

**Report to:** Cabinet

**Date:** 15<sup>th</sup> October 2012

**Report of:** Chief Executive

**Report No:**

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**Report Title:** **Independent Review - Adult Social Care**

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(delete as approp)

(***Confidential Not for Publication***) This report is exempt from publication by virtue of Paragraphs (1, 2 and 4) of Schedule 12A to the Local Government Act 1972.

**Purpose:**

The purpose of this report is to outline for the Cabinet the following issues in relation to the independent review into 'House H' in Adult Social Care:

- The outcome of the independent review into the circumstances of 'House H' which culminated in two Council employees being given custodial sentences for neglect of service users.
- The detailed findings of the review and the subsequent actions taken by the organisation to address these issues.
- To seek formal endorsement of the Action Plan that has been developed to address the issues and lessons learned (Appendix 2).
- To agree the reporting and monitoring mechanisms to receive updates on the progress, achievements and outcomes of the agreed Action Plan.

**Recommendations:**

The Cabinet is recommended to agree:

- The formal acceptance of the independent report into 'House H' attached at Appendix 1.
- The endorsement and formal agreement to the apologies and actions taken in respect of the families of the service users and whistle-blowers.
- The proposals for the overall strategic leadership of the service as set out in Section 3 and 4 of the report.
- The Action Plan attached at Appendix 2 to the report.
- The monitoring and review arrangements outlined in Section 5

## **1. PURPOSE OF REPORT**

- 1.1 The purpose of this report is to outline for the Cabinet the following issues in relation to the independent review into 'House H' in Adult Social Care:
- The outcome of the independent review into the circumstances of 'House H' which culminated in two Council employees being given custodial sentences for neglect of service users.
  - The detailed findings of the review and the subsequent actions taken by the organisation to address these issues.
  - To seek formal endorsement of the Action Plan that has been developed to address the issues and lessons learned (Appendix 2).
  - To agree the reporting and monitoring mechanisms to receive updates on the progress, achievements and outcomes of the agreed Action Plan.

## **2. CONTEXT AND BACKGROUND**

- 2.1 Following the conviction of two members of staff in June 2012 relating to abuse in 'House H', one of the Council's 'Learning Disability' network houses, it was agreed that the Chief Executive would commission an externally led review of the circumstances, issues and lessons to be learned from the organisation.
- 2.2 The Council appointed Mr Steve Jones, a highly experienced and knowledgeable former Chief Executive of Wigan and Blackburn Councils to undertake the review. Mr. Jones has a strong and extensive track record in Adult Social Care and Health and is currently the Chair of an NHS Mental Health Trust.
- 2.3 The purpose of the review was to examine three key questions:
1. How did this matter occur at 'House H'?
  2. What progress has been made in implementing the actions identified in the 2010 Paradigm Report?
  3. Are there wider lessons to be learned and improvements made as a result of this case across the wider network?

The full report is attached to this report at Appendix 1.

## **3. OUTCOME OF THE REVIEW**

- 3.1 The review is thorough, hard hitting and very critical of much that went on directly in relation to 'House H' and the wider operation of the service. It is, however, more positive about many aspects of the service provision and many staff.

- 3.2 In overall terms it is the Chief Executive's recommendation that the report and its recommendations should be accepted in full by the Council. The Appendix attached to the report is the start of the detailed action planning designed to address the issues and challenges raised.
- 3.3 In response to the findings of the review and consideration of the best way forward, I would wish to draw attention to a number of key actions that provide important context to the report and action plan:
- A meeting took place with the parents of each of the service users and a full explanation of the outcome of the review was given. This meeting included a full apology for the Council's failings and this is something that I believe should form part of the public record.
  - A meeting took place with the 'whistle-blowers' and this included placing on record the organisation's appreciation and thanks for their efforts in seeking to raise their concerns, their efforts in Court and an apology for the insufficient organisational support provided to them throughout their experience.
  - New strategic leadership for the Department and Service with the appointment of Margaret Asquith as Interim Director of Children's and Adult Services.
  - An Interim Assistant Director of Provider Services being put in place for a minimum of six months to lead the operational 'turn around' of the service.
  - Detailed performance improvement plans being put in place to ensure the service and managers within achieve the appropriate level of achievement and delivery.

#### 4. **OVERALL STRATEGIC FUTURE FOR THE SERVICE AND ACTION PLAN IMPLEMENTATION**

- 4.1 The Learning Disability and Network Service along with other 'in-house' provider services in Adult Social Care are expected to contribute to an overall budget target of £830,000 – £1,300,000 for the in-house services, with an anticipation that initial proposals would be brought forward before the end of the year. This is important because, as the independent review identifies, the service is high cost and it is probable the service can be improved and delivered in a more cost effective way.
- 4.2 Given the independent review and its many recommendations about improving the structures, systems and processes going forward, it is important that the two issues are brought together into a fundamentally redesigned service. It is the case, therefore, that it is sensible to delay the development of specific budget proposals until this is undertaken.
- 4.3 On this basis it is recommended to go forward on the following phased basis:
- **Phase I – Now – January/February** – Ensuring systems, processes, structures, culture and management changes are made to the current service to ensure it is fit for purpose.

- **Phase II – December – March/April** – Development of a detailed vision for the service going forward both to ensure it is designed to meet a 21<sup>st</sup> Century environment and to make a contribution to the Council's savings targets for Adult Social Care.

- 4.4 As the Executive Cabinet Member will be aware, the Council has pursued a strategy over the past budget round, which has continued into the current budget proposals, to move some network houses to independent sector provision as vacancy levels allow. This saw five houses transfer to the Framework Provider Lifeways in 2011/12 with a further five planned in 2012/13.
- 4.5 There are no proposals in light of the review to fundamentally change the strategy of first seeking to reduce the costs of the Council's in-house service in preference to outsourcing. Consideration will, however, need to be given as part of the review about whether any further houses should be moved to the Framework contract if vacancy levels enable this to take place.

## 5. **MONITORING AND REVIEW**

- 5.1 The proposal is that a monthly report is brought to the Executive Cabinet Member (Deputy Leader) on a monthly basis for at least a six month period to monitor the delivery of the agreed Action Plan.

## 6. **INDUSTRIAL RELATIONS, TRADE UNIONS AND STAFF**

- 6.1 The Trade Unions and staff are important stakeholders in respect of Council services and overall, despite the very significant challenges the Council faces, industrial relations are generally positive. This has not been the case to the same degree in Adult Social Care and this issue is highlighted in the report.
- 6.2 Following the conviction of the two employees in June, there has been on-going dialogue with the Trade Unions about the service and the Independent Review. This has been constructive and in advance of the formal publications, detailed discussions about the report's findings have taken place. I am pleased to report that the Trade Unions have "welcomed the underlying principles of the report and will happily work with management in terms of their implementation". The Trade Unions do not however agree with some of the views expressed in the Independent Review about specific issues and feel that the primary responsibility for historic industrial relations difficulties in the area of Adult Social Care lies with departmental management.
- 6.3 Positive industrial relations, together with staff engagement are a critical factor in the successful improvement of the service and delivery of the Action Plan. Based on discussions with the Trade Unions I am confident that there is a strong commitment to working with management to address the issues highlighted in Phase I under 4.3 of the report.
- 6.4 All staff within the service have been written to, to explain the findings of the Independent Review and more detailed staff briefings are taking place this week to take forward the process of implementing the recommendations.

## **7. FOR DECISION**

### **7.1 The Cabinet is recommended to agree:**

- The formal acceptance of the independent report into 'House H' attached at Appendix 1.
- The endorsement and formal agreement to the apologies and actions taken in respect of the families of the service users and whistle-blowers.
- The proposals for the overall strategic leadership of the service as set out in Section 3 and 4 of the report.
- The Action Plan attached at Appendix 2 to be report.
- The monitoring and review arrangements outlined in Section 5

## **8. ACKNOWLEDGEMENT**

### **8.1 It is important to place on record the Council's thanks to all those involved in the review, especially the families of the service users and whistle-blowers. The Trade Unions also played an important part in encouraging their members to actively contribute to this review.**

# **BOLTON; SUPPORTED HOUSING PROPERTY HOUSE 'H'**

## **INVESTIGATION FOR THE CHIEF EXECUTIVE, BOLTON COUNCIL**

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# SUMMARY AND RECOMMENDATIONS

## Summary

Bolton Council has commissioned this externally led Investigation into the in-house Disability Network (Supported Housing) Service following the recent conviction of two former members of staff (X and Y) on charges of abuse and neglect of Service Users at a house; House 'H'. The Service cares for people who have complex learning disability, physical, and mental health needs and enables them to live in ordinary houses where they are supported by Council employed staff. Specific specialised needs (particularly health needs) are met mainly by professionals from other organisations visiting the Service User in their home or the Service User being supported to go to see them.

The Council asked Paradigm to conduct an overview of the Service shortly after the abuse came to light to give some assurance about the Service, and that Report suggested that whilst the Service was generally safe, a number of improvements should also be made. Parts of the Service have also been inspected by the Care Quality Commission (CQC) and its predecessor The Commission for Social Care Inspection (CSCI) and have been judged to have been performing well with 'Good' quality outcomes.

From our work our overall sense is that much of the Bolton Council in-house Disability Network (Supported Housing) Service is good. The majority of staff that we have met provide compassionate care for the people that they support. Service Users and their Houses have a warm and caring atmosphere.

Most of the elements that we would expect to see in such a Service are there to a significant degree, but are not uniformly present or embedded. We saw nothing that would in itself trigger the abuse that took place at House H to reoccur. However, that lack of consistent deployment coupled with a lack of organisational management grip (compounded by poor industrial relations, making this a highly contested Service), suggest to us that should in the future circumstances arise that prompt a member of staff to begin to act inappropriately it would partly be a matter of chance as to whether such behaviour would be stopped before it might become very serious.

Whilst the policy framework within which the Service operates is excellent we found too many examples of inconsistent deployment. In fact one thing we can definitively say about the Service is that it is inconsistent. Elements that we examined appeared at first sight to be good, and much of them were, but often they were flawed by not everyone doing them, or some vital ingredient being missing, or there being a breakdown in communications or documentation.

What happened at House H was in part due to a lack of clear leadership and strong management, particularly people management, of the Service. There was poor decision making at a number of levels, and long standing issues and problems had been tacitly accepted rather than confronted and resolved. On several critical occasions the wrong judgement was made too quickly without common sense cross-checks being made. There were opportunities for leaders and managers to positively intervene, taking ownership of an emerging difficult situation, but this did not happen.



Leaders are responsible for the framework in which staff work; structures, procedures, processes, and so on. In this Service these elements are often less than helpful and in some instances counter-productive. The local management of the Service is disempowered by the wrong and unnecessary use by the Trades Unions of time consuming formal procedures, and is not strong enough or supported enough to stop this happening. It is also of variable quality and ability. None of the senior managers we met described what changes are necessary to bring about significant improvement, although several mentioned particular matters that they would like to see change.

What makes much of the Service good is the knowledge and commitment of the majority of the staff. We do believe that the Service is capable of rapid improvement. If our recommendations are quickly implemented, Service Users, their family members and carers, as well as the Council itself, should then have an assurance that all staff provide compassionate care and keep Service Users safe. They will also be assured that if any inappropriate behaviour were to begin to happen it would be picked up and dealt with immediately because all staff will then feel confident to raise any concerns, and judgements on the importance of those concerns will involve professional Social Workers as part of a proportionate quality assurance system.

