



Inspection report

Service inspection of adult social care: **Royal Borough of Windsor and Maidenhead**

Focus of inspection:

Safeguarding adults
Increased choice and control for older people

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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

Royal Borough of Windsor and Maidenhead

June 2009

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Acknowledgement

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Introduction

An inspection team from the Care Quality Commission visited the Royal Borough of Windsor and Maidenhead in June 2009 to find out how well the council was delivering social care.

To do this, the inspection team looked at how well Windsor and Maidenhead was:

- Safeguarding adults whose circumstances made them vulnerable, and
- Delivering increased choice and control for older people.

Before visiting Windsor and Maidenhead 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 Windsor and Maidenhead. It will support the council and partner organisations in Windsor and Maidenhead in working together to improve people's lives and meet their needs.

Summary of how well Windsor and Maidenhead 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 Windsor and Maidenhead was performing adequately in safeguarding adults.

Increased choice and control for older people:

We concluded that Windsor and Maidenhead was performing well in supporting older people 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 Windsor and Maidenhead was promising.

What Windsor and Maidenhead was doing well to support outcomes

Safeguarding adults

The council:

- Took action and responded promptly when receiving safeguarding referrals.
- Operated safe recruitment practices.
- Had a range of community safety initiatives and services that helped to keep people safe in their own homes.
- Treated people in a respectful and professional manner.
- Provided training so that social care staff within the council and provider organisations had the appropriate skills and knowledge.

Increased choice and control for older people

The council:

- Gave advice and information to people, helping and supporting them to make informed choices.
- Took people's needs and wishes into account during assessment and care planning processes.
- Carried out reviews on time and responded promptly to requests for unscheduled reviews.
- Were committed to supporting people to remain in their own homes.
- Had developed, and were continuing to develop, services to enhance the range of options available to people.
- Commissioned a good range of services and support from the independent and voluntary sector.
- Had reliable systems in place to monitor the quality of services and contract compliance.

Recommendations for improving outcomes in Windsor and Maidenhead

Safeguarding adults

The council and partners should:

- Ensure that safeguarding policy and procedures are being implemented consistently at an operational level and across all partner agencies.
- Capture the experience and views of people who had been through safeguarding processes to inform the strategic and operational development of safeguarding.
- Increase public awareness of services and support related to safeguarding vulnerable adults.
- Raise awareness and developing the understanding of safeguarding across all council staff.

Increased choice and control for older people

The council should:

- Improve the availability of written information for older people in the borough.
- Improve the quality and reliability of case recording and have processes in place to quality assurance these improvements.
- Do more to support older people to use direct payments to make their own arrangements for care services and to employ their own personal assistants.
- Ensure appropriate professional supervision to quality assure the adult social care referral taking process.

What Windsor and Maidenhead was doing well to ensure their capacity to improve

Providing leadership

The council:

- Had a strong and clear vision for future adult social care services that was well understood and had a high profile amongst members and senior officers.
- Gave good emphasis to managing and challenging performance, using close interrogation of performance indicators to help achieve this.
- Highly valued the social care work force, regarding them as skilled, well motivated and highly committed.

Commissioning and use of resources

The council:

- Engaged a good range of partners and staff in the transformation programme for social care, making good use of relevant expertise and enabling people to have an influence.
- Had productive relationships with partners, working well to involve them and develop services in partnership.
- Showed creative ways of developing some new services with providers, with a focus on achieving a good quality service and value for money.

Recommendations for improving capacity in Windsor and Maidenhead

Providing leadership

The council should:

- Communicate the vision for social care more widely across staff in the council and the general public.
- Develop a better understanding of the needs of the diverse communities in the borough to help inform future commissioning of services.

Commissioning and use of resources

The council should:

- Develop a greater understanding of safeguarding activity, improving the collection, analysis and interpretation of information to help shape understanding of local safeguarding issues and to inform commissioning priorities.
- Improve the way access and take-up of services by people from all diverse groups of the community are monitored, interpreting this information to help inform the development and commissioning of services.

Context

The Royal Borough of Windsor and Maidenhead has a population of approximately 141,000. Within this the 2007 population estimates put the number of people aged over 65 at 15.1 per cent of the total population, which is slightly lower than national and regional averages. The black and minority ethnic population stands at 7.6 per cent, which is also slightly lower than the national average.

