

## **City of Edinburgh Council Scrutiny Report**

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### **1 Introduction**

On 1st April 2011 the functions of the Social Work Inspection Agency, the Care Commission and the section of Her Majesty's Inspectorate of Education responsible for inspecting services to protect children were transferred to a new scrutiny body, *Social Care and Social Work Improvement Scotland - The Care inspectorate*

The Care Inspectorate decides how much scrutiny a local authority'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.

#### **City of Edinburgh Council**

Edinburgh social work services for children are in the children and families department of the council, while services for adults and criminal justice services are in the health and social care department. In the past year social work services had undergone significant changes. A new Chief Executive had been appointed, the Edinburgh Improvement Model (EIM) had been applied across social work services, a review of care and support services was undertaken, and at the time of our scrutiny, Performance Review and Development (PRD) was being introduced, and Health and Social Care was undergoing management restructuring.

We carried out an initial assessment of the City of Edinburgh Council's (CEC) social work services between March and April 2011. We did so by:

- Analysing 90 case records across all care groups. Local file readers participated along with Care Inspectorate senior inspectors. Twenty criminal justice case files were read as part of the high risk offenders supported self-evaluation exercise but the findings of these were not included. Separate feedback has been given to the council on the findings from this exercise
- Analysing approximately 800 documents provided by the council or sourced by SWIA
- Cross referencing SWIA's performance inspection report and follow-up report to track progress made on recommendations
- Analysing key local and national performance data
- Cross referencing the findings of HMIE inspection of services to protect children reports

- Participating in shared risk assessment activity led by Audit Scotland which included all relevant scrutiny bodies
- Considering information provided by the Care Commission

The ISLA focuses on answering nine risk 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 that seek to remove obstacles in society that exclude people?

Are there any areas that require urgent attention and improvement?

## **2 Summary of ISLA Findings**

Our risk assessment was based on three categories: areas of significant risk, areas of uncertainty and areas where no significant risks were indicated.

Based on the evidence available, we assessed four areas as indicating no significant concern. These were:

- governance and financial management;
- partnership working;
- equality and human rights; and
- areas of urgent improvement

There were no areas requiring urgent attention

We identified five areas of uncertainty because we had insufficient evidence or information to be able to conclude on the risk level. These areas were:

- management and support of staff;
- providing positive outcomes for people who use services across the care groups;
- the quality of assessment and care management;
- self evaluation; and

- risk assessment and risk management

We found no areas of significant risk.

We summarised our findings in a report that we sent to the local authority.

### **3 Timing of Scrutiny**

The amount of scrutiny the Care Inspectorate carries out in a local authority relates to both the assessed level of risk and the size of the local authority. These combined factors mean that we could have undertaken up to 40 scrutiny sessions in Edinburgh.

In Edinburgh we carried out 23 sessions between the 6<sup>th</sup> June and 4<sup>th</sup> July 2011. and 2 others shortly after. This included meetings with people who use services, carers, staff, managers and partner agencies. We had already read 90 files over three days, the equivalent of 6 sessions.

### **4 Scope of Scrutiny**

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

- governance and financial management

We found strategic governance to be clear and well established, with up to date policies and procedures as well as comprehensive performance monitoring. We found evidence of systematic scrutiny and council approval of social work services. The Chief Social Work Officer had a clearly defined role, including membership of several strategic groups.

Financial arrangements were sound, with both Children and Families and Health and Social Care reporting under spends in 2009/10. While we indicated in our ISLA report that we had no significant concerns in relation to governance and financial management, Edinburgh provided us with a significant amount of information on financial matters. Our financial assessor analysed this information and we concluded that we had no concerns regarding financial aspects of the inspection.