In our discussions with the Chief Executive of the Council we were pleased to know that the Service will be fundamentally reviewed and that our recommendations will be positively considered and form an important starting point for that Review. This is an opportunity to give a clear vision for the Service in the future for whilst there have been some improvements over the past two years, and in the main staff think that the Service is getting better, there is a very long way to go before one could say it is fit for the current time.

## **How did the abuse occur at House 'H'?**

We hope that when you have read this Report you will be able to form an opinion of the answer to this difficult question. Whilst it has a whole range of contributory factors, the main reasons were:

- There was a propensity for something untoward to be able to happen in the Service because of a whole variety of characteristics that had developed over time. These included absent or inadequate management, supervision, training, monitoring systems, escalation procedures, and so on. Essentially there was little organisational grip at House H and X and Y started to operate as they felt fit.
- The inappropriate behaviour began because X and then Y were allowed to behave in a way that suited them. They ran the House. It became consistent abuse of Service Users because managers did not reinforce good behaviours or were not present so to do, other staff were not listened to, and appropriate actions were not taken in a timely manner.
- Quality assurance systems, spot checks, or internal inspections were almost completely absent which might have alerted local managers to what was going on. More senior managers had not established the management information systems to be aware of what might be going on.
- The sad fact is not that something could necessarily have been done to stop X and Y beginning to behave inappropriately, but that it could in a different set of circumstances have been stopped before it got to the level that it did. This was not simply a case of two malicious people infiltrating a service until discovered. The inadequacies of the Service gave

them the opportunity to behave in the way they did, and those inadequacies did not rectify what many at the time could see was wholly wrong.

## **What progress has been made in implementing the actions identified in the 2010 Paradigm report?**

A review of the Network Service was carried out in 2010 by Paradigm, once the allegations came to light, to satisfy the Council that the Service remained safe. The Review found that overall the Network Services were providing safe services that maintain people's dignity. However, it also highlighted a need for focus and clarity about what the Network is there to do, and for clear and strong leadership, particularly at Assistant Service Manager level.

It is unclear whether the full Paradigm report had been seen by the Team Leader of the Service although we know that he was briefed on its main findings as it was he that drew up an Action Plan arising from its recommendations. Service Managers and Assistant Service Managers had not seen the report and there is a conflict of recollections on the nature of any briefing that they may have been given about it. This lack of awareness and clarity is difficult to comprehend as it was (and is) these people who are the ones who will have to affect change and improvement in the Service.

The report provided a series of specific recommendations which were responded to in the Action Plan, against which an action update report was proposed every 4 weeks although the last recorded document is dated May 2011. Progress has been made in implementing the recommendations where they related to policy changes, however further work is required to move the care management approach to a more user-centric model, to improve resource management and to strengthen management structures across the Network.

In summary, some of the Paradigm recommendations have been actioned, a significant number have only partly been resolved, and some are outstanding. In the light of the importance of what happened at House H this is not a good record of achievement.

## **Recommendations: wider lessons to be learned and improvements made as a result of this case across the wider Network**

We have not been commissioned to redesign the Disability Network (Supported Housing) Service. However, our Investigation into what happened at House H has been far reaching and we therefore do feel able to make a number of recommendations about the Service as a whole in addition to suggesting what should be done in the light of the abuse at House H.

We have tried to analyse why what happened at House H occurred. There was, in very simple terms, a propensity for inappropriate behaviours to become established and intensify as there was little or no organisational grip. Whilst there have been some improvements, partly in response to the Paradigm Report, those improvements are insufficient in themselves and insufficiently deployed to make the Service fit for purpose and for all to have the maximum assurance that it will in the future be safe.

There will be a Review of the Service as a whole. The elements that need to change are very apparent and below we set out our thoughts as to what should be considered. Some will argue that this is not possible, that there is no money to do this. We believe that whilst there will be a

requirement for some one-off resources to conduct such a Review and to get in the necessary change management agents, there are many areas of the Service where significant cost effective changes can be made. We think it quite probable that a re-shaped Service could have lower unit costs and provide a better safe service. The application of basic business process redesign techniques, cheap new technological aids, linked to a different structure and workforce reward system are what a Service with a future would be looking to deploy.

The alternative, which has been rejected, is to continue tinkering with the Service, with a very variable management who are not sensibly deployed and whose time is wasted on inefficient processes and procedures.

So, what should be considered and actioned? We have grouped our recommendations into two sets: those that are about improving the way that the Service is led, managed, trained and organised so that the propensity for inappropriate behaviours is reduced, and those that are designed to identify such behaviours if they were to occur and to quickly stop them from continuing.

#### Elements to reduce the propensity for inappropriate behaviours:

- Proactive and visible leadership of the Service taking ownership of the issues and championing the improvement process.
- A thorough appraisal of the quantum and quality of the management and whether this can be brought to a uniformly high standard or whether other changes are necessary. Managers have to be freed up to spend most of their time managing the people who provide the Service and their interaction with Service Users rather than old and inefficient administrative tasks.
- A rebalancing of the relationship with the Trades Unions. Managers must be capable of managing the people who provide the Service and need to be supported to do this. If the Service continues to be so contested the changes that are needed will either not occur or will occur so slowly as to have little effect. Put bluntly, the needs of the Service Users should be put before those of the staff (and their Trades Unions). All, including Elected Members, need to make this abundantly clear.
- A model of the Service which builds from the Service Users and the unit of the House upwards, with each Service User having an holistic Person Centred Plan with a granularity for deployment to be recorded in Activity Logs. Models that have one of the staff recognised as the House Team Leader if adopted would give greater accountability.
- Other roles and accountabilities need to be clarified and strengthened. It would be sensible to rethink the core role of Assistant Service Managers (ASMs). We see this as managing what happens in several houses with different staff with wider knowledge being on-call, and a small number of administrative staff reducing that burden on ASMs.
- Linked to this, revised and active operating procedures and checklists are needed to demonstrate minimum high standards, together with clear escalation procedures where for whatever reason they cannot be met.
- And in turn linked to this, revised schedules for supervision and training, staff appraisal and development. This training must continue to ensure that every member of staff has clear information on what is and what is not a safeguarding issue.
- A new system of staff deployment led by management. This means a new (probably rolling) rota system apposite to the Service model and which will be such that it provides real time information on staff deployment.
- The Person Centred Plans should be very explicit about the resources available for the care of each individual and what monies have been retained to run the Service. This should give the opportunity to look again at the manner in which monies are handled to see if far less

time consuming arrangements for handling Service Users' monies can be devised. Generally these services are low risk in terms of fraud and time freed up here will be available for either greater supervision and/or care.

- Recognise the good practice that most staff undertake and celebrate what is good in the Service.

Elements to identify any inappropriate behaviours and to quickly stop them from continuing:

- Change and re-launch a whistleblowing policy with an independent person able to receive concerns. This route would be an alternative to staff raising concerns with their managers (rather than replacing it) as we do not wish to undermine that relationship where staff have confidence in their managers.
- Linked to this, ensure that such concerns when raised must be shared by the recipient of the Whistle-blower's concerns with the professional Social Worker who has responsibility for the Service User's wellbeing. This sharing is in order that the professional Social Worker can be party to any judgement as to the importance and severity of the matters raised by Whistle-blowers. We see the professional Social Worker as the guardian/advocate for the Service User whichever organisation might be supporting him or her.
- As part of the re-launch of the whistleblowing policy and process apologise to the Whistle-blowers of House H and thank them for what they did. Whilst some have asserted that they should have come forward sooner they were faced with an unsympathetic climate. Be prepared too to offer some of them continuing support.
- As the Service does not wish to deter genuine Whistle-blowers, review the Council's position in respect of obtaining support for staff who are likely to face a traumatic time – in this case the court proceedings. The fact that a matter becomes part of a Police investigation and may be in the hands of the Crown Prosecution Service does not prevent the Council ensuring that its employees receive independent support (provided of course that such support does not prejudice any such ongoing investigation or proceedings).
- Develop a systematic but proportionate Quality Assurance system involving the local triangulation of relevant data and random unannounced inspections based upon the Care Quality Commission templates. Ideally these will also include Service User and family member feedback and could be facilitated by new mobile technologies. The Council might consider setting up a small Quality Unit to monitor all providers.

We believe that this Report should be communicated and shared widely. We sense that many of our recommendations will be welcomed by staff and family members as well as by Service Users, and an open consideration of what we have to say should help the subsequent Review and speed implementation.

# INTRODUCTION

The Investigation was directed by Steve Jones an independent person with supported by two senior Council officers.

The Investigation team have been tasked with answering the following specific questions:

- 1. How did this matter occur at House H?**
- 2. What progress has been made in implementing the actions identified in the 2010 Paradigm Report?**
- 3. Are there wider lessons to be learned and improvements made as a result of this case across the wider Network?**

The Investigation comprised the following key stages:

- A review of all relevant policy, procedural and other documents relating to the design, operation and management of the Service.
- Interviews with the staff who observed the recent court case.
- Interviews and focus groups with key stakeholders, including staff, managers and the Trades Unions from the House H site and elsewhere across the Service.
- Meeting with the families of some of the Service Users.
- Visiting a number of the properties including House H.
- Where possible evidence was collected to verify assertions, particularly to ascertain if policies or procedures were well deployed and had real traction. Some simple audit checks were therefore made.
- Analysis and triangulation of documentary and oral evidence.
- Draft conclusions.
- Recommendations.

What follows in this Report are two distinct parts. **Part 1** looks in more detail at what happened at House H, the whistle-blowing and the court case. **Part 2** looks at the Service as a whole and where changes and improvements might be made in the knowledge of the organisational and other contextural circumstances within which the case occurred.

Appended to this document are the schedules of all the information reviewed, the people we have seen, and a detailed timeline of the whistleblowing. Also there are appendices giving more detail of the way staff are deployed, and a more detailed note listing the recommendations of the Paradigm Report and the progress made in implementing those recommendations.

***We wish to record our thanks to those who co-operated with our work. For some, particularly those who had given and/or listened to evidence during the court case, it was harrowing re-living some of the events. To those our special thanks are due.***

# PART 1: WHAT HAPPENED?

## House H

The abuse took place at the House H.

This is a Supported Network property situated in the south of the Borough which opened as a new build in 2008. The property is a semi-detached bungalow and is well designed, spacious, and benefits from a private garden, although there were a number of problems when it was first commissioned to do with, amongst other things, the heating system. Three Service Users lived at House H – Service User A, B and C. These Service Users have limited capacity and are not able to communicate as you or I would.

## Court Convictions of Former Staff at House H

Y, a Community Support Worker and X, a Residential Support Worker, were convicted on the following counts of neglect/ill treatment of Service User A, a person without capacity, contrary to Section 44 of the Mental Capacity Act 2005 by:

- placing a towel over her door to contain her within her bedroom,
- restraining her by strapping her into a chair intended for use by another resident,
- pinning her against the wall, using offensive language,
- and pushing and pulling her, using offensive language.

In addition, Y was also found guilty of:

- throwing a jug of cold water over her whilst she was in the bath,
- spraying an aerosol in her face,
- ill treating Service User B by wrapping a towel around his head and holding it tightly there.

