Orkney Island Council Scrutiny Report

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On 1st April 2011 the Social Work Inspection Agency merged with the Care Commission and the section of HMIE responsible for inspecting Services to Protect Children to form a new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS).In September the organisation became known as the Care Inspectorate. The following report has emerged from assessment and scrutiny activity carried out by Social Work Inspection Agency (SWIA) and completed by the Care Inspectorate.

1. Introduction

The Social Work Inspection Agency (SWIA) undertook performance inspections of all of Scotland's local authority social work services between 2005 and 2009. SWIA published an overview report in 2010, which summarised the key issues and messages arising for social work services across Scotland. The initial performance inspections established a baseline from which improvement could be measured. SWIA developed its work to take account of the need to apply more targeted and proportionate inspection. It also published a self-evaluation guide and a suite of companion guides on specific topics to assist councils in developing their approach to self-evaluating social work services[1].

There are assigned link senior inspectors to each local authority. It is the link inspector's role to build up knowledge of the local authority and to facilitate the local authority in its work to improve the social work services that it delivers to vulnerable people.

2. Purpose of report

SWIA completed an initial scrutiny level assessment (ISLA) of Orkney Islands Council Community Social Services in October 2009. Orkney was one of the first authorities to undergo this risk assessment. Findings from the ISLA contributed to Shared Risk Assessment and were included in the Assurance and Improvement Plan (AIP) for Orkney Islands Council for 2010/11. The local area network (LAN) who produces the Assurance and Improvement Plan (AIP) assessed Orkney Islands

[1] Visit www.careinspectorate.com

Council as low risk in both 2010 and 2011[2]. Scrutiny was then undertaken by the Care Inspectorate on what had then become Orkney Health and Care from April 2011.

The amount of social work scrutiny required of the council's social work service was determined by using an assessment of risk (the ISLA).This considers risk at the strategic and service levels, as well as the risk to individuals. To assess the extent of risk for social work services we scrutinise case records, analyse documents provided by the council review reports from other scrutiny and improvement bodies and analyse published national performance data.

This report sets out the reasons for the Care Inspectorate's targeted and proportionate scrutiny of the Orkney Islands Health and Care service. We undertook some scrutiny in June 2011 and again October 2011 and this report therefore covers the scrutiny undertaken to date. We also make recommendations for improvement arising from our scrutiny activity.

The Care Inspectorate did this by:-

- Scrutiny of 60 case records supported by a local file reader. 10 case records were read as part of supported self-evaluation of services for high risk offenders;
- analysis of 291 documents provided by the council or sourced by SWIA;
- analysis of the performance inspection report and follow-up report to track progress made on recommendations;
- analysis of key performance data;
- analysis of inspection reports and data from other scrutiny bodies
- participation in shared risk assessment activity led by Audit Scotland which included all relevant scrutiny bodies.
- Intelligence from regulated services

The ISLA focuses on answering nine risk questions:

1. Is there evidence of effective governance including financial management?
2. Is there effective management and support of staff?
3. Is there evidence of positive outcomes for people who use services and carers across the care groups?
4. Is there evidence of good quality assessment and care management?
5. Is there evidence of effective risk assessment and risk management for individual service users, both in terms of risk to self and public protection?
6. Does the social work service undertake effective self-evaluation resulting in improvement planning and delivery?
7. Is there effective partnership working?
8. Do policies, procedures and practices comply with equality and human rights legislation and are there services that seek to remove obstacles in society that exclude people?
9. Are there any areas that require urgent attention and improvement?

[2] www.audit-scotland.gov.uk

3. Summary of ISLA findings

We categorise our initial risk assessment under 3 levels. Our risk assessment was based on three categories; areas of significant risk, areas of uncertainty and areas where no significant risks were indicated. Our overall initial assessment indicated social work services in Orkney to be level 2 which is
"exhibiting moderate risk with adequate performance and moderate activity on improvement work".

The ISLA considered the evidence presented and found that there were 4 areas with no significant concerns for Community Social Services.

Outcomes for service users were generally good. In 74% of files that we read outcomes were positive and this was attributed at least partly to effective social work services and effective partnership working in 98% of cases.

