Inspection report

Service Inspection of adult social care: **Brighton & Hove City Council**

Focus of inspection:

Safeguarding adults
Increased choice and control for people with learning disabilities

Date of inspection: May 2010

Date of publication: 19 August 2010

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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

Brighton & Hove City Council

May 2010

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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 Brighton & Hove in May 2010 to find out how well the council was delivering social care.

To do this, the inspection team looked at how well Brighton & Hove was:

- Safeguarding adults whose circumstances made them vulnerable and
- Increasing choice and control for people with learning disabilities.

Before visiting Brighton & Hove, 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 Brighton & Hove. It will support the council and partner organisations in Brighton & Hove in working together to improve people's lives and meet their needs.

Reading the report

The next few pages summarise our findings from the inspection. They set out what we found the council was doing well and areas for development where we make recommendations for improvements.

We then provide a page of general information about the council area under 'Context'.

The rest of the report describes our more detailed key findings looking at each area in turn. Each section starts with a shaded box in which we set out the national performance outcome which the council should aim to achieve. Below that and on succeeding pages are several 'performance characteristics'. These are set out in bold type and are the more detailed achievements the council should aim to meet. Under each of these we report our findings on how well the council was meeting them.

We set out detailed recommendations, again separately in Appendix A linking these for ease of reference to the numbered pages of the report which have prompted each recommendation. We finish by summarising our inspection activities in Appendix B.

Summary of how well Brighton & Hove 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 Brighton & Hove was performing well in safeguarding adults.

Increased choice and control for people with learning disabilities:

We concluded that Brighton & Hove was performing well in promoting choice and control for people with learning disabilities.

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 Brighton & Hove was promising.

What Brighton & Hove was doing well to support outcomes

Safeguarding adults

The council:

- Had given a high profile to anti-discrimination, with some positive initiatives to tackle harassment and hate crime.
- Provided an extensive programme of good quality safeguarding training for stakeholders.
- Responded to alerts proportionately and promptly and dealt with some complex cases positively.
- Had given a high profile to issues of dignity for vulnerable adults.
- Was developing a stronger approach to evaluating and managing risk, particularly with reference to the increasing use of self-directed support.

Increased choice and control for people with learning disabilities

The council:

- Produced a wide range of good quality leaflets and information packs for people with learning disabilities.
- Had developed a number of initiatives to promote choice and control for people with learning disability across all aspects of social inclusion.
- Had promoted person centred planning and outcome based support planning, with a clear focus on ensuring quality of outcomes for people with learning disabilities.
- Provided packages of care that met people's needs, were of a good quality and were valued by the people receiving them.
- Was adapting current services to maximise flexibility and choice for people with learning disabilities.

Recommendations for improving outcomes in Brighton & Hove

Safeguarding adults

The council and partners:

- Should ensure more effective work focused on ensuring that vulnerable adults felt safe in the community and confident in reporting harassment or discrimination.
- Should promote awareness of safeguarding and keeping safe amongst diverse groups of vulnerable adults and carers.
- Should address variability in the quality of safeguarding practice and recording to ensure that positive outcomes and mitigation of risk was consistently secured.
- Should ensure that the use of advocacy is promoted in safeguarding work.

Increased choice and control for people with learning disabilities

The council should:

- Ensure that more people are aware of services and support that is available to them through promoting access to information more effectively.
- Develop better information about self-directed support in consultation with people with learning disabilities and their carers.
- Strengthen signposting arrangements to the range of low-level support or early intervention services across all aspects of social inclusion.
- Review the adequacy of low-level support or early intervention services for people with mild or moderate learning disabilities.
- Undertake needs analysis of people with mild or moderate learning disabilities, whose needs and vulnerability was increased by other factors such as drug or alcohol misuse, homelessness or mental health problems and develop an action plan to address issues.

What Brighton & Hove was doing well to ensure their capacity to improve

Providing leadership

The council:

- Had engaged effectively with a range of stakeholders in developing the foundations for implementing personalisation.
- Was actively promoting the engagement of the community and all stakeholders with a new, ambitious proposal for personalisation.
- Provided a range of forums for stakeholders to be engaged in service planning.
- Had worked effectively with partners to embed safeguarding across agencies.
- Had taken decisive action to strengthen consistency and quality of practice in quality assurance and data analysis.

Commissioning and use of resources

The council:

- Based strategic planning on strong joint strategic needs analysis, with plans to develop a separate learning disability needs analysis.
- Had effective joint commissioning arrangements that had been strengthened by the recent development of new posts.
- Developed positive and mature relationships with stakeholders and most felt well engaged in service planning and consultation for delivery.
- Had a good track record of using resources effectively, with well-considered medium term financial planning and an appropriate regard for value for money.

Recommendations for improving capacity in Brighton & Hove

Providing leadership

The council should:

- Improve engagement of people with learning disabilities, carers and other stakeholders.
- Develop clearer strategic links with corporate partners, ensuring that adult social care issues were more clearly referenced in corporate strategies.
- Jointly with health partners, develop a clear model for the future configuration and roles of staff and services to support the vision for transformation of social care.
- Establish a stronger strategic focus and role for the safeguarding vulnerable adults board, with a clear role within the network of other forums across Sussex and supported by more effective sub-groups.
- Ensure consistency and equity of quality assurance of all services for people with learning disability and address quality issues with current services where concerns have been identified
- Develop more robust quality analysis of safeguarding data and trends, to inform training, practice and develop targeted initiatives.

