Inspection report

Service inspection of adult social care: **Wiltshire Council**

Focus of inspection:

Safeguarding adults
Increased choice and control for older people with mental health needs

Date of inspection: November/December 2009

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- Putting people first and championing their rights.
- Acting swiftly to remedy bad practice.
- Gathering and using knowledge and expertise, and working with others.

Inspection of adult social care

Wiltshire Council

November/December 2009

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Acknowledgement

The inspectors would like to thank all the staff, service users, carers and everyone else who participated in the inspection.

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Introduction

An inspection team from the Care Quality Commission visited Wiltshire in November/December 2009 to find out how well the council was delivering social care.

To do this, the inspection team looked at how well Wiltshire was:

- Safeguarding adults whose circumstances made them vulnerable.
- Increasing choice and control for older people with mental health needs.

Before visiting Wiltshire, the inspection team reviewed a range of key documents supplied by the council and assessed other information about how the council was delivering and managing outcomes for people. This included, crucially, the council's own assessment of their overall performance. The team then refined the focus of the inspection to cover those areas where further evidence was required to ensure that there was a clear and accurate picture of how the council was performing. During their visit, the team met with people who used services and their carers, staff and managers from the council and representatives of other organisations.

This report is intended to be of interest to the general public, and in particular for people who use services in Wiltshire. It will support the council and partner organisations in Wiltshire in working together to improve people's lives and meet their needs.

Summary of how well Wiltshire was performing

Supporting outcomes

The Care Quality Commission judges the performance of councils using the following four grades: ‘performing poorly’, ‘performing adequately’, ‘performing well’ and ‘performing excellently’.

Safeguarding adults:

We concluded that Wiltshire was performing adequately in safeguarding adults.

Increased choice and control for older people with mental health needs:

We concluded that Wiltshire was performing adequately in supporting older people with mental health needs to have increased choice and control.

Capacity to improve

The Care Quality Commission rates a council’s capacity to improve its performance using the following four grades: ‘poor’, ‘uncertain’, ‘promising’ and ‘excellent’.

We concluded that the capacity to improve in Wiltshire was promising.

What Wiltshire was doing well to support outcomes

Safeguarding adults

The council:

- Was strongly committed to promoting community cohesion and reducing crime and anti-social behaviour.
- Contributed to community safety services which supported people to keep safe in their own homes and in their local communities.
- Was committed to strengthening adult safeguarding arrangements and had invested additional resources to achieve this.
- Provided a range of safeguarding training so that both council and partner agency staff had good awareness of adult safeguarding.

Increased choice and control for older people with mental health needs

The council:

- Ensured most people were treated with dignity and respect and were given a say in how they wanted their needs met.
- With its partners, had developed some new services for people with dementia which enabled them to maintain their independence.
- Supported voluntary and community organisations to provide services that gave people choices and promoted their independence.
- Ensured people had access to independent advocacy support.

Recommendations for improving outcomes in Wiltshire

Safeguarding adults

The council and partners should ensure that:

- People know how to raise concerns if they are at risk of or are being harmed or abused.
- Staff and managers in all relevant organisations know how to recognise and manage safeguarding concerns appropriately.
- Outcomes for people are improved through effective quality assurance and performance management of safeguarding practice and recording.
- All staff receive the appropriate training and are competent to undertake safeguarding work.
- People whose circumstances make them vulnerable benefit from independent advocacy support.

Increased choice and control for older people with mental health needs

The council should:

- Improve the quality, availability and accessibility of information so that people are well informed about support options.
- Ensure that assessment and support plans focus on outcomes.
- Increase the number of people using Direct Payments and other forms of self-directed support.
- Address gaps in service availability and flexibility.
- Give people more choice and control in short break services and support.
- Support family carers both in and beyond their caring role.

What Wiltshire was doing well to ensure their capacity to improve

Providing leadership

The council:

- Had a clear vision for adult social care.
- Listened to and learnt from the views and experiences of people who used services to deliver better outcomes for local people.
- Had a range of forums and mechanisms in place to ensure that citizens and staff were engaged in strategic planning and development.
- Had good working relationships with its Primary Care Trust partner to deliver improvements for older people with mental health needs.
- Had developed positive partner relationships with voluntary and independent sector organisations.

Commissioning and use of resources

The council:

- Had improved commissioning and contracting arrangements with voluntary and community organisations.
- Showed creative ways of developing new services, with a focus on securing value for money.
- Worked effectively with provider organisations to improve the quality of care homes and domiciliary care services.
- Had strengthened contract specifications to ensure the commissioning of safe services.

Recommendations for improving capacity in Wiltshire

Providing leadership

The council should:

- Ensure that older people with mental health needs are more involved in strategic planning, development and evaluation.
- Ensure that staff have the necessary knowledge and skills to support older people with mental health needs.
- Ensure people who use services and carers are engaged in shaping adult safeguarding policy, procedures and practice.
- With partners, develop a quality assurance and performance management framework for all safeguarding activity to ensure improved outcomes for people.

Commissioning and use of resources

The council should:

- Update the joint mental health commissioning plan and ensure that its implementation delivers improved outcomes for older people with mental health needs.
- Ensure that independent and voluntary sector provider organisations are involved in shaping the market for self-directed support.

