



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

**CSSIW Review of Powys County Council:
Adult Social Services Department
October 2011**

FUNCTIONS AND PURPOSE OF THE CARE AND SOCIAL SERVICES INSPECTORATE WALES

The Care and Social Services Inspectorate was set up in 2007 as an operationally independent division of the Welsh Assembly Government. The powers and functions of the Inspectorate are enabled through legislation including the Health and Social Care (Community Health and Standards Act) 2003. Our powers allow us to review local authority social services at a local and national level, to inform the public whether services are up to standard, to promote improvement of services and to help safeguard the interest of vulnerable people who use services and their carers.

CSSIW may also work in collaboration with other audit, inspectorate and regulatory bodies in Wales to review areas of mutual interest or concern. The work of the inspectorate in Wales also includes:

- Inspection of local authority social services
- Registration of social care services
- Inspection of registered social care services
- Investigation of possible breaches of the Care Standards Act 2000 and supporting regulations by service providers
- Responding to complaints concerning both adult and children's services
- Reinforce standards in regulated services and encourage councils and providers to commission, provide and manage better services.
- Promote joint working with other national regulators.

We aim to ensure the experiences of people who use, or need, local services are at the heart of our work.

INSPECTION OF ADULT SOCIAL SERVICES

POWYS COUNTY COUNCIL

SEPTEMBER TO OCTOBER 2011

INSPECTION TEAM:

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CONTEXTUAL INFORMATION

Management changes at a senior level within the social services department have been ongoing, and temporary appointments have been in place for some time at both Director of Social Services and Head of Adult Services level. This has led to a lack of continuity in providing leadership and as a consequence created many challenges for the authority and its personnel. This has come at a time when the authority was facing significant challenges in modernising adult social services alongside improving the performance of the adult services the authority provides.

In March 2010 a new Director of Social Services was appointed on a further interim basis. It is envisaged that both Powys County Council and Ceredigion County Council will share one statutory Director of Social Services post and seek to integrate management, strategic and operational functions and responsibilities across local authority boundaries where possible and appropriate to do so. The appointment of a 'joint' Director of Social Services is not only the first in Wales but also followed the decision of Powys County Council not to seek to appoint a Director as head of an integrated Social Services and Local Health Board for Powys. This decision has also resulted in the return, after some two years, of the Head of Adult Services to her substantive post. Although some uncertainty remains in respect of the future role of the Director, social services is now able to benefit from experienced leadership and improved management continuity within Adult Services.

Previous reports by both the Wales Audit Office and CSSIW highlight the challenges facing the Director and his senior management team in Powys. The Wales Audit Office 'Annual Improvement Report January 2011' highlighted that there is a longstanding need to modernise the Council's adult services and improve its strategic development. The report also recognised that responsibilities and accountabilities of different agencies for strategic development were not clearly set out, there is no effective change management plan or commissioning and procurement plans for modernising adult services.

CSSIW's 'Annual Review and Evaluation of Performance 2009/2010' also highlighted that assessment and care management functions "remain a cause for concern and highlight continued weaknesses that would require robust leadership and sustained focus to resolve if the people of Powys are to benefit from a modern coherent range of services". Concerns are also raised in CSSIW's Annual Review and Evaluation of Performance 2010/2011 which highlights that "whilst a wide range of service and practice reviews have and are taking place within adult services little change, to improve the experience for people who use services, has been evidenced by the County Council. Most of the Inspectorates recommendations made in last year's report, 2009/2010, have not been addressed and the authority appears to be no closer to putting in place the commissioning and procurement strategies needed to expand access to and develop a broader range of quality services."

OVERALL CONCLUSIONS

The appointment of a new Director of Social Services and the return to post of the Head of Adult Services has the potential to provide the positive leadership and improved management continuity that is essential in driving forwards the Change Plan and areas for improvement. Adult Services staff are committed, innovative and their work and support is highly valued by service users. There is also a commitment and willingness at all levels to change and this will support future service improvements. This report should be seen as a route map for change in key areas. In this context this report highlights the importance of avoiding further organisational drift and the need to focus on a 'back to basics' approach as a platform for development.

This inspection highlights that Adult Social Services in Powys needs to improve commissioning, the provision of services to disabled people and care management. The authority also needs to take appropriate actions to ensure that it is fully meeting its statutory duties and functions as prescribed under legislation and statutory guidance. Management systems also need to be strengthened to ensure that responsibility and accountability for the delivery of quality services is embedded.

CSSIW recognises that Adult Services is engaged in the Powys County Council Change Plan. Development of the Powys Change Plan means that the Council is better placed to develop its strategic priorities and these are necessary initiatives designed to raise services from a very low base. It is also imperative that basic operational policies and systems are aligned and are effectively managed and implemented. In six of the key areas or domains inspected we have rated these as being a 'priority for improvement' and the seventh area requires 'further development'.

In this report CSSIW have described the priorities for improvement in both broad and specific terms. It will be for the authority to determine how these are prioritised and addressed alongside the Powys Change Plan. Given the level of change required, addressing the recommendations will take time, resources and commitment. CSSIW would wish to work closely with Members and officers to ensure that an action plan is developed which prioritises critical areas and has clear milestones.

Our findings are summarised below. These indicate areas where Powys Social Services is doing well and also areas which are priorities for improvement.

ANALYSIS OF STRENGTHS AND AREAS FOR DEVELOPMENT

What Powys County Council was doing well to support Access to services for older and disabled people.

