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To: Adult Social Services Policy Overview Committee –
22 September 2009

Subject: **'INDEPENDENCE WELLBEING & CHOICE' INSPECTION**

Classification: Unrestricted

Summary:

1. The final report of the 'Independence Wellbeing and Choice' Inspection undertaken in March was presented to Cabinet by the Care Quality Commission on 13 July 2009.
 2. This report outlines the main findings and presents the agreed Action Plan to address the recommendations of the report.
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Introduction

1. (1) 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 main findings of the Inspection and the Action Plan agreed with the Care Quality Commission (CQC).

(2) 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

2. (1) 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.

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

(2) 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.

(3) 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.

(4) 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 for Social Care Inspectorate (CSCI) began in November 2007 a programme of inspections of all Local Authorities with Adult Social Care Responsibilities. In all these 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 and Choice' Inspection

3. (1) 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.

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

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

(3) 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).

(4) The inspection followed a familiar format of a survey conducted by the inspectors, file audit, submission of documentation and self assessment, focus groups with service users and with carers, partners, staff as well as interviews and visits.

(5) 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.

Main Findings

4. (1) The CQC concluded that Kent's safeguarding of adults was **Good** and that delivery of preventative services in Kent was **Excellent**. The CQC also concluded that capacity to improve in Kent was **Excellent**.

(2) KASS was pleased that the report found that 'the council and its partners' gave 'a high priority to adult safeguarding' and that 'once safeguarding alerts were made, risk was well managed and people were appropriately protected'. In addition, the report found that the council 'has a clear focus on promoting the independence of older people and a strong emphasis on enablement and rehabilitation'. It was also noted that 'the council had an ambitious and purposeful vision that was jointly owned by partner agencies. Its strategic direction and priorities were clear and the prevention agenda had been given a high priority. Political and managerial leadership was strong'.

(3) 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.

Action Plan

5. (1) An Action Plan has been agreed with the Care Quality Commission, which is presented here (Appendix 1). 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.

(2) There are nine recommendations in total following the Inspection. Accountable leads have been assigned to each recommendation from Kent Adult Social Services and the Kent and Medway Partnership Trust (KMPT) and each has a Directorate Strategic Management Team sponsor.

(3) Work is currently underway on each of the nine recommendations to ensure that desired outcomes and timescales are met. East Kent, West Kent and KMPT have developed action plans based on the Inspection Action Plan agreed with the CQC, and these will be monitored by the respective management teams on a regular basis.

(4) Progress towards the Action Plan will be monitored at routine business monitoring meetings by the CQC. The progress will be formally reviewed at the next meeting in December 2009 which will involve our Area Manager, Carol Williams, and Lead Inspector, Silu Pascoe.

(5) 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

6. (1) Members are asked to NOTE and COMMENT on the report and attached Inspection Action Plan.

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Attached documents
Appendix 1 – 'Independence Wellbeing and Choice' Inspection Action Plan