

# ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

## Agenda Item 12

Brighton & Hove City Council

**Subject:** Contract Unit Performance and Monitoring of Working Age Adult (Under 65s) Services, October 2009 to March 2010

**Date of Meeting:** 14<sup>th</sup> June 2010

**Report of:** Acting Director of Adult Social Care & Health

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**Wards Affected:** All

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 To provide governance information on the performance and monitoring of Under 65s (working age adult) services to people with learning disabilities, mental health issues, physical disabilities and sensory loss, for the period 1<sup>st</sup> October 2009 to 31<sup>st</sup> March 2010, in order to drive up quality and performance through robust and transparent monitoring procedures.
- 1.2 *“Putting people first: a shared vision and commitment to the transformation of adult social care”* (December 2007) provides the key policy context of Personalisation. This agenda is fundamental to the BHCC commissioning and contracting processes and supports people to be able to live their own lives as they wish; confident that services are of high quality, are safe and promote their own individual needs for independence, well-being, and dignity.
- 1.3 For the report to cover both the independent and council sector. Services referred to in this report involve a gross spend of **£44,646,644** per annum of which **£12,274,299** is funded by client contributions, Health and other joint arrangements giving a net spend of **£32,372,345**:

Service type	Spend Summary		Income	Net spend
	In-house	Community Care		
Learning Disabilities	8,702,445	22,354,117	-9,038,043	22,018,519
Adult Mental Health (including NRPF)*	0	6,664,141	-1,986,482	4,677,659
Physical Disabilities	441,727	6,484,214	-1,249,774	5,676,167
<b>TOTAL</b>	<b>9,144,172</b>	<b>35,502,472</b>	<b>-12,274,299</b>	<b>32,372,345</b>

\* NRPF = no recourse to public funds

## **2. RECOMMENDATIONS:**

- 2.1 The Cabinet Member notes and comments on the report.
- 2.2 The Cabinet member receives reports on a six monthly basis. The next report will cover the period 1<sup>st</sup> April 2010 to 30<sup>th</sup> September 2010.
- 2.3 The report is submitted to the Joint Commissioning Board for agreement on the jointly commissioned services.

## **3. RELEVANT INFORMATION**

- Service user data has been drawn from CareFirst 6.
- All Contract Unit performance monitoring relates to people assessed and funded through the Community Care budget.
- Definitions are found in Appendix 1.

## **LEARNING DISABILITIES**

### **3.1 RESIDENTIAL CARE HOMES**

- 3.1.1 There were only 13 new agreements for people with learning disabilities to go into long term residential care homes within the 6 months between October 2009 and March 2010 and this compares well with the previous 6 months when there were 18 referrals. However, 5 of the 13 had already left these placements by April 2010 (for example to move into the new supported living accommodation at Sackville Gardens) and most of the remainder involved movement between homes, usually due to changing needs of the individuals concerned. This again is similar to the previous 6 months – of the 18 new agreements, only 10 are in long term residential care homes. This reflects the joint strategic commissioning approach taken by BHCC and NHS Brighton & Hove which is to provide a variety of flexible and easily accessed services in community settings.
- 3.1.2 However, there is a long-term core of people who are currently in residential care; 237 people received residential care between October 2009 and March 2010, compared with 245 in the previous 6 months. Of these 126 people were in care homes within the Brighton & Hove area representing 53% of the total. A further 71 were in care homes in East or West Sussex (30% of total) and 41 (17%) were outside of Sussex including 8 in Kent and 9 in Surrey. In the previous 6 months 131 people were in placements in the city and 114 were out of city. These figures suggest that the number of people in residential care homes is falling slightly and that a higher number of them are able to be placed within the local area; both of these fulfil current commissioning intentions.
- 3.1.3 All residential care homes are subject to CQC national standards and are rated accordingly:

Type of home	No. in BHCC+	Capacity (beds)	CQC rating				
			Poor	Adequate	Good	Excellent	NYR*
Local authority	8	47	0	2	5	0	1
Private	23+	196	2	2	16	2	1
Voluntary	7	44	0	0	4	3	0
<b>TOTALS</b>	<b>38</b>	<b>287</b>	<b>2</b>	<b>4</b>	<b>25</b>	<b>5</b>	<b>2</b>

+ Excludes 1 home for OPLD

\*NYR = not yet rated

Of the 38 providers 30 are rated either Good or Excellent by CQC, which is 79% of the total.