Locality based duty officers know the range and availability of local services in detail, this supports signposting and advice giving at the point of enquiry.

There is a regular focus on first contact service performance and monitoring of its quality is good.

Recommendations for improved Access to services for older and disabled people.

Improve access to services by increasing the range and level of services available and by ensuring there is equity in what is available across the authority

Improve quality of recoding of enquiries and referral taking.

Ensure that partner agencies can access and understand referral routes.

Ensure that eligibility for services is consistently recorded and that criteria are applied consistently, fairly and reflect published County Council policy.

Eliminate waiting lists and improve management accountability and oversight of performance.

Review the information available to people and offer a consistent response to people's difficulties across the County.

Eliminate the delays between the time that an enquiry or service request is received and allocation to the relevant social work team.

Demonstrate that information and access routes have increased service uptake and are consequently having a positive impact on people's lives.

Ensure that contact service performance and monitoring has a positive impact in realising performance improvements.

What Powys County Council was doing well to support Assessment for older and disabled people.

Some assessments were well written drawing upon service user's wishes and aspirations, the analysis of evidence and the adoption of a person centred approach.

Recommendations for improved Assessment for older and disabled people.

Ensure that all assessments are person centred, outcome driven and of good quality so that the wishes and aspirations of users are captured and appropriately reflected.

Ensure that users and carers receive a timely assessment of their needs

Develop policy and systems to effectively manage demand, the weighting of caseloads and allocation of work between practitioners of different grades, qualification and experience.

Review DRAIG to ensure that it is compliant with the Unified Assessment Process and that the time taken to record assessments is proportionate and not overly burdensome.

Ensure that users and carers can contribute to their own assessments and that practitioners are fully conversant with such practice as part of a wider person centred approach.

What Powys County Council was doing well to support Care Management & Review for older and disabled people.

Reconfiguration of care management teams

Development of an integrated care model with health services.

Recommendations for improved care management and review for older and disabled people.

Improve the consistency and quality of care plans and ensure that all support and intervention is linked to an accurate, costed care and service delivery plan.

Implement an outcome based approach to care planning which reflects the wishes and aspirations of people who use services.

Improve management oversight of care planning to ensure that intervention meets individual needs and that outcomes are realised for people who use services.

Ensure that all carer's assessments are linked to an appropriate care plan.

Ensure that case records are updated and accurately reflect the actions and decisions taken.

What Powys County Council was doing well to support the availability of a Range of Services to older and disabled people.

Enabling staff in some areas to be creative in developing local services for people where services are not easily available.

Frequent compliments were made by older people for the quality of support provided by social workers, occupational therapists and the care staff who support them in the community.

Plans are in place to improve the range and scope of community based services.

Direct Payments are providing increased choices for people.

Rhyader Home Support service is praised and valued by people who use services.

Recommendations to improve the range of services provided for older and disabled people.

Reverse current trends for residential placements and support more people within their own homes with a wider range of services.

Improve the management of risk to independence through early intervention, prevention and reablement services.

Improve collaboration and communication with third sector and private care agencies.

Invest in and create age appropriate services for disabled people.

Increase the focus and pace of development of Occupational Therapy services.

Remove delays in time taken to undertake Occupational Therapy assessments and review current arrangements to improve the Joint Equipment Store and service.

Improve working across internal barriers with housing services and housing maintenance to improve Disabled Facilities Grant performance.

Increase access to Direct Payments.

Review functioning and structure of Powys Domiciliary Care Agency.

Ensure that hospital discharge support services are effective and timely in meeting assessed needs.

Complete and implement a 'Telecare' Strategy to provide a consistent county wide service.

Build upon the recent review of day centre transport to improve the service for people in receipt of services.

What Powys County Council was doing well to support the quality of services provided to older and disabled people.

People who use services value the services provided or commissioned by the authority and many stated that they were consistently treated with respect and spoke highly of both social workers and carers.

Specific services, including East Radnor Day Centre and Rhyader Home care Services were singled out for specific praise.

Direct Payments are seen by people who use services as offering a much more flexible service than traditional care services affording greater choice and control.

Changes in need are responded to promptly.

Recommendations to improve the quality of services provided for older and disabled people.

Service in many areas is limited and the quality described as variable; Improved coverage and consistency is needed.

Increased monitoring and quality assurance of directly provided services are needed.

Reablement and preventative services require increased development and availability needs to be expanded across the County.

Work between the Council and Care and Repair should be utilised to review costs and address service user concerns including time taken from referral to completion of work, streamlining processes and agreed standardised charges.

Community transport is seen by people who use services as being critical to access services and social services has a role to play in improving service quality and coverage.

Service flexibility is seen as limited and contingency planning needs increased development to ensure that risks are planned for and met.

What Powys County Council was doing well to support the Commissioning and Contracting of services for older and disabled people.

Extended the interim appointment of the Commissioning Manager which has improved communication and provided clarity with social care providers about future commissioning intentions.

Appointed an experienced project manager to provide expertise in social care procurement to underpin the development of a new Framework Agreement.

Recommendations for the improved commissioning and contracting of older and disabled people services.

Progress, in a timely way, the development of effective commissioning strategies in partnership with all stakeholders.

Progress, in a timely way, the completion of a population needs analysis that draws upon accurate and reliable care management information as well as national data.