- partnership working

Partnership working was generally positive in Edinburgh at a strategic, operational and service delivery level. In adult services, joint capacity plans had been or were being developed in partnership with key stakeholders for older people and people with learning disabilities. Good partnership initiatives were in place through the Edinburgh Joint Mental Health Planning forum, the Edinburgh Alcohol and Drug Partnership and the Sense of Belonging Strategy. People who used services and their carers were involved in the development of strategies and plans. There was a clear strategic focus in service plans and commissioning strategies. Children's services were developed in partnership with education and health services. Our file reading provided evidence that improvement in the circumstances of individuals was due in part to effective collaboration between services.

- equality and human rights

Edinburgh had a good range of documentation on their equality schemes. It had a single scheme on equality, diversity and human rights “Fairness and Respect”, based on detailed consultation. In social work services, information on the uptake of services measured by key quality indicators was routinely gathered, monitored, analysed and used to inform service design and delivery. An equalities update was presented to the heads of service every 6 months. Edinburgh made translation services available for important documents, consulted service users widely, and supported advocacy for people who used services.

## **5 Scrutiny Findings**

### **5.1 Management and support of staff**

#### **Reasons for Scrutiny**

While workforce planning and workload management were sound, we were uncertain about the position in regard to appraisal, supervision and staff responses to changes taking place, and the success of management’s strategy to improve this. A staff survey indicated dissatisfaction among some staff about the management of change.

There was uncertainty among some staff about supervision and Performance Review and Development (PRD) enabling them to perform better, and about the prospects for career development. Evidence provided by Edinburgh identified that the service was reducing absence rates.

#### **Scrutiny Findings**

Staff surveys were carried out every three years by MORI, with the next one planned for late 2012. A high proportion of respondents believed their work was worthwhile, their skills and abilities were well used and they were satisfied with their job. C&F had just completed an interim survey and H&SC were in the process of agreeing to carry out an interim survey towards the end of 2011. Some staff expressed concern about performance related pay, and senior managers recognised the need to implement this in a fair and consistent manner.

Edinburgh social work services were working to apply PRD consistently and there was a corporate lead in completing PRD. A recent staff survey had shown an increase in staff reporting having a PRD meeting from 58% in the previous year to 73%. All staff PRDs were to have been completed by the end of May, though at the time of our scrutiny this deadline had been extended to allow completion. Managers had been trained and supported to deliver PRD, and a set of SMART objectives had been drawn up to support a consistent approach across services. Some staff were uncertain about the impact, as they thought the PRD should be more focused on their own need to be equipped with specialist skills rather than responding to objectives set corporately.

Social work services had maintained the learning and support budget at previous levels with a small inflationary increase. Managers and staff in C&F had good

access to training opportunities including the Stirling University child protection certificate. Some front line staff in H&SC were uncertain about the prioritisation of training and thought they had less access than previously to learning and development opportunities. Senior managers were clear that there had been no diminution in the opportunities available to staff. Social work services had strong links to Edinburgh University for adult support and protection training. Among other training initiatives there was a 9 day Essential Learning Programme for care workers, a Mental Health Officer award and Practice Learning qualifications .

Staff we spoke to in H&SC had felt involved in the restructuring process through meetings with senior managers. Senior staff in C&F had made strenuous attempts to communicate with staff about changes.

Frontline managers in both C&F and H&SC spoke positively about the support they had as managers to deliver supervision and career development to staff. Front line staff were more mixed in their views of supervision. Staff in C&F were of the opinion that supervision focussed mainly on caseloads, and some thought there was not enough focus on professional development. Frontline managers in Criminal Justice (CJ) did not always get regular supervision as there had been several senior staff changes with the restructuring and the deletion of some CJ management posts.

Front line managers in general told us that the frequency of supervision varied according to the level of experience and competence of staff. This is important as managers in CJ told us that there were a lot of inexperienced staff in the new teams, and staff in C&F told us that while the level of experience across teams varied, a significant number of staff in some teams had been qualified for less than two years and that peer support was an important element in developing skills..

Absence management was relatively well managed. In the main, absence rates were low, and indicated an improving trend.