- 3.1.4 Any home that receives a poor rating will not have any new BHCC clients placed there until they reach the required standard. However, a service user who is in such a home is risk assessed and if deemed to be at no risk will not be moved (unless the home deteriorates more).
- 3.1.5 The Contracts Unit also undertake Desk Top Reviews once a CQC inspection report is made public. If the risk assessment outcome is medium or high then monitoring visits, contract reviews or audits will be undertaken to the homes to support the managers to reach the required standards. Between October 2009 and March 2010 5 DTRs took place. The outcomes varied from low (1), to medium (2) to high risk (2) and a series of meetings and full audits was instigated (see 3.2.6 below). in addition 3 other planned audits took place.
- 3.1.6 Of great concern were the new ratings from CQC in February 2010 when two care homes received a Poor rating. The Contracts Unit supported the two homes (in conjunction with the Community Learning Disability Team) to take immediate steps to make improvements by undertaking full audits. This included advice on safeguarding, CHAS accreditation and involving service users, support to devise actions plans to meet CQC's requirements, identifying critical training and reviewing Policies and Procedures. CQC have recently re-assessed the two homes and both have raised their standard (reports not yet available on CQC website).
- 3.1.7 Additionally, 301 days of **respite care** were provided for 59 people between October 2009 and March 2010, averaging a duration of 3.4 days per stay. This is lower than the previous 6 months where 411 days of respite were provided (average duration 4.9 days) for 61 service users and is possibly due to disruption in the Pioneer House service as it re-located to New Church Road (the Beach House) in December 2009.

## 3.2 COMMUNITY SUPPORT SERVICES

- 3.2.1 Learning Disabilities community support services are an expanding area within BHCC because of the strategic shift from provision of residential care to supporting people to remain independent, either in a supported environment or in their own homes. This reflects the key messages of the

government's strategy for people with learning disabilities "Valuing People Now: a new three-year strategy for people with learning disabilities" (January 2009).

- 3.2.2 Community Support Services for people with learning disabilities includes Supported Living, Supported Accommodation, Day Care, home care and Shared Lives services. Most of these services relate to the provision of services in a person's home and involve supporting them to remain as independent as possible. Most services are provided by specialists to the field of learning disabilities.
- 3.2.3 Between October 2009 and March 2010 189 people received **home care or other community support services** in comparison to 190 in the previous 6 months. However, many service users receive several services that build up their individualised service agreements that allow them to remain in the community. Thus, the 189 people received 236 services
- 3.2.4 **Supported Accommodation and Supported Living** are accommodation options where people have their own tenancies but are provided with care and support. They are community based and are seen as a good example of promoting choice and control for people with learning disabilities within BHCC. It is expected that there will be increasing numbers of people in such options in the future.
- 3.2.5 Providers CMG and Southdown have strong track records of providing supported living and supported accommodation in BHCC. At the end of March 2010 there were 22 in supported accommodation services and 20 people in supported living. 4 of the supported accommodation and 15 of the supported living placements were new in the 6 months October 2009 to March 2010 (however the supported living numbers include the 10 people who moved into 61 and 63 Sackville Gardens – see paragraph 3.2.6 below). In the previous 6 months 9 people moved into supported accommodation. N.B. these figures do not include Supporting People funded Supported Living.
- 3.2.6 There were few options for supported living in BHCC until the end of 2009. Throughout 2009 the Contracts Unit supported the tender process for **Sackville Gardens**, a 10-unit Supported Living service. One 5-bed unit supports people short-term before moving on to more independent living and the other 5-bed unit is for long-term service users with complex needs and potentially challenging behaviours. The tender included participation from service users, families and advocates as part of the evaluation and interview process. Sackville Gardens opened end November/start December 2009.
- 3.2.7 37 people (to end March 2010) were living in **Shared Lives** accommodation (formerly called Adult Placements), living with families. Schemes that provide Shared Lives do have to be registered with CQC and there are two for learning disabilities within BHCC. One of these is the charity, Grace Eyre Foundation, which was re-rated as Excellent by CQC in March 2010. The other is the BHCC run Shared Lives Scheme which was re-rated as Good by CQC in March 2010. 39 people were in Shared Lives in the previous 6 months.