Commissioning and use of resources

The council should:

- Drive a ‘step change’ in the pace of transformation, to broaden the focus to include wider service development and more ambitious market reconfiguration.
- Promote a stronger and clearer long-term strategic view of commissioning intentions working with stakeholders on implementation.

Context

The city of Brighton and Hove is located on the south coast of England. According to the 2001 Census, it has a resident population of approximately 251,500. The population is generally young and diverse - one third of the population is aged 25-44 years old. The area has a much higher proportion of single adults than regional or national averages across all age groups. Approximately 14 per cent of the population are lesbian, gay, bisexual and transgender residents. Nearly six per cent of the resident population is from a non-European minority ethnic background, which is lower than the national average, but higher than the average for the South East region. The largest number of those who declared a religious affiliation in the 2001 Census were Christians (59.1 per cent). Other faith groups stated were Islam (1.5 per cent), Jewish (1.3 per cent), Buddhists (0.7 per cent), Hindus (0.5 per cent), Sikhs (0.1 per cent). Twenty seven per cent of respondents declared themselves to be of no religion.

There were estimated to be 6,000 adults with learning disabilities living in Brighton & Hove – just over two per cent. Of these, 702 were receiving services including 257 living in residential care homes.

There are 21 wards in Brighton & Hove with either two or three councillors representing each ward, giving a total of 54 councillors. The Conservative party hold most council seats (25), with 13 Labour, 12 Green party, two Liberal Democrats and one Independent councillors.

The Audit Commission's Comprehensive Area Assessment (CAA) in 2009, judged the council to have a 'green flag' (exceptional performance or innovation that others can learn from) in the area of partnership working that has reduced youth disorder and improved the security and quality of life for people in the city at night time. The council had one 'red flag' (significant concerns, action needed) regarding council homes not meeting basic standards.

The Care Quality Commission (CQC) judged adult care services to be performing well for the delivery of outcomes n November 2009. The Annual Performance Assessment noted that performance was excellent in three outcome areas (Improved quality of life; making a positive contribution; and economic well-being) with the four other areas being judged to be 'performing well'.

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.

Brighton & Hove council were strongly committed to tackling the causes as well as the incidence of discrimination and harassment effecting vulnerable adults and carers. Positive work to address disability hate crime was beginning to have a tangible impact.

The council gave a high profile to equalities and anti-discrimination across the six strands of diversity, ensuring that staff had had appropriate training relevant to their role. This was supported by a corporate approach to promoting equality reflected in strategic plans, which was driving a commitment to promote social inclusion across all members of the community. One positive example of this was the innovative Thumbs Up initiative, which had engaged people with learning disabilities in encouraging local businesses to provide 'good customer service' to them. A simple and effective ten-point guide and DVD for businesses had been produced, with a recent launch aiming to build upon the initial twenty businesses that had signed up to its principles.

Equality Impact Assessments (EIA) were undertaken that were robust and had measurable action plans. Some of these actions had resulted in positive outcomes, for example, improvements to the council's access service to promote accessibility. An in-depth EIA was being undertaken in reference to the personalisation strategy, with a clear associated plan to minimise risk, monitor outcomes and engage stakeholders in implementation of the strategy.

A recently published Community Safety strategy set out an impressive review of the issues faced by vulnerable adults in respect of community safety, linked to a commitment to target work at addressing the needs of these groups. A steering group had been established to address disabilities hate crime as a strategic priority, which had produced guidelines to be included in the new updated safeguarding policy and procedures. Numbers of reports of hate crime were increasing, indicating increased awareness and confidence in reporting. Action had been taken to strengthen links between adult social care and the community safety team at both an operational and strategic level. Practitioners reported positive experiences of work in this area.

Following a scrutiny review, a specific work programme had been developed to promote community safety for older people. Community safety awareness events were being rolled out targeting other groups such as people with learning disabilities. However, there was recognition that work remained to be done to embed change and promote safety for vulnerable adults, for example, helping people with mental health problems feel confident in approaching statutory services to report their experiences of discrimination and harassment. People with learning disabilities had a particular concern regarding their experience of harassment from members of the general public and lacked confidence that the relevant authorities could effectively address this. There were also challenges in supporting some vulnerable adults in dealing with exploitation where the victim was concerned about losing friendships and social contact. In these cases, it could be challenging for police or other services to find an effective way of taking action against perpetrators. This needed more focused attention, including consideration of targeting training and awareness amongst practitioners of how to address these issues.

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

Overall, the arrangements for dealing with safeguarding issues were good, and the council had been active in identifying and addressing areas for improvement. However, safeguarding practice and recording remained variable which could undermine the quality of outcomes for vulnerable adults.

Brighton & Hove had adopted the pan-Sussex safeguarding policy and procedures, which promoted consistency of expectations and response for partner agencies working in the area. The policy had much to commend it, including sections on prevention, protection planning, and addressing user-to-user abuse. These were supported by more detailed operational guidance to practitioners. The policy and procedures were under review at the time of the inspection. New IT to support recording and practice was being launched at the same time, with associated new, and clearer, forms for each stage of the safeguarding process. These improvements were designed to address weaknesses in practice that the council had identified through its own audit undertaken in 2009, including compliance with timescales after the initial response, and clarity of recording of decision making and outcomes. The time taken to complete investigations and close cases was most frequently identified as an area for improvement by partner agencies, particularly in more complex cases where a member of staff may be suspended.