Windsor and Maidenhead is essentially an affluent borough with weekly earnings per resident much higher than average. According to the indices of deprivation 2004 Windsor and Maidenhead was ranked the 5th least deprived single tier local authority in England. This profile poses some interesting challenges for the council. Demand for some services is relatively low, but overall the community demands very high standards as many people have the capacity to exercise choices. The council has been under Conservative control since May 2007.

Services for older adults are provided through the newly created Adult and Community Services, which groups together services to meet a range of adult needs including social care, housing and culture services. As part of the introduction of this revised structure a newly appointed director of adult services is due to take up post in July 2009.

In 2008 the council were judged by the Audit Commission to be a three star council. with a 'Direction of Travel' judgment of 'improving well'. In November 2008 social care services for adults were judged by CSCI to be two stars, delivering good outcomes with promising capacity to improve.

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 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.

Council staff had arrangements in place to ensure that people were free from discrimination and harassment when they used services. Equality and diversity training was provided to staff. Staff were sensitive to different cultural needs, using interpreters and seeking out appropriate services to meet individual needs. The local community partnership had an equality policy in place and a steering group to drive forward changes.

The Joint Strategic Needs Assessment (JSNA) highlighted some priorities for black and minority ethnic communities, but there was more to be done to consider the needs of other vulnerable and diverse groups.

The council had recently reorganised its structure and brought together key service areas, which was beneficial in working together to improve community safety. There were a range of initiatives in place to improve people's feelings of safety in their own homes and communities. Older people and their carers had a good awareness of some of these initiatives. They had had experience of community lifeline systems, 'message in a bottle' emergency contact information scheme and local neighbourhood watch groups. Trading standards were developing an awareness raising pack on 'rogue traders' and to help them target this information planned to send this to all older people in the borough who were registered for a bus pass. Community wardens were providing a service to older people living in supported housing, helping to make these people feel safer in their communities, and where they spotted any concerns referring onto other services. The council's social care staff routinely used these services to help manage risks and make people feel safer in their own homes.

The learning disability partnership board had commissioned the production of a DVD about hate crime. There were plans to raise the profile of this issue with an event to launch the DVD.

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

When safeguarding concerns were raised the council were providing a prompt response and people who made these referrals felt confident that they were being

handled professionally and efficiently. Action was taken to address concerns and minimise risk.

The council worked to the Berkshire Safeguarding Adults Policy and Procedures (2008). This was an effective framework and was supported by a countywide training programme. Within both the council and partner organisations staff were familiar with the policy and procedures, and felt confident in their understanding and implementation of these. Managers in the council were readily available to staff to discuss issues of safeguarding vulnerable adults, give advice and to make casework decisions. The safeguarding coordinator post was providing valuable advice and support to staff within both the council and partner organisations. In place of this the council were soon to have in post a safeguarding manager, who alongside providing advice and guidance on case issues would have responsibility for supporting the strategic development of safeguarding. The council felt confident that this change would enhance their safeguarding arrangements.

The case recording systems in place were not reliable enough to evidence that safeguarding processes were being implemented consistently. It was not always clear who was involved in decision-making. There was some inconsistency in interpretation of what constituted a safeguarding referral. There was no routine case audit system in place. The council had already highlighted that recording of safeguarding activity needed to improve and had acted on this with the introduction of a new safeguarding register. The new system provided greater structure for the recording and management of cases. Although it was too early to ascertain the full impact, it did have the potential to achieve the necessary improvements.

The council was making sure that staff had the right skills and knowledge. Adult safeguarding training was provided to support a range of safeguarding roles and functions, and people were receiving the appropriate level of training to support the role they held. Staff who carried out safeguarding investigations held a professional social work qualification. Awareness training was provided to social care staff in the council and in external provider organisations. Staff found the training to be valuable and relevant to their job roles.

The number of safeguarding referrals received had increased at a steady level. For some groups of people only a low number of referrals were received and some partner agencies were making very low numbers of referrals. This indicated that the local policy was not being implemented consistently across all settings. The council was working to address some of these issues with partners. For example, the council had highlighted a concerning low number of referrals received from the local acute hospital trust and were giving this necessary attention. Overall, there was more to do to ensure alerting and referral processes were reliable and consistent for all groups of vulnerable people.