### **3.3 ACTIVE LIVES (DAY CARE)**

- 3.3.1 240 people with Learning Disabilities attended Day Care services between October 2009 and March 2010 and 250 in the preceding 6 months. Currently day services (or resource centres) are remodelling, to include the provision of community support from the resource centre. Grace Eyre Foundation has done this with their Choices programme and Scope are now beginning to offer a similar service. The aim is to move away from Monday-Friday full time attendance at a day centre and instead to provide people with personal budgets so that their day time activity is more meaningful and central to the person and facilitates more presence in the community. It is anticipated that as more personal budgets are awarded, the less day services will be used. This is also an area that is likely to see the use of Individual Service Funds, another choice for service users instead of a personal budget.
- 3.3.2 As day services are not registered and inspected by CQC the Contracts Unit carry out annual audits to monitor the quality of provision to ensure that the service is meeting standards based on those used by CQC for other services. There are 5 day centres for people with learning disabilities in BHCC which are audited on a rolling timetable.
- 3.3.3 **Case study: Scope** was audited in March 2010 following on from their move to the Sharon Collins Resource Centre which is a purpose built facility which has replaced Scope's previous Brighton base; Hamilton House. The new building is entirely on ground level and is fully accessible for its users. The new building better facilitates service user involvement and through its accessibility, is person centred in essence. The service is now able to be more responsive to service user needs; it is based in the centre of town near many facilities and the area where it is situated is flat/level. There is much evidence to support improved practice, such as the embedding of Person Centred Plans and the move toward Communication Passports for all service users. It is the Contracts Unit view that Scope is an essential specialist service that delivers significant support and activity to its service users, many of whom have profound and multiple disabilities. The service is person centred and evidently well run with service user's best interests at the forefront. Wherever possible, service users are involved in decision making processes and are positively encouraged to comment on the service they receive. It is apparent that the move to the new building has taken much commitment and effort from the team of staff and it is enjoyable to experience the positive atmosphere in the Sharon Collins Resource Centre. The building – and vitally the staff – meets the complex needs of its users. The service is developing in line with strategic modelling. The only concerns from the audit related to organisation of paperwork.
- 3.3.4 Also in March was a contract review of Mencap which was carried out jointly with Supporting People colleagues; all Supporting People and Contract Unit PIs are being met and no concerns were raised.

## **MENTAL HEALTH**

### **3.4 RESIDENTIAL CARE HOMES**

- 3.4.1 At the end of March 2010 there were 100 people in Brighton & Hove receiving mental health residential services. This figure does not include those receiving housing based accommodation such as hostels (where the community care budget is recharged). This is a figure that has remained stable over the last year as there were 96 people in care homes in the preceding 6 months.
- 3.4.2 Of the 100 people the majority were resident in BHCC care homes – 60. Of the other service users 33 were in East Sussex or West Sussex. 5 of the remainder are in Kent and the remaining 2 were in Southampton and Stroud.
- 3.4.3 In the 6 months to end March 2010 there were 13 admissions to long-term care compared to 16 in the preceding 6 months. Again these figures are not subject to much change. However since April 2010 there has been a new Transitions mental health team established to support and facilitate people with mental health problems to move on into community based options rather than remain long-term in residential care. This also has the advantage of freeing-up and thus increasing access to local residential care. It is expected that this will have an impact on these figures in the coming year.
- 3.4.4 It should be noted that the number of care homes and beds available in the city for people with mental health needs has remained stable over the last few years. It is not predicted that this will change but if the throughput of people in residential care home placements increases there will be a reduction in use of Out of City residential care.
- 3.4.5 There are 8 residential care homes registered with the Care Quality Commission (CQC) in the BHCC area for people of working age with mental health needs of which one is a care home with nursing. With reference to the table below it can be seen that 100% of these homes are Good or Excellent (recognising that one is not yet rated due to change of ownership).

Type of home	No. in BHCC	Capacity (beds)	CQC rating				
			Poor	Adequate	Good	Excellent	NYR*
Local authority	1	24	0	0	0	1	0
Private	4	70	0	0	3	0	1
Voluntary/charity	3	52	0	0	1+	2	0
TOTALS	8	146	0	0	4	3	1

+ = this home takes over 60s only

\*NYR = not yet rated

- 3.4.6 In addition to residential care homes there is a small number of people with mental health issues who live in Shared Lives or Supported Living accommodation. At the end of March 2010 there were 15 people in Shared Lives accommodation although only one in Supported Living. The Shared Lives Scheme is rated by CQC as Good and is provided by Sussex Partnership Foundation Trust.