The council provided an extensive programme of safeguarding training for practitioners and other service providers, which attendees reported to be of a high quality. This was rolled out alongside that provided by health partners for their own practitioners. Some training had been targeted at carers, but greater focus was needed to strengthen this and actively engage with them, as it had been identified that alerts from and about carers were particularly low. Work was also needed to promote awareness across groups of vulnerable adults and the wider community about how to keep themselves safe and what to do if they had concerns. The council was planning to address the need to co-ordinate literature available to vulnerable adults that was provided by the different health and social care agencies involved in

promoting safeguarding. We saw examples of good emergency back up plans for carers of people with learning disabilities, and this approach was being adopted across all user groups. However, information on getting help out of hours or at weekends needed to be promoted, particularly for people who were not in receipt of a package of care.

A new system for channelling alerts through the Access team had been implemented. This was intended to promote consistency through initial screening and clearer signposting of alerts to the correct teams. Generally, stakeholders felt that alerts were responded to positively and promptly. The system of assigning a level to alerts promoted a proportionate response that was viewed as a sensible and effective approach. Mostly people felt that this was applied appropriately, although the improved clarity about decision-making that could now be provided via new IT systems would be welcomed.

We saw some examples of good safeguarding work undertaken, including in some very complex cases. However, there was marked variability in the quality of casework. A few cases needed to promote a more proactive approach to securing positive outcomes and mitigation of risk. Some cases had achieved positive outcomes, but had blurred the boundaries between safeguarding and care management. This appeared to be more of an issue in investigations at 'Level 2', which required a review be undertaken of the person's needs. The review of policy and procedures being undertaken afforded a timely opportunity to clarify this particular area. Some concerns were flagged up around the quality of provider-led investigations, undertaken as part of 'Level 1' responses. Work was being done to ensure that providers had undertaken accredited training that would promote good practice, and to introduce competency-based training for all practitioners. However, consideration also needed to be given to the appropriateness of in-house providers leading investigations, to ensure that there is sufficient independence in governance and monitoring of work undertaken.

A high number of safeguarding investigations reported an 'inconclusive' outcome. The contributing factors to this needed to be explored to ensure that practitioners and managers were recording outcomes appropriate to the investigation. Feedback to alerters and other stakeholders on the outcomes of investigations was reported to be improving, but remained patchy.

Operational contact across health and social care teams was generally reported to be positive and improving. Health partners had independent governance arrangements to monitor the quality of practice in their areas. Work to promote awareness of safeguarding with partners had resulted in significantly increased alerts from police and mental health teams An innovative initiative had been launched to support GPs to develop a lead safeguarding role.

The council had demonstrated an open and responsive approach to identification of areas for improvement in safeguarding processes. It was actively reviewing training, practice and monitoring arrangements to ensure that opportunities to 'widen pockets of good practice' were effectively taken up. Specific work was being done in evaluating and managing risk with particular reference to issues associated with increasing use of self-directed support: A risk enablement panel had recently been

established, and a 'Support with Confidence' scheme was promoting the safe recruitment of Personal Assistants (PAs) by people using self-directed support. However, some of this was at early days and some stakeholder identified this as an area of concern to them that would need more attention as self-directed care became more widespread.

Identification of areas for improvement in safeguarding practice and prevention also needed to be strengthened by a more robust link to analysis of data and trends in safeguarding, to inform training and practice and develop targeted initiatives. For example, safeguarding data indicated high levels of alerts of abuse of people who were living independently, perpetrated by people known to them, including other vulnerable adults. This was an area for focused work.

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

Brighton & Hove gave a high profile to issues of dignity for people using services, sought feedback from users, and had a good range of advocacy. Arrangements for monitoring and responding to the quality of regulated services needed to be strengthened.

A well-coordinated and comprehensive approach was taken to promoting dignity, both operationally and strategically. A dignity board oversaw progress on an action plan and the development of a dignity policy. The Dignity Champion for adult social care co-ordinated work across the sector, promoting recruitment of champions in the independent sector and meeting with leads in practitioner teams across health and social care. Dignity and empowerment training was provided, supported by Action Day events which offered a mixture of staff and service user led events to publicise the relevant issues. A number of systems were in place to capture feedback from people who use services, including surveys and contract monitoring. A new Dignity Consultation Portal had been launched on the council website to collate anonymous comments. People who use services and carers had been consulted at the annual safeguarding conference about what training staff should have to improve customer service.

Contracts specified that providers comply with best practice in promoting dignity, maintaining privacy, and in recruitment practice. Generally, the quality of registered domiciliary and registered care services used by the council was high, and the council had a policy of not making new placements in services that had been rated 'poor' or 'adequate' by CQC. However, there were 16 services being used by the council that were rated 'poor' (four) or 'adequate' (12). While action had been taken by the council in response to quality issues, this needed to be more consistently prompt, robust and effective to ensure that services were promoting good quality care for people. The council also needed to strengthen its contract and quality monitoring of out-of-borough placements and ensure that it had robust systems in place for the early identification of and response to any issues that arose in such placements.

There was a good range of advocacy services available, including specialist advocacy for people with learning disabilities, older people, and people with mental health problems. The council had appropriate arrangements regarding Deprivation of Liberty safeguards (DoLS), and Independent Mental Capacity Advocacy (IMCA). Guidance and training was available for staff on the Mental Capacity Act, and about holding Best Interest meetings. Case files showed that these areas were well understood by practitioners and that good use was made of the IMCA service. However, greater attention was needed to ensure that capacity assessments were undertaken and properly recorded as appropriate, and in promoting the use of advocacy to support people who had capacity in safeguarding work across all client groups.

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.