Develop age appropriate services for disabled people in consultation with people who use services

Develop an improved range of quality services which are outcome based and facilitate choice, empowerment and social integration for people who use services.

Improve the frequency and quality of communication with all social care providers.

Develop and implement robust financial and quality control systems.

Implement effective contract monitoring systems linked to current and updated service level agreements.

Engage more effectively with voluntary and private sector social care providers.

What Powys County Council was doing well to support leadership and culture

Has appointed a Director of Social Services which brings experienced leadership and stability to social services at a corporate level.

Has improved management continuity within Adult Services by returning the substantive post holder to the role of Head of Service.

Recommendations for improved leadership and culture.

Ensure that the Head of Service and her management team have the resources to focus upon delivery and oversight to ensure that service improvement plans are implemented and produce real change.

Ensure there is sufficient capacity, skill and capability within adult services to realise change and service improvements.

Review work load priorities for Shire and other managers to align them with the change and improvement agenda and to ensure responsibility and levels of accountability for service improvements are fully embedded.

Resolve tensions between the Business Performance Unit and the service in relation to ownership of performance data and accountability for improvement.

Review and consolidate performance indicators to underpin the monitoring of service performance and accountability for service delivery.

Invest in becoming a learning organisation so that lessons learned from monitoring and evaluating performance are embedded and acted upon.

Improve the linkages between performance monitoring, contracting and commissioning.

Ensure sufficient capacity to develop, monitor and evaluate commissioning strategies, service quality and contract compliance for commissioned services.

Progress the implementation of the Welsh Government's Commissioning Guidance in partnership with all relevant stakeholders.

Ensure that systems which enable decision making are timely, robust, fair, consistent and transparent.

KEY FINDINGS

Access to Services

Can people find out what help is available, where and how to get it?

How does the authority encourages use of services by all those who are eligible?

Each locality team has developed an office duty system and a positive strength is that locality based duty officers know the range and availability of local services in detail. This supports signposting and advice giving at the point of enquiry. However, services are not easily and readily accessible. The introduction of a centralised intake system is not currently effective or fully embedded; waiting lists for community care assessments and the provision of aids, equipment and adaptations lack either effective management or corporate ownership across internal boundaries and there are hardly any age appropriate services for younger disabled people. Additionally, the County Council remains unable to ensure that it is providing information that people need or that it is appropriately promoting access to its services.

Whilst there is a regular focus on first contact service performance and monitoring of its quality is good, actions to improve referral taking and signposting are not routinely taken and overall quality does not appear to be improving. In some case files there were excellent referrals which provided good information, some analysis of the cause of presenting needs and recent changes in circumstances and details of effective signposting to additional sources of help or support. In other cases information and detail provided were insufficient; referrals examined were often brief in detail and failed to describe the impact of presenting problems. In other cases practitioners requested services without stating the presenting need or risk to independence. Audit reports highlight, in respect of referrals, that “In many instances the same recommendations for improvement are carried forward from one audit to the next and have not been addressed.”

In the Radnor area Powys is beginning to address these performance areas through training and development structures for social workers including the launch of the Social Worker Development Forum, self audit processes around care management and addressing areas highlighted in Quality Audits directly with staff.

Staff highlighted that at first the Call Centre was operating in Brecon area. At that time the quality of referrals did improve but now that the service has gone county wide referrals are poor again. Practitioners' felt that at best the quality of information, and hence referrals coming through are variable and in some cases it is increasing workloads as people are having to “re-do / check things”.

The end of year quality care management audits report for 2010 highlights that of 183 files examined 58% or 107 were assessed as being adequate or poor in the recording of eligibility decisions. Adequate examples relate to cases where staff had completed an eligibility matrix but had provided no factual description of need.

Examples of poor recording included the allocation of services to people with low level need where the threshold of the authority is moderate or above. The concern identified by the Quality Audit Report is that new care plans are often developed signifying significant changes in need yet the assessment has not been updated from which risk level is identified and eligibility for services determined.

Provider agencies, in both the private and voluntary sectors, described the present arrangements as confusing and inconsistent at best. They added that the introduction of the new 'call-centre', coupled with high sickness levels in social services, had exacerbated the problem and it often meant that messages were not responded to and it was becoming difficult to access reviews and gain help or support for users.

Assessment

Do people receive a good and timely assessment of their needs?

The quality of assessments reviewed by inspectors was variable not only between the Shires but also within Shires from practitioner to practitioner. Recurring weaknesses included delays in the time taken from referral to assessment, the lack of a consistent person centred approach, assessments do not consistently capture the wishes or aspirations of users and there is a fundamental absence of any outcome based approach. Many people who use services do not receive a timely assessment of their needs and assessment and the provision of services to disabled people and particularly those with complex needs, are under developed. Effective assessment and care management appears to be hampered by increasing demand, which is not effectively managed; this impacts upon the Council's ability to manage risk to independence, prevention and early intervention.

Case loads vary significantly between teams of the same discipline and there is no clear formal method for weighting practitioner case loads. Staff stated that workloads are high (70 – 110 cases each); in some areas they have also absorbed the cases of staff who are on sick leave or who have left. They also estimate that on average about twenty cases, at any one time, are complex and always very active and juggling this is, with fewer resources, a challenge. Currently there is no difference in what is allocated to qualified social workers and non qualified case managers. Information technology processes were also described as being 'clumsy and take a lot of time'. A care manager estimated that it was taking an average of approximately four hours to type an assessment into the system, which adds to delays in responding to requests for assessments.