## Issues that emerged from the Court hearing

The court case was heard over a three week period, during which a range of witnesses connected with the House H site gave evidence. The Judge gave a clear indication of the gravity of this matter and extent of the safeguarding breach during the case summing up and sentencing process.

A specific observation was made in relation to the Council's whistleblowing process:

*"There was a whistleblowing policy at House H, which was there for people to use. The staff did not use this for some time. It seems you may want to consider a more active way to deal with Whistle-blowers in the future".*

In addition to the Judge's specific recommendation to the Council, the following key themes can be distilled from notes of the proceedings:

- Care activities were being determined by staff preference rather than Service User benefit.

- A lack of confidence in management to tackle issues and apparent reluctance by managers to take action caused delay in the whistleblowing process; this was evidenced in the fact that 4 people disclosed concerns over a 5 month period before action was taken and the abuse properly recorded.
- Loose supervision processes at House H, with reported gaps of months and even years between supervisions; notes not being written up and issues not actioned. In practice staff at House H were self-managing. A lack of adequate supervision was one of the specific mitigating factors that X referred to in her defence.
- Inadequate personal and professional boundaries– staff used the home to conduct their personal chores, e.g. bringing their own laundry, dying their hair, preparing food and routine personal relationships with Service User families, including texting outside of working hours and sharing rotas.
- Fundamental concerns over the rota process including:
  - Excessive working hours, arranged by individuals in order that they could manage personal priorities around work and take extended breaks without using leave. For example “it is going to be sunny next week; I will take next week off and then work the next 16 days to make up my time”. Examples were given of staff not leaving the property for 48 hour periods. A number of witnesses in court reported working frequent overtime, often on a double shift basis.
  - Inadequate break and rest provisions (regular and unmonitored cigarette breaks were reported but the court also heard that staff did not generally take formal lunch breaks during the day).
  - Absolute local control over rota production which meant that a final “official” rota never existed; managers would only confirm who was on shift by telephoning the house and that staff would not know who was relieving them at the end of a shift “until they turned up”.

## **How did the abuse come to light?**

The House H case was brought to court following whistleblowing by other staff. In court, the Judge felt that the Whistle-blowers should have come forward sooner, and it would have been helpful if they had. However, several felt intimidated, and others felt that even if they did raise something it would not get addressed. The timescale and events of the whistleblowing as described in the court hearing is detailed in an appendix.

The staff who were the Whistle-blowers were all concerned about what they saw happening, but for a time believed that they were perhaps alone in thinking that something was wrong; what they observed was not corrected by a variety of managers who were (usually temporarily) assigned to the house. They did not discuss the matter between themselves until the very end of the timeline, but some, very bravely, confronted particularly X, who then ceased most of the abuse when that member of staff was also on duty.

After about a year staff began to report the abuse; the matter was reported to the same manager by 4 separate members of staff before action was taken and delays in tackling the issue were incurred because the matter was wrongly categorised by the Service Managers as

'bad practice' rather than 'safeguarding' and, further, the Assistant Service Manager (ASM) demonstrated a fundamental lack of understanding about the whistleblowing policy when in court. Key issues were the ASM's understanding that the matter had to be put in writing before it could be actioned and, further, that any issues raised through whistleblowing which were found to be untrue would result in disciplinary action. The policy is clear that this interpretation is not correct, but this was obviously not understood by the management team responsible.

## **Commentary**

It is clear that X was a highly manipulative person. Superficially popular with many staff and managers, she had developed a network of relationships through her long employment with the Service. It is impossible to know, but likely, that nothing that the Service did would have prevented X (and then Y) beginning to act inappropriately towards Service Users.

However, and this is a continuing source of anguish for many of the Whistle-blowers, it is quite conceivable that if a variety of circumstances had been different, then the inappropriate behavior would have been 'nipped in the bud' and not developed into the persistent abuse suffered by the Service Users.

The factors that conspired against an early resolution of the inappropriate behaviours and led to the abuse were:

- X and Y were credible in the eyes of managers, more so for a long time than the staff who raised concerns. Whilst to some extent the personalities of X and Y engendered this, managers did not cross-reference or check out issues that staff raised when there was an obvious difference in the accounts of the Whistle-blowers and of X and Y.
- Staff did not have real confidence in their managers and the Council's whistleblowing process; if they had they might well have come forward earlier.
- Often there was not a manager assigned to House H for staff to talk to. Partly because of this, there was little presence in the house by managers and little interaction by managers with the Service Users. Much of the business of the house was effectively run by X and Y.
- When staff did talk to their managers their concerns were not acted upon, and neither did the managers provide proper feedback to the Whistle-blowers. It is a testament to the staff that after not being taken sufficiently seriously for so long that they had the fortitude to continue to raise their concerns.
- Even worse, those who were complained about were made privy to the names of the Whistle-blowers and to varying degrees X and Y made the working lives of the Whistle-blowers less than comfortable. This we feel acted as a deterrent to some of the less forceful staff continuing to come forward.
- Supervision was patchy or non-existent and so what should have been an opportunity for managers to both hear staff concerns and to triangulate concerns from a number of staff did not occur.
- Managers wrongly categorised the abuse as 'bad practice'.
- The professional Social Workers with a continuing responsibility for the wellbeing of the Service users were not consulted about the whistleblowing concerns.

The Whistle-blowers have all been deeply affected by the bruising experience of appearing in court and in particular have a sense that they were regarded by some colleagues as 'trouble makers'. Two of the Whistle-blowers were moved away from House H, for reasons ostensibly not to do with their whistleblowing, and they deeply resent what to them feels like an un-evidenced slur upon their characters. Once moved their whistleblowing concerns were not cross-checked.



Once the Police investigation began the Council identified an effective member of staff to be a link between the Whistle-blowers and other Council staff who were potential witnesses, and the Police. It was not her job to support these potential witnesses, although she did what she could, but her role in this regard ended in September 2011 when it became clear that the matter would proceed to trial and the Police asked that the liaison cease. So, the Whistle-blowers received little support from Service Management up to September 2011 and almost no support from the Council through the trauma of the final part of the Police investigation and court hearings. This was left to the criminal justice system. Two Council staff who sat through the court hearings reported back to the Head of Service on a daily basis as the court hearings took place. Their reports included information on the impact upon staff who were called as witnesses, but we could find no evidence that the Council at this very difficult time, and immediately after the conclusion of the trial, gave any real support to the Whistle-blowers.

Some Whistle-blowers still need support, and although to different degrees they are receiving some support from family, friends and colleagues, the Council as an organisation is not providing what is needed. Several of them wish to receive an apology from the Council for the manner in which they were treated; that appears to the independent leader of this Investigation as entirely appropriate.

It is important to overtly demonstrate that genuine whistleblowing is an important protection for everyone. It would be sensible therefore that the actions of these Whistle-blowers are positively recognised and celebrated. Many staff too have lost confidence in the manager group and this will also need to be rebuilt. The Service needs to quickly get to a position where every member of staff feels completely confident that they can and will raise any concerns and that such concerns will be properly assessed and dealt with.

The Council should in these circumstances consider having an additional person to receive the concerns of Whistle-blowers who is independent of the Service and Department itself. This would need to be someone with common sense who could work flexibly to meet Whistle-blowers in neutral places in order that they do not feel that there will be any recriminations arising from their action. Such a change would also give the opportunity to re-launch the policy and process.

Where concerns are raised we feel that they should be shared with the professional Social Worker who has continuing responsibility for the Service User. It is not right that judgements as to whether a safeguarding issue might have arisen are left entirely in the first instance to those providing a service.

## **PART 2: THE CONTEXT IN WHICH THE SERVICE OPERATES; ARE THERE CHANGES THAT MAY REDUCE THE POSSIBILITY OF REOCCURENCE?**

### **A starting point; what should such a service be about?**

It is clear that some of the ways in which the Service was (and is) led, managed and organised, had not provided a context or setting that deterred what happened at House H. We therefore in our Investigation looked at a number of elements to see whether changes might act to make the reoccurrence less likely.

There are two complementary parts to any service; the people who provide the service, and the policies, processes, and procedures which support them and provide a framework in which they can deliver the service.

The Disability Network Service is in essence about people:

- It needs the right people to do the right things in the right way.
- This means that the Values of the service that should drive compassionate behaviours are key, must be clearly understood by all, and manifest in those that provide the Service.
- Thus the ethos of such a service should flow through it like the words in a stick of rock.
- So, it will put the individual at the centre of what is provided, 'nothing about me without me' will be the mantra, all will be listening to the individual and their family members and other carers. It will have at the heart of delivery a Person Centred Plan which captures the individual's hopes, preferences and worries as well as their needs for support, and which has a granularity to make it real.

Values drive behaviours, and compassionate behaviours are what essentially this Service needs from its people. So, even if some of the processes or procedures might not be sufficiently robust, if the values that drive behaviours are strong enough then the abuse and neglect that happened at House H is most unlikely occur. However, values, ethics and behaviours need to be transmitted, practiced and reinforced; the total range of those behaviours will define the culture of the Service.

In addition, the Kings Fund have demonstrated that well supported staff who enjoy their jobs are far more likely to be able to consistently provide compassionate care. The way that the staff feel should not be thought of as a minor driver of good care.

Then, to support the staff to do their jobs in a compassionate manner a framework is required. At its simplest it will have the following elements:

- All are involved in the production/updating of the (life) support/care plan; all know what it means, will own it, and know how its elements will be achieved; it will have granularity. Staff will actively look with the Service User and their family members how the best care can be provided from the total resources available to the Service User.

- A daily log that records what was done and in what manner to deliver the (life) plan with the individual concerned.
- A weekly/monthly plan/programme for staff deployment, supervision, training, etc. which will show how the values of the organisation are being reinforced/maintained and the staff supported.
- A simple audit/inspection process and other periodic triangulations (comments, user experience, family member feedback, mystery shopping, manager spot checks, etc.) to quality assure the delivery of the support and to inform periodic review.
- Management that is visible, engaged, supportive, fair, and modelling the values and behaviours that the organisation espouses.
- The opportunity for staff to feedback via supervision meetings and a regular staff attitudes survey.
- Information about outcomes from the Service User, their family members, staff and other carers, and if possible the guardian/advocate for the Service User.

## Commentary

The Investigation team have visited a number of Supported Housing properties, and in all have interacted with over 60 staff (about 20% of the workforce). It is possible when visiting the Houses and the Service Users to get a feel for the quality of care that is being provided. This, together with all the information we have looked at, including the good inspection reports that parts of the Service have received, has led us to conclude that the vast majority of the staff are providing good compassionate care, all be it within a Service framework that was designed in a different era and needs to change. Staff overall do feel more positive towards the Service. They feel the Service has improved somewhat and welcomed our Investigation. It is a testament to their values and commitment that so many people with very complex needs are being supported to live their lives in a safe and appropriate way.

## **STRATEGY: IS THERE A ROBUST POLICY FRAMEWORK THAT IS APPOSITE FOR THE SERVICE, AND DOES THE SERVICE IMPLEMENT THOSE POLICIES IN ALL THAT IT DOES?**

The Supported Housing Network operates within a well-defined strategic framework, set by an overarching departmental strategic plan and clear statement of Purpose for Personalised Community Based Support. Parts of the service have been inspected by CSCI and CQC and have been judged to perform well with "Good" quality outcomes.