We met people with learning disabilities who had been supported to access new accommodation. Great emphasis had been put on helping them to express their preference and make choices. There were also examples on case files of the positive work done in this area. Specific work had been done to address concerns raised about respect for individual choices for people with learning disabilities in residential care homes. This was acknowledged as an area needing improvement to ensure that a good standard was achieved by all services.

For all user groups, a new Handy-person scheme, linked to reablement services, had been established to provide a 'trusted assessor' service that could assess and fit equipment and aids for daily living. This service had recently expanded to employ a second technician. However, access to occupational therapy services and equipment was described as 'difficult' and took a long time. There were long waits for major adaptations.

Some stakeholders identified a need for a 'safe house' for use by vulnerable adults when seeking emergency support. Consideration should be given to determining the demand for this.

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.

Brighton & Hove council had a good range of publications available, as well as having developed web-based information. Work was needed to build upon efforts to make this available to all local people, including carers and people who were not receiving formal packages of care. Information about self-directed support needed to be improved.

A wide range of leaflets and information packs was produced for people with learning disabilities, including many in easy-read format. Publications covered topics about adult social care services as well as about other relevant issues, such as health, housing, and accessing advice. These would be appropriate for all people with learning disabilities including those who were not eligible for formal services or who were self-funders. There was also a good range of easy-read information that could be accessed through the local Learning Disabilities Partnership Board web-site. However, the council's own web-site had few documents in easy-read format and this situation would benefit from review. While the majority of leaflets and publications were of a good quality, several people with learning disabilities and their carers that we met felt that the information available on self-directed support was complex and difficult to understand, and that more and simpler information was needed. Given the increasing significance of self-directed support, this needed to be promptly reviewed by the council.

People that we met who were carers for, and often the parents of, people with learning disabilities, identified a lack of information about support and services available for them. This was a particularly significant concern for carers of people who had mild or moderate learning disabilities or who were not receiving formal packages of care. We met a few carers who had only received information about entitlements after they had purchased equipment and they were unable to recoup costs, which they felt to be unfair.

The council had made positive efforts to promote awareness of and access to information through changes to the Access point and an impressive number of public events for people with learning disabilities. These included topics such as housing, jobs, a "Total Communication" day, and choices for day activities. However, work was still needed to overcome challenges in ensuring that the right people got the right information at the right time. Many people, particularly people who were not eligible for, or were not receiving, formal services and their carers identified accessing information as an area for improvement. Some people with learning disabilities told us that they did not feel comfortable approaching the Access point or other council offices. One person said:

"It can be scary to go to the council."

Consideration needed to be given to exploring alternative ways of ensuring that information reached targeted audiences, or that avenues to make contact were more widely known. Some carers felt that they were not made aware of events taking place in sufficient time to attend.

For people who did use the Access point, there were good arrangements in place to provide a wide range of information and signposting to support as well as social care assessment. The service was being developed to support the council's agenda for personalisation and prevention, and had improved data capture to be able to identify trends and track outcomes for individuals using the service. The Access service managed the Daily Living Centre which provided information, advice and support to all people including self-funders, and occupational therapists were available to undertake assessments. Consideration was being given to developing an outreach information service, which would be a benefit to people who had difficulty coming to council offices. We heard of some concerns that people with learning disabilities who used the access service were signposted on to the learning disabilities duty team as a matter of routine rather than receiving the appropriate service from the access point. The council was working to embed the quality and consistency of the service provided. This was helped by having staff at the access service with good awareness of the needs of people with learning disabilities and how to support them.

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

Brighton & Hove had steadily promoted person-centred planning and self-directed care, and was developing systems to further support personalised support. There was a high level of satisfaction amongst people with learning disabilities currently using personal budgets.

The council was in the process of piloting self-assessments. Although it was intended that people with learning disabilities would be supported in using the self-assessment process, the form available seemed challenging. It included pictures but not all the words were easy read, and there was some difficult terminology such as 'tenure profile'. The council intended to evaluate the forms before rolling out more widely.

The assessment process and documentation had been subject to recent review and change. Many of the documents we saw on case files were in a format that had been introduced to better capture information on unmet needs or the potential to move people into more independent living, which was a positive move. However, the format did not lend itself well to supporting outcome based planning, and the assessments we saw appeared to be more traditional and task based than was in fact the case. The council was introducing new care assess documentation that was intended to better promote outcome based support planning. Generally, we found that practitioners adopted a holistic approach to care planning, and packages of care that were developed were comprehensive and of a good standard. Several case files

had carers' assessments, often undertaken separately, which was good practice. It was not always clear what services had been put in place as a result, but there were some examples of good outcomes such as sitting services, respite breaks, and access to funding for breaks and holidays.

Numbers of people with learning disabilities taking up self-directed support had increased well recently. The council had taken a measured approach in this area, building up the infrastructure to support it. There was a robust support service, offering advice, supported bank accounts, and the input of a dedicated project officer as well as a direct payments support officer. A 'Support with Confidence' scheme ensured that people had access to personal assistants who had undergone checks and training. Focused work had been done on promoting self-directed support to enable people with learning disabilities move out of residential care and into independent living, and to younger adults in transition. There was a strong positive opinion of the outcomes of this work amongst the people using self-directed support and their carers that we met. One parent said:

"*Receiving direct payments has been a great leap forward in increasing control and choice. My son has benefited from the diversity of gifts, which the young PAs have brought to his life and so has to some extent the rest of the family."*

There was concern from some stakeholders that self-directed support was being promoted to people with learning disabilities and their carers without a full explanation of the implications or the choices that were available to them. There was some anxiety amongst people with learning disabilities and their carers who were not yet using them, about what taking up personal budgets would involve. The council was aware of the need to continue to ensure strong support for people in rolling out further self-directed support, to ensure that people understood enough to make an informed choice.