Context

Wiltshire is a unitary council located in the southwest of England. It is a predominantly rural county and is not dominated by any single town or city but instead consists of 20 local communities built principally around smaller market towns and larger villages. There are populations in excess of 10,000 in Wootton Bassett, Chippenham, Calne, Devizes, Melksham, Trowbridge, Westbury, Warminster and Salisbury.

Of the 149 county and unitary authorities in England, Wiltshire was ranked as the 140th least deprived in the 2007 Indices of Multiple Deprivation. However, the county has pockets of deprivation including three local areas that were amongst the 20 per cent most deprived in England.

The council estimates that the total population of Wiltshire is 456,000. The county has 80,400 people aged 65 years and over, representing 16.1 per cent of the total population. The older population is predicted to increase to 120,900 by 2025.

The council used data from national research to estimate how many older people within Wiltshire might have a mental health problem. Estimates in 2006 were:

- 98 people aged 65 years and over per 1,000 will experience a neurosis such as depression, anxiety and phobias.
- 3 people aged 65 years and over per 1,000 will experience a psychosis such as schizophrenia or bipolar disorder.
- 50 people aged 65 years and over per 1,000 will live with dementia.

In 2006, it was estimated that there were 12,000 older people with mental health needs in Wiltshire. By 2011, it is predicted that there will be an 11 per cent increase with 1,314 more older people with mental health needs. In 2008, the council estimated that there were 6,157 older people with dementia. The proportion of people with dementia with a diagnosis registered with GPs is around 30 per cent, which is below the national average.

Wiltshire has a relatively small proportion of people from black and minority ethnic communities (4.3 per cent of the population) compared to 11.3 per cent for the rest of England. Older people from black and minority ethnic communities are over-represented in Wiltshire mental health services.

The council has a leader and cabinet and an overview and scrutiny model of governance. The Conservative group controls the council.

Wiltshire Council became a new council in April 2009. In December 2009, the Audit Commission did not score its overall assessment of the council. The Audit Commission rated the council as performing adequately in its use of resources. This rating was based on the last financial year of the former county council which controlled most of the council spending for the area. In December 2009, adult social care services were judged to be performing well by the Care Quality Commission.

Key findings

Safeguarding

People who use services and their carers are free from discrimination or harassment in their living environments and neighbourhoods. People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life.

People who use services and their carers are free from discrimination or harassment when they use services. Social care contributes to the improvement of community safety.

The council was strongly committed to promoting community cohesion and reducing crime and anti-social behaviour. The Place Survey, a national survey in 2009 of what the public think of where they live and of their local council found that Wiltshire was the second safest county with the second lowest number of recorded crimes in the country.

A good range of community safety services and initiatives supported people to keep safe in their homes and in their local communities. The council and partner organisations worked to minimise the risk to people of being a victim of distraction burglary, doorstep crime and rogue trading. Work was in progress to strengthen links between adult social care and the wider community safety partnership.

Wiltshire and Swindon User Network, a user-led organisation, worked with the council's passenger transport unit to promote safe travel for people whose circumstances made them vulnerable. The council had funded Victim Support to run a specific project for people with learning disabilities in North Wiltshire. The project aimed to raise awareness of and reduce the fear of hate crime. The council's Court of Protection team provided a valued service. The team gave advice and support where concerns were raised about people at risk of or victims of financial abuse.

There was a strong corporate focus on completing equality impact assessments (EIAs) for new policies or changes to existing policies. However, the EIAs that we saw were in need of further development to ensure that people were free from discrimination or harassment when they used services.

Work to review the joint Swindon and Wiltshire adult safeguarding policy and procedures had just started, having been postponed to take account of the national review of Department of Health 'No Secrets' guidance. It would be important for the Wiltshire Safeguarding Adults Board (SAB) to complete its own EIA to take account of both local and national evidence in relation to safeguarding. This would ensure there would be no adverse impact on particular groups as a result of policy and procedural implementation. The council needed to address areas of under-reporting of safeguarding alerts, such as for people with mental health needs, people who misused alcohol and drugs and people with sensory disabilities.

People are safeguarded from abuse, neglect and self-harm.

Some people were effectively safeguarded against abuse, neglect and poor treatment. The SAB had commissioned an independent review of safeguarding arrangements in Spring 2009 and had developed a substantial improvement plan. Adult social care staff had just started to implement some of the actions required, however, so it was too early to assess the impact of the changes on people whose circumstances made them vulnerable.

The council had demonstrated its strong commitment to securing people's safety by increasing resources given to adult safeguarding. A new safeguarding team had been established in September 2009 and a new business manager post created to support the SAB. These were important steps in promoting the sustainability of future adult safeguarding arrangements.

Public awareness of adult safeguarding and how to report concerns required further development. The council had worked with two user-led organisations to produce an accessible booklet about keeping safe. This was a good initiative. The booklet had been recently updated and was available on both the council's website and in hard copy. The targeting and dissemination of safeguarding information required strengthening as it was not well profiled in public information points. Most people that we met had limited awareness of how to keep themselves safe and how to report concerns if either they or someone they knew was at risk of being harmed or abused.