The Department has articulated a clear vision and high standards, which is underpinned by an evidenced robust policy framework. The Service knows what it wants and is able to define what a good service should look like. The Bolton Council Statement of Purpose is good. Appendix 3 of that document, 'Making it real – Personalised Community Based Support' and the tests it suggests (based upon what Bolton Council would wish those who use services and their family members to say when describing those services) are excellent.

The Specification where the Council is commissioning other providers to deliver these services asserts that Service Users will have choice and control, and the Service User Outcomes defined in that document are also excellent.

The key issue is the extent to which that strategic policy framework is translated into aligned consistent practice. For example, are the policies understood, are they reinforced by management actions, and so on.

## **Commentary**

During our work and looking back over the past two years we found:

- Limited evidence of cascade communications to ensure the policies are understood and shared by all staff.
- Fundamental gaps in the application of the policy and procedural framework at the time of the abuse at House H and inadequate management monitoring to identify and address this, for example:
  - Inadequate practice against the supervision policy, given that insufficient records exist of suitably regular and robust supervision meetings.
  - Failure to recognise safeguarding issues and apply the appropriate policy (i.e. failure to administer medication; not feeding Service Users and putting Service Users to bed for up to 16 hour periods was classed as 'bad practice' and not a 'safeguarding' issue for a 5 month period).
  - Non-compliance with financial procedures, as evidenced by an audit at House H when Service User money could not be accounted for.
  - Significant inconsistencies and a lack of quality assurance in care planning documentation and a lack of clarity about roles and responsibilities for completion. The files for each service user at House H in 2010 were all different and none contained the then up to date versions of the central planks of care records described in Departmental procedures. We could find no evidence that Service User files were reviewed/audited by Service management.
  - This was compounded as many of the metrics that are said to demonstrate compliance with the strategic documents in the Service Performance Framework are 'To be determined'. Therefore the admirable tests in the 'Statement of Purpose' were not capable of being applied.
  - There is no sense that the granularity of the data collected would necessarily show variations in deployment performance that could prompt management action.
- Evidence that staff did not understand the "spirit" as well as the "letter" of the policy. The policies in place are high level indications of how care will be managed; they are not always supported by more detailed guidance about exactly how they should be applied in practice and there is strong evidence, as highlighted above, that the behaviour of staff contravened what the policies were trying to achieve.

If the values and the culture of an organisation are aligned with the outcomes required the staff even without knowing all the procedures in detail will generally get it right as their 'instinctive behaviour' will marry up with what the service expects of them. However, this is an expectation but not a guarantee of a positive outcome. We therefore instigated an audit of care/support plans and other documentation within the Homes, and examined records of training, supervision, and so on, to see what all of this is like now. Whilst we could see improvements over the past two years, there is still a significant disconnection between policy and practice. There is a high level of inconsistency of deployment across the Service of almost everything which if done consistently well would predicate good practice.

## **CULTURE: DO THE CORE DEPARTMENTAL VALUES PERMEATE, AND DO BEHAVIOURS POSITIVELY REINFORCE THOSE VALUES?**

The focus groups and interviews with staff demonstrated that most staff have a very clear idea of the purpose of the Service and are committed to promoting the independence of the Service Users. Less staff immediately mentioned that keeping Service Users safe is also important. Nearly all understood that encouraging the Service Users to do everyday things to the best of their ability and helping them to do what they want to do with their lives is the outcome that the Service seeks. It was clear that staff recognise compassionate care when they see it. They too believe that one can quickly get a sense of the state of any particular house (and by inference the wellbeing of the Service Users in it) from visiting houses.

Most, but not all staff understand that their job is to provide compassionate care irrespective of the organisational difficulties. So, yes, rotas might not be done well, sickness levels are high and people have to cover, etc. But none of those mean that the way staff interact with Service Users should be poor. It might mean that they cannot do all the substantive things that they should, but it would not justify or excuse actions similar to those of X and Y.

Relationships with family members appear to be good overall and the staff we met were appreciative of their roles and the contributions that they can make. They were less complementary about the attitude and contributions of other specialist professionals who interact from time to time with Service Users.

The training modules we have seen are good and reinforce the values of the Service. Communications are mainly through ASMs and written notes pinned to house notice boards. Most of these are about practical things. Supervision is better now than when the abuse occurred but is still not of a consistently high quality or frequency.

Since the details of the abuse began to emerge and the court case itself, there has been some confusion amongst staff as to what is, and what is not, acceptable practice in terms of their relationships with Service Users and their homes. For example, there is not a consistent view among staff as to what they may or may not do to meet their own needs in Service Users houses. Senior managers are running staff briefings to try to overcome this uncertainty.

### **Commentary**

There are a number of things we can say from our work:

- The culture of an organisation needs to be set and communicated by its leaders. Most staff see very little of the most senior leaders of the Service and this is a significant lost opportunity.
- Staff do not think that all managers model the behaviours required by the values of the Service. There are concerns that some managers lack courteous inter-personal skills, are unable to respect confidences, and have poor listening skills.
- Without rigorous staff appraisal and supervision the Service cannot ensure that the behaviours of all of its staff are likely to model the values it espouses.
- There has been almost no external recruitment for some time. This means that if poor behaviours emerge and are not quickly rectified they become the ingrained norm in

particular houses. Although there are Bank and very occasionally agency staff working in houses they tend either to be former employees or new people unwilling to challenge the behaviours of long established staff.

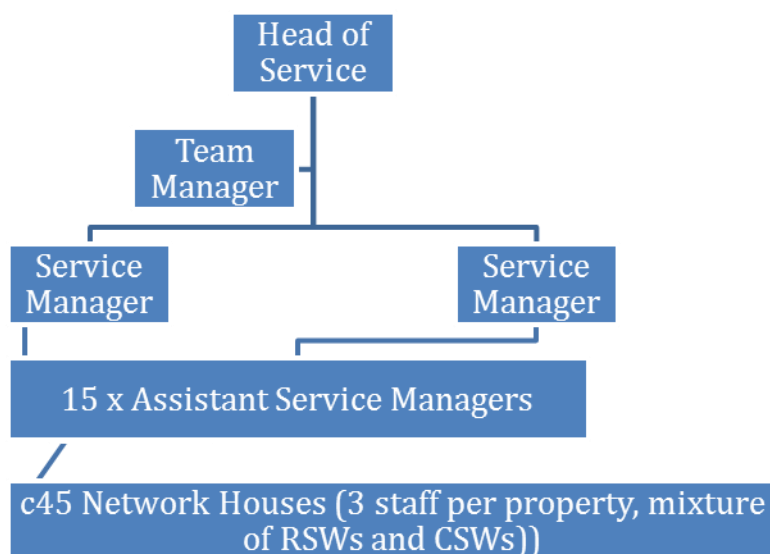
- Staff are very dependent upon the judgement of managers as to whether behaviours or actions are 'bad practice' or 'safeguarding issues'. Some staff are still not clear on the distinction, even though the Department has put significant effort into training on this matter. Consistent advice and simple guidance, with explicit examples, on minimum high standards would help all to understand these distinctions.
- The Service feels and is contested; there is an acceptance that grievances are the way to resolve issues, disciplinary hearings are relatively common, and this reduces the confidence of the Service as a whole to work through any issues it might have.
- On the whole, staff like working for the Council. We found though no evidence of organisational measures within the Service to praise staff and recognise good practice.
- All of this suggests that there needs to be a restatement of the behaviours required by the Service and the Values that drive those behaviours.

## AN OVERVIEW OF THE SERVICE; HOW IS IT ORGANISED?

The Council owns and runs 45 supported housing properties across the Borough, within which around 160 Service Users with learning and/or mental health disabilities live and are supported. The Service was merged as a single network across Mental Health and Learning Disabilities around a year ago; prior to that it operated as two parallel, specialist services.

Each property is home for two, three or four Service Users, who pay rent to the Council. The residents have 24 hour care provided by around 300 staff (Residential Support Workers and Community Support Workers) on a shift basis.

The structure of the service is as follows:



Responsibilities of roles within the Network are set out below. Job descriptions/person specifications for these posts have been reviewed, however this documentation is very old and out of date for the current Service.

- Team Manager: This post has responsibility for provider delivery across the Council's Disability Services, including the Networks, Respite and Outreach services. This role has management responsibility for ensuring the Networks perform and contribute as one of the complement of the Council's provider services.
- Service Managers: The Service is managed on a day to day basis by two Service Managers who have responsibility for the whole Network, though accountability for individual houses is notionally allocated between the two post holders. The Service Managers are office based and discharge their operational responsibility in practice through direct line management of the Assistant Service Managers. The Service Managers are said to performance manage the Network through high level indicators, e.g.
  - Are houses operating within budget?
  - Do Service Users all have a care plan?
  - What progress is made with annual reviews for Service Users?
  - Have new Service Users been supported to make the transition into the home?
- Assistant Service Managers (ASMs) are based in the Network. They work on a shift basis and their role comprises the following key components:
  - Responsibility for a nominated set of Network houses and the staff who work within them. Each ASM typically oversees 3-4 houses. They are responsible for participating in the Care Planning process and Review for Service Users within their houses, the supervision for staff at each site and ensuring that shifts are covered. When issues or problems arise staff should contact their nominated ASM in the first instance.
  - "Office duties" for 3 days per month which involves working a full day at Thicketford Centre to review and resolve management issues across the Network, particularly rota cover arrangements, as well as receiving and responding to queries escalated by staff within the houses who are unable to contact their own ASM. In addition the whole ASM team meet at the Thicketford Centre for at least half a day each Monday (one tenth of their working time); the meeting provides everybody with an overview of issues across the Network but it gives limited direction to individuals because it is a very general discussion with limited monitoring and review of agreed actions.
  - On call duty for specified times each month in order that staff have an access point outside of office hours if they cannot contact their own ASM.

The expectation is that ASMs are a field-based, general management resource across the Network and should be capable of addressing general issues from any site (e.g. staff management) and of either answering specialist issues relating to individual service users or sign-posting staff to specialist advisors. There is, however, oral evidence that the ASMs are still adjusting to working across the totality of the Supported Housing Network and do not feel confident in dealing with issues from areas of the Service where they are less experienced or do not know the Service Users. Further, the administrative burden of local rota production in particular requires ASMs to spend a lot of time office-based and as such their visibility within the Network and capacity for close management of particular houses is limited. It should be noted that the Service is also carrying 3 ASM vacancies at the time this Report was produced.

- Residential Support Workers (RSWs) main duties are to work as a member of a team within the establishment and wider community offering a range of practical and personal support to Service Users on a day-to-day basis in partnership with families.

- Community Support Workers (CSWs) main duties are to support individuals with daily living tasks in their home/community environment, enabling maximum opportunities for their development, based on the principles of ordinary living.

There is a two grade difference between the RSW and CSW roles however oral evidence suggests the scope of the two roles in practice is very similar which is reportedly causing tensions between the two groups of staff. Historically, RSWs were specifically responsible for inputting to Care Plans and rota production for each house. Following the implementation of Self Directed Support, Care Plans are now produced by professional Social Workers only (see below) and rota production has evolved as a team activity (see appendix). We therefore understand that, whilst recruitment has been effectively suspended for some time, any vacancies have been filled by CSW posts only.

