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To: Cabinet – 13 July 2009

Subject: **INDEPENDENCE WELLBEING & CHOICE INSPECTION**

Classification: Unrestricted

Summary:

1. The final Report of the Independence Wellbeing and Choice Inspection undertaken in March will be presented to Cabinet by the Care Quality Commission.
 2. This Report presents the agreed Action Plan to address the Recommendations of the Report.
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Introduction

(1) The Independence Wellbeing Report is currently embargoed until it is presented by the Care Quality Commission to Cabinet (CQC) at the meeting on 13 July 2009. Enclosed with this report is the action plan (appendix 1) that we have agreed with CQC to address the recommendations of the report. CQC have agreed for us to share the action plan in advance of the report.

(2) In March 2008 Kent Adult Social Services (KASS) was inspected as part of the national programme of 'Independence Wellbeing and Choice' Inspections. This report presents the Action Plan agreed with the Care Quality Commission.

(3) The core theme of all the inspections is 'Safeguarding Adults'. A further one or two themes are also chosen. In the case of Kent the theme of 'Delivering Preventative Services' with a focus on older people was selected. Outlined below are the reasons why Safeguarding is considered to be of such importance that it features as a core theme.

Impact of Safeguarding Adults

(4) Kent Adult Social Services (KASS) is accountable for safeguarding vulnerable adults in Kent, working with partners. This is laid out in the

Department of Health Guidance 'No Secrets'¹ In practice this means the arrangements in Kent are managed through the Kent and Medway Safeguarding Committee, which the Managing Director for KASS chairs. In summary, KASS has a lead responsibility to safeguard vulnerable adults from physical, sexual or financial abuse or neglect.

(5) Who is included under the heading 'vulnerable adult'?

- An Adult (a person aged 18 or over) who 'is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. (Definition from 'No Secrets' March 2000 Department of Health)
- This could include people with learning disabilities, mental health problems, older people and people with a physical disability or impairment. It may also include an individual who may be vulnerable as a consequence of their role as a carer in relation to any of the above. Their need for additional support to protect themselves may be increased when complicated by additional factors, such as domestic violence, physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems, social or emotional problems, poverty or homelessness.
- Many vulnerable adults may not realise that they are being abused. For instance an older person, accepting that they are dependent on their family, may feel that they must tolerate losing control of their finances or their physical environment. They may be reluctant to assert themselves for fear of upsetting their carers or making the situation worse.

(6) There are important similarities between adult protection (safeguards) and child protection (safeguards). Both areas involve managing high risk, which can have devastating effects on individual's lives if things go wrong and with potential media impact. However, the framework of law is different, leading to more complex interactions for adults, and with no actual power to "take into care" in extremis, as exists for children. The need to safeguard vulnerable adults can occur in the community or in residential or hospital settings. A further dimension is where the wider community can be put at risk.

(7) Recently there have been a series of high profile adult safeguarding issues, which have come to the attention of the national media. Partly as a response to this and to ensure there are robust adult protection / safeguard processes in place across the country, the Commission of Social Care Inspectorate (CSCI) began in November 2007 a programme of inspections of all Local Authorities with Adult Social Care Responsibilities. In all these

¹ The 'No Secrets' DOH guidance, March 2000 was issued under Section 7 of the Local Authority Social Services Act 1970

Inspections Safeguards has been a core theme. This Programme has been carried on by the Care Quality Commission (CQC), which replaced CSCI on 1 April 2009. The personalisation agenda and the CQC approach to safeguarding vulnerable adult's means safeguarding will continue to be a high profile issue.

Independence Wellbeing & Choice Inspection

(8) The Inspection took place between 10th and 18th March 2009. There were two CSCI / CQC Inspectors. The lead Inspector was Silu Pascoe. There was also an expert by experience. The expert by experience is 'someone with direct experience of relevant services'. The Audit Commission took the opportunity the Inspection gave to undertake some joint work with CQC, however they will be reporting separately on their findings.

(9) The themes Safeguarding Adults and Delivering of Preventative Services are rated in the following way:

- Poor (1), Adequate (2), Good (3) & Excellent (4).

(10) As well as the two themes outlined above the Inspection examined the domains of 'Leadership' and 'Use of Resources' under the heading of 'Capacity To Improve.' This is rated in the following way:

- Poor(1), Uncertain(2), Promising(3) and Excellent(4)

(11) The Inspection followed a familiar format of file audit, submission of documentation and self assessment, focus groups with service users and with carers, partners, staff, as well as interviews and visits.

(12) The final report is usually published eight weeks after the fieldwork has been completed. Owing to the timing of the County Council elections publication of the report was delayed. The original timetable for publication of the report clashed with the period of purdah and therefore the earliest 'appropriate public council meeting' the report could be presented was Cabinet on 13 July 2009.

(13) KASS was pleased that the report found that 'the council and its partners' gave 'a high priority to adult safeguarding' and 'have a clear focus on promoting the independence of older people'. It was also noted that 'the council had an ambitious and purposeful vision that was jointly owned by partner agencies'.

(14) The Directorate welcomes the findings of the inspection and believes them to be positive and give a good insight into areas, which can be improved. An action plan has been agreed with the Care Quality Commission, which is presented here. The action plan has an internal monitoring process to support and report upon progress. Any issues associated with delivering the action plan will be reported to Cabinet Members.

(15) As well as the major recommendations, the report through the text also suggests other areas where improvements can be made. To address these, the Directorate has developed an internal action plan which will be monitored with regular updates to the Directorate's Strategic Management Team.

Recommendations

(16) Cabinet is asked to note The Action Plan, and the Report when it is presented by CQC on 13 July 2009.

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Attached documents
Appendix 1 - Independence Wellbeing and Choice Action Plan