People who used services and carers would benefit from the production of an accessible explanatory guide which informed them of what to expect when involved in safeguarding processes.

There was scope to improve the safeguarding partnership's shared understanding of what constituted a safeguarding referral. Cases indicated confusion about when to use care management processes and when to use safeguarding processes. The interface between health processes for dealing with serious untoward incidents and safeguarding arrangements needed further development. The integration of safeguarding processes with local arrangements for the Care Programme Approach for people with mental health needs also needed strengthening.

Adult social care staff had good partnership working relationships with the police at both strategic and operational levels. Work was in progress to strengthen joint working with the local children's safeguarding board to manage the interface between safeguarding arrangements of both boards more effectively and efficiently. There was work to do to establish closer links between the SAB and the service user Partnership Boards. This would ensure more joint consideration of the evidence and recommendations of national investigations and inquiries and the implications for local services in Wiltshire.

A range of safeguarding training was available and take up was good by both council and partner agencies staff. Staff reported that the training was of good quality and helpful in the roles they performed within safeguarding procedures.

Effective quality assurance and performance management systems for adult safeguarding practice and recording were not yet in place across the partnership. Recording of safeguarding practice was of variable quality. Key actions to safeguard people were not always easily identified and recording of final outcomes of safeguarding work was not consistently clear. This meant that there was still uncertainty about some people's circumstances. We found some examples of positive practice that included effective involvement of the person at risk of abuse. Some cases we saw, however, showed inadequate risk assessment and protection planning.

Where safeguarding strategy meetings had taken place we found variable performance with regard to compliance with required procedural timescales in holding the meeting, attendance at the meeting, and recording and distribution of strategy meeting minutes. Some partners reported that they did not always receive copies of the minutes of strategy meetings or case conference meetings and were not informed of the final outcome of safeguarding investigations. This resulted in some lack of clarity about decisions made and actions taken. Action had been taken to improve administrative support to investigating managers.

Managers identified a number of practice, procedural and training issues arising from the cases we read. This reinforced the need to strengthen management oversight and supervision of both safeguarding practice and recording. The council had recognised the need to address some of these issues and had recently introduced new case file recording standards alongside action plans for all teams to improve recording practice.

Monitoring and evaluation of safeguarding alerts and outcomes of safeguarding activity were limited. This needed to improve to help the SAB understand the effectiveness of safeguarding arrangements and inform service developments.

The council operated safe recruitment and selection processes and practices for its workforce. The council took action, including disciplinary action, to address staff practice where there were adult safeguarding concerns. Users of Direct Payments received council funding to obtain Criminal Records Bureau checks when they employed personal assistants. The council commissioned Compass, a Direct Payments Support service, to raise awareness about safeguarding for people using Direct Payments. Work was in progress to address the specific issues relating to safeguarding and self-directed support. There was scope for council staff to do more to support people who had Direct Payments or Individual Budgets to identify and address their safeguarding needs.

People who use services and carers find that personal care respects their dignity, privacy and personal preferences.

The council had some initiatives in place to improve dignity in care for people who used regulated services such as care homes and domiciliary care services. The My Home Life project was specifically designed to improve the quality of life for people living in care homes. Mental health liaison nurses in acute hospitals provided

specialist advice and support to hospital staff to improve dignity in care of older people with mental health needs. Alzheimers Support was working with health services to improve dementia awareness among hospital staff.

The SAB had yet to consider the findings of the Ombudsman report 'Six Lives'[1] in relation to Wiltshire with regard to respecting the dignity, privacy and personal preferences of people with learning disabilities whilst in hospital. The SAB also needed to address the findings of the Michael Inquiry[2] to ensure that people with learning disabilities receive personalised and safe general healthcare and treatment.

The multi-agency safeguarding adults policy and procedures contained clear guidance for staff about managing and sharing confidential information across partner agencies. Work was in progress to improve information sharing between adult social care and the NHS Mental Health Trust in respect of safeguarding.

Independent advocacy support for people within safeguarding processes was under-developed. Limited use had been made of the Independent Mental Capacity Advocate (IMCA) service to both empower and support people through safeguarding procedures. We found some cases where advocacy services had not been considered or proactively offered to people who could have benefited from this support.

All relevant staff had been trained in the requirements of the Mental Capacity Act (MCA) and MCA champions had been identified in adult social care teams. There were plans to roll out MCA training to a wider staff group. Independent Mental Capacity Advocates (IMCAs) had been used to support people who lacked capacity to make their own decisions. A Deprivation of Liberty Safeguards training programme was being implemented with priority given to independent care home providers.

People who use services and their carers are respected by social workers in their individual preferences in maintaining their own living space to acceptable standards.

The council had a good understanding of the quality of services that it commissioned from regulated care providers. It used information from contract monitoring and Care Quality Commission regulatory information and inspection reports to ensure that people who used services had choice in terms of the quality of residential and domiciliary care services.

A new Care Quality Team had started to support care home and domiciliary care providers to improve their services. The council had a policy of commissioning only single rooms in care homes, except where couples specifically chose to share a room. A new risk policy provided guidance to staff who supported people whose physical condition or living space had become a risk to their health and well-being.