In one Shire people who use services were routinely waiting for twelve months for assessment by an Occupational Therapist due to staff shortages. A 'Trusted Assessor' service, (including training up sheltered housing wardens), was introduced by the authority but this failed to have any significant impact as assessors lacked the confidence needed to fully engage in the role.

There is evidence from both the Inspectorate's review of files and the authority's own Quality Care Management Reports that user participation in assessments is at best inconsistent or of only adequate quality. Examples of poor practice were evidenced where users had neither contributed to the assessment, nor signed it and in one case the assessment focused exclusively on carer's needs and wishes as opposed to the service user, without any rationale being given for such an approach. In another case there was no evidence to suggest that the case manager had sought the views of a service user prior to admission to a care home and the placement was extended for some months purely at the request of the carer.

However some people who use services and carers interviewed did state that they were engaged in and contributed towards the assessment process. Some recalled signing the assessment and others that they had expressed views and opinions about their needs and how these might be addressed. People who use services stated that they are aware that staff, (Social Workers and Occupational Therapists particularly), are "constantly fire-fighting." An analysis of complaints received in 2010/2011 highlights delays for people who use services in relation to decisions on funding delivery and implementation of services and communication.

In some areas Best Practice Forum and Social Worker Checklist are being used which will, in future, help to ensure that service users and carers are central to the assessment and care planning process. Projects are underway to involve service users in quality assurance process in relation to the services they are receiving. Developing supported self assessment tools and increasing access to independent advocacy will help to address this area. Training and development for care managers and embedding the social worker development forum across the county may also help to raise standards and ensure consistency in practice and outcomes.

Care management and review

Do people have a good up to date care plan describing the services that will be provided to meet their needs?

During the inspection some care plans were seen which translated good assessments into comprehensive care plans, which linked associated risks and intended outcomes of the support provided as well as defining the roles and responsibilities of both formal and informal carers. However the quality of case files assessed highlighted significant variance in standards of performance between social work teams.

In one complex case, involving the provision of support to two vulnerable carers, one had mental health issues and the other was terminally-ill, assessments were completed which documented their needs but no contingency or care plans were put in place to support them despite the fact that they individually triggered Powys's eligibility criteria as both people who use services and carers. This is not an isolated case as documentation provided by the authority recommends that team managers ensure that care plans are developed for carers who access services.

Care plans were seen to be too brief in detail, lacking in key information or failing to anticipate or reflect changing needs in packages of support. The quality audit report in June 2011 commented that "It was concerning to see that cases which had previously been audited in January, and actions recommended, remained inaccurate".

There is also evidence of a lack of management oversight of care plans where increases in care packages had been agreed when previously the care plans were assessed as being inaccurate or of poor quality. Documentation seen also highlighted a case where a service user had been in receipt of services since 2005 and there was neither an assessment nor care plan in place and no reviews of the service had been completed since the service began.

Powys County Council's move to a 'paperless office' has also created communication problems in sending, updating and receiving care plans. Equally the review of care packages by care managers was described as patchy and inconsistent. For example one service user within residential care had not had a review by the local authority for two years despite repeated requests for this to happen. Providers attributed this and other case examples to care managers being on maternity leave or long term sickness without alternative cover being available.

Case records examined demonstrate that user's wishes or aspirations were not consistently reflected in care or service planning documentation. However telephone interviews with people who use services confirm that they felt that they had had the opportunity to shape their care and service delivery plans and that these were provided promptly. Care agency staff were described as being considerate and would make some adjustments to care plans and routines at the request of users or informal carers. Poor examples were seen where assessments were out of date or had not been completed despite the

fact that a service had been provided. Other poor examples noted relate to files where there were no assessments and/or the care plan had been developed but the assessment had not been updated. In some cases risks had been identified and described however no risk or contingency planning was evident or available to inform decision making.

Social workers do not routinely close cases and whilst six-weekly reviews, following the introduction of a service, are said to take place annual reviews are not prioritised and are often late due to workload pressures. Staff stated that annual reviews are completed as soon as possible and were aware that time scales needed to significantly improve. It was unclear from case files examined how involved people were in the review process. Some case files explored with people who use services the quality and consistency of the care provided and noted their views or concerns. Other case files contained limited information which focused upon changes to care plans or service provision.

Quality assurance reports in June 2011 highlighted that 30% of files reviewed demonstrated poor quality. These included cases where there was no evidence of review, reviews were completed but care plans were out of date prior to and following review and in some cases the review had led to increased service provision and neither the needs assessment or care plan were subsequently updated. In some cases no formal review of residential or nursing placements had been completed and no discussions had taken place with users to see if they wished to remain in care.

Inspectors found that case notes were relevant but there were obvious gaps in recording which failed to support decision making and actions taken by practitioners. In a number of cases within DRAIG, (client record system), assessments were not electronically available and this was explained by officers as being the consequence of moving to a 'paperless office system' within Powys. However, there were examples of an absence of recent, current records which should have been held electronically as these would not have been part of the previous paper based system of record and file management.

Range of Services Provided

Can people expect to receive services that meet their assessed needs and keep them safe?