The council did not have any systems in place to capture the views and experiences of people who had been the subject of safeguarding procedures, and therefore information was not being used to quality assure these processes or to inform the future development of these. This was an area that needed to be developed.

The council were making efforts to promote awareness of the risks facing vulnerable

people. A suite of safeguarding posters had recently been produced through the East Berkshire adult safeguarding board and Windsor and Maidenhead council had recently produced a leaflet for people with learning disabilities in an accessible format. The council had held its first safeguarding week using information stands and the local media to help raise public awareness and intended to make this an annual event. The council recognised that there was still more to do to heighten awareness of this issue amongst people who used services, their carers and the wider community.

There was no corporate wide safeguarding awareness training for all council staff, however, the council had highlighted this as something to be developed. The council planned to develop a training session for all staff that would incorporate awareness of safeguarding and dignity issues. The profile of safeguarding was being raised corporately. The new adult safeguarding posters were being used as a rolling screensaver on all of the council's five hundred computers to raise awareness across all staff.

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

Social care staff were working well with people who used services and their carers, and treating them with dignity and respect. During assessment and care planning processes staff invested a lot of effort in developing good relationships with the people they were working with. People felt that their views were listened to, their preferences were taken into account and they spoke highly of the calibre of staff.

The council had mechanisms in place to gather consent from people regarding the sharing of information. However, it was not always clear whether people had given their consent to the sharing of information or understood how to access any records about themselves.

Overall the quality of social care services that people received was good. The accreditation and monitoring team were actively involved in monitoring standards. The council worked well with partners to ensure service provided were of a good quality, and any issues or concerns were responded to promptly and efficiently.

The council operated safely when recruiting staff, taking up relevant checks and references. Staff were well supported with regular supervision from line managers.

The council had a strong focus on respecting all people's dignity. This was given attention at a corporate level as well as in adult social care. Some good innovative work was being done on this topic. An audit of meals in residential care homes for older people was beginning. Older people from the local older persons' advisory forum (OPAF) were being trained to complete meals audits in these homes, and a report would be produced in the Autumn to highlight the findings and impact of this exercise.

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.

Through the council's development of telecare services the number of older people who were using a community lifeline alarm system had increased, enabling them to call for assistance easily in any emergency. This was giving older people greater confidence and helping them to feel safer in their own homes. The fire service had increased the number of older people who received a free fire home safety check, and were performing well against their target for this in the local area agreement.

The local home improvement agency was well-known and providing a valuable 'handyperson' service to people for minor repairs and helping keep people safe in their own homes.

Skills of occupational therapists were being well used to support people living in their own homes. On discharge from hospital people whose needs fell below eligibility for services were still provided with an occupational therapy assessment to give advice and information on how to best manage their daily living tasks.

Extra care housing was available and the council was continuing to develop these services. Within these settings there was a good range of support, services and facilities available and a strong commitment to keep people at home for as long as possible. These services were valued by the people who used them.

"I could not manage at home, it is great here for my wheelchair, the staff are marvellous."

"I mix well with other residents and join in the activities."

Increased choice and control for older people

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's website was easy to use and provided good, relevant information. Many of the written information leaflets produced by the council were in need of updating and the council had begun a process of reviewing some of them. The availability of these leaflets was also patchy, with only limited leaflets available in some settings. The council provided advice and information to people who intended to fund their own social care service.

On the whole people felt they knew how to go about getting information but improvements were needed as some people were still not as sure as others.

"I regularly go to the Town Hall to pick up leaflets for other people."

"Some housebound elderly are not getting information."

"It's difficult for older people to find out about services."

The older persons' advisory forum worked well to disseminate information. The Princess Royal Trust provided good information and advice for carers, including a specific carers' information pack. Council staff had access to good interpreting and translation services and worked jointly with the sensory team when people with specialist communication needs required information and advice.

The council, with their health partners, were taking steps to improve the way they made contact with and supported people who were not in touch with social care services. There were some good examples of this in action. A stroke coordinator post had been established and was providing good advice, information and support to people who had experienced a stroke. This service was well linked into a range of services, including physiotherapy and local stroke clubs. There was also a similar specialist service available for people with multiple sclerosis (MS). This MS care navigator post, jointly funded by the council and the MS society, helped people to access appropriate information and services. Investment was also being made in basing a new carers post in a local hospital setting.