## **Rota production**

Staff work on shifts which are organised on a rota basis by the staff at each site. Rotas are dynamic according to Service User requirements, staff training and other attendance issues, and are determined locally each month. More detail is set out in an appendix.

The adequacy of the local rota planning system has been identified consistently as a key issue because it restricts management control over individual working hours and gives limited assurance that the support for Service Users will be met. The rota process is of relevance to the House H case because weaknesses in the production process enabled staff to misuse the system to isolate Service Users to particular staff and the time spent by ASMs in overseeing resource issues across the Network was one of the detractors from the time they had remaining to focus on detailed, local supervision.

## **Money management**

Considerable time is spent in managing a whole variety of different sources of income due to Service users. These will include an allocation through the Fair Access to Care assessment, some benefits (usually passported to pay the rent or Council tax), perhaps Independent Living Fund monies, and sometimes contributions from parents or friends. Handling these monies is cumbersome and time consuming and confusion over what they are and what they might be for contributed to some of the inadequate personal and professional boundaries revealed by the court case. In turn this lack of transparency – most staff and families had not seen a comprehensive transparent budget for the Service User – has produced friction and some understandable resentment between family members and the Service.

It is interesting to note that the ASM at House H at the time of the whistleblowing was assigned to manage that house as she was seen to be able to develop good relationships with family members as some of those relationships were not good.

## **Commentary**

There is much that could be done to make the Service more cost effective; much that could be done to free up time to enable managers to better support and supervise staff and for staff to be able to concentrate on the core tasks of supporting Service Users. That would require change and the injection of one-off change management resources to plan and programme such changes. The Unions say that they are 'up for change' but it was not clear whether that



would include changes to the numbers of staff, the jobs that they do, and the structures that they work within.

The way that the Service deploys its managers is not beneficial. There are vacancies and gaps, and as we have found the absence of an ASM for long periods at House H was an important contributory factor into the very real problems that occurred. ASMs are the critical part of the structure; an enormous (some would say unfair) onus is placed upon them. They are of variable quality and ability, and if any are not able to fulfill all the management requirements placed upon them the Service can quickly lose functionality. Not all model the behaviours necessary for this Service.

Several things consume far too much time. Amongst these are the way that monies are handled, but Rota production is by far the greatest inefficiency. It is made very complicated by the way the Service is organised, the complexities of the staffs' contracts, and the high level of 'vacant hours' that need to be covered due to the policy of (effectively) no external recruitment. It divides the staff, makes some feel beholden, gives some a power over others, and the inability to address it sucks out energy from the Service.

We would question whether the time spent by ASMs 'in the office' could be significantly reduced by having a small number of dedicated administrative staff, and whether on-call duties should be better carried out by specialist dedicated staff and not by ASMs themselves on a rota.

The way in which their time is structured is not apposite for a Service of this nature where the 'building block' should be the Services Users, then the Houses. Not all of the ASMs spend sufficient time with the Service Users and their staff, and therefore not all will have their finger on the pulse as to what is happening in 'their houses'.

There has been a training development programme for ASMs which is a good thing, and most ASMs have completed most of it. However, several ASMs did not recognise it as a development programme but simply some training modules they had to attend. There has not as far as we could ascertain been any form of audit to determine whether this training has improved the capabilities of ASMs.

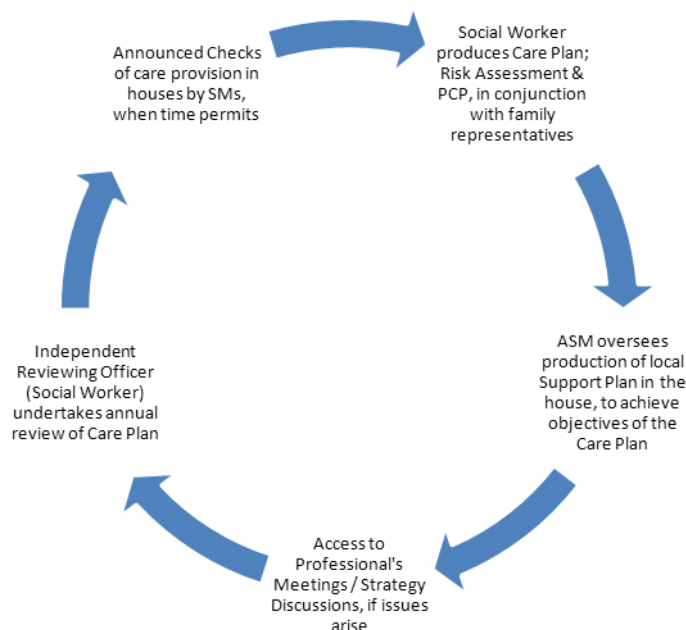
The contracts and contracted hours that staff work can only be described as a mess. This is bound to produce friction and unnecessary complexities, and it does. It is difficult to see the distinction in the work of RSWs and CSWs that continues to justify the difference in grading; another understandable cause of friction. In House H a contributory factor to what happened was that one of the convicted staff (who was a RSW) wished to 'maintain' her status by taking responsibility (and some power) over others.

## **THE CARE PLANNING PROCESS**

The process for planning and monitoring individual care is summarised below.

High level care needs are specified by a professional Social Worker who will produce a Care Plan, Risk Assessment and in some cases a Person Centred Plan, in conjunction with the individual's family and the individual themselves; these documents should be reviewed annually or more frequently if there are concerns. The Care Plan is translated into a detailed Support

Plan, which describes how the needs of the individual will be met in practice by the care provider staff, overseen by their ASM. Operational practice is subject to ad hoc “spot checks” by managers at SM level, and generally two such checks across the Service have been carried out since February this year. Unfortunately, these are not unannounced ‘inspections’ which reduces their efficacy.



In practice the care management process for individuals across the Network varies but RSWs and CSWs do input into and improve Support Plans over time as they know the Service Users better than anyone else other than their family members. We understand that:

- Due to resource constraints it has not been possible to complete an annual review of the Care Plan for all Service Users; a prioritisation exercise has been undertaken and plans have only been routinely updated for individuals whose needs have been subject to most significant change.
- A Person Centred Planning (PCP) approach has only been implemented relatively recently and therefore it is likely that only those Service Users who have entered the Council's care within the last 3-5 years have been considered for such a Plan. Further, PCP plans have only been produced where it is considered that care can be tailored to accommodate personal preferences or the Service User is in a position to articulate them. For these reasons it is young people who are making the transition to adulthood who are most likely to have such a plan.
- There are good templates and practice advice notes for care planning and these are reflected in training modules. The 'Listen to Me Workbook' is an excellent way in which the preferences, hopes and worries of Service Users can be captured so that anyone caring for them can see the Service User as a unique individual person and not simply as a recipient of a set of support tasks.
- There are however a whole variety of plans and planning documents that are not drawn together in an holistic whole. They too are all paper based, which makes revision and recording compliance an unnecessarily laborious and time consuming task. In houses there usually are 'Grab files' that give a condensed version of the Plan which can be very helpful to Bank or agency staff.

- Compliance with the Plans is recorded manually on Communications sheets and House Diaries.
- The process of spot checks across the network is in its infancy and visits are known about well in advance.

The observations above are supported by the review of care plans for the 3 Service Users at House H as at 2010 and a further random review of current files from other Network houses, which was undertaken for us by internal audit. The review of these files highlighted inconsistent and incomplete paperwork compared with policy standards. However, overall, in most instances there were documents in each House that when taken together described the care that individuals needed. What though is required is a single consistent format containing all that needs to be known about the Service User. Here we are echoing a central recommendation of the Paradigm Report.

## **Commentary**

In the care planning process the Social Worker not only makes the assessment of needs (with the individual and their family members and carers) but also keeps in touch with the individual. So, rightly, in the case of those being supported at House H the Social Worker initially visited very often. She also felt that the initial care being provided was not right and instigated case conferences of several professionals and care staff to produce an Action Plan to improve the situation. This was well before the abuse came to light. As the care improved fewer visits were made until the normal, less intensive review pattern was reverted to. Importantly, when Whistle-blowers raised their concerns the professional Social Worker (or her senior manager) were not informed, and neither was she involved in the decision that wrongly judged that the concerns raised were about poor practice rather than safeguarding.

This is a flaw in the system and needs to be changed. Providers, be they internal or external to the Council, should not be the sole arbiters of the severity of issues.

There is an urgent need to integrate all the Plans into a single accessible document deployed through simple new technology (for example, iPads) and for a consistent recording through linked Activity Logs of the care and support that has been provided to Service Users as well as how the Service Users are. This is not nowadays very expensive and would produce significant savings in time and particularly free up more real contact time with Service Users for ASMs as well as for staff.

All Service Users should have Person Centred Plans. It cannot be a major task for all Service Users to have a 'Listen to Me Workbook' integrated into their Plans. The staff do know the people they support and could do this quite easily. And all should be involved in producing the holistic plan. This would give greater ownership and ensure that there is clarity as to what is needed and how it might be provided.

Perhaps because of the court case the Service has become risk averse and in some instances has withdrawn into completing care tasks rather than thinking through positively what is best for the Service User. So, for example, to avoid any suggestion that staff might be receiving benefits from Service Users, a separate contract is in place to take some Service Users on holiday. This is a shame as most individuals want continuity in their care and would feel far happier if they were accompanied by the staff that they know. Measures need to be found to put confidence back into the Service.

With quite simple technologies minimum high standards can be defined and be instantly accessed, advice notes embedded, checklists checked off, managers can instantly monitor; none of this is difficult for a Service that has a clear vision of its future. Family members can have access to these documents (with any necessary controls) and feedback as well as compliments, complaints and Service User experience recorded and then collectively analysed.

As importantly, having all of these things accessible to all brings greater clarity as to what should be done, what is and is not acceptable practice. It should make it easier for managers to manage and support, but also to hold staff to account. It should also make it easier to show what good looks like.

## **THE PEOPLE; ARE THEY SELECTED, SUPPORTED, DEVELOPED, SUPERVISED, APPRAISED AND DEPLOYED WITH THE COMPETENCIES AND CAPABILITIES THAT WILL ENABLE THEM TO PROVIDE COMPASSIONATE CARE?**

### **The staff**

We have met very many committed and compassionate people working for the Service. Many have worked in it for a long time and are proud of what they do. The court case has dented the confidence of some and also brought about a greater questioning of the future of the Service than before.

The Service has a highly Unionised workforce. Industrial relations within the Service, however, are not good. The Trades Unions have a litany of complaints about how they are involved (or not) in decisions about the Service. They do not believe that the Service respects the value of collective bargaining or follows consultative processes when making decisions. The Trades Union representatives were very critical of the quality of management generally; they assert that they have been raising issues around poor practice for many years but have been ignored.

The management of the Department at all levels has a very different perspective. They consider the Trades Unions to be obstructive and inflammatory in difficult situations and also feel (and probably are) undermined by the Trades Unions quickly escalating issues involving their members to a higher formal level rather than either accepting that the matter is one for management to determine, or resolving the matter locally with the relevant SM or ASM. Generally managers and some of the staff we spoke to feel that the Trades Unions seek to exploit operational issues to influence political decisions about the future of the Service. The Trade Unions consider political lobbying to be a legitimate part of their role, however this dynamic reduces the confidence of managers to enter into an honest dialogue. A range of staff have commented that, 'there is always another agenda'.