At the time of our performance inspection in 2008, C&F had had difficulty in filling vacancies. At the time of our scrutiny visits, staff vacancies were being filled quickly, with the three C&F vacancies across the city in the process of being filled. Managers did not report any major staffing issues.

At the time of our scrutiny, Health and Social Care was going through a process of restructuring. This restructuring was designed to bring responsibility for planning and commissioning together with operational responsibilities under a single third tier manager for each of the main service areas, and reduce management costs by 15%. Two second tier managers had already been appointed to replace the four previous managers. New sector structures had already been in place since April 2011. Bringing teams together in each sector was designed to improve communication.

In C&F, front line managers said that the restructure of the service in 2008 had contributed to improvement about the role and functions of the service. One manager commented "A different culture is at large".

CJ managers were very positive about the leadership from the CSWO in her role as head of service. Some front line staff were cautious about how much the CJ voice would be heard in the restructured H&SC. The restructuring meant that in the week of our scrutiny a new manager was appointed to lead a mental health, substance

misuse and criminal justice service. The head of service was clear that these arrangements would help to ensure that CJ services were better integrated with H&SC and C&F services than before.

Front line staff told us that there was a good induction process and a support programme for newly qualified workers.

Front line staff and managers were positive about the visibility and contact with the CSWO. They saw this as an active role within the service, through regular visits to teams and the active support of the practitioners' forum. There was a staff suggestions scheme and a series of seminars aimed at improving practice, most recently on chronologies and information sharing.

## Summary

Some staff continued to have concerns about pay related to performance, career development, and the balance in the PRD between corporate and individual professional objectives. However, PRD was being implemented. Supervision was generally good, but was varied, and it was essential that new staff in particular received appropriate support. Senior managers in CJ would have to ensure that the concerns of some staff were addressed. The organisational changes in H&SC were taking place at the time of our scrutiny, so it was not possible to make a judgement about the impact of these changes. Because of the above we still saw this as an area of uncertainty

Since completing the scrutiny, Investors in People Scotland confirmed that the Council has achieved iIP Gold recognition, the first local authority in Scotland to achieve this..

## **5.2 Outcomes for people who use services and their carers**

### **Reasons for Scrutiny**

Evidence showed a mixed picture in relation to outcomes in both C&F and H&SC services. There were areas of clear improvement,. Performance monitoring processes across the social work service identified areas where improvement was necessary. Edinburgh was continuing to develop work on outcome measures, and in linking them to the personalisation agenda. We wanted to be clearer about progress in developing outcome measures, the link to personalisation, and in meeting targets.

### **Scrutiny Findings**

Edinburgh was strongly focussed on outcomes and closely monitored those related to service delivery. Service targets were set and regularly reviewed by senior managers using detailed scorecards with traffic light alerts. The council also wished to establish more robust methods for identifying outcomes for individual service users. It had made a start in attempting to link personalisation and outcomes. This work was at an early stage.

In common with other councils Edinburgh had limited information about the impact of services on the individuals who received them. The Council acknowledged this and recognised that its different recording systems exacerbated this problem. For example, SWIFT did not record users' progress. These problems were being examined in the pilot project to link personalisation and outcomes

Council papers referred to and discussed outcomes in a variety of ways. This was also evident in meetings we had with managers and frontline staff. However, we did not find any systematic analysis of the different kinds of outcomes which could or should be identified, or the means of so doing. Managers told us that there was a need for some in depth research to identify individual progress and outcomes over time.

#### **Health and Social Care**

For some years some of the indicators for the council's adult services had been identified as needing improvement. These included indicators relating to the balance of care for older people. However, there was now an upward trend in performance from a low base. Senior managers told us of determined efforts to shift the balance of care not only in Older People's Services but in Mental Health Services. The Intensive Home Treatment Service was an example of this.