The council was promoting person centred planning, and had instigated a requirement for providers to develop person-centred plans with their service users. The learning disabilities partnership board had a dedicated person-centred approaches sub-group. We saw some good examples of holistic and person-centred care planning amongst case file reading, including some very complex cases with significant packages of care.

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.

Numerous initiatives were at different stages of development for people with learning disabilities to promote independence, well-being and choice. Work to maximise flexibility of current services was well underway, and now needed to expand to fully support new opportunities for personalisation and social inclusion for all people with learning disabilities.

Positive and effective work had been done to improve access to and support engagement with the community for all people with learning disabilities, which included developing accessible toilets, 'orange badge' and 'travel buddy' schemes for public transport, and the Thumbs Up scheme. Organisations such as Carousel and SHARE provided social events, support with personal relationships and community education opportunities. The council and its partners had developed a number of services to promote access to health services, including an easy read hospital resource pack, healthy walks where people with learning disabilities could train to be health walk assistants, as well as specialist liaison nurses in hospitals and targeted work with GPs. The Supported Employment Team had exceeded local targets for helping people with learning disabilities into employment, and was looking to expand its success through the recently developed employment strategy. A Housing Options Officer worked specifically with people with learning disabilities, either supporting people in sustaining their current tenancy, enabling people to access a tenancy for the first time, or to claim housing benefit.

There were however gaps in this area that were keenly felt by the people with learning disabilities and their carers that we met. Access to appropriate educational opportunities was highlighted as one area, particularly for young people in transitions. One carer said:

"The options seem to be driven by a very narrow vision of what young people with learning difficulties are interested in and wish to study."

This was linked to a perceived lack of support in helping people, particularly those with mild or moderate learning disabilities, find meaningful employment. However, the recent increased activity in this area should raise awareness of what support is available and address this concern. A strong theme emerged from a range of stakeholders but particularly from groups of people with learning disabilities and carers that there was a lack of support for people with mild or moderate learning disabilities across all aspects of social inclusion. Awareness of the range of options available needed to be raised. Capacity to address the needs of this large group of people needed review. Concerns were identified about people with mild or moderate learning disabilities, whose needs and vulnerability was increased by other factors such as drug or alcohol misuse, homelessness or mental health problems. Greater attention needed to be given to identifying and supporting the small number of people in this situation who could be at significant risk but could 'fall through the net' as they would not clearly meet eligibility criteria for specialist services.

People in receipt of a package of care were generally satisfied with the amount of care that they received. However, while there were positive examples of young people supported through transitions by use of self-directed support, the quality of transitions process was highlighted by a range of stakeholders as an area for development. People had experienced lack of early, co-ordinated planning that meant that the initial transition period did not go smoothly or resulted in sometimes lengthy gaps between some services ending and new services starting. The council was aware of issues in this area, and had reorganised the service so that the transitions team was now located with the learning disabilities team, to promote greater communication and co-ordination. A review of the pathways for transitions was also underway.

The community learning disabilities team was integrated across health and social care. This included psychology and a part-time psychiatrist post, which was felt by most stakeholders to be a benefit to co-ordinated care planning. Some challenges were still experienced in accessing mainstream mental health services for people with learning disabilities, although links between the teams were felt to have improved following the appointment of a specialist mental health with expertise in learning disabilities. A new pilot service for people with learning disabilities who also have dementia had been established in recognition of this growing area of need. Links with other health partners had also benefited from initiatives including the appointment of hospital liaison workers, and work with GPs to provide greater consistency of care across agencies.

Generally, most stakeholders that we heard from were positive about the range and quality of services available. The council had focused work on adapting current services to maximise flexibility and choice, particularly in-house services, residential care and domiciliary care. This included a pilot for outcome focused home care, the development of a reablement service, and changes to in-house day services to accommodate greater user-led choice including drop-in and use of individual budgets. The second annual 'Choices Day' was being prepared, where all people with learning disabilities could attend and indicate their preferences for activities and learn about other options available in the community. Positively, the day centres promoted meaningful activities where people also had opportunities for paid work; for example, a recycling project, catering business, and office mail-shot work. Links had been made with some local schools, where people with learning disabilities hosted drop-in lunch time events to teach school children Makaton or run drama sessions.

More work was needed to develop the range of options for people beyond existing services. There were few new services that people could buy with their personal budgets, and more work was needed to develop links with mainstream services such as leisure and sport to expand opportunities in this area.

There was an extremely mixed perception of the adequacy of accommodation options, both in quality and quantity. Within the context of limited resources, action had been taken to improve access to existing provision as well as to develop the number and range of accommodation available. There were some examples of very positive outcomes of people with learning disabilities accessing either mainstream or supported living. However, capacity to meet needs was stretched, choice was limited, and support for people in accommodation was identified as a significant area of concern by a range of stakeholders. Work was being done to explore access into private sector housing, and with neighbouring boroughs to identify possible opportunities. Concerns had been identified by people with learning disabilities and other stakeholders about the quality of some supported living and residential services that needed to do more to promote choice and person-centred care. Focused work was needed to address these issues, and promote 'move on' training and support for people who wanted to live more independently.

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

People felt that they could contact service providers easily, and felt confident in raising concerns.