Trying to prove who might be right is counter-productive and will not help. The differences stem from a lack of a shared vision for the future delivery of the Service, and a lack of clarity about the role of the Trade Unions in a modern operational service.

## **Management**

In our discussions there has been no sense that management of the Service (from top to bottom) own what happened at House H. No one has suggested to us any fundamental changes that they think could help to avoid a repetition. The immediate managers of the Service do know much of what needs to be done but there is a sense of disempowerment among them, so lots of easy wins have not been looked at. They do not see themselves as the Service Management Team which was surprising. They have instituted announced spot checks of the Houses and visit more frequently with Managers from other Services, but whilst all have acknowledged that there are lots of things that could be done differently no one has set about articulating them let alone implementing them.

Engagement with them by more senior management is limited, and that senior management could over the last two years have done much more to improve the Service. Much of what we have to say in this Investigation is obvious, some of our conclusions echo the recommendations in the Paradigm Report that have not been implemented, and when we have put rhetorical questions and suggestions to managers they have readily agreed with them.

Some of the decisions taken within the Department have been wrong and sent out completely counter-productive messages to the immediate Service managers and staff alike. Most important of these was a view that because the Police were involved in the investigation of abuse at House H it was their job to support the Whistle-blowers and not the Department's.

The staff value many of their immediate managers and think that a lot of them are good. However, they also say that in general managers do not sort and solve problems but rather move them somewhere else. A significant proportion of the staff do not believe that managers keep confidential matters confidential. The Service very quickly needs to get to a point where all staff feel confident that they can and will raise concerns and that those concerns will be properly dealt with.

## **Commentary**

We have said that the Service is under-managed and does not have managers of a consistently high enough quality. It is also our opinion that some of the management is not capable of giving the Service the leadership and confidence it needs. Whilst there has been an up-skilling training programme for ASMs not all have completed it and we have seen no assessment based on a competency framework as to whether managers can now perform at the level and in the manner required.

There has been effectively no recruitment. This means that 'refreshing' mechanisms, such as induction sessions, where managers and other staff members tell new entrants what is expected of them, rarely if ever occur. In Services where this lack of turnover happens, proactive compensating measures need to be introduced. Job Descriptions do not adequately represent the nature of the jobs that are to be undertaken, nor the manner in which they will be done – there is nothing about empathy, compassion, or developing people with specific values.

Supervision is patchy and sometimes mechanistic. When it is good it is valued by staff. The notes are very brief; rarely signed as an accurate record and in some cases typed up as a retrospective record. The more senior one is the less likely one is to have supervision. Personal

Development Plans have a relatively high completion rate in the Service but not high enough to give assurance that all are being assessed and developed as needed.

Training materials are good but not everyone has received training and there is little systematic evidence of audits to see if it has changed or improved practice. Those we spoke with felt that attendance was more to do with the attitude of particular ASMs than the needs of the staff themselves.

Sickness levels are high and together with the high number of 'vacant hours' this puts additional pressure upon those staff who are in work.

The Review of the Service that will follow our Investigation will we understand set out the vision for the future of the Service. Importantly, part of it will need to be a fundamental review of the management capability and capacity of the Service. Without this the Service will not improve as there is neither the capacity nor ability to transform the Service from within.

## **QUALITY ASSURANCE: HOW WILL THE COUNCIL KNOW THAT ALL IS RIGHT WITH THE SERVICE?**

The Department does not have a Quality Assurance system. Instead it relies very heavily upon the managers within the Service to monitor quality and to rectify any problems. We have been told that a group of managers from this and other Services are now carrying out announced spot checks of the Service but this is in its infancy. Staff themselves believe that 'we will know if there is a problem', but House H demonstrates that sometimes staff do not immediately know about inappropriate behaviours, and when they do report it rectification takes far too long. A different form of whistleblowing process might help with this problem but is not guaranteed to be a sole solution.

Some information is collected that might give an indication of emerging problems or issues, for example, health and safety returns, and collecting compliments and complaints, but even this is patchy. The information that we have seen does not have the granularity to focus and triangulate information on the care of individual Service Users. There is no consistent way in which the needs and rights of the Service Users are represented particularly when they have no family members. Where this occurs in other services (for example, where there are Guardians) then an important challenge on behalf of the Service User is introduced.

Every Service User should have their Care Plan reviewed every 12 months. This could be an opportunity for the Professional Social Worker who conducts the Review to also monitor the quality as well as the nature of care that the Service User is receiving. Views differ widely as to the extent that this possible check on quality occurs, and therefore yet another possible (but not very frequent check) within the system cannot always be relied upon.

It is also unclear how the Service User (their family members or advocates) knows whether they are receiving the service they should following their Fair Access to Care assessment in terms of the hours of individual and/or shared support to be delivered. If there were clarity about this the Paradigm Report said that, "this will give clear direction to ASMs and staff about how rotas need to be managed and hold them to account for delivering on personal one to one support." As there is not a clear split between the Council as commissioner and as provider of services here Paradigm found that there was a certain complacency about the service provision. The quality of the Service is not consistently monitored or reviewed.

## **Commentary**

We do recognise that there has to be proportionality in quality assurance systems. Some services do contain inherent risks, and often risks need to be managed or enabled rather than removed or mitigated. However, some system is required, and interestingly would be welcomed by the majority of staff we have spoken with.

Some organisations now have a small internal Quality Unit which conducts unannounced inspections using the Care Quality Commission templates. These usually mean that every part of every service has at least one such inspection every 12 to 18 months. Again, these are made more cost effective by the use of new technologies to record and then disseminate findings. In addition, the points we have made earlier about holistic Person Centred Plans and recording Activity Logs, again using new technologies, can give a much better record of what is happening than that currently available.

What is clear is that the Department does need to devise a Quality Assurance system which does not rely so heavily upon the providers of the Service themselves.

# APPENDICEES



# House H Investigation

## Schedule of the information collected

### List of Documents Reviewed

Category	Document
<b>Service Policies</b>	GSCC code of practice for social care workers
	Supervision policy
	Support Agreement for disability supported housing service
	Medicines policy v 6
	Tenancy agreement guide (with/out pictures)
	Mobility cars & use of mobility allowance procedures
	Single communication policy
	Financial procedures
	Financial procedures: outreach, minimum support, floating support
	Rules for visitors
	Moving & handling people policy
	Mental capacity act multi agency policy statement
	Service referral and needs assessment
	Listen to me workbook
	Sample SU care and support plans
	Safeguarding adults multi agency policy for Adult Services
<b>Service design</b>	Tender specification
	Csci inspection report 2008
	CQC report 2012 CQC inspection guidelines
	Statement of purpose
	Lifeways Community Care Quality questionnaire

Category	Document
	Internal audit reports – House H 2010; general 2012
	Operating procedures below service policy level
	ACS Strategic plan 2012-13 and appendix
<b>HR</b>	Summary of structure
	Staff supervision records – House H site
	Training records summary
	Live case summary
	Overtime spend
	JD/PS RSW
	JD/PS CSW
	JD/PS ASM
	Whistleblowing policy
	Sickness outturn statistics
	Staff training – core standards & PDR records
	Notes of court proceedings
<b>Best practice “draft guidance</b>	Rota production
	Good practice guidance – disability supported housing & community support services (includes above)
<b>Staff feedback</b>	Adult Services 2012 staff survey analysis
	Anonymous complaint from staff received
	Questions and comments recorded from 3 x briefing sessions regarding this review
<b>Paradigm report</b>	Paradigm Report
	Summary recommendations
	Action plan and implementation

Category	Document

# House H Review

## Staff and other consultations June, July and August 2012

Date	People seen
Friday 22 <sup>nd</sup> June	Chief Executive
Wednesday 4 <sup>th</sup> July	Trades Union representatives
Friday 6 <sup>th</sup> July	Court observers
Tuesday 17 <sup>th</sup> July	Community Support Workers (Group Session)
	Community Support Workers (Group session)
Wednesday 18 <sup>th</sup> July	Community Support Workers (Group Session)
	Community Support Workers (Group Session)
Thursday 19 <sup>th</sup> July	Leadership and senior management of the Department; individually
Friday 20 <sup>th</sup> July	Trades Union representatives
Friday 20 <sup>th</sup> July	Community Support Worker
	Community Support Worker
	Residential Support Worker/CSW
	Community Support Worker
	Residential Support Worker/CSW
	Community Support Worker
Friday 20 <sup>th</sup> July	Community Support Workers (Group Session)
	Residential Support Workers (Group session)
	Residential Support Workers (Group session)
	Residential Support Workers (Group session)
Monday 23 <sup>rd</sup> July	Local managers; individually
	Parents of Service Users
	Assistant Service Managers (Group session)
	Assistant Service Managers (Group session)
Wednesday 25 <sup>th</sup> July	Local Managers
Thursday 26 <sup>th</sup> July	Social Worker
Thursday 30 <sup>th</sup> August	Chief Executive

In all the Investigating Team interacted with over 60 members of staff, just over 20% of the workforce of the Service.

In addition a number of houses including House H were visited by the Investigation team members.

# Progress on the recommendations of the Paradigm Report

## Resolved Recommendations

- *The process for feedback regarding complaints and concerns should be considered to ensure that those raising them understand what if any action has been taken by the network; the Complaints, Compliments and Comments " policy should be revisited.*

The Department has produced a new policy for dealing with Service User compliments and complaints: "Valuing customer feedback". The policy was implemented in April 2012.

- *The use of visitor books at the homes of people where the Networks deliver services should be stopped unless they are something that the people living in a home have asked for.*

The Single communication policy contains a single process to capture information about all Service Users and activity in their homes and replaces visitor books.

## Partially resolved Recommendations

- *Safeguarding training across network staff to be reviewed to check that everyone is up to date and any 'backlog' booked onto relevant training as a matter of urgency.*

Departmental training records do not yet confirm that all staff have received the mandatory training provision.

The Service has defined a training "passport" to capture mandatory training needs and dates for all staff, however this has not yet been implemented.

- *More creative services where ASMs are deploying staff to maximise time for people to get out and receive individual support should be clearly praised and creative ideas used as models of good practice across the service.*

The Department has indicated that a review of hours per person has been planned / underway since Feb 11. The outcome at this stage is unclear.

- *The regular movement of staff without the involvement and consultation of people supported needs to be minimised and only done in exceptional circumstances.*

The Department drafted Good Practice Guidelines on the management of staff resources in 2008, however they have not yet been formally adopted.

- *Re-focus on leadership at all levels if staff are to move towards more individualised ways of working.*  
ASM leadership development is well underway but there is no evidence of similar work at other levels, i.e. Service Manager, Team Leader, Head of Service and above.
- *The number of individual plans and recordings made by staff for the people they support should be reduced and streamlined.*

Our audit showed that there were still many different plans and for only a minority of Service Users were these brought together in an holistic Person Centred Plan.