In 2009 Orkney community social work was seen to perform well compared nationally, with 0.7% of the 0-18 age group looked after being lower than the national average (1.40%) Young people performed well in educational attainment with 100% of young people looked after, achieving qualification in the last nationally published figures. Young people generally stayed in touch with services and were supported to make the transition into adulthood although only 25% of those young people were in training or employment.

In community care the results were more mixed. Only 12% of adults with a learning disability had a personal life plan and 43% had access to alternative day opportunities. There were below average numbers of people over 65 receiving intensive home care (11.6 per 1000) but figures were better for those receiving services in the evenings or at the weekend (55%). They received lower than the national average for the total number of home care hours with Orkney ranked 23rd out of the 32 local authorities. In April 2011 there were 5 delayed discharges for people over the age of 65 and this was below the Scottish average.

Effective Assessment and Care Management

In 95% of the cases we read there was an assessment and in almost all of those the assessment was in keeping with the needs of the service user. In 71% of files, assessments were good, very good or excellent. In 84% of files there was a care plan in place. This was supported by the evidence of effective social work services. In 80% of cases the services were judged to meet the needs of the service users.

There was good involvement of service users in their own care plans with the exception of home care. Carer assessments were led by a local third sector partner and this appeared to be well embedded. There were no unreasonable delays for assessments or for services generally.

Equalities and Human Rights

Orkney social services evidenced strong and positive values and principles. Their policies and procedures were well developed and there was evidence of equalities impact assessments being completed. In 2011 the council also had consulted all

residents in their Tough Times, Tough Choices dialogue and social services were part of the agenda for this.

There were no areas for **urgent improvement**.

There were a number of areas where risks were graded as uncertain. Many of these were as a result of the move to set up Orkney Health and Care. At the time of the ISLA this work had not been completed. Orkney Health and Care formally came into being as of 1st April 2010.

Governance and Leadership

Although there were no significant risks overall in our ISLA assessment of Community Social Services some areas were identified as requiring action. These included substantial spend on packages of care for people receiving services off island.

Leadership of Community Social Services appeared to be strong as were the links to wider management within the council and to its elected members. However at the point of the ISLA in 2009 the council and the NHS had decided to move to set up an integrated community health and social care partnership. At this time there was work still being undertaken on the detail of the integration. The future arrangements for the service were not yet settled in detail and final management arrangements were yet to be confirmed.

Management and Support of Staff

The staff in Community Social Services appeared to be well supported with regular supervision and training in place for all staff.

There had been a number of changes over 2009. Community social services (CSS) had reviewed the agreed direction of learning disability services and had over the previous six months, decided to reorganise and create an all age disability service. Previously services had been held separately by children and adult care teams and it was agreed that they would now be formed into one service.

Staff knew of the move to Orkney Health and Care. They were clear that this was aimed at the integration of the services with community health services currently held in the Community Health Partnership (CHP). At the time of the ISLA there were not many details on how this would affect their day to day working practices. Along with a range of other organisational issues future staffing structures had not been agreed and staff were uncertain how the future organisation would be managed.

Effective Assessment and Risk Management

In the 60 files we read, there was an up to date risk assessment in 86% of them. The tools used were a range of national, local and customised tools from other partner organisations. The quality of assessment was mixed with 50% of these evaluated as good /very good but 37% were adequate and 13% were graded as weak. 41% of files where it was appropriate did not have an up to date risk management plan. Plans in community care and criminal justice case files were not in a SMART format.

From reading criminal justice files there were concerns that the work was not sufficiently focussed on helping offenders address their behaviour.

The inspection of services to protect children by HMIE evaluated Orkney response to children as very good for listening to children and keeping children safe. There was oversight of the child protection cases with partners meeting regularly to review their joint actions.

The adult protection committee also met quarterly and there was good evidence of strong collaboration between the partners in this work. There was however concern that the issue of people's capacity to make decisions was often not considered especially in relation to older people. There was some concern also about the senior manager resource available to progress this work.

Effective Self Evaluation and Improvement

There was evidence to suggest that Orkney CSS did respond well to action plans as the result of scrutiny and that they were diligent in doing so. The regular meetings of the Audit sub group in children's services and the Adult Protection Committee both gave some evidence of a continuing focus on improvement. In children's services regular audit by the sub group of the work evidenced SMART targets and improvements.