People spoke positively about the information and support they got from staff in adult social care teams. However, some people were experiencing difficulties when making telephone contact with the council via the customer contact centre, waiting for their calls to be responded to or feeling they were not getting accurate information in response to their enquiries.

The council had arrangements with a range of advocacy organisations for the provision of advocacy services. These organisations had worked collaboratively to produce information, deliver training and raise awareness of their services. The council monitored these services and over the past year there had been an increase in the use of independent advocacy services to support older people. A small number of older people had used advocacy services to support them in applying for continuing health care funding. The independent mental capacity advocacy (IMCA) service was used in some situations but had received a small number of referrals overall. It was not clear that the service was always being used when it could have been appropriate. Some people from black and minority ethnic communities were training to become advocates in their own communities.

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

There was a clear view on how the council wanted to transform social care services and offer people greater choice and control. Implementation of individual budgets for people assessed as needing social care services was due to commence in December 2009. The council was developing its approach to self-assessments, starting with people being able to use a self-assessment process for minor equipment and adaptations.

When people contacted the council for social care services they were told about the process that would follow, including an explanation that cases were prioritised according to level of need. People were not routinely told what the likely response time would be and there were some delays with people waiting for assessments. The council had taken steps to improve waiting times for occupational therapy assessments and improvements in this area were being sustained.

People were very positive about the way social care staff worked with them, valuing their professionalism and expertise. Staff were building relationships and maintaining contact with people who use services and carers to support them through complex and challenging times. People felt that their views were listened to and their wishes were taken into account when assessments were completed and services arranged. Efforts were made to find appropriate services and advice was given about different options. People were told about direct payments and put in touch with the direct payments team for further information and support.

We found that staff gave good consideration to how to best balance meeting the needs of people who used services with meeting their carer's needs. Attention was given to ensuring that carers were appropriately supported.

Arrangements were in place to help meet the range of different needs of older people. The learning disability team worked jointly with the team that supported older people and people with physical disabilities to ensure that the needs of older people with learning disabilities were appropriately met. A new team had been established to meet the needs of older people with mental health needs.

Written records were not as well detailed as they should have been and needed to improve. It was not always clear if all contact had been recorded, whether managers had an overview of cases and that information was fully up-to-date. The council needed to ensure that key actions and decisions were reliably recorded and compliance with case recording standards was assured. The recording of assessments and care plans focused on tasks rather than the overall intended outcomes for the individuals. The development of a more outcome focused approach to support planning was an area the council intended to develop through the transformation programme.

Although not always evident from case records, people told us that they were given copies of their assessments, and were asked to verify the details of these documents. . People also received copies of their care plans, reviews and carer's received copies of their assessments.

Assessments for older people were completed within reasonable timescales. Social care assessments were available to people irrespective of whether they intended to fund their own social care services or not. They were able to access information, advice, assessment and support to help them make good choices when arranging their own care services. This was helping to support people when they were being discharged from hospital.

The council worked well with hospital colleagues to ensure that discharge processes were smooth and timely. People who fell below the council's eligibility for services were benefiting from occupational therapy assessments, being given expert advice and guidance to assist them in planning their discharge to home. There was a system in place to help share basic personal information about individuals across health and social care services but this did not do much to avoid duplication or repetition. An electronic single assessment process was not in place.

The council used direct payments in different ways. Older people were able to claim an annual payment of £100 in lieu of an older persons bus pass. Many people chose this option and valued the flexibility it gave them, often putting the money towards taxi or other travel costs. People who had registered for this option received an annual 'wellbeing' telephone review to check their circumstance and whether any additional services may be needed.

A small number of older people were using direct payments to purchase social care services, mainly via local home care agencies. This had enabled some older people to retain their provider of choice when the council's contracting arrangements had changed. In a few cases direct payments were used to benefit older people with mental health needs and people from black and minority ethnic communities to purchase services sensitive to their needs. Some carers of older people were using a one-off direct payment to help meet a particular need and the council encouraged a flexible approach to this.

The council's direct payments team were providing good advice and support to people to help them consider using direct payments and support them during the process of this. However, despite this support some older people were put off by what they perceived to be the complexities of the direct payment system.

“Older people need help and guidance managing direct payments.”

“There should be less paperwork.”

The council intended to review direct payment processes as part of their implementation of individual budgets and development of more personalised services.