3.4.7 Between October 2009 and March 2010 there were 3 Desk Top Reviews (DTRs) of these establishments. It was concluded that 2 were low risk whilst the third remains open due to incomplete information (it being a new provider to BHCC).

### 3.5 HOME CARE

3.5.1 In the 6 months to end March 2010 there were 41 people with mental health needs receiving domiciliary care services (compared to 42 in the preceding 6 months). There were 11 new service agreements (for 8 service users) within this time. All 41 received services from the independent approved provider organisations working under BHCC contracts. They are performance monitored by the Contracts Unit twice yearly via contract review and audit and reported on to this meeting. All home care providers in the city are judged good or excellent by CQC.

### 3.6 DAY SERVICES

3.6.1 In the 6 months between October 2009 and end March 2010 there were 70 people with mental health problems receiving day care services. 58 of these were using Preston Park Resource Centre and 9 Care Co-ops. This compares with 84 using services for the preceding 6 months. It is likely that this reduction relates to the fact that PPRC is now undertaking more longer term work with service users as well as an increase in outreach work rather than day centre based work, moving away from traditional models to something that is more supportive of the Personalisation agenda. It is recognised that this needs to be reflected in new targets for day contracts in the next year.

3.6.2 There are no national standards for Day Care, but BHCC has a variety of day service contracts with 17 providers (21 contracts) which include quality assurance standards and performance indicators. These are reviewed annually by the Contracts Unit and the Commissioner for Mental Health and service levels are reviewed and adjusted as necessary. For each contract performance data is provided quarterly or half yearly.

3.6.3 Assessment as at October 2009:

Service level met/exceeded	Service partially met	Service level not met	Unable to assess service level
10 ½	6 ½	3	1 *

\* data not received in time (this service was an exceeded in previous year)

Where the services do not meet their service levels the Contract Officer for Mental Health provides additional support to examine underlying reasons. For example one of the 3 above one didn't meet its service level because it not satisfy the Value For Money criteria used – however the service itself was not under criticism. The Contract Officer is currently working on a new and more relevant service specification. Another was a new contract and the service did not get underway until August, so it was unable to meet its targets.

## **PHYSICAL DISABILITIES & SENSORY SERVICES**

### **3.7 RESIDENTIAL CARE & NURSING HOMES**

- 3.7.1 There is a relatively stable number of people with physical disabilities receiving long term residential care some of which are in residential homes with nursing. At the end of March 2010 there were 39 people in residential care, of which 4 were new agreements between October 2009 and March 2010. In the previous 6 months there were 3 new agreements.
- 3.7.2 This figure excludes people attending respite care which is regularly accessed as part of care packages often several times a year. Between October 2009 and end March 2010 there were 11 referrals for respite care and in the previous 6 months there were 20.
- 3.7.3 Due to the lack of capacity in the city most service users have to be placed outside the city unless they are placed in older people's care or nursing homes. Anyone placed will have had a full assessment which will demonstrate that the proposed home is appropriate to the assessed care needs. Many of the homes have dual registration either for Older People and physical disabilities or for learning disabilities and physical disabilities. Homes that also cater for people with learning disabilities have been considered under the learning disabilities section of this report and homes for older people in a different report.
- 3.7.4 Of the 39 people in residential care at end of March 2010, 13 were within the BHCC area including 5 at Swanborough House (for Acquired Brain Injury). 24 of the 39 service users are in East or West Sussex which means that 95% of BHCC service users are in Sussex.
- 3.7.5 17 of the 39 people are in care homes with nursing; of these 8 have been there for over 5 years.
- 3.7.6 The local authority has recently commissioned 10 units of accommodation that are under development at **Vernon Gardens** as Extra Care Housing for disabled adults, due to open in late 2010. The accommodation will be managed by a Housing Association and each resident will have an individualised service package suited to their needs.
- 3.7.7 There have been 2 Desk Top Reviews (DTRs) of care homes for people with physical disabilities (between October 2009 and March 2010), both of these are in East Sussex but because we have so few service users based locally the Contracts Unit has traditionally carried out DTRs on these care homes.

### **3.8 HOME CARE AND COMMUNITY SUPPORT**

- 3.8.1 The vast majority of people with physical disabilities live in the community. At the end of March 2010 there were 324 service users receiving 414 services. As with mental health most of these services were provided by the home care providers with which BHCC has contracts. The exceptions are Headway (ABI) which provided homecare for 17 service users and Swanborough (ABI) which provided for 9 people.