Edinburgh had set local targets which were being met. There was a small but steady increase in the numbers of people receiving intensive home care. These had contributed to a reduction in the number of people going into residential care and increases in residents' dependency levels in care homes. The proportion of very vulnerable people cared for in the community increased from 14% in 2002 to 29% in 2011.

The reablement service was having a significant impact in reducing the numbers of people whose discharge from hospital was delayed. An extension of the reablement service had recently been agreed as part of the Change Fund programme.

However, the systematic follow up of the outcomes of people who had been discharged from the reablement service either to mainstream services or to manage independently was at an early stage. It is important for there to be robust measurement of these outcomes.

Managers told us that reablement might not be appropriate for people with dementia who had long term care needs. They said that a specialist dementia service might need to be established. There appeared to have been a limited focus on the service outcomes for this particularly vulnerable and growing group of service users and their carers.

Managers explained that the home care service would need to be more flexible to achieve further improvements in the balance of care. Home care from independent providers was more readily available in the evenings. The council's own home care service, which provided 26% of care at home hours, needed to develop more flexibility and capacity in the evenings.. The service had established an overnight home care visiting service which was about to be expanded.

A major review of services for people with learning disabilities had resulted in more mainstream community based opportunities for individuals. There had also been a careful review of accommodation needs and some development of supported accommodation. In a focus group, some people with leaning disabilities spoke of their satisfaction with these changes.

Several people we met said they would like employment opportunities but none had them. Edinburgh was slightly above the national average in known adults with learning disabilities in employment. They were well above the national average in people accessing alternative day opportunities. The draft commissioning plan for adult care and support services identified providers of supported employment services for people with learning disabilities, responsibility for which was to be transferred to corporate services in 2011.

The council performed well overall with direct payments and there were plans to increase these. Generally, people we met who received direct payments were enthusiastic about the flexibility these gave them and they described innovative ways of meeting needs and achieving aspirations. There was a direct payments scheme for older people. People with learning disabilities we met with direct payments appreciated the independence they said these gave them, while users of services and carers in both children and families and in adult services said they would have liked more information and more opportunity to consider direct payments and self directed support..

## Children and Families

The indicators for Children and Families services were largely positive and showed significant improvement. The council's own performance monitoring process identified that while improvements had been made, there was a need for further improvement in the percentage of children looked after (at home and accommodated) who had been reviewed within timescales.



Although the council's use of secure care for their own children was more than twice the national average there were energetic efforts to develop alternative appropriate care within the city.

The recently established team for children with disabilities had significantly reduced waiting times for assessment and had established a system for determining priorities and timescales for achieving key performance indicators. It had also developed more flexible community based services. A recent independent review of the work of the team showed a high level of user satisfaction. However, in a focus group of parents of children with disabilities we heard complaints of limited communication about service changes. Parents also said that greater continuity of social worker or designated liaison person would greatly improve communication.

## Summary

We continued to find a mixed picture in relation to positive outcomes in both Children and Families and Health and Social Care services, though there was, with evidence of improvement. Energetic performance monitoring was identifying where further improvement was needed. Edinburgh was continuing to develop work on outcome measures but acknowledged that more work was necessary. We had no further concerns about this area.

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## **5.3 The Quality of assessment and care management**

### **Reasons for Scrutiny**

Eligibility criteria were clear, and services primarily provided to those within the critical and substantial priority groups, but we wanted to learn more about what happened to those who fell below these levels. We were interested in the development of the team working with children with disabilities and their families to assess whether the team had made improvements in the care of this group of people.

We also wanted the views of managers, staff and those who used services and their carers about the services. In particular, there was some evidence from surveys of people who received home care services that these services had room for improvement, including the promptness of workers' arrival, and communication about changes in provision of services.

### **Scrutiny Findings**

The further development of Social Care Direct (SCD) had provided quicker access to a range of support including putting people in touch with other support options available in the community that included a range of lunch clubs and community education classes that reduced their need for a more formal service. However, the council services needed to do more to make the public aware of their strategies to engage in more community based support to enable them to target resources more effectively to those with higher levels of need.