On behalf of the council the local Princess Royal Trust Carers Service (PRTCS) was providing a good range of advice, information and services. The council had seconded a member of staff to the PRTCS who was able to complete carers' assessments. Positively this meant that carers could access an assessment directly from the PRTCS. This usually happened in situations where the carer or cared for person was not in contact with the council. These assessments were well detailed and the support from the Princess Royal Trust was highly valued by carers. Within the community mental health team there was a carers' lead to help support carers of people with mental health needs to in accessing appropriate information and support.

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.

There was a variety of services available to meet the needs of older people living in Windsor and Maidenhead, including services to help keep them independent and active. The SMILE (So Much Improvement with Little Exercise) project was well established throughout the area, with over 40 different weekly activities for older people to participate in across the borough. It was well known and succeeded in getting older people to participate in regular physical activity. People told us they benefited greatly from attending.

“I always feel better when I have been here.”

“It's not only the exercise it is the social side as well.”

The council and local primary care trust were building on this successful service by developing a GP referral 12 week SMILE programme, with plans to monitor impact and feed the outcomes back to the referring GP's. There was a falls programme running in the local hospital and this made good links by referring people onto SMILE when appropriate. The local home improvement agency's Repair with Care service and community alarm service were valued by older people.

Home care and independent sector care home services were of a good standard and people who used these services were generally satisfied with the quality of them. The council worked well to monitor the effectiveness and quality of the independent sector services they commissioned. Reviews happened at reliable intervals and the accreditation and monitoring team worked well with providers to address issues of

concern.

Occupational therapy skills were used well to give advice and support people. They worked with people to help them manage and understand risks, alongside trying to accommodate the individual's preferences. The council were developing some specific occupational therapy posts within the housing sector.

Extra-care housing services were also available for older people. One of these services had a particularly extensive range of facilities, including a gym for residents to use. Within extra-care we were pleased to find examples of people being well supported by complex care packages, enabling them to fulfil their wish to continue living in their home.

There were a range of intermediate care services available, making use of both health and social care services. These services helped to facilitate discharges from hospital and avoid any unnecessary admissions to hospital. The in-house home care service provided a service to help people regain skills and independence. There was a night time home care service to visit people in their own homes to carry out specific tasks but there were no sleeping-in or night-time sitting services available to provide regular input.

Steps had been taken to increase the provision of daytime services for younger and older people with dementia. In one area the council had worked with the local community, including the GP surgery, to establish a daytime service for older people with dementia. Also, in response to increasing demand for services for younger people with dementia, the availability of specialist daytime support had been increased.

The council showed a commitment to carers and we found examples of good efforts made to ensure that carers were well supported and services provided to them. Carers were able to access services through the PRTCS which were highly valued. Crossroads was providing much appreciated sitting services, during the week and also at weekends. Overall carers felt the range of services available at weekends and evenings was too limited.

There were mixed views about residential respite care for older people with dementia. We heard from some people that there were limited options and availability. The council had dedicated respite beds available but these were not being used as much as the council expected them to be. In response to this mixed picture the council planned to explore the issue further to gain a fuller understanding of it.

The council were in the process of developing their dementia strategy and had recently held an event to engage people in this. This had helped to shape local priorities.

There was a strong multi-agency commitment to delivering good quality end of life care and the council are well involved in this. An end of life strategy (including action plan) was being developed. This included mapping resources and developing care pathways across agencies.

There was a lack of detailed monitoring of access to and take-up of services by people from diverse communities. There was a development worker in post to support people, of all ages, from Asian communities. The council needed to have a better understanding of the needs of older people who are lesbian, gay, bisexual and transgender.

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

People who received services told us they were able to make contact with their providers when they needed to and got a helpful response. The council's out of hours emergency duty service responded effectively to calls outside of normal office hours and shared information with daytime services. The in-house home care service was able to respond to urgent situations outside of office hours.

A carers' emergency card scheme was in place, meaning that carers could register some basic details on the social care database to help contingency plans be made for the cared for person in an emergency.

The council's corporate customer contact centre was not always providing a reliable service to people who were enquiring about social care services. There was a telephone based access service within the adult care service, responsible for taking all incoming calls and requests for assessments. This team sat alongside social care teams and liaised well with the managers of those teams to prioritise and agree the transfer on of cases. However, this team was not line-managed within the social care structure and as a result received no regular, formal professional supervision to monitor their effectiveness and quality assure their role. This issue needed to be addressed.