More people are entering residential care settings, fewer people are being supported in the community and adult people who use services, particularly those with a disability, do not benefit from a wide range of services. The range of services described as under development with partner agencies is considerable and includes; transitional care beds, assistive technology services, extra care housing support, low level preventative services and housing adaptations. These are necessary initiatives designed to raise services from a very low base to a level comparable with service provision that has developed a lot quicker, in other parts of Wales. The planned development of these and other services have not been converted into clear purchasing intentions.

The authority's approach in managing risk to independence does not empower users nor provide flexible or timely services which promote choice. Beyond existing relationships with Health partners, services are not developed collaboratively with third sector organisations or private sector agencies.

Service availability varies considerably from Shire to Shire and innovation by individual care managers is often instrumental in ensuring that needs are met. A number of core services are provided out-of-county and younger disabled people lack access to age appropriate services particularly in terms of respite care services. Managers and staff recognise the need to refocus upon delivering services to disabled people, the development of improved Occupational Therapy services and the increased promotion of socialisation and social integration. There are a range of strategies and plans in place to improve service availability and access but these are taking too long to realise and there is only limited evidence of improvement being delivered.

Within Occupational Therapy services, there is a delay in both assessments being carried out and then a further delay (sometimes very lengthy) before equipment is issued or adaptations installed. The longest waiting times are for qualified Occupational Therapy assessments, for example the waiting time for assessment in Breconshire was 12 months, due to staff sickness, secondment and retirement.

The joint equipment store is based upon a 'credit-model' which was described by staff as being both costly and highly ineffective with large amounts of specialist stock being held, which is seldom re-issued and which restricts storage space. There are also inadequate stock levels, for key items of equipment, to meet referral demands. Any major adaptation work in private dwellings takes around twelve months and within Council properties this has taken up to fourteen months to be completed. The length of time is due largely to the Disabled Facilities Grant process - in particular the processing of financial information and obtaining three quotes for the work.

Third sector agencies described the impact of current service arrangements upon users as significant. For example the development of advocacy and support for carers was described as being slow and is process driven rather than outcome focussed. Consequently the experience for some users is seen to be poor. Examples were cited of carers with complex difficulties, who may require extra support, waiting three months for decisions to be made on relatively small amounts of money.

Priorities set by the County Council this year include implementation of the modernisation agenda regarding the re-configuration of assessment and care management; the introduction of reablement into areas where there is no service currently; the reconfiguration of existing reablement teams in Brecon and Welshpool. The Council also propose to continue to involve older people in gathering evidence of what future service they would like to see within adult social care. The residential care service is also being reviewed and

reconfigured to ensure that Powys are able to meet the demographic changes predicted over the next ten to fifteen years.

The Quality of Services Provided

Do services provide good standards of care, which respect people's needs and their individual circumstances?

The quality of social work and care services is inconsistent, users were critical of services provided during poor weather and of remaining in hospital too long as care packages could not be provided to support them. The quality of care agency support is often dependent upon where users live and choice and flexibility is often very restricted. Social workers commented that the quality of service in Powys is variable particularly in terms of the provision and availability of quality domiciliary care. The majority of users and carers were appreciative of the help and support offered by social workers and care staff but Inspectors considered that the expectations of users were very low and that comments from older people were far more favourable and positive than those made by the majority of disabled people and carers.

User comments focused upon day care and domiciliary care services. Day services were described as providing a 'life line' however users find that the transport is not consistently available in all areas and, where it is, is not efficiently organised which cuts in to the time the services users have in the service and the respite for the carer. Users also commented that when the local day centre in Rhyader was closed it was replaced by a once monthly service which the community were unhappy about and they have fought to increase this to once a fortnight. A range of observations from people who use services include the following:

"Without their care I would not be able to manage to live independently in my home. I have needed care all my life due to my disability and I am very pleased with the current service from (agency). The only issue I have is, I find it difficult to accept the care from younger inexperienced carers, often they lack the skills of the older carers, and perhaps this may be a training issue and could be addressed with an induction period working alongside older carers."

"East Radnor Day Centre provides my day support twice a week. I love it, they have been able to introduce me to friends, I am one of the younger members and have had great fun joining in some of the activities."

"My experience of the service received before and after the death of my mum has been fantastic as I was treated with the utmost respect and dignity at a difficult time and when changes in support and levels of support were needed everything happened instantly which took away a massive worry for me. This really illustrates how in my opinion things have changed for the better over the period I have been receiving services from PCC."

“Receiving Direct Payments has meant that up until recently I was responsible as an employer for recruiting and managing staff so I was always able to ensure things happened when I wanted, how I wanted and that there was a contingency plan in place as back up. Even though I am now using an Agency the support I get is flexible, timely and reliable.”

“Despite repeated requests I have been waiting four years for a care plan.”

Criticisms were also made in respect of domiciliary care. Users felt that there is wastage where local carers are being sent to other parts of Powys and individual’s carers are visiting them from much further afield. This appears to happen in respect of both Powys’ own services and independent sector services. Users also stated that on occasions the service is not reliable and some people experienced some missed calls. Most focus group participants were highly positive about the specific carers that provide them with their service. They were less positive about some aspects of the management of the service particularly in relation to the introduction of a new rota system in one service which had taken place apparently without any consultation and warning. This had meant that different carers were being deployed who did not know services users and/or their needs.

Powys social services work closely with the Care & Repair service to provide and install minor works of adaptation. Users described the service as expensive for small jobs. One user stated that he was quoted £4,000 for a small patch of driveway. It was stated that other companies valued the same work at £1,500.

