. Next steps

Continued involvement of the link inspector with the council will provide direct support and assistance.

The link inspector will

- maintain regular contact with Social Services;
- monitor the performance of the service, including progress made with recommendations for improvement identified above and outstanding action plans linked to HRO and Genochil prison;
- continue to offer support for self-evaluation and improvement activity; and
- monitor general progress of social work services.

Information from the scrutiny report and subsequent follow up activity will be fed into the annual review of the council's Assurance and Improvement Plan (AIP), by the link inspector, as part of the shared risk assessment process.

Martha Shortreed
Senior inspector

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| 1. Is there evidence of effective governance including financial management? |
| 2. Is there effective management and support of staff? |
| 3. Is there evidence of positive outcomes for people who use services and carers across the care groups? |
| 4. Is there evidence of good quality assessment and care management? |
| 5. Is there evidence of effective risk assessment and risk management for individual service users, both in terms of risk to self and public protection? |
| 6. Does the social work service undertake effective self-evaluation resulting in improvement planning and delivery? |
| 7. Is there effective partnership working? |
| 8. Do policies, procedures and practices comply with equality and human rights legislation and are there services, which seek to remove obstacles in society that exclude people? |
| 9. Are there any areas which require urgent attention and improvement? |

Scrutiny – Sessions List**Appendix 2**

| Scrutiny Activity | Number of sessions undertaken |
|--|--------------------------------------|
| Case file audit and analysis | 6 |
| Focus groups with people who use services | 1 |
| Focus groups with Carers | 1 |
| Focus group of front line staff and team leaders – child care and community care | 2 |
| Meeting with service managers | 1 |
| Meeting with CSWO | 1 |
| Meeting with chair of child protection committee | 1 |
| Meeting with head of child care services | 1 |
| Meeting with lead officer for child protection | 1 |
| Observation of Meetings – workforce development sub group; HUB subgroup | 2 |
| Meeting with workforce development staff | 1 |
| Meeting with Human Resource Staff | 1 |
| Visit to Smart Resource | 1 |
| Total | 20 sessions |