[1] Ombudsman Report. Six Lives: the provision of public services to people with learning disabilities. 2009.
[2] Healthcare for all: Report of the independent inquiry into access to healthcare for people with learning disabilities. 2008.

Increased choice and control

People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support.

All local people who need services and carers are helped to take control of their support. Advice and information helps them think through support options, risks, costs and funding.

The council had produced a broad range of public information about adult social care services which was of relevance to older people with mental health needs. The information was available in both printed copy and on its website. A small amount of information had been produced on DVD. We found the accessibility and dissemination of information was variable, with only a limited range in some public information settings.

There was work to do to ensure that older people with mental health needs had information which helped them to consider support options. The council had produced little information tailored for older people with mental health needs and its website did not signpost people to information of specific relevance to them. Older people with mental health needs were not systematically involved in designing, monitoring or evaluating the provision of information produced by the council.

Many people we met and who responded to our survey said they found it difficult to know where to go to get information. Some people who paid for their own care felt they had received insufficient help from the council when they had sought information and advice about support options. They felt that they were too readily left to fend for themselves. One person said:

"*I was told to 'search the book'. I got no expert advice about care options*."

There were a large number of self-funders in Wiltshire therefore it was important that the council more closely monitored the outcomes of providing information, advice and support to them.

The council was working with its partners to enhance the range of information, advice and support to older people with dementia and their family carers. Alzheimer's Society and Alzheimers Support were funded to provide information, advice and support. Since July 2009, Memory Cafes had been established across the county and these were also a source of information, advice and support. An informative DVD entitled 'Worried About Memory' had recently been produced and was displayed in most GP surgeries. There were plans to make it available through the mobile library service.

A small work group led by voluntary and community organisations and including carers had just developed a draft information pack for carers of people with dementia. The group had also recommended that information about dementia should be put on the council's website and this was under development.

The council intended to recruit a dementia advisor as part of the plans to pilot a new primary care-based memory service in South Wiltshire. The dementia advisor would provide information and advice at the earliest stage of diagnosis and ongoing support to people with dementia and their family carers.

The council's website provided information for carers. The council also funded carer support organisations to provide information, advice and support to carers.

The council had introduced a new FOCUS programme designed to make it easier for people to access information, advice and support regardless of their financial situation. FOCUS stood for Focus On Customers Underpins Success and new roles had been created to make sure that people could contact the right person with the right skills when they needed support. Since summer 2009, four new FOCUS 'hubs' had been established across the county so the teams were still in the early stages of development.

People who use services and their carers are helped to assess their needs and plan personalised support.

Most people we met told us that they were treated with dignity and respect and had been given a say in how their needs were met. We found some examples where people experienced positive outcomes from the complex packages of support put in place by their care manager or care co-ordinator. One person said:

"Everybody who had been to help us has been so nice."

Older people with mental health needs received an assessment and care management service from staff in adult care teams and community mental health teams for older people. The council and NHS Wiltshire commissioned Avon and Wiltshire (AWP) Partnership Trust, an NHS Mental Health Trust, to provide community mental health teams for older people and social care staff were seconded by the council into the teams.

Case files we read showed that assessments and support planning were not yet sufficiently person-centred and outcomes-focused. The views of older people with mental health needs and carers were not well recorded in people's assessments and care plans. People had not been routinely supported to complete contingency plans. There was no single assessment process in place which meant that some people had to repeat their stories to both social care and health practitioners. Work was in progress to review the care planning process undertaken within the AWP Partnership Trust to ensure closer interface between health and social care support planning processes.

The adult social care workforce had undergone major change as result of the introduction of the FOCUS programme. The AWP community mental health teams were also being re-configured. These changes had led to some older people with mental health needs and carers waiting some time for assessments to be completed.

More work was needed to support family carers both in and beyond their caring role. Most carers we met had a relatively low awareness of their entitlement to a carer's assessment. Carers needed more support to access and complete assessments of their own needs. Carers' support agencies supported some carers to complete assessments when approached to do so but felt they were not sufficiently resourced to provide this service on any great scale.

Waiting lists had grown for carer assessments to be completed by community mental health team staff. Health and social care commissioners had very recently met with the AWP Partnership Trust to agree an action plan to improve performance on completing carer assessments. Carers were particularly concerned at the lack of contingency planning for if they were ill or could not continue in their caring role. Arrangements for contingency planning and emergency support for carers needed to have greater priority in support planning.

Progress was limited in supporting older people with mental health needs to access and take-up Direct Payments. Nineteen people were in receipt of Direct Payments. Some Direct Payment users were experiencing difficulties in finding services to meet their needs. We found limited awareness of self-directed support in general, and Direct Payments in particular, amongst people who used services. There was no self-assessment process in place to enable older people with mental health needs to identify their own needs and suggest how those needs should be met. The council had started to pilot individual budgets to enable people to have more choice and flexibility in their personal support arrangements. This development had not yet extended to older people with mental health needs.

The number of carers in receipt of Direct Payments had increased. Most carers used Direct Payments to buy a sitting service. One carer told us:

"*I use Direct Payments to pay for a sitting service. It's great because I can get out to see family and friends. It's made a big difference to me*."