Another user quoted the cost of a ‘wet room’ stating that it “Was about the same as buying my house”. Other users felt Care and Repair were very good, others that it was not at all good, and that not all work was checked following completion. Another user felt that “the quality assurance checking that did happen was done by the service itself so wasn’t objective or likely to be critical”. Communication between social services and contractors was also described as being poor.

The quality and provision of community transport service was described as mixed across the county. In one area there was high praise for an easily available and accessible service. In another area people were critical that “they only had a community car available so no provision for wheelchair users”, in other areas “the service is very limited either only available certain days or capped by funding availability”.

Commissioning and Contracting

Is the authority is able to convert plans into purchasing intentions so that services are provided by the most appropriate provider and deliver best value?

Some partner agencies are unsure about direction or pace of future commissioning, and representative groups of people using services have little recent experience of positive commissioner-led service development. Providers are eager and pushing for change however the response of the commissioners is described as passive. Inspectors found no visible evidence of strategic leadership by the Local Authority in relation to providing guidance to providers on what services are required in Powys. There is evidence that providers are driving service benchmarking, monitoring arrangements and awareness raising in terms of service risks and opportunities for development.

Criticisms of the approach of the authority cited from different stakeholders to inspectors included comments such as: 'Powys is good at writing strategies but not good at translating them into action on the ground'; 'social services has a silo mentality'; 'no top-down support'; 'political support for real change is lacking'; 'the rights words are being used about improving services but no, there is no visible sign of improvement'.

Work to understand the nature and size of local needs is still developing. Partner agencies contribute to data and population needs analysis. However there remain gaps in local social care information and significant reliance on national data. Information from people using services is used, but there is limited evidence of systematic collection of this in most areas.

The Fusion Project: "Future Delivery Patterns of Health and Social Care in Powys" is building upon and refreshing previous population modelling work conducted to support the Powys tHB 'Strategic Outline Programme'. This work is designed to create a strategic model to support and quantify the requirement for future health and adult social care provision in Powys. However, there is a paucity of data reflecting the wishes and aspirations of people who use services which is a significant limitation. In addition the absence of a uniform outcome based approach to care planning limits any understanding of the effectiveness of different intervention approaches and the inconsistent recording of unmet needs will limit any analysis of service deficits or gaps in provision. Similarly the reliance upon bespoke solutions being innovated by social workers in some areas will diminish the effectiveness of data to inform market testing.

The quality of data currently available is unlikely to be robust enough to underpin evidence based care commissioning in Powys. Current systems place greatest emphasis upon functional and physical need deficits, i.e. what can be done for the services user, and there is little emphasis placed on understanding how services and intervention can work with a service user to maintain independence and increase socialisation. Carer's needs are also inadequately profiled. These criticisms need to be addressed.

Providers continue to work to a service level agreement dating back to 2004 and there was little awareness amongst providers that Powys Social Services are viewing the private and third sector as key partners in the future development of quality services. There were criticisms that fee structures had not been agreed for this year, and that most of the financial and quality monitoring systems in place had been instituted by the private and voluntary sector and not the authority. Examples were provided of extremely lengthy delays in resolving support arrangements for vulnerable people and the 'Panel system' used by the authority to allocate resources was described as frustrating and ineffective. Providers also felt that case reviews were not always being submitted to the required resource panel when service user needs change.

Communication with the County Council and social services was consistently described as being poor. Providers described an absence of any focus for improvement or negotiation. The current levels of fees were said to be so inadequate that one provider was considering serving notice on the County Council in respect of fourteen vulnerable residents because he cannot provide the required levels of nursing care for the amount that the authority is currently prepared to pay.

Many of the externally commissioned services are provided on the basis of verbal agreements, with no certainty of care provision going forward. For example Powys Carers receive a quarter of a million pounds per year and there is no formal service level agreement in place and no active monitoring of the use of this money.

Officers of the authority stated that they were aware of difficulties in reconciling invoices for payment of charges and fees against the service delivery specification contained in individual care plans. These anomalies had been identified through central finance systems and not, as might be expected, service level financial or case management reviews.

Providers recognised that this could happen as in some cases care plans were not updated by case managers or through reviews to reflect any increase or decreases in care packages. This is supported by the findings of the Quality Care Management Audit Report which cited additional funding being provided through local panels against care plans which had previously been deemed to be inaccurate or not updated. Domiciliary, residential care and third sector providers described having approached the authority with suggestions for improvements. Any changes that had been achieved were described as being realised by 'dragging the council along with them.'

Providers do, however, view the County Council's recent appointment of an interim Commissioning Manager as highly positive and in a very short period of time the role has brought about increased clarity and better communication. Our interview with the commissioning manager highlights that the post holder views priority developments as the need for robust commissioning plans; a population needs analysis, identifying gaps in services, developing markets

and establishing systematic and effective processes. Whilst critical, on their own, these priorities are unlikely to fully address the identified process and system failures or concerns highlighted by providers.

In recognition of the need to modernise internal and commissioned domiciliary care services Powys has also appointed an interim project manager to coordinate the 'Powys Domiciliary Care Tender' process. The strategic objective is to move towards an outcome focused service model for older and disabled people whilst delivering 'more for less'. Although only at a project initiation stage at the time of the inspection it is planned that this will lead to the establishment of new contracting arrangements, through a framework agreement, with all care sectors by May 2012.

