



Making Social Care  
Better for People

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Mr Jim Rogan  
Interim Director of Adult Social Services  
Richmond-upon-Thames  
3<sup>rd</sup> Floor  
Civic Centre  
Twickenham  
TW1 3BZ

27 October 2008

Dear Mr Rogan

**Performance Summary Report of 2007-08  
Annual Performance Assessment of Social Care Services for Adults Services  
London Borough of Richmond**

**Introduction**

This performance summary report summarises the findings of the 2008 annual performance assessment (APA) process for your council. Thank you for the information you provided to support this process, and for the time made available by yourself and your colleagues to discuss relevant issues.

Attached is the final copy of the performance assessment notebook (PAN), which provides a record of the process of consideration by CSCI and from which this summary report is derived. You will have had a previous opportunity to comment on the factual accuracy of the PAN following the Annual Review Meeting.

The judgments outlined in this report support the performance rating notified in the performance-rating letter. The judgments are

- Delivering outcomes using the LSIF rating scale

*And*

- Capacity for Improvement (a combined judgement from the Leadership and the Commissioning & Use of Resources evidence domains)

The judgment on Delivering Outcomes will contribute to the Audit Commission's CPA rating for the council.

The council is expected to take this report to a meeting of the council within two months of the publication of the ratings (i.e. by 31<sup>st</sup> January 2009) and to make available to the public, preferably with an easy read format available.

## Adult Social Care Performance Judgments for 2007/08

<b>Areas for Judgment</b>	<b>Grade awarded</b>
<b>Delivering Outcomes</b>	<b>Good</b>
Improved health and emotional well-being	Adequate
Improved quality of life	Good
Making a positive contribution	Good
Increased choice and control	Good
Freedom from discrimination and harassment	Good
Economic well-being	Good
Maintaining personal dignity and respect	Adequate
<b>Capacity to Improve (Combined judgment)</b>	<b>Promising</b>
Leadership	Promising
Commissioning and use of resources	Promising
<b>Performance Rating</b>	<b>Two Stars</b>

The report sets out the high level messages about areas of good performance, areas of improvement over the last year, areas which are priorities for improvement and where appropriate identifies any follow up action CSCI will take.

## Key Strengths and Areas for Improvement by People Using Services

Key strengths	Key areas for improvement
<b>All people using services</b>	
<ul style="list-style-type: none"> <li>• Overall governance arrangements continue to be strong within Richmond, members are well informed about issues and performance and set a firm strategic agenda for managers.</li> <li>• The council is a leading edge authority around personalisation and is a Total Transformation council.</li> <li>• Partnership arrangements are well developed, with some formal partnerships in place and a comprehensive joint strategic needs assessment has been developed.</li> <li>• The council continues to undertake good budget management complemented with a medium-term financial plan that effectively links strategic objectives within available resources.</li> <li>• Access to adult social services remains at moderate and clear eligibility criteria have been published.</li> <li>• People who are self-funding are provided with assessments, access to council services should they choose them and provided with placement choices.</li> <li>• The council invests well in preventative services (excluding intermediate care) and the charging policy excludes welfare benefits.</li> <li>• The council has developed a resource allocation system to enable the council to identify funding levels based on individual need.</li> <li>• The council has progressed well in developing a single self-assessment questionnaire.</li> <li>• The council together with its partners continue to promote healthy living through public health campaigns, wellbeing meetings etc.</li> <li>• Referral and initial response arrangements are generally sound</li> </ul>	<ul style="list-style-type: none"> <li>• The council needs to ensure as part of the review of intermediate care services, that there is fair access to social care clients.</li> <li>• More people need to be helped to undertake volunteering work for increased health and wellbeing and as a pathway into paid employment.</li> <li>• Spend on advocacy is low and is not used effectively or to empower those who are most vulnerable which needs to be resolved.</li> <li>• The council should progress achieving levels 4 and 5 of the Equality Standards for Local Government.</li> <li>• The service inspection found safeguarding to be adequate for people.</li> <li>• The Adult Safeguarding Board was under-developed giving ineffective leadership to all agencies.</li> <li>• The service inspection found that cooperation with other agencies in pursuing timely safeguarding interventions was poor.</li> <li>• Inter-agency procedures had not been rigorously administered.</li> <li>• Management oversight and the quality of casework and compliance was found to be insufficient.</li> <li>• The council needs to ensure there are improved frontline, assessment and care management quality assurance processes in place.</li> <li>• More training should be provided for the private and voluntary sector for safeguarding.</li> <li>• There is limited evidence of improvements made to services following the learning from</li> </ul>