There was evidence of regular file audits in children's services. The fostering service required modernisation and this was highlighted by the Care Commission inspection in 2009 as well as improvements needed in recording and participation of carers and young people. Progress to improve had been slow in this area. Regular auditing was not well evidenced in community care cases. The CSWO noted this evidence at the time of the file reading and developed an improvement action to address this issue

There has been limited management information provided by the IT system and this impacted on the service's ability to review its performance effectively and systematically. In discussion with senior managers about the initial file reading in 2009 it was clear that they had been considering this issue and saw it as an area for development.

There was a commitment to self evaluation and improvement but we were concerned that the managers in CSS may not have the management capacity to be able to undertake this work pro-actively given the numerous other demands on them. The council more widely had a commitment to self evaluation and intended to adopt 'How Good is Our Council? '.

Effective Partnership Working

There was evidence of good partnership working in some areas. Children's services had good partnership arrangements with both education and housing and there was evidence to support this through joint protocols and the Integrated Children's Services Plan. However the child protection inspection highlighted issues with health around information sharing, and non attendance at case conferences. In community care performance about partnership was more mixed with improvements required in learning disability, mental health and older people.

Orkney Islands Council and NHS Orkney were focussed on the development of Orkney Health and Care. At the time of our initial assessment in 2009 the principle had been agreed and planning for it was moving forward. There were however a number of unresolved issues such as staffing structure, posts in the OHC board, accountability and reporting.

The Scope of Scrutiny

At the time of the ISLA Orkney Islands Council and NHS Orkney were in discussion about the integration of the delivery of their community services and the eventual set up of Orkney Health and Care.

In 2009 the council and the NHS board agreed to set up a CHCP to be known as Orkney Health and Care. It would have within its remit the community health resources and the social work resources. The Joint Improvement Team offered support in this undertaking and Orkney Health and Care formally came into being on 1st April 2010.

In addition, the external auditor, Scott Moncrieff, undertook an audit of the governance arrangements. Their audit highlighted a number of areas which still required to be resolved. Their report, along with a number of actions which required to be followed up, was published in April 2010.

Throughout 2010 there were many changes within senior management in both social work and within the wider council setting. In June 2010 the chief executive of OIC moved to take a secondment with Shetland Islands Council His post was filled by the then director of Finance. In August 2010 the acting director of social work also resigned his post. His post was then covered on a temporary basis by the chief executive of NHS Orkney. This left the post of Chief Social Work Officer (CSWO) to be filled. After an internal recruitment process a member of the chief executive's department was appointed as the chief social work officer. Around this time two other senior members of CSS staff also left including the assistant director for community care services. This left the one remaining senior manager to continue to manage children and family services and criminal justice services. The management of community care services was then undertaken largely by the temporary CSWO who also offered support and leadership to staff in CSS.

The chief executives of the council and the health board continued to work on the future joint arrangements. They undertook a staff consultation on the new structure, completing this in the spring of 2011. This was agreed by the OHC board in June 2011. Work was ongoing on this and other governance issues throughout the rest of the year.

Senior staff posts were agreed. These were not advertised until the latter part of 2011 when 2 new senior members of staff were appointed to manage the integrated children and family service and criminal justice service and the integrated community care services. These staff took up post in January 2012.

These considerable changes in the service impacted on the pace of change.

In the 2010-11 shared risk assessment it was agreed by the Local Area Network (LAN) that the external auditors would undertake a baseline review of the new integrated arrangements. The focus of this scrutiny was on governance. This report

was published in April 2010 just as OHC came into being. It noted a number of issues outstanding in the governance and management arrangements. There were 14 actions that required to be followed up as a result of this report. It was agreed by the LAN that this would be followed up jointly by the auditors and the Care Inspectorate in the 2011/12 scrutiny plan.

We agreed that we would focus scrutiny on three significant areas initially. These included home care since the ISLA identified issues with capacity and consent in terms of vulnerable adults. The file reading evidence in 2010 also suggested that this was still a weaker service. The other areas we would evaluate were the follow up to the governance report and outcomes for people using services, given that the organisations were moving to a radically new structure and integrated ways of working. To allow new arrangements to settle, this latter work was scheduled to be undertaken jointly in September 2011.