- *The Network should focus on ensuring it has clear aims and objectives set out so that people being supported, their families and staff are clear about what the Service is about and what it is hoping to achieve ..... The Network should also consider moving to an integrated planning process that produces a clear structure for planning, ensuring that wider council priorities and plans are broken down for the Network service and that issues and priorities from individuals' Support and Person Centred Plans are fed upwards.*

The Service operates within a sound strategic framework which very clearly sets out what it aspires to achieve. Within the Council's Corporate Business Planning process, specific objectives for the Networks in the context of resource management and continuous improvement will also be specified each year.

The communication of strategic objectives to front line staff remains unclear, however, with little evidence of cascade communication activity or meaningful staff engagement via the supervision process.

Further, Person Centred Planning is not yet embedded within the care planning process. There is not a prescribed process for upward feedback from Service Users and their families into the care planning process and not all Service Users have 'Listen to Me' or Person Centred Plan Workbooks.

- *A priority for the Network (abngside commissioners) should be to identify the number of shared hours for any groups of people living together and the number of individual hours people can expect to receive.*

The Department has indicated that a review of hours per person has been planned / underway since Feb 11. The outcome at this stage is unclear.

## **Outstanding recommendations**

- *There needs to be a stronger focus on outcomes for the people supported by the Network. .... The planning process with people using services should cover what they hope to achieve in the future with their support and this be broken down into outcomes for people to work towards.*

The Support Plans reviewed are very inconsistent in composition and formulaic in content. They talk about the inputs that staff will make in certain circumstances, but not who the Service Users are as people; who they are, what they want out of life; what they like/get enjoyment from, what worries or upsets them or what input their family made to the Plan.

- *"Institutionalised" practices such as shared food budgets, shops and meal preparation to be reviewed to see if it meets the wishes and needs of the people supported.*
- *The principles of Supported Living should be reviewed across the Network and people sharing houses should have the opportunity to expbre other housing choices if they or others have any concerns about how they get on with the other people they live with.*

- *The model of management and support across the Network should be reviewed with a view to clarifying the best use of resources based on hours of support delivered, number of staff to line manage and where/if appropriate, the needs of the people being supported.*

We could find little evidence that these recommendations had been actioned.



# Whistleblowing Timeline

This is taken from the notes made of the court proceedings

Date	Action	Comments
1 August 2008 – 29 October 2010	It is believed that abuse took place	There is no record of staff raising any concerns before May 2010
20 May 2010	First Whistleblowing alert. WB1 advised ASM verbally of bad practice at House H through her 1:1, where it was recorded: (WB1)"spoke about bad practices that have been carried out". There was no management action recorded to respond or understand further	ASM did not report the information for a further month. It was suggested in the court that ASM perceived the whistleblowing to be "sour grapes" because she was intending to move these staff to another location against their wishes
26 May 2010	Second Whistleblowing alert. WB2, who had worked at House H but was now leaving for another site, advised ASM verbally of bad practice at House H through her 1:1, where it was recorded: "WB2 also disclosed some bad practices that have been observed service users not being given medication / service users not having meals / service users being put to bed early (6pm)." Again, there was no management action recorded to respond or understand further	
26 June	ASM notified SM1 of reported bad practice via the routine weekly ASM meeting. The resolution recorded from this meeting was that disclosure issues must be followed up that day SM1 met with WB1 at her home later the same day, where WB1 gave details of the specific incidents she had observed at House H and named X and Y. There is conflicting evidence as to what was said at this meeting. Following this meeting SM1: <ul style="list-style-type: none"> <li>asked ASM to speak to all other staff at House H</li> </ul>	It is not clear on what basis the decision was made that the matter was not a safeguarding issue. There is no evidence that this matter was followed up by SM2. Notes indicate that WB2 was expecting a meeting with a Service Manager too, but this was never arranged

Date	Action	Comments
	<ul style="list-style-type: none"> <li>passed the issue to SM2, as SM2 was formally accountable for the House H site and SM1 was taking an extended period of leave from work to have an operation</li> <li>agreed with SM2 and her superior (TM) that the matters raised were practice issues not safeguarding issues and therefore would not be referred to the safeguarding procedure</li> </ul>	
30 June	<p>ASM spoke to small number of staff (not all, as instructed) at House H, including X and Y, about alleged bad practice.</p> <p>WB3 confirmed she "suspected" issues were happening, specifically the fact that towels are placed over Service User A's door; that medication was not being given properly and the males were put to bed very early. WB3 explained the team are fearful of speaking out against their colleagues "for fear of reprisal"</p> <p>ASM undertook to relay this information to the SM but that "we need direct observations of these bad practices" in order to take matters further</p>	<p>There is no evidence that the Service Managers followed up with the ASM directly about whether she had spoken to staff, or that the ASM took any further action before the next routine ASM meeting</p>
5 July	<p>Alleged bad practice reported at the ASM meeting in detail, where it was recorded that:</p> <p>"Bad practise has been disclosed. Service User A being locked in her bedroom, food and meds not being given. The lads being left in bed for long periods. This is being investigated. Spot checks will be undertaken."</p>	<p>Despite the specific nature of reported issues and clarity of the definition of abuse within the safeguarding policy, the matter was still not classified as a safeguarding issue by managers</p> <p>There is no evidence that proposed "spot checks" at House H were arranged or reported on</p>
8 July	<p>Third Whistleblowing alert</p> <p>Concerns raised by WB3, specifically relating to the towels being used to lock Service User A in her bedroom &amp; Service Users being put to bed for 16 hour periods</p> <p>ASM told WB3 to put her concerns</p>	<p>It was determined in court that the ASM did not ever escalate the issue as promised. A conflict was established between the written statement she provided to the police, where she confirmed not having</p>

<b>Date</b>	<b>Action</b>	<b>Comments</b>
	in writing in order to progress them; she also advised she would report to SM	escalated the issues and her verbal account in court, when she asserted she had escalated the matter. The police statement was determined to be correct The ASM claimed to have advised staff not to put towels over the door, but there is no record of this
	Fourth Whistleblowing alert WB4 reported Service User A being locked in her bedroom. ASM repeated advice to put issue in writing	ASM did not escalate this reported incident
29 <sup>th</sup> October 2010	Three different additional staff spoke to ASM as a group, in this meeting they disclosed that they had witnessed poor conduct and bad practice by X and Y	
1 November 2010	X and Y suspended by TM and another manager; safeguarding meeting held & matter referred to the police	
8 May 2012	Trial begins	
28 June	Staff dismissed	

WB = Whistle Blower, ASM = Assistant Service Manager; SM = Service Manager; TM = Team Manager; X and Y = those convicted of abuse

# **A more detailed description of how staff are deployed and working hours**

## **Rota Production**

Staff within network houses work on shifts which are organised on a rota basis by the staff at each site. Rotas can vary significantly each month, even though the needs of most Service Users remain fairly constant, in accordance with the preferences of staff and commitments of Service Users.

The Service has some template rotas which are used as a starting point when devising detailed rotas for the month, but the template is typically heavily annotated by staff as we could see in the examples we were provided. Historically, rota production was the responsibility of the RSW however given the diminishing number of RSW posts across the network rotas are now produced by a nominated RSW or CSW in each house as appropriate.

Once agreed within the house, the monthly rota should be provided to the ASM for their information and for resolution of any gaps in cover. We understand that the process of rota quality assurance and seeking cover for unfilled shifts is very time consuming for ASMs. Further, whilst the ASMs should be provided with a final version of cover arrangements, in practice rotas are often subject to further change of which the ASM is not always notified. When hearing the House H case the court was unable to establish a final rota pattern for a number of occasions; the court was told that if a manager needed to know who was definitely working at that time they would have to telephone the house and there were times when a member of staff did not know who would be relieving them at the end of their shift, they had to "hope someone turned up".

The production of site-specific rotas is exceptional to the Network Service within Bolton Council. There is anecdotal evidence that local control over working patterns is valued highly by staff, but equally we understand that the local system gives some staff more choice than others, depending upon the relationship between the individual and the person who is actually drawing up the rota. Other services within the Adult & Community Services Department and Children's Residential Care use rolling rotas which we understand work well.

## **Vacancy Cover**

The service has been operating with a large number of vacant posts for some time. As part of the corporate savings and efficiency drive vacant posts have been covered on a temporary basis rather than being recruited to, to give the Service options to make savings. Protocols have been developed to cover vacant posts and other gaps in service rotas, with cover being sought in the following priority order:

1. Additional hours for part time staff
2. Bank staff
3. Additional hours for full time staff
4. Agency

The frequent requirement to arrange temporary cover within the Service has, however, put additional pressure on management capacity and resulted in some staff working excessively long hours (in some cases regular 60 hour weeks, sometimes not leaving the house for 48 hour periods). The long hours culture is not consistent with the Council's health and safety objectives as an employer and may also be contributing to the evidential blur in staff boundaries between personal and professional conduct, given that many people are spending so much time in a domestic work place setting.

### **ACTION PLAN**

A two phased approach is adopted in delivering this action plan –

Phase 1 – Now – January- February – ensuring systems, processes, structures, culture and management changes are made to the current service to ensure it is ‘ fit for purpose’

Phase 2 - December- March/ April- development of a detailed vision for the service going forward both to ensure it is designed to meet a 21<sup>st</sup> Century environment and to make a contribution to the Council’s savings target for Adult social care .

The success of this action plan will be dependent on a number of key factors - namely clear leadership, cooperation from all staff groups and the positive support from the Trade unions. Already constructive communication channels have been established with the trade unions on a fortnightly basis and will continue throughout and beyond this area of work.

In addition to ensure the delivery of this action plan a designated project officer will be required to work alongside and assist senior managers in overseeing this project.

## **Recommendations**

**1. Proactive and visible leadership of the service taking ownership of the issues and championing the improvement process.**

## **Action**

There is new departmental leadership in place at Director level. In addition an interim Assistant Director, initially for 6 months to lead and champion the changes. This will bring a change in leadership, management style and ensure that the improvement process is implemented.