<p>and user focused.</p> <ul style="list-style-type: none"> <li>• Client reviews have increased year on year and are now inline with averages.</li> <li>• The service inspection found that the council had a strong track record of achieving low-rates of admission to residential and nursing care and had developed an impressive range of non-care managed services.</li> <li>• 96% of borough residents who responded to the customer survey reported they felt safe in their own homes.</li> <li>• There continues to be ongoing change and positive improvement for the council during its transformation to self directed care.</li> <li>• There has been good communication with people who use services and their carers in service reviews and some feedback has led to changes in specifications.</li> <li>• The council has registered its own Adult Placement Scheme which is operational.</li> <li>• People are offered a good range of day care and day opportunities available to meet a range of levels of need.</li> <li>• The council has achieved Level 3 of the Equality Standards for Local Government.</li> <li>• Welfare benefits advice has brought about an £1.5m in additional benefits for people.</li> </ul>	<p>complaints and nearly a third of complaints were in relation to finance.</p>
<p><b>Older people</b></p>	
<ul style="list-style-type: none"> <li>• High numbers of older people purchase intensive home care through direct payments.</li> <li>• The joint health and social care teams are supporting more people in the community with flexibility through individual support plans and direct payments.</li> <li>• More older people are receiving services following an assessment.</li> </ul>	<ul style="list-style-type: none"> <li>• Communication with clients and carers at the time of discharge from hospital was found to be poor and quality was varied in relation to compliance by hospital staff to agreed protocols.</li> <li>• More people need to be provided with assistive technology (Telecare).</li> <li>• The council still needs to ensure that an overarching falls strategy is in place.</li> </ul>

<b>People with learning disabilities</b>	
<ul style="list-style-type: none"> <li>• The council has been working to promote alternative care arrangements to people placed in out of borough residential care.</li> <li>• The council has doubled the number of "quota" flats available for people with a learning disability.</li> </ul>	
<b>People with mental health problems</b>	
<ul style="list-style-type: none"> <li>• People now have access to a new recovery service developed.</li> <li>• Targets in relation to drug misusers are robust and being achieved.</li> </ul>	<ul style="list-style-type: none"> <li>• See All People Using Services</li> </ul>
<b>People with physical and sensory disabilities</b>	
<ul style="list-style-type: none"> <li>• There is a dedicated HIV care manager providing professional support to clients and carers.</li> <li>• Adequate number of people with a physical disability are supported to live at home.</li> </ul>	<ul style="list-style-type: none"> <li>• More people need to receive equipment and minor adaptations within 7 days.</li> <li>• The waiting times for major adaptations for people remains too long and needs to be reduced.</li> </ul>
<b>Carers</b>	
<ul style="list-style-type: none"> <li>• The number of carers of learning disabled people assessed more than doubled, and more carers overall had received an assessment during the year.</li> <li>• More carers are receiving direct payments to maximise independence and choice.</li> <li>• A higher than average number of breaks have been provided to carers with an overall expenditure of £2.25m.</li> </ul>	<ul style="list-style-type: none"> <li>• The council should ensure the development of the 24 hour service for carers is implemented.</li> <li>• The council should continue their work priority for carers employment.</li> </ul>

## Improved Health and Emotional Well-Being

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The contribution that the council makes to this outcome is **adequate**.