There was evidence of regular reviews, and of unscheduled reviews being undertaken on request, that led to changes in packages of care as necessary. We saw examples of good emergency back up plans on file for carers of people with learning disabilities, and people were aware that contact details were on care plans or other information provided to them. A single contact number for the Emergency duty service covering Brighton & Hove had just been launched, and staff reported that this had improved response times to the public.

We were impressed by the high number of people with learning disabilities and their carers that we met, who reported that they felt able to, and did, raise issues or concerns as necessary. Their confidence in being able to do so was backed by effective support from two well-established local advocacy services for people with learning disabilities, Speak Out and Interact. These were very well-regarded by people with learning disabilities. A positive example was highlighted in the response to concerns raised about the quality of residential care. This had led to funding for Speak Out to support people with learning disabilities to undertake visits to care homes to support people to express their views, and to produce information for people about making complaints. The council would need to monitor the impact of this work, to ensure that concerns have been effectively address and lead to increasing numbers of people with learning disabilities feeling confident in making their views known.

There were also two voluntary sector agencies that provided advocacy services for carers, Amaze for parents of younger people with learning disabilities in transition, and the Carers Centre. These were highly valued by people who were in contact with them. There were concerns that increasing demand on all support and advocacy agencies was leading to waiting lists for their services. A review of advocacy services was planned that should review capacity issues.

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.

The council had established a clear vision for promoting the principles of Valuing People Now in learning disabilities services. Councillors and senior managers were now building upon opportunities to develop this further, to promote a vision for a more ambitious approach to transforming adult social care (TASC).

A clear commitment from senior managers and councillors to the principles of promoting choice and control was well established and understood by practitioners and other stakeholders in Brighton & Hove. The delivery of the personalisation programme had a clear project structure, with an Executive Group of senior managers overseeing the personalisation board chaired by the Director of Adult Social Services (DASS). This was supported by five dedicated work streams reporting to the Personalisation Executive Group and then to the board.

Until recently, adult social care had demonstrated a 'measured, incremental' approach to addressing the personalisation agenda. This had strengths in ensuring that there were robust foundations for promoting self-directed care, but a 'step change' in the pace of transformation was needed. A timely opportunity to make changes and encourage a renewed energy to the TASC agenda had arisen with some significant changes to senior personnel in Brighton and Hove council over the previous year, including to the Chief Executive and Director of Adult Social Services (DASS) posts. A revision of the structure of the Adults Social Care and Housing directorate had led to a decision to move adult learning disabilities services back under the leadership of the DASS, as they had previously been under Housing. This change was underway at the time of the inspection. The new Chief Executive's proposal for an ambitious approach to the reorganisation of the council had also just been launched for consultation. This corporate wide reconfiguration was intended to provide the foundations for embedding personalisation principles across the council, engaging with the local communities and all stakeholders in driving a vision for the future transformation of services in line with national agendas and value for money.

The senior management team and TASC leads were aware of the need to develop strong change management to support these recent and proposed changes, including clarity around the impact that this would have on services, staff and other stakeholders. Work was being undertaken to address this in the social care

directorate, through an 'end to end' process of reviewing systems, resources and structures that would identify areas of change needed to support TASC. This needed to be driven forward more purposefully, and for the focus to broaden to include wider service development and more ambitious market reconfiguration.

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.

There was a good range of opportunities for different stakeholders to engage with the council to influence strategic planning. Generally, this was perceived to be effective although some groups identified areas for improvement.

There was a range of forums for people with learning disabilities and their carers to be engaged in strategic planning. The learning disabilities partnership board was well attended by representatives from user and carer groups. There was a network of sub-groups that focused on specific areas such as housing, health and employment. An advocacy organisation hosted the Big Meeting, a bi-monthly meeting open to all people with learning disabilities to let people know what was discussed at the partnership board and to feed back into it. People with learning disabilities and their carers had been consulted about developments including the learning disabilities strategy 2009-12 and carers' strategy. There were examples of how this had influenced the council's priorities and planning in areas such as the recently developed employment strategy and work done to improve choice in residential settings. However, some people with learning disabilities that we met felt that the council needed to do more to help them be involved.

While carers' representative groups felt well consulted, some individual carers felt that they were not given enough notice about consultation events and so could not participate fully. A consistent message from carers and people with learning disabilities was that the council needed to be clear on feeding back what they were going to do after they had consulted with people. This would help people see what impact their views had had.

There were forums for the council to engage with independent sector providers and third sector organisations in consultation. There were challenges for smaller organisations in having the capacity to attend different meetings. Some advocacy organisations were planning to form an 'alliance' to share out attendance at different meetings. Most providers felt that consultation was positive and useful. However, some third sector organisations felt that improvements were needed in meaningful engagement, and that the council needed to show more clearly that their views were being listened to.

Strong partnerships with health both strategically and operationally had led to positive developments to address access to health care services for people with learning disabilities. Several stakeholders felt that interagency work around health for

people with learning disabilities had improved as a result. Work had been done to improve and clarify pathways for continuing care. This was felt to have had a positive impact although clarity of decision making and dispute resolution remained areas for development.

The community learning disabilities team was integrated with health. This was seen to be a strength, underpinning good multi-disciplinary assessment and care management of people with learning disabilities. However, it was acknowledged that there were challenges in working across health and social care organisations, which could have different priorities driven by different national agendas. The recent reorganisation of the team to sit within adult social care afforded a timely opportunity to ensure that there was a single coherent vision across the partners.

The proposed restructuring of the council was intended to provide the foundation to drive forward personalisation in all directorates. There had been effective links between adult social care and other directorates that had led to some positive developments, but there needed to a clearer strategic framework to drive it forward more purposefully. Stronger links were needed in strategies for housing and learning disabilities. The role of other directorates such as transport, education, and leisure needed to be underpinned by clearer strategic engagement. This would benefit from plans to establish a corporate transformation board.

