

London Borough of Richmond - Service Inspection of Independence, Wellbeing and Choice January 2008

ACTION PLAN - SAFEGUARDING ADULTS

| CSCI Recommendation | Action | Timescale | Lead Officer | Success Criteria/ Outcomes |
|---|--|---|---------------------------------|--|
| <p>1. The Council and it's partners should implement robust performance arrangements and quality assurance arrangements so that:</p> <ul style="list-style-type: none"> • Compliance with procedures is ensured • Minimum standards of practice and management are assured and • Performance is improved | <p>1.1 Case file audit tool developed in March 2008 which references standards in revised policy & procedures. Cases audited across all client groups by Senior /Team Managers and the Safeguarding Coordinator.</p> <p>External auditor commissioned to undertake eight case audits, three times a year. The auditor will use the same case file audit tool and will audit cases selected by Safeguarding Coordinator, including some cases that have already been audited. The external auditor will report findings to the Safeguarding Best Practice Group immediately following the audit</p> <p>Results of all audits discussed monthly at Safeguarding Best Practice group. Findings are cascaded to teams through team meetings. A summary report from the group presented at Safeguarding Board every two months showing impact of audits on training, procedures and partnership working and details of non compliance.</p> <p>Non compliance dealt with in the following ways:</p> <p>LBRuT staff – actions followed up by Team Manager with the individual. Safeguarding Coordinator produces monthly report for each team identifying improvement actions required, actions completed and progress chases with Team Manager.</p> <p>Partner staff - Safeguarding Coordinator provides detailed report for each organisation each month and progress chases with the partner Quality Assurance representative (see 1.3.)</p> <p>Contracted providers – Safeguarding Coordinator provides monthly issues to Quality Assurance Manager. Non compliance feeds into provider risk assessment (see 9.3)</p> | <p>Audits started March 2008 & completed each month</p> <p>External audit to commence 9 June 2008 and October & February each year.</p> <p>First Best Practice meeting March 2008 – meetings take place monthly</p> <p>From May 2008 - ongoing</p> <p>From July 2008 – ongoing</p> <p>From May 2008 - ongoing</p> | <p>Safeguarding Coordinator</p> | <p>Minimum of 25% referrals or 8 cases audited internally each month and 24 cases audited externally each year</p> <p>Best Practice group held each month with attendance from rep from each team.</p> <p>Report from Best Practice Meeting presented to each Safeguarding Board.</p> <p>LBRuT staff comply with policy and procedures</p> <p>Improved adherence to timescales in policy & procedures meaning that risks to service users are reduced.</p> |

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| | <p>1.2 Supervision checklist and guidance developed March 2008 which align to the case file audit & safeguarding competencies. Where poor performance or non-compliance identified by LBRuT staff an individual action plan will be put in place and monitored monthly through supervision and further audit of practice after 3 months.</p> <p>Chronology of key events developed in April 2008 for LBRuT staff to use as recording tool in all safeguarding cases. The chronology aligns to standards in case file audit tool and is checked in each case file audit.</p> <p>Safeguarding Coordinator ensures tracking of all safeguarding cases to comply with timescales for sending of minutes/actions and delivering of actions following safeguarding meetings. Reporting of timescale compliance to AD Commissioning Care Services and Principal Managers Community Services on a monthly basis.</p> <p>Non compliance is monitored as in 1.1. above</p> | <p>From April 2008 check-list used in every supervision session</p> <p>From May 2008 chronology used for all cases</p> <p>From April 2008 report provided each month</p> | <p>Principal Manager Community Services</p> <p>Safeguarding Coordinator</p> | <p>Supervision checklist used in every supervision session.</p> <p>Chronology used in all safeguarding cases</p> <p>Individuals better safeguarded by improvements in practice and adherence to procedures</p> <p>Actions from safeguarding meetings distributed within one working day</p> <p>Actions delivered within the timescale(s) agreed at safeguarding meeting</p> |

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| | <p>1.4. Analysis of safeguarding referrals presented to Safeguarding Board identifying trends, reasons for abuse, outcomes etc.</p> <p>Analysis to inform</p> <ul style="list-style-type: none"> • Monthly audit of cases • Non compliance of procedures • Changes to procedures • Training needs • Contract monitoring • Any actions to be taken forward with /by partners. <p>Overall, the analysis will inform the work of the Safeguarding Coordinator, the Board and will identify priorities for action to be included in the annual safeguarding plan.</p> | <p>First report presented February 2008 and to each safeguarding Board – ongoing</p> | <p>Safeguarding Coordinator</p> | <p>Annual safeguarding plan reflects local priorities</p> |