There was a team dedicated to completing reviews. Scheduled reviews usually happened on time, although it was not always clear from written records when the next scheduled review was due. When an unscheduled review was needed this happened promptly and providers of services told us that their requests for such reviews were well responded to. When necessary, the review team remained involved long enough to resolve complex situations, providing good support and continuity for the person using the service.

Providers of services told us that when there were issues of concern the council were prompt to react to these, did so in a positive way, working with the provider to understand and resolve the issues. Matters were treated seriously but providers described that there was 'no blame culture' in the council.

A leaflet explaining the recently revised complaints process had been produced and the information was also available on the council's website. This leaflet was included in the information packs that adult social care staff gave out to people during assessments. The council had improved their response times to complaints and people who made complaints received a prompt response. The council and local health services had worked together to develop a single complaints procedure.

A corporate complaints coordinator gave support and advice during the complaints process. There were good links between this corporate role and the safeguarding coordinator, the brokerage team, accreditation and monitoring team and with senior managers.

Arrangements for reporting the numbers and types of complaints were reliable and an annual report on complaints was produced. The report gave some examples of practice and procedural changes as a result of learning from complaints. The report was lacking in some detail which could have been used more effectively to help inform and develop services. For example, there was little information about the people making complaints, for instance no breakdown by equality strands such as ethnicity, gender, age or disability. Such detail could have been helpful to the council in understanding local issues and any patterns in the reporting of complaints. Consideration was being given to involving people who had previously made complaints in helping to quality assure the current complaints process. This would be helpful in giving the council insight into how well the process works. It was positive to find that people who made complaints were offered independent advocacy services to support them through the process.

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.

A variety of mechanisms were employed to share information and engage people. Consultation events were promoted and people were invited to attend, awareness campaigns were organised on a range of topics such as safeguarding and falls prevention. The council's own quarterly magazine 'Around the borough' was delivered to every household and was effective in providing information.

A 'twitter' service had recently been launched and local residents invited to sign up to receive useful, brief updates via email and mobile phone (tweets) on services, council news headlines and reminders. The chief executive of the council regularly visited different council services and also wrote a regular blog (online diary) on the council's intranet for staff, sharing his views on a broad range of issues and inviting comments from staff.

The older persons' advisory forum (OPAF) hosted an annual older persons' conference to bring together organisations and older people for information sharing and consultation. There were partnership boards in place which helped to engage and inform people. For example, there was a partnership board for older people and another for carers.

At senior officer level, and amongst members, there was a strong commitment to both the safeguarding of vulnerable adults and the transformation of adult social care services. Senior officers and lead members used their influence to secure additional resources and ensure partners were well engaged in safeguarding. The council had recently appointed an independent chair of their safeguarding adults board. This was a very positive development and the council welcomed the increased rigour and challenge this brought to the board. The newly created structure for adult and community services had helpfully brought together key services to support the implementation of the transformation agenda.

There was much to do to deliver on their plans for transformation but the council had a clear vision and a well-organised project management structure in place. Much of the activity to date focused on developing the project structure and securing resources to help deliver the plans. There were some dedicated posts to help deliver the project. However, as the pace was now speeding up there was a lot to do in a

relatively short time and ambitious targets for the council to deliver. There was a confidence that the structure and processes were in place to be able to meet this challenge. Work was underway to address some of the complex and challenging areas, leading up to the planned implementation of the first key stages of self directed support in December 2009.

Amongst the general public and people who used services awareness of the transformation of services was limited and there was more to do to inform and engage with them. An event for stakeholders was planned for October 2009.

Some staff were directly involved in work groups for the transformation project. However, there was more to do to bring other staff up to date with progress achieved and plans for the future.

We heard of some good examples of different council services contributing to improving the wellbeing of people in the borough. For example, community warden services, leisure and trading standards were all well engaged with social care services. The council had used dignity in care as an opportunity to raise awareness of this issue across council services. Teams had been completing dignity audits to help them to consider whether there was room to make improvements to the way they treated people.

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.