People who use services and their carers are helped to understand how to stay healthy and maintain their emotional well-being. They are supported through public health campaigns around bowel and breast cancers, smoking cessation and blood pressure awareness. The PCT has a keep well nurse to provide health checks and an expert patient coordinator. There are also wellbeing meetings held in local libraries and leisure centres providing information on mental and physical health. The Crisis Resolution Team are on target to meet national activity targets in 2008/09.

Joint working is progressing around self-directed care and a review of intermediate care services is taking place. The service inspection found that this service had restricted eligibility criteria, which excluded predominantly social care clients who had health care needs and would have benefited from this service. The council and its partners need to ensure that data collation in relation to drug misusers accessing treatment is recorded and reported upon according to the national guidance. Community packages for people with alcohol problems are however working well.

Social care staff work closely with discharge champions and coordinators within a number of hospitals but the experience of people is variable. A number of people felt rushed or pressurised and communication on discharge is sometimes poor. There is also variable quality around compliance to procedures by staff.

### Key Strengths

- People who use services and their carers are helped to understand how to stay healthy and maintain their emotional well-being
- Joint working is progressing around self-directed care and a review of intermediate care services is taking place
- Community packages for people with alcohol problems are working well.

### Key areas for improvement

- The intermediate care service has a restricted eligibility criteria that excludes predominantly social care clients who had health care needs.
- Communication with people on discharge from hospital is sometimes poor and needs to be resolved.

## Improved Quality of Life

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The contribution that the council makes to this outcome is **good**.

Although performance indicators around helped to live at home remain stable in relation to the demography of the borough, the independence of people who use services and their carers needs to be enhanced. There should be more use of assistive technologies (Telecare). More people should be supplied with small pieces of equipment and major adaptations take too long to complete. However Carers have been supported better during 2007/08 through the provision of assessments, services and direct payments. Carers have access to emergency respite and a high number of breaks were provided to people who are carers.

A Falls Strategy group is in place but there is still no overarching Falls Strategy.

The service inspection found that the council was developing a range of non-care managed opportunities and moving towards self directed care. To support staff to identify and meet different needs in the community, the council has provided staff with an impressive range of information in relation to diversity issues.

Commissioning Strategies have been updated and work has been undertaken with an external agency to promote alternative care arrangements to current out of borough residential care for people with a learning disability. The council works with a number of large national organisations on service provision and also with other councils.

Nearly all people who were surveyed reported that they felt safe in their own homes. Of the low numbers who didn't, the council have referred these onto the Community Safety Team who have local initiatives in place and assist people with improving home security and raise awareness of distraction burglary.

### **Key Strengths**

- Carers have been supported better during 2007/08 through the provision of assessments, services and direct payments.
- Carers have access to emergency respite and a high number of breaks were provided to people who are carers.
- People are offered a range of non-care managed opportunities and moving towards self directed care.

### **Key areas for improvement**

- More people need to be provided with assistive technologies (Telecare).
- More people need to receive equipment and minor adaptations within 7 days.
- The waiting times for major adaptations for people remains too long.

## Making a Positive Contribution

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The outcomes in this area are **good**.

People who use services and their carers contributed in service reviews of day care, respite care, community meals and mental health services. Feedback from these reviews led to changes in specifications. Many services are now under review due to the councils move towards self directed support and choice for people who use services was found to be increasing.

There is evidence of some people who use services, and carers, being involved in development work and review of services. Weekly care management staff meetings include approximately 20 users of services and there is also attendance on the Joint Commissioning Board

Although the council has a target to increase the number of people into voluntary work within their community plan, the 07-08 target was missed and has been reduced for 08-09. The targets are significantly lower than comparators. However, there is evidence of some good work around training and the volunteer centre.

Feedback from service reviews has led to changes to specifications for new services e.g introduction of respite sitting service for evenings and weekends in the new homecare contracts. Feedback received through contracted services has also led to changes to service provision.