The council funded South Wiltshire Advocacy Network (SWAN) to provide an independent advocacy service, including an IMCA Service. Growing use was made of the IMCA service for those who lacked capacity to make their own decisions. A number of Third Sector organisations were also funded to provide advocacy support as well as an information and advice service. People we met valued independent advocacy services to empower them to speak up about issues which concerned them. SWAN staff had identified the need to recruit and train more advocates who could support older people with mental health needs. Self-advocacy and peer advocacy were less well developed which limited people's options to exercise choice and control in decisions affecting their lives.

People who use services and their carers benefit from a broad range of support services. These are able to meet most people's needs for independent living. Support services meet the needs of people from diverse communities and backgrounds.

The council was developing a range of services with its partners. Third Sector organisations delivered community-based services which helped people to have choices and maintain their independence. Age Concern provided Active Ageing activities, support to community day services and luncheon clubs, and support to people in their own homes. The council funded Alzheimer's Society and Alzheimers Support to provide a range of services to older people with dementia. Services included day opportunities, sitting services, support to people in their homes and a limited befriending and buddying service. These organisations also provided support to family carers.

Memory cafes and Singing for the Brain groups provided social opportunities for people with dementia and their carers and opportunities for them to develop their own support networks. A good example of a peer support group was the Memory Support Group in the south of the county. A group of older people with dementia, supported by skilled facilitators, met together in a domestic setting. Group members were given good information about dementia as well as facilitated to give and receive support from each other. Members of the group told us what a difference the group had made in their lives. One person said:

"*We come for the camaraderie and unity. We have lots of laughs*."

Carers who wished to do so also met in another room to support each other. They valued the group as it provided one of the few opportunities to meet with other carers at the same time as their family member met with other people in a separate group.

The council, with its partners, had developed some new services for people with dementia which enabled them to continue living in their own homes. New service developments included a specialist flexible day care service combined with a residential respite bed and a short-term residential service for five people with behaviour which challenged services. Two places in a local nursing home had been established to support people with dementia to regain their independence skills to return home after a stay in hospital.

Older people with mental health needs had access to rehabilitation services, including intermediate care services, to assist them in regaining independence skills. However, some staff felt that people's potential to benefit from re-enablement services, either to prevent hospital admission or after hospital discharge, was not always recognised. This meant that access was limited. The council's re-ablement service was being re-configured to provide a service to a wider range of people with complex needs. Consideration should be given to developing models of rehabilitation services that will meet the needs of older people with mental health needs.

Assistive technology was beginning to be provided to support the safety and independence of people who used services. Two telecare projects had started in different parts of the county. The South Wiltshire generic telecare project included a

GP and care staff with dementia skills available via Wiltshire Medical Services call centre 24 hours a day. The West Wiltshire telecare pilot project specifically focused on people with dementia.

Some people we met told us they had difficulties in accessing domiciliary care services which provided consistency of care and continuity of staff. They felt that some domiciliary care staff lacked knowledge, experience and skills in meeting the needs of older people with dementia. The council was aware of some of these issues and planned to pilot a new specialist service for older people with dementia at the end of 2009. The quality, flexibility and availability of some domiciliary care services still needed to be addressed in order to maintain people's independence in their own homes.

Older people with mental health needs and their family carers experienced limited choice and availability of short breaks and respite services. People wanted to exercise more choice and control over where and when they took short breaks away from their own homes. Carers reported particular difficulties in finding respite nursing care places and specialist respite care provision which could be accessed quickly. Some older people with dementia said they wanted a greater range of services to support them in their own homes where they felt safe.

Day services were valued by people using them. However, there was an overall shortage of day services and growing waiting lists for some existing provision. A particular gap in support was for people whose needs could not be met in community day centres and luncheon clubs but who did not need specialist provision for people with very complex needs.

Housing with support options needed expanding to provide people with more choice in where and how they lived their lives. It was pleasing to see that older people with mental health needs had been included in the council's older people accommodation strategy. The council was working in partnership with housing and care providers to develop a range of supported living arrangements, including extra-care housing.

End of life care support options for older people with dementia was identified by the council and NHS Wiltshire as an area for development.

The council had strengthened its support to family carers by funding carer support agencies and Third Sector organisations to provide carer services. Some carers we either met or heard from, however, did not feel sufficiently supported. Carers were seeking better provision of support services to enable them to continue in their caring role. They also wanted to pursue opportunities beyond their caring role such as leisure and employment opportunities.

There was some inequity of service provision across the county. For instance, there were no day services for older people with dementia in the north of the county. This inequity had been recognised and was being addressed. Wiltshire's three Alzheimer's organisations in partnership with the council had looked at rebalancing their resources to achieve more equitable service delivery. An action plan was in place and due to start implementation in April 2010.

The council had identified some areas for improvement in providing support services to people with diverse needs. The joint mental health commissioning plan identified that people with mental health needs who had additional learning, physical or sensory disabilities did not necessarily receive the same quality of services to meet all their needs. These issues had not yet been fully addressed. The council had started work with the PCT to ensure that older people with depression and those who misused alcohol received the right quality of service.

People who use services and their carers can contact service providers when they need to. Complaints are well-managed.