The project manager is in the latter stages of completing a similar tender for Learning Disabilities Supported Tenancies Services. This will deliver an Outcome Focussed service specification and new framework agreement increasing service user choice by December 2011. The project manager's third task is to undertake a commercial review of all High Cost out of County residential placements with a view to improving clarity for service, quality and value for money.

This approach needs to be extended to encompass both older and physical disability services. The end result will be the re-commissioning of services with some tenders requiring county wide service coverage and others being focused upon localities.

There are waiting lists for reviews and there is no consistent, effective monitoring of contracts or service level agreements with providers to ensure that commissioned services are delivered or that they are of the required levels of quality. Service providers, including third sector organisations, stated that they undertook their own monitoring and that they were setting the benchmark locally for service quality. This was largely attributed to the council not filling vacant commissioning officer posts until 2011. Systems for monitoring both financial payments and the quality of services 'were less than robust'

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Providers, although describing very positive relationships with care managers, did not feel that they provided the necessary oversight of care arrangements through the reviewing process; a commonly held view amongst providers is that 'Care managers are under resourced and through stress are going sick all the time'.

Leadership and Culture

How far do managers and staff meet their individual and collective responsibility for delivering quality services?

Development of the Powys Change Plan means that the Council is better placed to develop its strategic priorities. However, operationally in adult services significant improvement is required within service delivery and business planning systems and processes. Operational responsibility, accountability and the development of robust commissioning arrangements are all critical areas of development if services are to significantly improve in the short to medium term. The Council's Adult Services department is not uniformly delivering value for money services that meet the needs of eligible people. Although some services are highly valued by some people who use services the range of services available is inconsistent and quality is not effectively monitored.

In practice it is apparent that political, corporate and managerial challenge to how the service is performing is not currently effective; roles are not clearly defined so that managers are clearly accountable for how the service is delivered. It is also unclear how the service manages risks and how these risks inform improvement planning. Inspectors did not explore corporate scrutiny functions or effectiveness during the course of this review.

Service financial management is not effective and it is based on significant variances from budgets set in successive financial years whilst budget monitoring is not integrated and easy to manage and monitor. There is also recognition that sickness and absence levels have not been managed well but Human Resources and the service have now put measures in place to better manage absenteeism levels. These are new actions and their effectiveness therefore is yet to be tested. Sickness and absence are still running at twenty percent in adult services.

There were sixteen vacant substantive posts at 21.03.2011 although some of these posts have recently been recruited using financial reserves. These appointments are however only temporary for seven months. The Authority believes that this approach will get the service back on track.

Inspectors are concerned that the service has sought to identify the people resources it needs to deliver its sub-programme but not the skills/capabilities required. The Head of Service is aware that there may be insufficient numbers of staff, and hence capacity, to deliver and manage change and improvements. She feels that historically there has been a record of long term absence and also incremental drift amongst middle managers.

An examination of the work programmes of Shire Managers and others highlights that they are possibly overly burdensome, lack effective prioritisation and could frustrate delivery of key improvement priorities. On taking up his post the Director of Social Services identified that lots of work was in hand, but priorities had not been thought through. He felt that the Adult Social Service function was spread too thinly and as a consequence within the 'Adult Living Programme' too much was planned; it was overwhelming and not prioritised. He recognised that annual business planning processes need to be put in place within the service, which would support delivery of the priorities of the Care and Well-being Sub-programme. He felt that such an approach would lead to the development of local Business Plans that would support delivery of services at the local level.

Care Management quality audit tools have been developed and introduced by the quality assurance officer, Shire Managers and others. Quarterly reports consistently highlight that many recommendations for improvements have not been actioned and in practice many have been outstanding for some considerable time. One of the significant advantages of the approach adopted is the frequency of audits and that each can be tailored to specific areas and service user groups. The challenge in delivering them has been to obtain a consistent state of return from Shire and other managers and to action the required service improvements.

There is little evidence over successive years that senior managers are able to sustain significant service change as strategic plans for last four years have prioritised service modernisation. Fragmented service leadership over time has contributed to a lack of clarity and focus around operational responsibility and accountability. This adversely affects the Council's ability to drive the service development and improvement it needs to achieve. .

Inspectors are also not reassured that the service acts upon lessons learned from monitoring and evaluating performance as there are no substantive links between performance monitoring, contracting and commissioning. Over the last two years the Commissioning and Contracts team has been depleted and there has not been senior management capacity or comprehensive commissioning strategies to inform procurement. It is unclear if social services have the capacity and capability to undertake and deliver robust commissioning which includes market analysis, engagement with users and a population needs analysis and to complete service reconfiguration. Powys is now developing its approach to new Welsh Government guidance in respect of commissioning. It is unclear as to how priorities will be set with partners and how quickly agreements can be reached and delivered.

What is of significant and specific concern is that managers have not acted to secure critically needed improvements in assessment, care management and intervention. Information was routinely provided and accessible describing service deficits, recommendations for change were agreed and endorsed by managers however no effective action was taken. It appears that managers accepted adequate or poor levels of performance within their spans of control

rather than seeking to realise good positive outcomes and improvements for people who use services and/or the local authority. Going forward levels of responsibility and accountability, linked to explicit performance measures, need to be set in place.