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| | <p>2.2. Audit of LBRuT Adult Social Services staff training records to confirm attendance at appropriate courses and to identify staff not trained.</p> <p>All staff undertaking safeguarding investigations booked on training courses before the end of March 2008.</p> <p>Database set up to track safeguarding training requirements for all staff in Adult Social Services – identifying staff that have not had appropriate training to inform courses required for 08/09.</p> <p>Training records from partner agencies collected, including any training delivered by LBRuT. Sub group to report % staff trained across partner agencies to Safeguarding Board in June 2008.</p> | <p>Audit completed January 2008</p> <p>All staff attended courses prior to 31/3/08 - completed</p> <p>Database set up March 2008 - completed</p> <p>Report to Board in June 2008 – and to all future meetings</p> | | <p>Managers have ensured and evidenced that all relevant training of their staff has occurred.</p> <p>All partner agencies have monitoring systems which ensure that all staff are appropriately trained</p> <p>Monitoring of training is reported from agencies to Safeguarding Board</p> |

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| 4. The Adult Safeguarding Board should strengthen its leadership role to ensure the proper level of engagement of partner agencies so that safeguarding activity is supported and performance managed by all agencies | <p>4.1. The safeguarding board will lead/drive the improvement in policy procedures and practice to bring about improved safety of vulnerable adults, by:</p> <ul style="list-style-type: none"> • Reviewing Safeguarding Board membership to ensure senior representation from key partners as identified in ADASS best practice guidance • Providing quarterly reports to Health & Wellbeing and Community Safety Partnerships and annual report to Overview and Scrutiny. Reports will highlight partner compliance, benchmark performance and will identify key concerns to be considered by the Partnerships and Committee. • Independent chairing of Safeguarding Board to be considered by Health & Wellbeing Partnership. • Presenting updates/monitoring of the Inspection Action Plan to Community Safety Partnerships and Overview & Scrutiny twice yearly and to Directorate Management Team quarterly. Monitoring will identify: <ul style="list-style-type: none"> • Actions completed • Actions on target to meet timescale • Target date missed or likely to be missed <p>Report will also include risk assessment of targets likely to be missed with further actions identified to mitigate risks</p> | <p>June 2008</p> <p>From July 2008 - ongoing</p> <p>June 2008</p> <p>From July 2008 - ongoing</p> | <p>Assistant Director Commissioning Care Service</p> <p>Director of Adult and Community Services</p> <p>Assistant Directors Commissioning Corporate Policy & Strategy / Commissioning care Services</p> | <p>Clear leadership and ownership of safeguarding responsibilities at senior officer and member level across all key local partnerships.</p> |
| | <p>4.2. Council's Corporate Plan updated to include expectation of raising awareness of safeguarding adults</p> | <p>Plan updated February 2008 - completed</p> | <p>Director of Adult and Community Services</p> | |

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| ACTION PLAN - DELIVERING PERSONALISED SERVICES FOR OLDER PEOPLE | | | | |
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| <p>5. The Council and its partners should ensure person-centred planning is at the heart of assessment and care management process and delivers more individualised and independence promoting packages</p> | <p>5.1. Through self directed support service all older people assessed as having eligible care needs are offered an individual budget (IB) based on self assessment questionnaire. All will receive a personalised support plan appropriate to their requirements. Timescales for implementation are as follows</p> <ul style="list-style-type: none"> • New referrals • Reviews • Reassessments <p>5.2. Audit system introduced to identify if council funded care and support delivered to users is meeting their individual needs and aspirations. Audit is against the seven criteria set out by In Control for 'What needs to be in a support plan?'</p> <p>Audits to be undertaken internally through panel process and externally through voluntary sector support planning service.</p> <p>Any support plans not meeting the seven criteria are monitored through supervision via supervision checklist.</p> <p>Feedback to SDS lead will inform training, review of individual support plans, changes to support planning service and market development of services.</p> | <p>October 2007 May 2008 July 2008</p> <p>Internal audit in place October 2007 – external audit in place June 2008 - ongoing</p> | <p>Self Directed Support Project Manager</p> | <p>Plans are based on user's views and aspirations and they have an individualised support plan that meets their goals.</p> <p>Service users' emotional and social needs are met.</p> <p>User and carer satisfaction increases overall.</p> <p>Minimum 20% of support plans audited each month (internally & externally)</p> <p>All support plans meet the criteria set out by In Control</p> <p>All service users newly assessed and reviewed during the year have an individual support plan where it is appropriate to do so</p> |

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| <p>6. The Council should ensure that people who use services and carers are more consistently engaged as partners in determining individual goals within the assessment and care management process</p> | <p>6.1 Note that this response to be put in context with information provided in 5 above</p> <p>All support plans are written in the first person and all describe the individual's aspirations and goals. The plans identify what is important to the service user, what they want to achieve or change and how they will be supported and use their individual budget to achieve this. As stated above the plans are audited to ensure compliance against these standards which are set out by In Control</p> <p>The self directed support review process determines how effective the plan has been in meeting outcomes and assisting people to refocus where appropriate.</p> | <p>Internal audit in place October 2007 – external audit in place June 2008 - ongoing</p> | <p>Self Directed Support Project Manager</p> | <p>Individual service users and carers are fully engaged with process of individualisation and spend their individual budget in ways which meet their goals.</p> <p>Minimum 20% of support plans audited each month (internally & externally)</p> <p>All audited support plans meet the In Control criteria which support individualisation</p> |