Staff thought SCD had helped reduce the numbers of referrals through the duty system, and that the temporary secondment of service managers to SCD had meant that appropriate knowledge and skills were available at the first point of contact.

Advocates and representatives of service users we met reported some difficulties in getting through to SCD and having to explain the situation to a new person each time they did get through.

The assessment processes were being developed to help staff consider a more outcome focused assessment and care plan. At the time of the scrutiny this was at an early stage in health and social care, and staff had to use a range of different systems to record information, which was cumbersome and time consuming. Managers, however, were beginning to address these concerns.

We found that assessments and care plans were up to date in most of the case files that we read. The quality of the assessments were mainly good or better. However not all of the care plans had taken account of changes for the individuals concerned. We particularly wanted to find out about the experiences of children with disabilities and adults who were receiving support from care at home and housing support services.

We met with a group of parents of children with disabilities. The majority of them told us that they usually received help when they needed it but would have liked greater continuity of social worker so they knew the person they were contacting when anything changed. Some had experienced several changes of social worker. Managers were trying to increase the number of people who received services and were trying to reduce costs by reducing the numbers of children placed out with the council area. They had also increased the level of respite available for children both during the day and overnight and were above the Scottish average in both.

Senior managers acknowledged that in order to give more people support some families received less direct social work support than they used to have. Most people we met who received a service were happy with the service they received, but would have liked to be more engaged to understand the planned changes to the services they received. Carers we met also told us that they did not always know why packages of care had been changed. We thought that managers and staff should do more to share their plans with parents so that they understood how services were changing.

**Recommendation 1**

**The service should improve communication with people who use services and their carers to ensure they are listened to about proposed changes in the services they receive.**

Staff and managers told us that they were supporting more people to remain at home with flexible support. Substantial investments in community alarms and telecare had been important in this development. The day care services review had produced some good outcomes for some people who now had more mainstream day activities in the community. Local area co-ordinators had worked with over 500 people in the previous two years to provide more flexible support to those with less complex needs and help them into employment and education opportunities. We concluded that there had been good progress in providing lower levels of support services earlier to both children and adults to help them gain confidence in managing

their needs. Once needs were identified services were put in place to support individuals.

A survey of users of home care found that over three quarters of the visits were shorter than the allocated time. Users also reported that nearly two thirds of home carers did not carry out tasks as the users would wish. As a result of this survey the council had plans to monitor the time spent on home visits.

We met with several people who used both in-house and commissioned care at home services who were generally positive about the quality of the services they received. "By and large the service is such that you don't have to complain – though it may be limited". Many were receiving regular support from a dedicated group of staff. Managers were working to develop measures to assess the increasing levels of dependency of the people who were remaining at home as well as the changes in needs of people who were being cared for in care homes. The council had commissioned a survey from ISD on the latter.

Those who received support from private providers were less positive than those who were supported by council run services. Carers we met were also of the opinion that the care offered by council services was generally better than that from other providers. They said, however, that when poor services were identified improvements were implemented. A carers' representative we met confirmed this view. In the main, service users were receiving services on time and by a consistent staff group. The council aimed to address concerns through their contract specification and monitoring.

The council and the Care Inspectorate held regular meetings to discuss all poorly performing regulated adult care services. These meetings brought together operational, contract and commissioning, staff from the Edinburgh Community Health Partnership, and Care Inspectorate staff to share information and develop action plans, with a view to supporting improvement in these services.