We also offered to support Orkney with self evaluation and this was completed. As part of a national agreement they evaluated their services to high risk offenders and completed improvement work on it. They also evaluated the access arrangements to their services. This was completed and they will take forward the learning from this piece of work into their new integrated service model.

Governance and Outcomes

As previously noted as part of the shared risk assessment of the Local Area Network, it was agreed that the external auditors, Scott Moncrieff and Audit Scotland as the new auditors (from 2011) for Orkney Islands Council, along with the Care Inspectorate would undertake a follow up of the governance arrangements for the new organisation of Orkney Health and Care first raised in the report by the external auditor in April 2010. This area was also seen to impact on effective partnership working. Areas such as strategic vision, accountability, risk management and the role of the Chief Social Work Officer were noted as requiring agreement and resolution. The council presented evidence of their progress on good governance arrangements to the external auditors.

During this period as we have previously highlighted there had been a number of changes that impacted on the ability of the key managers in Orkney to drive the changes forward. These included a change of chief executive and the departure of the acting director of social work; 2 senior managers leaving the service; and a temporary CSWO who was also support managing community care services and supporting the remaining senior manager. She made great efforts to keep staff generally updated on change within the organisation and was the face of the department at meetings with them

The impact of all these changes along with the complexity of the issues to be tackled meant that progress was slower than had been anticipated. After discussion with those scrutiny agencies involved and the LAN, it was agreed that the scrutiny of outcomes and the impact of the changes would be re-scheduled to take place in the LAN's 2012 /13 scrutiny plan.

The chief executives of Orkney Islands Council and of NHS Orkney have continued to work on the governance issues and the progress on this will be available in the report of the joint scrutiny which will be published by Audit Scotland in spring 2012.

In December 2011 senior managers were appointed to the two lead posts in OHC. They took up post in January 2012 and they will assist the chief executive to implement the rest of the plan

Self Evaluation and Improvement.

We considered this area in a number of ways.

We undertook scrutiny of the Home Care service. This was a service which CSS had previously evaluated as needing modernisation. Our reading of older people's files had highlighted some continuing issues, especially the consistency of care and how the service dealt with issues of capacity of vulnerable people.

As part of an inspection of this service, a Care Inspectorate colleague based on Orkney who inspects regulated services was involved in this scrutiny.

In line with the national demographic trend, Orkney has an increasing number of older people and in the moves towards an integrated service with the focus on helping people remain in the community, this was a service that we anticipated would be under increasing pressure to deliver consistent and pro-active care.

Orkney provided a lower than average number of number of home care hours compared nationally, and in 2009/10 was ranked 23 out of 32 for this. It was in the bottom quartile in 09/10 for older people receiving intensive home care although it evaluated well in the same year for older people receiving care in the evening and overnight. There has also been a consistently good performance in direct payments.

The council had reviewed its home care services by introducing team working, supporting staff with access to training. It also set up the responder service which supported people by the use of telecare and community alarms. It has supported many of the same people using services within the community, often working together with care at home staff for their benefit.

We spoke to a number of service users and their carers who were all very complimentary about the service they received. They said that they were treated with dignity and respect by the home carers and they were well informed about which carer would be attending to them at any given time. They said that they were issued with rotas covering 2 weeks ahead of those dates and that generally those were accurate. People who used the services and their carers said that while the quality of the service had generally been very good and continued to be so, the consistency of care providers had greatly improved. Those people who had a longer relationship with the home care service could remember a time when they were not clear who would be coming to them on any one day. Over the last 18 months the home carers had been organised into teams and this issue had largely been eradicated. They were content that a small number of home carers who knew them and their needs well, now attended to them efficiently. They were also clear about the regular home care reviews and to whom they could complain if required, although none of the people we spoke to had had cause to use it to date. This experience was replicated in the outer Isles where service users could be more isolated.

Staff too were generally content with the service. They also said that the move into small teams had led to a better and more consistent service being provided. They shared information with each other and covered for each other if required. They were involved in training and development around issues such as dementia and palliative care. They said that they were well supported by home care managers

The plans that we were shown by people using services were ones completed by home care organisers and were task orientated. Staff agreed that these were the only plans that they looked at. Some of the people they cared for had their single shared assessment in a folder within their home but staff said that they had no time to read these and focussed on the home care plan. Staff said that there were a few cases where they felt that the quality of care would have been improved if their understanding of the wider care issues had been fuller.