STATUTORY DUTIES & RESPONSIBILITIES

During the inspection process concerns were identified that Powys County Council may not be meeting, and in some limited cases may be exceeding, the range of its statutory duties, functions or requirements as imposed by legislation and statutory guidance. The County Council may therefore wish to satisfy itself that Adult Services within Powys is acting consistently within and meeting the requirements of current legislation and guidance. The following areas would benefit from such consideration and are highlighted to assist the County Council in seeking any reassurances that it may feel necessary:

Assessment and Care Management:

Assessing the needs of people ordinarily resident within the County where it appears that the person for whom they may provide a community care service may be in need of such services.

Meeting the needs of disabled people and any persons who are ordinarily resident in Powys where it appears that the person for whom they may provide a community care service may be in need of such services.

To ensure that assessments, and resulting care plans, are documented and reviewed. (Sec 7 (1) Local Authority Social Services Act 1970).

To provide such welfare services in order to satisfy the requirements of legislation.

Local authorities, and in particular Social Services, have a duty to help provide for the need identified by occupational therapists, and should have in place clear policies and practices through which they fulfill their responsibilities under the Chronically Sick and Disabled Persons Act. DFGs are mandatory grants available to help disabled people to remain living independently in their own homes. Local authorities therefore have a duty to provide DFGs. The Welfare Authority (in practice Social Services Occupational Therapy teams) determine what works are “necessary and appropriate” to meet the disabled persons needs, and the Housing Authority determines what works are “reasonable and practicable”, resulting in a schedule of works. An assessment of needs of disabled people for adaptations in their home or any works of adaptation in their home is also a duty.

Deprivation of Liberty Safeguards:

To ensure that the actions of the authority prevent arbitrary decisions to deprive a person of liberty and to give rights to people to challenge deprivation of liberty decisions and/or authorisations.

Annex A: Summary of how well Powys was performing

The Care and Social Services Inspectorate Wales, (CSSIW), reviews how well a local authority is complying with legislation, statutory guidance and indicators of best practice. During this inspection seven areas or domains of service were scrutinised and evaluated. Inspectors then 'rate' performance in these areas and identify what Powys County Council is doing well and also make recommendations for improvement. The ratings used by the inspectorate are:

- 'Delivering high and sustained outcomes for citizens';
- 'Had significant strengths';
- 'Needing further development' and
- 'A priority for improvement'.

Inspectors assigned the following ratings to each of the areas inspected in terms of how well Powys County Council is performing in Adult Services; services to older and disabled people:

Access to Services

We conclude that Powys's performance in this area is a priority for improvement.

Assessment

We conclude that Powys's performance in this area is a priority for improvement.

Care management and review

We conclude that Powys's performance in this area is a priority for improvement.

Range of services provided

We conclude that Powys's performance in this area is a priority for improvement.

The Quality of Services Provided

We conclude that Powys's performance in this area needs further development.

Commissioning and Contracting

We conclude that Powys's performance in this area is a priority for improvement.

Leadership and Culture We conclude that Powys's performance in this area is a priority for improvement.

Annex B: How we inspect

The Care and Social Services Inspectorate Wales and the Wales Audit Office inspected Powys County Council between September and October 2011. The inspection sought to evaluate the quality of the support provided to Older and Physically Disabled People and their Carers through council services and those services which the County Council commissions and operates in partnership with other organisations. The inspection also explored with the council how well placed Powys Social Services is to sustain and improve its performance in delivering value for money services that meet the eligible needs of Older and Physically Disabled People and their Carers.

Before visiting Powys County Council the Inspection team reviewed a range of documentation and performance management information to understand how the Council was managing and delivering support for Older and Physically Disabled People and their Carers who needed assistance. Inspectors did not evaluate corporate scrutiny functions during the course of the review. Some emerging themes and issues were provided to the Director of Social Services and Head of Adult Service at the start of the inspection and these were tested and examined in further detail as the inspection progressed. This approach allows the authority to provide clarification and/or additional information to inform the inspection process.

A weeklong series of discussions were held with a range of people. Inspectors met with members of the county council, social services managers and practitioners including policy staff, central support staff, social workers, occupational therapists, duty staff as well as representatives of external voluntary and private sector agencies and organisations and the health service. These were semi-structured discussions designed to focus upon key questions and the emerging themes identified through the examination of documentation and data. A forum of approximately twenty-two people who use services met with inspectors and described their experience of the support received through Powys County Council. A further eighteen people who use services were contacted by inspectors over the telephone in the weeks preceding the inspection. Site visits were also made to locality teams based in both Brecon and Newtown. During the inspection fourteen case files were scrutinised and examined. These files were selected at random from different locality teams and across both older and disabled people services.

Inspectors gathered evidence from all of these activities and this was then evaluated to come to conclusions about how well Powys County Council was supporting Older and Physically Disabled People and their Carers and to identify any potential areas where it may need to improve. The main findings of the inspection are set out in this report. Powys County Council, Chief Officers and Managers have had the opportunity to correct any factual errors and to comment on the wider report. The Care and Social Services Inspectorate Wales are committed to monitoring the County Council's activities in progressing the inspectorate's recommendations.

This report is intended to be of interest to the general public, and in particular those who use services in Powys County Council. It will assist the council and other agencies in working together to improve the lives of Older and Physically Disabled People and their Carers through the provision of services to meet their assessed needs. The Wales Audit Office will be reporting separately under the auspices of the Wales Programme for Improvement. Copies of this and similar report are available through the Inspectorates website at:

<http://wales.gov.uk/cssiwsbsite/newcssiw/publications/ourfindings/powys/?lang=en>