Criminal justice front line staff reported that there were problems about criminal justice, children and families and health and social care staff having access to aspects of information held on case records. They told us that while case recording was usually available, reports and other documents were not always so. Staff in C&F and H&SC echoed concerns about retrieving information. In our file reading, we found it difficult to find information in general and on risk in particular because of the recording systems in use. It is important that access to information that may be of relevance to any risk to the person using services is available to those who may need it. Managers recognised the difficulties in the systems and were taking action to respond. However, we were told that at present a proposed new e-assessment framework would not be accessible to health or housing colleagues. The involvement of the link inspector in future file auditing processes might be helpful in assessing the impact of these changes

## **Recommendation 2**

**The service should continue to improve systems for recording information about people who use services, and ensure that information is accessible to those professionals who need it.**

Providers of services to people with mental health problems reported difficulties in accessing funding for supported accommodation or care and support for people in their own homes.

H&SC front line staff told us that the reablement team sometimes reassessed an individual and might change the original assessment, but not inform the original assessor. This practice did not seem to be widespread, and there seemed to be variations in the response in different sectors. It would be important for this practice to be reviewed to avoid duplication of work, confusion among staff and any risk because of this to the person receiving the service.

## Summary

Edinburgh was continuing to improve services to children with disabilities and their families, but further improvement was necessary. Managers and staff seemed to be developing flexible methods of helping those with less complex need. Communication with users and carers about changes to services could be improved. We will be interested to see the impact of the development of more outcome focussed assessment and its links with personalisation. The monitoring of the quality of the service to those being supported at home is an area for improvement recognised by Edinburgh. The link inspector will monitor this situation.

## 5.4 Risk Assessment and Risk Management

### Reasons for Scrutiny

Public protection governance and reporting arrangements on risk were in place and strategic direction provided. We found there was clear policy guidance for staff in social work services. Responses to risk were improving in both departments but our file reading results suggested that we should find out more about recording practices and progress being made.

We also wished to examine further the arrangements which had resulted in the increase in reviews in H&SC. We also had questions about the reviews of looked after children. Some concerns about the capacity of the council to protect people with learning disabilities on self directed support were raised in the council's own consultation process.

### Scrutiny Findings

#### Children and Families

Staff in C&F told us that risk assessment tools were part of the assessment framework and staff found these to be useful and comprehensive. Lower level risks were not generally record as part of a risk assessment but were more likely to be recorded in case notes.

Team leaders were improving their understanding of what a good risk assessment and plan should look like. They were working with staff to improve their recording to include analysis. Their standardised tools helped staff to focus. Staff had been trained and supported to use and analyse chronologies. This was at an early stage, and there was variable content of chronologies.

Children and Families front line staff highlighted their concern that permanency work was not always given the priority it should have as delays within legal services meant that work sometimes had to be repeated as it became out of date before orders could be implemented. Managers were working with legal services to prioritise the needs of children awaiting permanency orders to ensure a more streamlined approach.

None of the 6 carers of children with disabilities we met had received regular or recent reviews of the care package, although components of the package had been reviewed by individual service providers.

The head of children and families reported a significant improvement in reviews of looked after children. Performance information had also been improved. More resources had been targeted, a new manager appointed to lead this process and staff moved into one office.

Some staff in C&F were concerned that the constant need for throughput of cases meant that the quality of the work with individuals and families could be reduced, for example linking people to other community supports and having sufficient protected time to build relationships with children and their families. The early intervention team had a growing waiting list which meant they did not always become involved as early in a situation as they would have liked.

The concern about the quality of work was echoed by front line staff in H&SC, where some thought that a new allocation system made it more difficult for them to organise their caseloads. They thought that this system reduced waiting lists on paper but could adversely affect the quality of the work they did with people who use services, for instance because reviews were rarely allocated to those who did the original assessment and therefore already knew the details of the service user's situation.

### **Recommendation 3**

**The service should ensure that workload monitoring and file auditing takes account of the quality of the work undertaken by staff, and its impact on service users, and takes the views of staff into account when making changes to workload management.**

Health and Social Care

The consultation exercise undertaken by H&SC for the joint learning disability capacity plan for 2010-2020 identified issues around ensuring the safety of some service users linked to self directed support. The CSWO supported the view of front line managers and staff that people in receipt of direct payments would be reviewed regularly, the level of review dependent on professional judgement about the level of need and risk for the individual service user. Staff continued to monitor services to people in receipt of direct payment and gave examples of situations where payment was ceased and other ways of delivering services introduced when a risk in continuing direct payments was identified.