### Key Strengths

- People who use services and their carers contributed in service reviews and have influenced changes in service specifications.
- People are provided with more opportunities for training and volunteering.
- Feedback by people from service reviews has led to changes to specifications for new services.

### Key areas for improvement

- More people need to be helped to gain voluntary work.
- More to be undertaken to engage people in developmental work and review of services.

## Increased Choice and Control

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The outcomes in this area are **good**.

From the first point of contact, assessments are provided to older people in a timely manner, and more older people are receiving services following an assessment. Referral and initial response arrangements are generally sound and user focused and an average number of people are provided with a review. There is a good range of information and an impressive service directory and leaflets are produced to a high standard. The council has a readers forum, used to quality control and feedback on council literature.

Most complaints are handled promptly. However, there is limited evidence of improvements made to services following the learning from complaints and nearly a third of complaints were in relation to finance. The service inspection further found the council had failed to utilise complaints information to drive improvement. Intelligence gathered from complaints continued to be undervalued and needs to be analysed to inform more general policy improvements. The council provides traditional out of hours services and there has been significant improvements in the availability of out of hours support, (excluding carers out of hours support). In response to concerns raised by carers, all carers have information for non-crisis cover. The council should ensure the development of the 24 hour service for carers is implemented.

Advocacy services are not used effectively or to empower the most vulnerable people in the assessment process. During 07-08 there was a lower than average spend on advocacy services and the council also plans to reduce this further during 08-09 although there are additional brokerage arrangements in place.

Richmond is a total transformation council working towards the provision of self directed care. The council routinely and systematically makes people aware of self directed care options, individualised budgets and direct payments. There has been extensive work in developing a self assessment questionnaire and resource allocation tool to produce indicative budgets for people and good work with external agencies in exploring the impact of self directed care on a wider scale. However, as part of personalisation the council needs to ensure that individualised budgets including direct payments, secure the individual care elements which are important to people who use services and their carers.

### Key Strengths

- Richmond is a total transformation council working towards the provision of self directed care.
- The council routinely and systematically makes people aware of self directed care options, individualised budgets and direct payments.
- Referral and initial response arrangements are generally sound and user focused.
- The Department has a good range of information, there is an impressive service directory and leaflets are produced to a high standard.

### Key areas for improvement

- As part of personalisation the council needs to ensure that individualised budgets including direct payments, secure the individual care elements which are important to people who use services and their carers.
- Advocacy services must be used effectively or to empower the most vulnerable people in the assessment process.
- The council should use the learning from complaints to improve services.

## Freedom from Discrimination and Harassment

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The outcomes in this area are **good**.

The council has published the eligibility criteria for all services on the Richmond website, which continues to be set at moderate.

There is access to assessments for all people who live in the borough, and information in relation to assessments can be found on the Richmond website. Information is also provided through the voluntary sector and a local service directory has been distributed. Self-funders are aware of the choices and options, which are available to them, and individual support plans are provided. The council has achieved Level 3 (out of 5) of the Equality Standards for Local Government (ESLG), which has been captured by the ESLG.

Work has continued around Disability Discrimination Act compliance, to ensure buildings are accessible to all and the council has achieved 54%. Of the remaining 46%, 32% of work is in progress. There has been some limited work in relation to promoting alternative care arrangements to current out of borough residential care for complex cases.

### Key Strengths

- There is access to assessments for all people who live in the borough, and information in relation to assessments can be found on the Richmond website.
- Self-funders are aware of the choices and options, which are available to them, and individual support plans are provided.
- The council has achieved Level 3 (out of 5) of the Equality Standards for Local Government (ESLG), which has been captured by the ESLG.

### Key areas for improvement

- The council should implement further levels of the Local Government Equality Standard.
- More council buildings need to be more Discrimination Disability compliant.

## Economic Well-being

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The outcomes in this area are **good**.