Contact details of service providers were not included on care plans but most people said they knew who to contact during office hours. Some people who used services and carers were less clear about contact arrangements during out of office hours. There was scope to profile the emergency duty service (EDS) better in public information points and in care and support plans.

Staff in the EDS could contact the AWP Partnership Trust's Crisis Service for information in relation to older people with functional mental health problems. AWP Partnership Trust staff were also Approved Mental Health Practitioners and provided Mental Health Act assessments out of hours. There was a limited range of services available to support people during out of office hours. Emergency duty service workers used domiciliary care services and residential care services to meet urgent needs. There was no specialist crisis service to specifically support older people with mental health needs and family carers in their own homes. An Emergency Carers Card scheme had been launched and enabled carers to register some basic details with a call line service.

Individual reviews were not always held at timely intervals. This meant that managers could not be sure whether care plans had been fully implemented and were meeting people's needs or if service user needs had changed. Some carers said that their assessments had not been reviewed so their changing needs had not been responded to. The quality and outcomes from people's reviews needed closer monitoring as reviews were not consistently holistic and outcome-focused.

The council had just revised its complaints service leaflet in line with new national guidance on complaints. Work was in progress to produce an easy read version of the new complaints leaflet. Some people who used services said that they did not have information about the complaints service and did not know how to make a complaint. Independent advocacy support was provided to help people through the complaints process but usage was low.

The number of complaints received on behalf of older people had reduced to 26 in 2008-09 from 44 in 2007-08. There was no breakdown of data to identify how many complaints had been received on behalf of older people with mental health needs. Most complaints were addressed in a timely manner. There were links between the complaints service and safeguarding procedures. Managers were actively involved in monitoring both complaints and compliments to identify learning points.

Capacity to improve

Leadership

People from all communities are engaged in planning with councillors and senior managers. Councillors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce.

People from all communities engage with councillors and senior managers. Councillors and senior managers show that they have a clear vision for social care services.

Councillors and senior managers had a clear vision for adult social care which was integrally linked to the vision for the whole council. A key council ambition was to develop and support resilient communities whereby citizens determined priorities and developed options and solutions to local issues. The council was also strongly committed to ensuring equitable access to support and services across the county.

Councillors and senior managers listened to and learnt from the views and experiences of people who used services. There was a range of forums and structures in place to ensure that citizens were engaged in informing strategic planning and development. The new Community Area Boards enabled people to raise issues directly with councillors, council managers and other partner organisations such as the police, fire and rescue service and PCT.

The community services directorate had strengthened its senior management capacity to support the delivery of its vision for adult social care. Over the past year, the directorate had concentrated a great deal of its transformation activity on developing and implementing the FOCUS programme. The programme was designed to establish an organisational structure that put people first.

The Transformation Steering Group had sound governance arrangements in place to deliver on the council's plans for transforming adult social care. Staff were directly involved in workgroups established to deliver the personalisation agenda.

Councillors had become increasingly aware of and engaged with the adult safeguarding agenda. The cabinet had designated a member to be a safeguarding champion. New councillors had been briefed on safeguarding, equality and diversity issues as part of their induction.

There was no councillor designated as an Older People's Champion but two councillors with lead responsibilities for adult social care had become Dignity Champions. The Dignity Champions were raising the profile of dignity in care.

People who use services and their carers are a part of the development of strategic planning through feedback about the services they use. Social care develops strategic planning with partners, focuses on priorities and is informed by analysis of population needs. Resource use is also planned strategically and delivers priorities over time.

The council had a range of mechanisms in place that enabled people who used services and carers to contribute to the development of strategic planning. However, there was more work to do to involve older people with mental health needs in strategic planning, development and evaluation.

The Mental Health Partnership Board was the main route for people to contribute their views and influence decision-making at a strategic level. The Board had been recently re-named and re-launched as the Wiltshire Mental Health Partnership. The Partnership was responsible for overseeing the development and implementation of the mental health strategy for older people and adults of working age with mental health needs. Its membership included elected service user and carer representatives from existing user and carer groups.

Older people with mental health needs were not yet represented on the Partnership but did contribute their views to strategic planning through 'Our Time to Talk' user group. The Partnership acknowledged that inequitable attention had been given to older adults with regard to the mental health strategic plan. To ensure age equality in strategic decision-making, older people with mental health needs needed to be more directly involved in the Partnership.

The council had established a framework within which to involve carers in strategic planning, development and evaluation. Carers' focus groups enabled carers to become engaged with service development. Carers were represented on the Carers Strategy group which had been established to identify and address strategic issues for carers. Work was in progress to produce a revised carers' strategy which reflected the main issues for carers and was in line with the national carers' strategy.

Carers of older people with dementia were increasingly involved in strategic planning. The Older People's Mental Health Steering Group was responsible for the development and implementation of the new dementia strategy. Carers were involved in some of the dementia strategy work-groups. The Steering Group also planned to establish an expert reference group which would include carers.

The council had developed positive relationships with both Third Sector and independent sector organisations and were involving them in strategic planning. The council had good strategic working relationships with its health partners, especially the Primary Care Trust. There was a well established formal partnership agreement in place between the council and PCT for mental health services and the partnership agreement had recently been extended to incorporate services for all adult user groups.