The council had worked effectively with partners to embed safeguarding across agencies, achieving particularly strong buy-in from health partners. There were good links with the community safety partnership, although awareness of the most recent community strategy was low. Work was needed to embed this as a strategic driver across agencies, building on good operational work to raise and address issues of hate crime and promoting safety.

Although there had been a relatively recent review of the Safeguarding Vulnerable Adults board, more work was needed to establish a stronger strategic focus for the board. Members identified that the board had focused on operational matters that could be devolved to other forums. The council was planning to appoint a new independent chair for the safeguarding board, and a professional expert to focus on policy and strategy which would be a timely and welcome development. A review of the board's role within the network of other boards across Sussex could also lead to greater clarity and efficiency.

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

Resources were being mapped to support workforce planning in the delivery of personalisation and safeguarding vulnerable adults. Effective training and engagement with staff and partners supported good outcomes.

Workforce development had been recognised as a strategic priority in directorate plans, and the learning disabilities workforce strategy 2009-12. The personalisation

strategy and programme had a dedicated workstream for workforce planning, but action was as yet at an early stage. Skills mapping was being undertaken, which was to be linked to identifying areas where reorganisation or retraining may be needed. A clear model for the future configuration and roles of staff and services needed to be developed to support the vision for transformation of social care.

Business plans for teams reflected corporate priorities and was linked to a clear structure for appraisal and supervision. Practitioners confirmed that supervision and management support was readily available to them.

A dedicated learning and development team offered training opportunities for all staff in learning disabilities services, including external organisations. Stakeholders valued the training and considered it to be of a high standard. Practitioners in the integrated learning disabilities team reported good links between team members that helped learning and information sharing, promoted effective working and supported morale which was generally high.

The council provided an extensive programme of safeguarding training for practitioners and service providers, tailored to the different roles that would be undertaken. People who had attended reported this to be of a high quality. E-learning was also available to a wider range of stakeholders such as corporate providers. Positively, the council was in the process of introducing accredited training for providers and competency based training for all levels.

Representatives from a wide range of organisations were able to attend the practitioners' alliance against abuse of vulnerable adults (PAVA) group. This provided a forum to discuss practice issues and promote good practice. A multi-agency safeguarding forum was also held quarterly, targeting managers from statutory agencies overseeing safeguarding work.

The council funded a dedicated safeguarding manager, who had a clear role that was valued by practitioners and alerters. The council also funded safeguarding training. Health partners arranged specific safeguarding training for their own staff. Current arrangements for resourcing safeguarding work across the key partners would benefit from review to maximise efficiency as well as to ensure capacity to meet growing demand for training and increasing alerts.

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

There were established processes for monitoring quality of care management in learning disabilities. Performance in key indicators for learning disabilities services was good. But there remained work to be done to ensure that monitoring of quality of service delivery was robust and consistent. Recent action had been taken to strengthen processes for quality assurance of safeguarding.

The council had effective performance management arrangements in place relating to assessment and care management, and could demonstrate steady progress in key indicators such as promoting self-directed support. These were reflected in team business plans, supported by a performance monitoring framework and reporting to the senior management board.

Systems for the quality assurance of services and contract monitoring needed improvement. The contracts team used a comprehensive 'desk top review' process, but this was triggered by inspections by CQC and needed to be more pro-active in seeking and responding to concerns about quality. In-house services were subject to a desk top review and visits as required where registered with CQC, but were not subject to the same quality processes as contracted services. Services provided through spot contracts were also subject to a 'lighter touch' without the same thoroughness of monitoring applied to contracted services. The contracts unit had only limited information about out-of-borough placements and this needed review. Quality assurance systems were therefore not equitable and meant that the council had less information about the quality of care provided in some services than others. This was particularly an issue as three of the council's in-house learning disabilities care homes had been rated 'adequate' by CQC. The council needed to demonstrate that the systems in place for monitoring and improving quality were robust.

The council generally responded promptly and appropriately to concerns raised about services, with some examples of effective work done to improve the quality of service provided. An approved provider list was being developed for providers of learning disabilities services, which was a positive initiative but as yet was not intended to be a requirement for existing services to sign up to it. There were challenges in monitoring the quality of supported living services, with increasing numbers of this type of provision in the area. Consideration needed to be given to ensuring that an appropriate system was in place to capture relevant quality information about these services.

Recent action had been taken to strengthen safeguarding processes, which were intended to address weaknesses in quality of practice and recording that had been identified in an audit of safeguarding undertaken in 2009. The implementation of Care Assess to improve capture of data, recording and supervision would promote improvement in most of the areas identified. Positively, the council had also developed a system for enabling people who had been subject to a safeguarding alert to feedback their experiences of the process. Changes had been made to enable better data capture of alerts involving carers, adults who were using self-directed support, and victims of hate crime and discrimination. However, a more robust approach to analysis of data and trends in safeguarding was needed, using this to inform training, practice and target groups of particularly vulnerable adults.

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 were systems in place to capture the views of stakeholders and this had been used by the council in the commissioning of services for people with learning disabilities.

A 'Make It Happen' sub-group of the learning disabilities partnership board had been established in 2009 to engage stakeholders in overseeing the implementation of the learning disabilities strategy and to monitor action plans across all of the other sub-groups. This was being supported by a recent positive initiative to report to the partnership board on performance on the three 'Big Priorities'. These had been agreed locally as housing, employment and social activities, as well as reporting on national priorities such as access to health. This improved transparency and accountability of the council in delivery on agreed plans, as well as making explicit the connection between consultations, changes in commissioning, and improved outcomes.