Partner agencies within both the independent and voluntary sector felt well engaged in helping the council to shape and develop services. They believed their views were sought and listened to. There were a range of partnership boards in place that supported the strategic development of services, with good opportunities for older people and their carers to participate in these. For example, the carers' partnership board and the older persons' advisory forum (OPAF) involved and represented the views of people who used services, and influenced future commissioning of services.

"The council do listen to the older persons' forum."

A joint strategic needs assessment was in place and the council, health and other partners were working on a review of this, intending to produce a revision in September 2009. Within the review they wanted to reflect and understand the impact of the recent economic downturn on their local population.

The local strategic partnership (LSP) had become more effective over recent times and was engaging partners well. We heard that the LSP and the delivery of the local area agreement (LAA) helped partnership work to flourish. The Fire Service was achieving its LAA targets for carrying out free home safety checks for older people.

The transformation of social care programme consisted of a variety of different work groups, and the council had engaged a broad range of people in these. Health partners, independent and voluntary sector providers, advocacy organisations, OPAF, carers and council staff were all involved in these.

The council's corporate equality and diversity policy was being reviewed. As part of this review a strategy was to be developed to support the council to achieve level 3 of the Equality Standard for Local Government. Equality impact assessments (EIA's) were completed, but it was not evident that these had resulted in a better understanding of or improvements to services. The council should develop a better understanding of the needs of the diverse communities in the borough help inform future commissioning of services.

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

The social care workforce was highly valued by senior managers as integral to the council's effective delivery of social care services.

The council worked well to deliver the umbrella, East Berkshire wide, multi-agency workforce development strategy. The safeguarding training programme was linked to the different roles within the multi-agency safeguarding procedures, providing different types of training to support people working in different roles. Safeguarding awareness training was widely available and independent and voluntary sector staff participated in this. Staff found the safeguarding training programme was helpful to them in their practice.

Work was in progress to identify safeguarding training needs across different sectors. The council had recently commissioned an audit of safeguarding training completed by private, independent and voluntary sector organisations.

Day to day support from managers was a key element in supporting staff and helping them to develop their skills, and we found managers were readily available to frontline staff to give advice and guidance. Staff reported receiving good informal and formal support and supervision. A variety of other training was provided to support frontline social care workers in their different roles. There had been valuable training on the mental capacity act, deprivation of liberty safeguards and dignity in care. Some equality and diversity training was available. Equality and diversity issues were also incorporated into all training.

There was no general awareness training on safeguarding for other corporate staff. The council intended to address this with training that covered both safeguarding and dignity issues. People employed as personal assistants under direct payments arrangements were able to access the council's training programme.

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

A high level of attention was given to managing performance. The chief executive met monthly with senior managers to review key areas of performance and challenge areas of under-performance. This process helped to identify risks and develop contingency plans. This model of monitoring was replicated within the social care management structure, with senior managers having similar meetings and discussions on performance with their frontline managers.

The creation of the new local Windsor and Maidenhead Safeguarding Board was intended to strengthen the local management and governance of safeguarding practice within the borough. Safeguarding activity was reported and an annual report produced. This did not give a sufficiently detailed analysis of activity or interpret any local trends to help understand the local picture. There was no formal process in place to quality assure safeguarding practice and demonstrate that procedures were being followed consistently. A checklist had recently been developed to help address this but it was at its early stages and still evolving.

The council's elected member scrutiny process was able to provide an effective challenge and call other partners to account. The annual safeguarding report had highlighted areas for attention which members had acted upon by calling partners to provide further information and explanation.

There was a business planning process in place and all teams contributed to this, helping to meet objectives and shape priorities. Each team had a plan in place to describe how overall service objectives were to be met and to identify and address objectives specific to their individual team.

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.

There was no mechanism in place to capture the views of people who had been through safeguarding processes and this needed to be established. The council was not commissioning advocacy services specifically to support people through safeguarding processes. When necessary they would arrange for appropriate advocacy services to meet individual needs on a case by case basis.

The older persons' advisory forum (OPAF) had a key role in representing the views and interests of older people in the borough. It was jointly funded by the council and the Primary Care Trust (PCT) and had a membership of more than 70 older people. The OPAF had representatives on a number of partnership boards and forums, including the older people's partnership board and the safeguarding adults' board. There was no designated older persons' champion in the council although some councillors did have good links with the partnership boards for older people, for carers and with OPAF.