The team working on the personalisation and outcomes agenda recognised the need to have a clear risk assessment included in the process. They recognised the need to approach reviews differently, for instance when someone had direct payments where potential abuse was an issue. This was to be taken forward through one of the work streams.

The review of services offered to individuals is an important element in care management to ensure that the appropriate services are being offered, particularly in response to changing needs and the identification of and response to risks. H&SC had identified that many people they were supporting were not receiving reviews, or were waiting a long time to have their review.

We had noted the increase in reviews undertaken in H&SC recently to reduce the backlog. While we welcomed this, we had some concerns whether these reviews were being undertaken by appropriately qualified and trained members of staff, and that some were being undertaken by telephone. Both front line staff and their immediate managers assured us that it was very rare for a review to be undertaken by telephone, and that front line workers would use their professional judgement to decide if it was ever appropriate to do so. We were assured by senior managers that decisions about who would undertake reviews would be taken by managers and that reviews would be undertaken by appropriately qualified and experienced staff.

Ten service users we met who were receiving home care services did not think they had regular reviews of their care. Most of the older people we met who were receiving a range of services told us that their services were reviewed and that changes were made to increase or decrease the number of hours of support they received when their needs changed. People with learning disabilities were less positive and thought that sometimes their support arrangements could be more flexible. Some spoke of their services being reduced. Their service was regularly reviewed but some people did not think that their needs were listened to unless they were represented by an advocacy service.

In response to our concerns raised about people with learning disabilities being placed in residential care homes for older people, front line staff, managers and senior managers told us that this would be very unusual, and would be carefully considered in a process following a multi-disciplinary assessment involving the person and family members. Each of the service users would receive an annual review by one of two dedicated learning disability workers.

The Edinburgh Learning Disability Plan Update Report which was presented to Health and Social Care Committee on 24 May 2011 highlighted the concern that had been raised locally and nationally about people with learning disabilities living in care homes for older people. The report identified 43 people placed in Edinburgh and 5 out with Edinburgh, but stated that only 4 were under 65, 2 of whom also had dementia and two with extremely complex needs. An action plan was being developed to address the issue.

#### **Recommendation 4**

**The service should continue to improve review processes and ensure that those most vulnerable, are subject to regular reviews by appropriately qualified and experienced staff, and any concerns raised responded to quickly.**

#### Summary

The service was continuing to improve risk assessment and management processes. Given the concerns of staff about their ability to continue to provide the best quality of service, managers should continue to monitor the quality of work of front line staff through supervision and file auditing processes. The review of people who use services, both in their own homes and in residential care, was an area of particular concern. The improvement of the review process and the monitoring of reviews is an important area for continued scrutiny and development. This remains an area of uncertainty.

### **5.5 Self Evaluation**

#### **Reasons for Scrutiny**

Edinburgh's commitment to self evaluation and improvement was clear through the Senior Management Teams regular reviews of performance, the use of the Edinburgh Improvement Model (EIM), regular file audits, and responses to inspection reports. There was a strong quality assurance process in place, with a dedicated team.

We found that C&F showed a more positive picture than H&SC in the results of EIM and file audits. We did not have evidence of follow up audits for most groups and were therefore unable to be clear about whether improvements had been made. We were particularly interested in follow up audits for people with learning disabilities.

#### **Scrutiny Findings**

The social work services had performance management groups, which brought together information and quality assurance staff and senior managers. The Quality Assurance Service was responsible for the wide range of evaluation and audit

activities. Every service had been subject to scrutiny, including file audit and EIM reviews. The senior management groups regularly reviewed performance data using scorecards and traffic light systems. The reports they received contained comprehensive and up to date performance data, with action plans, most of which were SMART. These groups also tracked responses to external inspections from SCSWIS, HMIE and the Care Commission. There had been particular concern to deal effectively with the problems identified by HMIE in child protection.