There is a protocol between the council and the PCT in relation to continuing care arrangements, but the PCT has identified a need to review the continuing care service in light of increased financial pressure. There is now an end of life indicator as part of the local area agreement and continuing care funding is expected to see a year on year increase.

There are pathways to employment through 'Imagine' and Remploy. Links and funding has been made with voluntary sector groups to offer work for people with learning disability and the council achieved its planned number of people with a learning disability who were helped into employment. Vocational advisors work across the borough with mental health clients, which has led to some positive outcomes. However, more work needs to be undertaken to capture the impact of carers in employment. This is a priority workstream for the council.

The council invests well in preventative services and continues to provide services to people with moderate need. The charging policy disregards welfare benefits, providing increased income for a significant number of people.

Residents can access the welfare benefits advisory service provided by the councils joint visiting team with Age Concern and the Pensions Service. There is also a new service to provide advice to younger adults commissioned through Richmond AID, a local disability advice organisation.

### Key Strengths

- There are good pathways to paid employment, for all clients, except carers.
- The council invests well in preventative services and continues to provide services to people with moderate need.
- The charging policy disregards welfare benefits, providing increased income for a significant number of people.

### Key areas for improvement

- The council should continue to better support carers to gain employment.

## Maintaining Personal Dignity and Respect

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The outcomes in this area are **adequate**.

The recent service inspection concluded that Richmond's Safeguarding of adults was adequate and the council have developed an action plan to progress the areas for development raised. The council has reviewed the membership of the Safeguarding Board, which is now more senior, and an independent chair is being considered. However, there remains a lack of sub-groups to promote learning and developmental workstreams had been ineffective.

The implementation of adult safeguarding arrangements was found to be insufficiently rigorous and responses to concerns were not consistently well organised, did not follow departmental and inter-agency policies were poorly monitored by managers. Commitments of partner agencies within inter-agency safeguarding procedures have however been strengthened and the council intends to ensure regular reporting to the Safeguarding Board members, Health and Wellbeing/Community Safety Partnership takes place.

Due to the unmanaged approach to training in relation to safeguarding, with lack of clarity about minimum skills required to undertake specific roles the council has recently agreed a training strategy. This incorporates internal, provider and partner staff. Cooperation of other agencies in pursuing timely interventions was found to be poor and the interagency procedures had not been rigorously administered. The work programme for the Adults Safeguarding Partnership Board has however raised awareness and there have been increase in referral rates which is positive.

Almost all people who are admitted to care homes or supported living settings have access to single rooms if they choose.

The council have developed a policy for people with a learning disability to ensure that staff are able to provide sexual preference support. A six day course has also been delivered to support staff covering a range of issues such as same sex relationships and cultural issues in sexuality work.

The council has a corporate information governance group which is responsible for data protection and records management. Audits are in place to check emails containing a reference to safeguarding to ensure that these are in relation to one client only.

### Key Strengths

- Commitments of partner agencies within inter-agency safeguarding procedures have however been strengthened and the council intends to ensure regular reporting to the Safeguarding Board members, Health and Wellbeing/Community Safety Partnership takes place.
- Almost all people who are admitted to care homes have access to single rooms if they choose.
- The work programme for the Adults Safeguarding Partnership Board has raised awareness and there have been increase in referral rates.

### Key areas for improvement

- The service inspection found safeguarding in Richmond to be adequate. Some improvements have been made since the inspection, however there is more work

to do to ensure people who are vulnerable are not abused, neglected or, embarrassed through poor care whilst using care managed and none care managed services.

- The council has an action plan arising from the service inspection for all areas of improvement required and the council should continue to work to complete all actions identified.

## Capacity to Improve

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The council's capacity to improve services further is **promising**.

The service inspection found the capacity to deliver within Richmond was promising. There is effective leadership and direction in the council, elected members set out a strong vision for the future of adult services and put in place sound business processes to deliver improvement. Overall governance arrangements were found to be strong and members well informed about issues, other than safeguarding. Richmond is a leading edge authority on personalisation.