The council were working with stakeholders, including people who use services and carers, to develop a local dementia strategy. They had recently held a local conference and begun to determine local priorities. From this, a model for a dementia advisor post had been put together and the council and partners were looking at how this could be developed and funded.

There were a variety of ways in which the council sought to gather views to inform the way services were commissioned. The accreditation and monitoring team responded to concerns over quality of service and took prompt action to resolve these. Frontline staff gave feedback from their work with people who used services, their carers and service providers to inform future commissioning.

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.

The council had invested additional resources in services to support the safeguarding of vulnerable adults. There was more to do to interpret and analyse safeguarding referral and investigation data to help inform future commissioning of services. This would give the council and their partners an increased understanding

of local factors and influence priority setting.

The accreditation and monitoring team, the brokerage team and the adult social care operational teams worked together effectively to ensure services commissioned were of a good quality. Knowledge of the local market for social care services was good, including an understanding of capacity and quality. The council did not commission services from those that were rated poor by the Care Quality Commission.

The council had contracts in place with local voluntary sector providers for the services commissioned from them. These service level agreements were monitored to measure the service provided, the outcomes achieved for people who used the service and to help demonstrate value for money. The council had developed its understanding of the skills and capabilities offered by voluntary sector providers and these organisations were playing crucial roles in helping the council to deliver services.

Some services were being jointly commissioned. The council was working closely with the PCT and there were joint commissioning posts in place to support this. Services for people with sensory needs were provided by a county wide Sensory Needs Service. Windsor and Maidenhead were the lead commissioners for this service, on behalf of the four Berkshire authorities that used it.

The local partnership work on end of life care was a good example of a multi-agency approach to developing a local strategy with a strong commitment to improve local services and meet needs.

The council responded to need to develop services and worked closely with their partners in doing so. They had plans in place for the imminent development of a new-build day service for older people with dementia. This would provide services at weekends and evenings. Former in-house residential care provision had been re-provided in partnership with the independent sector to offer a higher quality, more cost-effective service.

There were some examples of the commissioning activity reflecting diverse groups in the community, but this did not appear to be systematic. The council had only a limited understanding of how effectively it was delivering services to people from diverse groups. There needed to be a greater awareness of how effectively people from diverse groups were accessing and receiving services.

The council's allocation of funding for social care compared equally with similar councils. There was a reliable system in place for the monitoring of budgets. Managers were well involved in monitoring and managing their team budgets.

Appendix A: summary of recommendations

Recommendations for improving performance in Windsor and Maidenhead

Safeguarding adults

The council and partners should:

1. Ensure that safeguarding policy and procedures are being implemented consistently at an operational level and across all partner agencies. (Page 11)
2. Capture the experience and views of people who had been through safeguarding processes to inform the strategic and operational development of safeguarding. (Page 11)
3. Increase public awareness of services and support related to safeguarding vulnerable adults. (Page 12)
4. Raise awareness and developing the understanding of safeguarding across all council staff. (Page 12)

Increased choice and control for older people

The council should:

5. Improve the availability of written information for older people in the borough. (Page 14)
6. Improve the quality and reliability of case recording and have processes in place to quality assurance these improvements. Improve the quality and reliability of case recording and have processes in place to quality assurance these improvements. (Page 16)
7. Do more to support older people to use direct payments to make their own arrangements for care services and to employ their own personal assistants. (Page 16)
8. Ensure appropriate professional supervision to quality assure the adult social care referral taking process. (Page 19)

Provided leadership

The council should:

9. Communicate the vision for social care more widely across staff in the council and the general public. (Page 22)
10. Develop a better understanding of the needs of the diverse communities in the borough to help inform future commissioning of services. (Page 23)

Commissioning and use of resources

The council should:

11. Develop a greater understanding of safeguarding activity, improving the collection, analysis and interpretation of information to help shape understanding of local safeguarding issues and to inform commissioning priorities. (Page 25)
12. Improve the way access and take-up of services by people from all diverse groups of the community are monitored, interpreting this information to help inform the development and commissioning of services. (Page 26)

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 Windsor and Maidenhead when we met with eight people whose case records we had read and inspected a further eight case records. We also met with approximately 40 people who used services and carers in groups and in an open public forum we held. We sent questionnaires to 150 people who used services and 48 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.

Windsor and Maidenhead 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.