Relationships between the council and Wiltshire local involvement network (LINk) were positive but at an early stage of development.

The Safeguarding Adults Board had secured senior commitment from most key agencies and was adopting a more strategic approach to its work. The Board had yet to develop an overarching strategy. It had recently prioritised the implementation of its improvement plan which had superceded its work plan for 2009-10.

There was a need to ensure people who used services and carers were involved in shaping adult safeguarding policy, procedures and practice. The views and experiences of service users and carers were insufficiently reflected in the SAB and its sub-groups.

The social care workforce has capacity, skills and commitment to deliver improved outcomes, and works successfully with key partners.

Council staff had access to a range of learning and development opportunities. Independent and Third Sector organisations could also access training courses provided by the council.

There was more work to do to develop learning and development opportunities for the social care workforce who supported older people with mental health needs. Some staff felt they needed to increase their knowledge, experience and skills in order to improve outcomes for older people with mental health needs. Some people who used services had been inappropriately passed to specialist services when their needs could have been met by adult care staff. The reconfiguring of adult social care into locality FOCUS 'hubs' and the PCT plans to develop mental health services with a more primary mental health focus had implications for both health and social care workforces.

Work was already in progress to develop a joint workforce plan which would include workforce development for staff working with people with dementia. However, attention was also needed to develop a skilled and effective workforce who could support older people who had a range of mental health needs.

The council was working with its partners to develop a workforce strategy that addressed key workforce priorities to deliver the personalisation agenda. The council had recognised there was a need to change the culture amongst staff in the way they supported people who used services. As part of transforming adult social care, a programme of staff training had started in person-centred planning and outcome-based support planning.

Staff reported that they received regular supervision and managers were accessible for informal support.

Workload capacity during the implementation of the FOCUS programme had been adversely affected by a number of factors, including staff sickness and inability to recruit to some posts. The council had taken action to address these issues and staff deployment and capacity in the FOCUS hubs was kept under regular review.

Safeguarding training needs had not been systematically scoped across the partnership and there was no multi-agency training strategy. A competency-based framework for staff and managers had yet to be developed for safeguarding work and training. This meant that the council and its partners could not be assured that staff and managers were competent to undertake safeguarding work. The SAB had established a new learning and development sub-group but it was in the early stage of development.

The increased number of safeguarding referrals had resulted in some teams finding it difficult to balance safeguarding work with other operational duties and responsibilities. There was particular pressure on team managers who were investigating managers. The council had recognised the pressure and had recently identified some experienced social workers to become investigating managers.

The new safeguarding team was in the early stages of its development and some administrative posts were yet to be filled. We were concerned whether the team would be able to deliver the range of roles and responsibilities placed on it. Senior managers were aware of the need to keep both the capacity and capability of the team under review.

Performance management sets clear targets for delivering priorities. Progress is monitored systematically and accurately. Innovation and initiative are encouraged and risks are managed.

The council had greatly improved its performance management systems and reporting arrangements within the past year. Performance improvements had been achieved in relation to national performance indicators. A set of local indicators of performance had also been established. There was evidence of a more outcome-based approach to performance reporting which was a positive development. A culture of performance management was becoming embedded at every level of the directorate.

Better collection and monitoring of data was needed to ensure that older people with mental health needs were being treated fairly in access to and use of support services. The council had recognised that management and performance information with regard to older people with mental health needs needed strengthening.

Systematic quality assurance and performance management arrangements for all safeguarding activity were underdeveloped across the safeguarding partnership. This meant that the SAB could not be assured that staff practice was effective at keeping people safe. We were pleased to hear that some new monitoring measures had been put in place and work was in progress to embed them. A new quality assurance sub-group of the SAB had been established but was in the very early stages of its development.

The SAB's governance and reporting arrangements had been strengthened. The council's overview and scrutiny committee had taken a robust approach to scrutinising the SAB Annual Report 2008-09.

Commissioning and use of resources

People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value.

The views of people who use services, carers, local people, partners and service providers are listened to by commissioners. These views influence commissioning for better outcomes for people.

The council had developed a joint commissioning framework with NHS Wiltshire for adult health and social care. A new Joint Commissioning Board had recently formed with responsibility for overseeing and monitoring the development and implementation of commissioning strategies and work plans. This development was positive as it provided greater opportunity to make the best use of resources across health and social care.

There was a commissioning advisory group comprising people who used services who influenced the Wiltshire Mental Health Partnership. Older people with mental health needs were under–represented in this group.

Recent focus had been on involving older people with dementia, carers and partner organisations in the development of the draft joint commissioning strategy for people living with dementia and their families. Partner agencies reported that they had felt listened to by commissioners.

The council had developed both positive and productive relationships with partner organisations with regard to strategic commissioning. Provider forums were influencing council commissioning practice.

Commissioners understand local needs for social care. They lead change, investing resources fairly to achieve local priorities and working with partners to shape the local economy. Services achieve good value.

A Joint Strategic Needs Assessment had been produced with a comprehensive information base that was used to inform commissioning strategies. Each community area had a profile of data that informed local people about the needs of their local area. Grant funding was made available through the Community Area Boards for local people to develop services in line with their locally defined priorities.