Recommendation 1
Home care staff should have a clear understanding of the comprehensive needs of the people they are caring for. This should include their ability to make informed decisions. This will support them in providing a responsive and good quality service to people and their carers. Managers should support staff in achieving this.

Managers told us that the risk assessment and any views of the service users' ability to make decisions were held in the single shared assessment and as such home care staff did not generally have sight of these. Information such as this may have been passed on by the organisers but we were unclear how much would be carried over to the task focussed home care plan.

Discharge planning appeared to be an area with which people using services had experienced difficulty in the past. Managers said that staff vacancies, difficulties in recruiting staff or no resource availability in the service in certain geographical areas have meant that care packages could not be provided as promptly as they would wish. People using services and their carers agreed with this, recalling a number of weeks where even after they were discharged from hospital, there were a large number of carers involved in supporting them. It was a number of days or weeks before it settled down to a set team. We were told by managers that this had improved now and carers confirmed this. Middle managers also thought that the home care allocation policy had helped with this issue as had a change in the eligibility criteria. However managers said that sometimes the capacity of CSS in a particular location to deliver services would continue to be an issue in providing home care.

The service had set up the Responder Service to help support people in the community with telecare and community alarum. . The service was designed to ensure that people were supported to remain within their own homes using this technology. This service also provided the second carer input when it was required for care tasks in the evening or sometimes at weekends. However home care staff did not have clear links to this service which is managed separately within the middle management structure.

Home care staff did not attend home care or care reviews. The latter appeared to take place in addition to home care reviews. These processes require to be

considered, particularly in the light of the move to integrated teams to ensure that care plans are comprehensive and all staff are informed and assisted to provide a holistic care experience.

Recommendation 2
Orkney Health and Care should have systems in place to aid communication of care plans to all staff. This joint approach to the assessment and review of care plans should be clearly understood and communicated to all those involved in assessing and providing care.

Carer assessments were undertaken by Crossroads and shared with the care manager on completion. Crossroads also provided carer support. This had allowed some carers respite from their caring duties and some others had been able to retain part time employment or volunteer work. Some carers were not clear if they had had a carer's assessment. They were not concerned about this, feeling that as long as the person they cared for was supported that this was sufficient.

We were told that direct payments were not generally taken up as an option by many people in Orkney where home care needs were a significant part of the package. This was because of the issues of recruiting carers outwith the home care service. There were 45 people with direct payments in Orkney in 2011. This equated to 20.5% per 10,000 as opposed to a Scottish average of 7.1

Managers within homecare had evaluated the operation of their service and had identified areas which they were working to improve. Reablement was still being developed as an approach and is clearly an area where the service will want to focus developments in the future. There were ongoing pieces of improvement work with a clear plan attached.

In file reading, issues of people's ability to make informed choices and decisions were noted as a gap in older people's files. Managers in Orkney were aware of the issue and there had been staff training in this. This training has impacted on the performance in this area with Orkney performing in the top quartile for guardianship orders granted in 2010/11, with a fairly even split between local authority and private applications granted.

Overall we found home care to be an improving service with plans to focus on further improvements.

Supported Self Evaluation

In 2010/11, senior inspectors supported a piece of self evaluation within criminal justice, focussing on high risk offenders. Orkney joined the rest of the Northern Community Justice Authority in this piece of national work. Orkney criminal justice staff completed it and had an action plan to address issues identified by them.

We also supported social work managers to look at access to the service and the systems to support this. Managers evaluated how successful their approach had been and reviewed staff procedures and support, considered the system and the needs of more isolated communities, equalities and regular support and

consideration of service user feedback on their experience. They had an action plan to address the issues and have completed those actions.

A second piece of supported self evaluation has been identified focussing on risk. Timescales and resources for this have yet to be agreed.

Future Scrutiny

Further scrutiny of the impact of the moves to Orkney Health and Care will be undertaken as part of the agreed scrutiny for 2012. This will conclude the outstanding evaluation of the new integrated arrangements

Linda Connolly
Senior Inspector
August 2012