- 3.8.2 The previous 6 months provide a similar pattern with 297 service users and 388 agreements but it can be seen that the number receiving home care services increased by over 8%. It is suggested that this shows the impact of the Personalisation agenda as people are increasingly receiving packages of care that reflect individual choice and control.
- 3.8.3 Between October 2009 and March 2010 there were 128 new agreements for domiciliary services but many of these were short term – 60 have already ended. 41 of the new agreements were with the in-house or Reablement teams and 30 of those have closed.
- 3.8.4 This is very different to the previous 6 months when there were 66 new agreements set up of which only 4 have finished. As such, it would seem probable that the 6 months to end March 2010 have been skewed by the winter pressures and physical problems caused; however, this also reflects the continuing growth (and success) of reablement within BHCC; all new domiciliary care packages that are suitable now start with reablement.

### **3.9 DAY SERVICES**

- 3.9.1 The majority of day services are provided for people with physical disabilities by the in-house service at Montague House. Between October 2009 and March 2010 73 people received day services of which 64 attended Montague House. This is a stable figure reflecting the previous 6 months total and also periods prior to that time.
- 3.9.2 All Montague House attendees have person centred care plans and named key workers. Monitoring quality of services will be carried out by assessment teams as part of their regular review process.
- 3.9.3 Private and voluntary providers of day services are annually audited by the Contracts Unit. Those who provide an outreach service (community support) within their day service have that part of the service monitored within the audit; no concerns have been raised during the period of this report.

### **3.10 SAFEGUARDING**

- 3.10.1 The Safeguarding of vulnerable adults from abuse and neglect is a critical aspect of social care. The Contracts Unit is part of the safeguarding process in place within BHCC, attending relevant Strategy meetings, and also uses the information to feed desk top reviews as part of performance monitoring. The Contracts Unit encourages reporting of all alerts as good practice and has more active involvement in the Level 3 and upwards strategy meetings. Where there is a safeguarding issue that relates to home care and the service user is under 65, the data is listed under home care and is not referred to here so as to ensure there is no double counting.
- 3.10.2 **Learning Disability:** Between October 2009 and March 2010 there were 169 Safeguarding alerts, of which 52 required no response (i.e unfounded) and 32 were Level 3 or higher (less than 19%) of which the Contracts Unit was fully involved in 9. 40 of the total – all levels - were substantiated.

However, the CLDT produces an extensive report on Safeguarding for ASC CMM and the detail will be found within that.

- 3.10.3 **Mental Health:** the Contracts Unit has been working with Sussex Foundation Partnership Trust to ensure effective communication on safeguarding – this is complicated by the fact that BHCC and SPFT are using different IT systems. However, a system has now been established and the Contracts Unit is now notified of alerts with particular reference to care homes. Between October 2009 and March 2010 there were 3 alerts for people with Mental Health issues. Of these one was at Level 3 and two of them were unsubstantiated.
- 3.10.4 **Physical disabilities/sensory impairment:** there were 2 alerts between October 2009 and March 2010 within care homes, one at Level 1 and one at Level 3; both were substantiated.

#### **4. CONSULTATION**

- 4.1. All BHCC monitoring arrangements relating to care homes have been agreed with the relevant Homes and the previous Commission for Social Care Inspection.

#### **5. FINANCIAL & OTHER IMPLICATIONS:**

##### 5.1 Financial Implications:

There are no direct financial implications arising from the report. Services referred to in this report involve spend of approximately £44.6 million per annum of which £12.3 million is funded by client contributions, health and other joint arrangements.

*Finance Officer Consulted: Mike Bentley, Accountant (Adult Social Care & Section 75) Date: 17/5/10*

##### 5.2 Legal Implications:

There are no specific contractual/procurement issues, however in general contracts must be entered into in compliance with the Council's contract standing orders and where appropriate EU and UK procurement laws; and in such a manner as to ensure transparency, non discrimination and value for money. The Council must take the Human Rights Act into account in respect of its actions but it is not considered that any individual's Human Rights Act rights would be adversely affected by the recommendations in this report. The report provides essential data to ensure both transparency and scrutiny of quality of provision and value for money in terms of expenditure of public funds.