A high profile 'Choices Day' event was also being prepared that enabled people with learning disabilities to make choices about activities and the shape of in-house day services. An evaluation of the first event in 2009 had been used to inform improvements in promoting the day and communicating with stakeholders to gain their input.

Specific work was also being done to capture feedback from people with learning disabilities through the person centred planning process that would inform service development.

Forums for the council to engage with providers and third sector organisations had been used for sharing information and promoting the vision for implementing the personalisation agenda. Most stakeholders were positive about these forums. Some third sector organisations felt that the council could improve the quality of engagement with them in discussions about implementation of the vision for personalisation. A learning disabilities 'Together Network' had been established with learning disabilities development funding to provide opportunities for organisations to work together and share experiences. This was valued by those that attended.

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.

Commissioning was underpinned by good needs analysis and an appropriate regard for value for money. The council worked well with health partners in strategic commissioning, but needed to strengthen its role in leading change across the social care market.

Strategic planning was based on strong joint strategic needs analysis, with work being done to develop a separate learning disabilities needs analysis. Recent care management reviews had also been structured to capture information about unmet needs and the potential to offer increased levels of self-directed support. Intelligence had been used effectively to inform service developments across health and social care.

The council had a good track record of using resources effectively, with well-considered medium term financial planning and an appropriate regard for value for money. Long-standing effective joint commissioning arrangements with health had been strengthened by the development of a new Head of Commissioning & Partnerships post in social care. There was a clear drive through the proposed restructuring of the council to promote intelligent commissioning and accountability in resources. This was launched under the banner '*A Council the City Deserves'*. This had effectively raised awareness of strategic commissioning, partnership working and financial planning.

Partners and providers generally experienced positive and mature relationships with the council. Most felt well engaged in service planning and consultation for delivery. There was widespread consensus that the 'direction of travel' for learning disabilities services was positive. However, the long-term strategic view of the council and its health partners about their plans for the configuration of services, and the impact that this would have on stakeholders including corporate partners, needed to be stronger and clearer. Preparation for personalisation had focused on ensuring that a robust framework for personal budgets and recruiting personal assistants was in place. This needed to be extended, ensuring that the full range of third sector providers were engaged in consultation about and supported in the development of the market across all aspects of personalisation and prevention. This would be supported by a recently appointed market development officer. But work was needed to drive a co-ordinated approach that included aligning needs analysis, contracting and movement of resources to ensure sustainability for the future. As yet there were few 'new' services that people with learning disabilities using self-directed support could buy, and the success of personalisation would depend on developing this and reconfiguring the market to meet preferences and demands.

Appendix A: summary of recommendations

Recommendations for improving performance in Brighton & Hove

Safeguarding adults

The council and partners should:

1. Ensure more effective work focused on ensuring that vulnerable adults felt safe in the community, and confident in reporting harassment or discrimination. (Page 11)
2. Promote awareness of safeguarding and keeping safe amongst diverse groups of vulnerable adults and carers. (Page 11)
3. Address variability in the quality of safeguarding practice and recording to ensure that positive outcomes and mitigation of risk was consistently secured. (Page 12)
4. Ensure that the use of advocacy is promoted in safeguarding work. (Page 14)

Increased choice and control for people with learning disabilities

The council should:

5. Ensure that more people are aware of services and support that is available to them through promoting access to information more effectively. (Page 15 & 16)
6. Develop better information about self-directed support in consultation with people with learning disabilities and their carers. (Page 15 & 17)
7. Strengthen signposting arrangements to the range of low-level support or early intervention services across all aspects of social inclusion. (Page 18)
8. Review the adequacy of low-level support or early intervention services for people with mild or moderate learning disabilities. (Page 18)
9. Undertake needs analysis of people with mild or moderate learning disabilities, whose needs and vulnerability was increased by other factors such as drug or alcohol misuse, homelessness or mental health problems and develop an action plan to address issues. (Page 18)

Providing leadership

The council should:

10. Improve engagement of people with learning disabilities, carers and other stakeholders. (Page 22)
11. Develop clearer strategic links with corporate partners, ensuring that adult social care issues were more clearly referenced in corporate strategies. (Page 23)
12. Jointly with health partners, develop a clear model for the future configuration and roles of staff and services to support the vision for transformation of social care. (Page 24)
13. Establish a stronger strategic focus and role for the safeguarding vulnerable adults board, with a clear role within the network of other forums across Sussex and supported by more effective sub-groups. (Page 23)
14. Ensure consistency and equity of quality assurance of all services for people with learning disability, and address quality issues with current services where concerns have been identified. (Page 25)
15. Develop more robust quality analysis of safeguarding data and trends, to inform training, practice and develop targeted initiatives. (Page 25)

Commissioning and use of resources

The council should:

16. Drive a 'step change' in the pace of transformation, to broaden the focus to include wider service development and more ambitious market reconfiguration. (Page 27)
17. Promote a stronger and clearer long-term strategic view of commissioning intentions working with stakeholders on implementation. (Page 27)

Appendix B: Methodology

This inspection was one of a number service inspections carried out by the Care Quality Commission (CQC) in 2010.

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 Brighton & Hove when we met with six people whose case records we had read (or their families) and inspected a further 20 case records. We also met with approximately 90 people who used services and carers in groups and in an open public forum we held.

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.

Brighton & Hove 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.