There was a joint mental health commissioning plan but it needed refreshing and updating to take account of developments such as the draft joint commissioning dementia strategy, draft older people's strategy and plans for self-directed support. Work was in progress to update and resource the action plan associated with the draft joint commissioning dementia strategy.

The council and PCT jointly commissioned a range of services as part of the partnership agreement that it had for mental health services.

The council had improved its commissioning and contracting arrangements with Third Sector organisations. It had moved to more strategic partnership working and had established more longer-term contracts with these provider organisations. This move was appreciated by partners as it enabled them to plan their services more effectively.

The council had worked closely with its partners to commission a range of interesting pilot projects around the county to reflect local priorities. The pilot projects were testing out different ways of providing support to older people with dementia. Money had been ring-fenced to roll out the projects to other parts of the county to ensure equitable access to new service developments.

The council worked in a number of different ways with independent and voluntary sector providers to improve the quality of care homes and domiciliary care services. Regular contract monitoring was in place and placements had been suspended when the required standards were not met. Contract specifications had been strengthened with regard to adult safeguarding requirements to ensure that the council commissioned safe services.

Continuing work was needed to involve providers in shaping the market for support and services required in relation to the personalisation agenda. Some providers had concerns about the council's commissioning and contracting intentions, especially as to how the intentions might be applied to services for older people with mental health needs.

Council financial planning, management and control were sound. There was a strong focus on securing value for money when commissioning services from independent and Third Sector organisations. The council was jointly commissioning some new service developments with neighbouring councils to maximise value for money opportunities. The medium term financial strategy reflected the shift towards developing community-based services and reducing residential care placements. The council was working closely with the PCT and police to identify where efficiencies could be shared.

Appendix A: summary of recommendations

Recommendations for improving performance in Wiltshire

Safeguarding adults

The council and partners should ensure that:

1. People know how to raise concerns if they are at risk of or are being harmed or abused. (page 11)
2. Staff and managers in all relevant organisations know how to recognise and manage safeguarding concerns appropriately. (page 11)
3. Outcomes for people are improved through effective quality assurance and performance management of safeguarding practice and recording. (page 12)
4. All staff receive the appropriate training and are competent to undertake safeguarding work. (pages 12 and 23)
5. People whose circumstances make them vulnerable benefit from independent advocacy support. (page 13)

Increased choice and control for older people with mental health needs

The council should:

6. Improve the quality, availability and accessibility of information so that people are well informed about support options. (page 14)
7. Ensure that assessment and support plans focus on outcomes. (page 15)
8. Increase the number of people using Direct Payments and other forms of self-directed support. (page 16)
9. Address gaps in service availability and flexibility. (page 18)
10. Give people more choice and control in short break services and support. (page 18)
11. Support family carers both in and beyond their caring role. (pages 16 and 18)

Providing leadership

The council should:

12. Ensure that older people with mental health needs are more involved in strategic planning, development and evaluation. (page 21)
13. Ensure that staff have the necessary knowledge and skills to support older people with mental health needs. (page 22)
14. Ensure people who used services and carers are engaged in shaping adult safeguarding policy, procedures and practice. (page 22)
15. With partners, develop a quality assurance and performance management framework for all safeguarding activity to ensure improved outcomes for people. (page 23)

Commissioning and use of resources

The council should:

16. Update the joint mental health commissioning plan and ensure that its implementation delivers improved outcomes for older people with mental health needs. (page 24)
17. Ensure that independent and voluntary sector provider organisations are involved in shaping the market for self-directed support. (page 25)

Appendix B: Methodology

This inspection was one of a number service inspections carried out by the Care Quality Commission (CQC) in 2009.

The assessment framework for the inspection was the commission's outcomes framework for adult social care which is set out in full on our website. The specific areas of the framework used in this inspection are set out in the Key Findings section of this report.

The inspection had an emphasis on improving outcomes for people. The views and experiences of adults who needed social care services and their carers were at the core of this inspection.

The inspection team consisted of two inspectors and an 'expert by experience'. The expert by experience is a member of the public who has had experience of using adult social care services.

We asked the council to provide an assessment of its performance on the areas we intended to inspect before the start of fieldwork. They also provided us with evidence not already sent to us as part of their annual performance assessment.

We reviewed this evidence with evidence from partner agencies, our postal survey of people who used services and elsewhere. We then drew provisional conclusions from this early evidence and fed these back to the council.

We advertised the inspection and asked the local LINks (Local Involvement Network) to help publicise the inspection among people who used services.

We spent six days in Wiltshire when we met with seven people whose case records we had read and inspected a further nine case records. We also met with approximately 60 people who used services and carers in groups and in an open public forum we held. We sent questionnaires to 80 people who used services and 18 were returned.

We also met with

- Social care fieldworkers
- Senior managers in the council, other statutory agencies and the third sector
- Independent advocacy agencies and providers of social care services
- Organisations which represent people who use services and/or carers
- Councillors.

This report has been published after the council had the opportunity to correct any matters of factual accuracy and to comment on the rated inspection judgements.

Wiltshire will now plan to improve services based on this report and its recommendations.

If you would like any further information about our methodology then please visit the general service inspection page on our website.

If you would like to see how we have inspected other councils then please visit the service inspection reports section of our website.