*Lawyer Consulted: Sonia Likhari, Contracts Lawyer and Sandra O'Brien Acting Senior Lawyer. Date: 26/05/10*

- 5.3 Equalities Implications:  
Equalities underpin all social care contractual arrangements.
- 5.4 Sustainability Implications:  
None identified
- 5.5 Crime & Disorder Implications:  
None identified
- 5.6 Risk and Opportunity Management Implications:  
None identified
- 5.7 Corporate/Citywide Implications:  
Measuring the performance and quality of care homes and home care providers helps towards meeting the Council's priority of ensuring better use of public money.

**6. EVALUATION OF ANY ALTERNATIVE OPTIONS**

- 6.1 This Report is for information and not an evaluation of any alternative options.

**7. REASON FOR REPORT RECOMMENDATIONS**

- 7.1 The reason for this Report is to ensure monitoring processes are transparent and robust and suitable for BHCC performance requirements which will also result in improvement to services. It is also to ensure that the Cabinet member for Adult Social Care is kept abreast of key governance arrangements in working age adults care homes, home care and day care.

## **SUPPORTING DOCUMENTATION**

### **Appendix 1 - Definitions:**

Residential care	Includes care homes for long or short term care which provide accommodation, meals and personal care and the vast majority of care falls within this category. It also includes respite care.
Shared Lives	Formerly the Adult Placement Scheme this refers to family-based services for adults with support needs, where they share family life. This type of support is both flexible and highly personalised. The opportunity to share family life reduces isolation and promotes community involvement, as well as helping people to learn the skills that they need to live as independently as possible. Shared lives can provide long term accommodation and care/support or short breaks and day care.
Home Care	Home Care services offer practical help and support to people at home with essential daily tasks they are unable to manage safely for themselves. For example, this help may be in the form of assisting you to get up or go to bed, to get washed or to get dressed, or help with shopping, laundry, etc.  Aim to help people live as independently as possible and to encourage people to regain skills they may have lost because of illness or disability.  Support at home can be arranged yourself using Direct Payments or the service can be provided to you by a private or voluntary organisation.
Supported Accommodation	Covers learning disabilities, physical disabilities and mental health, with these services it is the same provider for accommodation and support. Can be short or long term, includes necessary personal care, meals and laundry to help you cope with every day living. People have their own tenancies.
Supported Living	As above but the ownership of the accommodation is separate to the care providers.
Community support (stand-alone service)	Part of Home Care, the service user is supported to enhance their social skills and engage in community activities e.g. theatre visits, holidays, attending college etc.
Day Care/Active Lives	Day care includes any kind of planned activity that takes place out of the home during the day including going to a Day Centre. Day centres are provided by local social care services, by voluntary or community organisations, or are privately run. Many day centres provide a range of planned activities inside and outside the centre, including horse riding and gardening.  Day care also includes outreach services into the community. This is a specific function and is identified in Person Centred Plans.
Extra Care Housing	Extra Care Housing is a type of specialised housing that provides independence and choice to adults with varying care needs and enables them to remain in their own home. Services are provided in a purpose built, housing environment with care and support delivered to meet the individual resident's needs. This type of housing provides 24-hour support, meals, domestic help, leisure and recreation facilities and a genuinely safe environment to its residents. The Department of Health Extra Care Housing Fund supports local authorities to develop services including BHCC.

Direct Payments	A critical part of the government's personalisation agenda as stated in "Putting people first: a shared vision and commitment to the transformation of adult social care" (December 2007). DPs allow people to have greater choice and control over their lives as they make their own decisions about how their care is delivered.
Personal budgets	Another aspect of personalisation, Personal Budgets are designed to bring about independence and choice for people receiving care or support by giving people a clear, up front idea about how much money is available for their support. Thus, people are empowered to take control and make decisions about the care that they receive.
Desk Top Reviews	DTRs are a performance tool used by the Contract Unit to assess residential care homes. They take place after a Care Quality Commission report has come out. A DTR includes an analysis of all available information including the CQC report, Service User, relative and advocates questionnaires, feedback from reviewing officers, Safeguarding alerts and health and safety issues. A risk assessment is then made (low, medium, high) and recommendations may be made, including whether to continue placing at a home.
Individual Service Fund	A way of managing an individual's budget within a service provider. It is a good way of organising Self-Directed Support when someone cannot or does not want to manage their own money.
Care Quality Commission	The CQC is the independent regulator of health and social care in England.