Plans are comprehensive and linked strategically to address key developmental areas and partners are recognised in strategic planning through the development of the Joint Strategic Needs Assessment. However, the Service Inspection found that business-planning arrangements required more precise and specific action plans and local team plans were virtually identical, with targets that were difficult to monitor which needs to be resolved.

The service inspection found that record keeping standards within Richmond was found to be inconsistent. Overall, the quality of some supervision notes and locally held training records were found to be poor.

There are no recruitment or retention difficulties being reported and staff turnover is low. Overall, training has been effective in relation to the change to self directed support with mentoring and practice forums in place.

Performance management is used to demonstrate trajectory and information on performance is readily available. However, the front line quality assurance processes are mixed, quality assurance of assessment, care management and adult safeguarding practice is less effective. The council needs to ensure that performance management information is used to provide early alert of target slippage and ensure that effective remedial action is undertaken.

Although the vision for older people is emerging with needs assessment, there remains a need for a clear and coherent commissioning strategy for an ageing population. The Audit Commission further found in their assessment that the council with its partners needs to further develop its strategic approaches to tackling health inequalities. There was a lack of clear strategic policies around some cross cutting agendas and engagement with older people was under developed.

The council has undertaken extensive and impressive work around financial projections in relation to the impact of self directed services over 5 years. A joint financial monitoring group is in place, and the Self Directed Services Charging Policy has been implemented. The council continues to deliver good budget management, complemented by a well-established medium term financial plan that effectively links strategic objectives within available resources.

The council has an understanding about the local social care market and undertakes their own quality-based analysis. There are monthly analyses of care provision. The council should ensure that intelligence around service failures is collated and used to contribute to service development. Over half of all younger adults and high numbers of people aged over 65 were placed within adequate services.

The service inspection found that clearer procedures need to be developed in relation to intervention in service delivery and contracts need to be strengthened to support contract monitoring. Contract monitoring needs to be improved to focus on outcomes as well as activity

As the council moves further towards Self Directed Services, there is also a need to ensure that the market is not destabilised during the shift from block contracting, building capacity to offer choice. The council's Joint Strategic Needs Assessment should ensure that commissioning strategies meet the needs of the whole community, enabling demand and capacity forecasting.

## **Key Strengths**

### **➤ Leadership**

- There is effective leadership and direction in the council, elected members set out a strong vision for the future of adult services and put in place sound business processes to deliver improvement.
- Richmond is a leading edge authority on personalisation, implementing full self directed support by 2010.
- Performance management is used to demonstrate trajectory and information on performance is readily available.

### **➤ Commissioning and use of resources**

- The council has undertaken extensive and impressive work around financial projections in relation to the impact of self directed services over 5 years.
- The council continues to deliver good budget management, complimented by a well-established medium term financial plan that effectively links strategic objectives with available resources.
- The council has an understanding about the local social care market and undertakes their own quality based analysis.

## **Key areas for improvement**

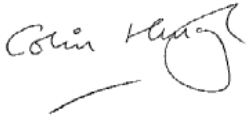
### **➤ Leadership**

- Business-planning arrangements need to be more precise and local team plans which were found by the service inspection to be virtually identical, need to be reviewed.
- Record keeping standards need to be consistently quality assured including supervision notes and locally held training records.
- Quality assurance of assessment, care management and adult safeguarding practice needs to be effective.

### **➤ Commissioning and use of resources**

- The council should ensure that intelligence around service failures is collated and used to contribute to service development.
- Contract monitoring needs to be improved to focus on outcomes as well as activity, clearer procedures need to be developed in relation to intervention in service delivery

Yours sincerely,

A handwritten signature in black ink, appearing to read "Colin Hough". The signature is written in a cursive style with a large, stylized loop at the end.

**Colin Hough, Regional Director  
Commission for Social Care Inspection**