The Council received regular reports on the conclusions of these various forms of audit and evaluation. Some of these reports included thoughtful assessment of the challenges faced by some services and how these could be dealt with. There were notable examples of critical and well argued proposals for service strategy and improvement plans.

Edinburgh had a comprehensive file audit programme. These audits included action plans to deal with identified shortcomings in care management. In some services, especially Child Protection and Criminal Justice, these action plans were carefully followed up and the results scrutinised in further audits. However, in some adult services, including those for learning disability, mental health and addiction, where some serious shortcomings had been identified in 2009 and 2010, there were delays in the planned follow up audits. We were informed that a new file audit programme had recently been agreed which would address these gaps. Adult protection audits had been completed, Mental Health Officer self evaluation had been carried out and quality assurance groups for the key service areas have a regular programme of self assessment and improvement planning..

Team managers received performance data relevant to their service, for example from file audits. They told us this was helpful. Front line workers were less aware of the results of the service's efforts to track and evaluate its performance. They told us they would like more feedback. We could not identify any systematic method of disseminating to staff the conclusions of the service's extensive methods of service review but we were told that there were now plans for disseminating good practice between teams.

Staff reactions to EIM service reviews were mixed. Almost all staff said the review process had been exhausting and frustrating, with too much repetition and jargon. Many staff said they had been poorly prepared for the review. This meant that service information, essential for the review process, was missing. We also heard criticism that some EIM facilitators' lack of knowledge about some services had meant that important components had been omitted, and there were instances where the focus of the review had been too wide to produce meaningful conclusions. However, there were also services where managers told us that the EIM reviews had stimulated staff to examine service goals and processes, and this had resulted in significant improvements.

Managers we met were fully aware of the problems which had arisen in the first round of reviews and they now planned a more streamlined programme which took account of these difficulties. These managers had also identified the need for improved communication with staff.



The council acknowledged that its case recording and IT systems were not well integrated and this made it difficult to aggregate performance and user based data. We were told that work was being done to deal with these difficulties.

The council was aware that it needed much more systematic information about outcomes for users. It was hoped that work on the personalisation agenda would lead to progress with this important goal.

## Summary

Edinburgh showed a firm commitment to self evaluation and quality assurance. Self evaluation was undertaken in a variety of ways including scrutiny of different service components using the Edinburgh Improvement Model (EIM) and regular file audits. The senior management group frequently reviewed SOA targets and had access to detailed performance data. The Council received full reports on progress towards agreed goals. In depth evaluation of some service innovations, which focus on the impact on service users, would provide valuable missing information. Staff of all grades would also benefit from more dissemination of performance information. We had no further concerns about this area.

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## Recommendations for Improvement

### Recommendation 1

**The service should improve communication with people who use services and their carers to ensure they are listened to about proposed changes in the services they receive.**

### Recommendation 2

**The service should continue to improve systems for recording information about people who use services, and ensure that information is accessible to those professionals who need it.**

### Recommendation 3

**The service should ensure that workload monitoring and file auditing takes account of the quality of the work undertaken by staff, and its impact on service users, and takes the views of staff into account when making changes to workload management.**

### Recommendation 4

**The service should continue to improve review processes and ensure that those most vulnerable, are subject to regular reviews by appropriately qualified and experienced staff, and any concerns raised responded to quickly.**

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## 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;
- 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.

### Appendix 1: Scrutiny sessions list

<b>Scrutiny Activity</b>	<b>Number of sessions undertaken</b>
Focus groups with people who use services	2
Focus groups with Carers	2
Meetings with Front Line Staff, First Line Managers & Middle Managers	14
Meetings with Senior Social Work Managers and Partner Agencies	5
Observation of Meetings	
Etc.	
<b>Total</b>	23