**2. A thorough appraisal of the quantum and quality of management and whether this can be brought to a uniformly high standards or whether other changes are necessary**

**Action**

<b>Action</b>	<b>Lead officer</b>	<b>Timelines</b>	<b>Outcome</b>
1. Identify the competencies required for all level of management to deliver quality services	Workforce Development	Phase 1	All managers are aware of the competencies required to fulfil their managerial roles.
2. In conjunction with managers assess their skills against the competencies. This will be undertaken via supervision .	Respective line managers	Phase 1	A gap analysis will identify training needs of managers
3. Provide appropriate training / development events to address these skills shortfalls.	Workforce development	Phase 1	This will start the process of ensuring managers have the necessary skills to manage the service
4. Provide clarity of management expectations , accountability and ownership	Assistant Director – Adult	Phase 1	Reinforces expectations of managers – providing leadership and a shift in culture – one of being supportive but accountable
5. Develop regular team briefings / meetings to ensure open communication and transparency	Assistant Director – Adults	Phase 1	Addresses the shift in culture to a more open support one
6. Identify what is the current understanding of the vision for the service by key stakeholders i.e. staff and trade unions	Director/Assistant Director – Adults	Phase 1 and 2	An understanding of the current position and will identify the areas of consensus/ differences
7. Identify what is the understanding of key stakeholders regarding the purpose of the service	Assistant Director - Adults	Phase 1 and 2	An understanding of the current position and will identify the areas of consensus/ differences
8. Identify what the service should deliver in line with national policy	Assistant Director - Adults	Phase 1 and 2	The revised vision and purpose of the service will embrace current and possible future direction of
9. Obtain examples from	Commissioning	Phase 1	Compare what is being



other good performing local authorities on their vision for a similar service	Team / Strategy and Improvement Team	and 2	proposed with other high performing authorities
10. Draft the vision and statement of purpose	Commissioning Team	Phase 1 and 2	Draft statement and vision to be shared via consultation
11. Consult on the draft with key stakeholders including Trade Unions	Assistant Director - Adults Assistant Director - Adults AD	Phase 1 and 2	Share the revised vision / purpose thus gaining ownership and direction of travel – clearer accountability
12. Make amendments where appropriate and consult service users and their families	Assistant Director – Adults	Phase 1 and 2	Instil a degree of confidence that the service to be provided will be a quality one and there is clarity of expectations from the staff
13. Collate views and draft final vision and purpose – share with Members	Assistant Director – Adults	Phase 1 and 2	Agreed document that has Member support
14. Final consultation with stakeholders and reach agreement on implementation	Assistant Director – Adults	Phase 1 and 2	All staff signed up to the revised vision of the service and fully own the purpose of the service
15. Final sharing of vision and purpose with service users/ families	Assistant Director – Adults	Phase 1 and 2	Clear expectations with clarity of vision/ purpose of the service
16. Launch the agreed vision and statement of purpose for the service	Assistant Director – Adults	Phase 2	Clear expectations with clarity of vision/ purpose of the service
17. Revise vision / purpose of service following redesign of service	Assistant Director – Adults	June 2013	Ensures the redesign service is in line with the vision and stated purpose

**3. A rebalancing of the relationship with the Trade Unions. Managers must be capable of managing the people who provide the service and need to be supported in this.**

**Action**

**Constructive communication channels have already been established with Trade Unions on a fortnightly basis and will continue throughout and beyond this area of work**

<b>Action</b>	<b>Lead officer</b>	<b>Timelines</b>	<b>Outcome</b>
1. Identify key meetings , purpose and frequency that are currently being held	Director/ Assistant Director – Adults	Phase 1 and 2	Identifies what currently is in place
2. Identify the purpose of the meetings/ frequency and attendance	Director/Assistant Director – Adults	Phase 1 and 2	Identifies the remit for these meetings and sets the scene
3. Meet with the Trade Unions to re/ establish the Terms of Reference for each meeting/ its frequency/ membership	Director/ Assistant Director – Adults	Phase 1 and 2	Clarity by all parties of expectations from these meetings
4. Agree ground rules as to how together management and Trade Unions will operate	Director/ Assistant Director – Adults	Phase 1 and 2	Establishes a clear understanding and framework as to how together we will operate in the future  Commences the development of a more trusting partnership working arrangement for the benefit of the service.
5. Review working arrangements no later than bimonthly. Make any adjustments where appropriate.	Director/ Assistant Director – Adults	Phase 1 and 2	Evidences the desire to work together for the mutual benefit of service and staff.
6. Review as required through the departmental JCC	Director/ Assistant Director – Adults	Phase 2	
7. Executive Cabinet Member (Deputy Leader) to be briefed monthly for at least a 6 month period	Director/ AD	Phase 1 and 2	This will ensure that the Deputy Leader is fully briefed on progress made and jointly can address any issues that might arise

**4. A model of the service that builds from the Service Users and the unit of the House upwards, with each Service User having a holistic Person Centred Plan with a granularity for deployment to be recorded in activity logs. Models that have one of the staff recognised as the House Team Leader if adopted would give greater accountability.**

**Action**

<b>Action</b>	<b>Lead officer</b>	<b>Timelines</b>	<b>Outcome</b>
1. Review each Service User's personal centred plan	Assistant Director – Care Management	Phase 1	This will ensure that all plans are needs lead and further supports the personalisation agenda
2. These reviews to involve the Service User and their family/ advocate where appropriate with other appropriate professionals.	Assistant Director – Care Management	Phase 1	Service user voices will be heard strengthening choice and control of their lives.
3. All reviews to be completed , and recorded	Assistant Director – Care Management	Phase 1	This will ensure that all service users have at least an annual review
4. All reviews to be outcome focused – identifying individual service users needs and how these are being meet.	Assistant Director – Care Management	Phase 1	These will be recorded in the personal centred plans with clear outcomes that are measurable .
5. Ensure that the allocated resources address the identified assessed needs and where appropriate make alternative / refine arrangements with support from the service user/ family/ advocate	Assistant Director – Care Management	Phase 1	Ensures that the allocated resources are clearly focused to deliver the identified outcomes for the service user
6. Ensure that the individual commissioned service/s deliver quality and meet the assessed need as outlined in the PCP	Assistant Director – Care Management	Phase 1	Strengthens the personalisation agenda as well as ensuring it meets the assessed needs
7. Review the effectiveness of the rota system in the in house provision	Team Manager - In house provider	Phase 1	This will ensure that resources are effectively and efficiently redeployed
8. In the interim - review the in-house management arrangements to ensure there is clarity regarding	Team Manager - In house provider	Phase 1	This will strengthen the ownership and accountability of managers as well as bring in consistency and quality

management accountability per House			checks
9. A more in depth root and branch review of the service to be undertaken	Director/ Assistant Director - Adults	Phase 2	This will ensure that the service being offered is ‘ fit for purpose’, delivers quality and is cost effective and efficient

**5. Other roles and accountabilities need to be clarified and strengthened. It would be sensible to rethink the core role of the Assistant Service Managers (ASMs).**

**Action**

<b>Action</b>	<b>Lead officer</b>	<b>Timelines</b>	<b>Outcome</b>
1. Understand current role and responsibilities of Assistant Service Managers	Assistant Director- Adult	Phase 1	Provides a starting point of how the current role is being executed.
2. Identify where there is a lack of clarity / understanding of the role	Team manager- in house provider	Phase 1	Will provide evidence for considering making temporary changes
3. Identify any temporary changes to the role prior to undertaking a more in depth review of the service	Team manager- in house	Phase 1	This will ensure managers have greater clarity of role and expectations
4. Consult with Trade Unions prior to making any temporary changes	Assistant Director- Adults	Phase 1	Support from Trade Unions will assist in the implementation
5. Discuss final temporary arrangements before date of implementation	Assistant Director- Adults	Phase 1	Agree temporary arrangements with implementation date
6. Implement new temporary arrangements ensuring all staff are aware of these temporary changes	Team manager – in house provider	Phase 1	Effective communication to all staff will assist in these temporary changes being delivered
7. Root and branch review of service	Director/ Assistant Director- Adults	Phase 2	A revised direction of travel for the service will be identified.  This will ensure that the service being offered is 'fit for purpose', delivers quality and is cost effective and efficient
8. This links to action plan 2, 4, 6, 7, and 8 in particular	Team manager – in house provider	Phase 1 and 2	Action plans are interdependent on one another and a whole system approach will be operating

**6. Revise and active operate operating procedures and checklists are needed to demonstrate minimum high standards, together with clear escalation procedures where for whatever reasons they cannot be meet**  
**Action**

Action	Lead officer	Timelines	Outcome
1. Identify current operational policies	Assistant Director – Adults	Phase 1	Have all operational policies in one location
2. Establish a short life working group to review current operational policies – providing clear objectives for the working group with time frame for reporting back	Team manager – in house	Phase 1	Working group will have a clear remit as to what is expected of them and timeframe for reporting back
3. Identify key players for the working group across the service – HR/QA/ workforce development and relevant Chair	Team manager – in house	Phase 1	Key staff will be identified across the service to ensure greater ownership of the process.  A designated officer will be identified to ensure the task in hand is delivered as per remit
4. Remit will need to address any inconsistencies in practice across the service	Chair	Phase 1	All recommendations made will be implemented across the service thus providing consistency and confidence
5. Quality assurance will form an integral part of the process .	Chair	Phase 1 and 2	Improving standards and practice across the service
6. Unannounced visits and spot checks will form part of the quality assurance framework	Contracting team	Phase 1 and 2	Identify any inconsistencies within the service and will be addressed by respective managers
7. Monitoring monthly reports will be submitted to the Assistant Director	Assistant Director - Adults	Phase 1 and 2	Assurance that there is consistency in operating the services to the expected standard and practice
8. Feedback to Elected Members /staff/ managers / Trade Unions	Assistant Director – Adults	Phase 1 and 2	Positive feedback which will act as a motivator to continue delivering high quality services

9. Review operational policies on an annual basis and recommend any changes in line with national/ Council requirements	Assistant Director- Adults	Annually	Practice and policies will be in line with national / council expectations
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**7. Revised schedules for supervision and training, staff appraisal and development. This training must continue to ensure that every member of staff has clear information on what is and what is not a safeguarding issue.**

**Action**

<b>Action</b>	<b>Lead officer</b>	<b>Timelines</b>	<b>Outcome</b>
1. Review current adult supervision policy including cross references with children and council services	Team Manager	Phase 1	This will form the basis of developing a more tailor made one for adult social care staff  There are similarities of staff expectations and would form a strong platform of moving forward
2. Establish a short life working group with a clear remit of updating the adult supervision policy embracing staff appraisals/ performance management and managerial expectations	Team Manager	Phase 1	A clear expectation of what staff can and should expect from their line manager in supporting them professionally in their work
3. Share draft with Trade Unions to receive their support/ views prior to sharing with the wider staff group	Team Manager	Phase 1	Gain support from Trade Unions reducing potential staff resistance
4. Share with all staff	Team Manager	Phase 1	Staff have clear expectations of their line manager and vice versa
5. Identify any training needs for managers to be able to operate the supervision policy and share with staff	Team Manager	Phase 1	All managers have the necessary skills to operate and implement this policy
6. Timetable for implementation with standardised supervision proformas to be used across the service	Team Manager	Phase 1	All managers have the necessary skills to operate and implement this policy
7. Deliver a supervision training programme for all As above supervisors	Workforce Development Unit	Phase 1	All managers have the necessary skills to operate and implement this policy
8. Agree date for implementation – maybe a launch across the	Team Manager	Phase 1	Strengthens management commitment in providing professional quality



service			support to staff across the service
9. Review the effectiveness of the supervision policy via a staff survey/ quality assurance checks re spot contracts	Team Manager	Phase 2	Ensures supervision is being consistently implemented to a high quality level across the service
10. Use supervision sessions as part of the annual appraisal and performance management	Team Manager	Phase 1	In line with Council policies
11. Keep Trade Unions abreast with developments to ensure managers have their support	Team Manager	Phase 1 and 2	Implementation of the revised supervision policy et al will be easier to implement by managers with Trade Union support
12. Link in with Workforce Development Unit to ascertain current programmes for staff	Head of Workforce development unit	Phase 1	A starting point of what is being currently offered for staff
13. The outcome from the working groups - operational policy framework and supervision policy will identify competencies required, skill gaps, etc.	Team Manager	Phase 1	Utilising the outcomes from the named groups will contribute to the development of the various programmes to ensure staff have the necessary skills to continue delivering a high quality service
14. Share the findings with managers and staff	Team Manager	Phase 1	There may be additional needs that will be identified but the message will be that managers will support staff in ensuring service delivery is of a high standard – including practice
15. Gain ownership and ensure managers are held accountable in ensuring that their respective staff have the necessary skills and competences to deliver the service in a professional and appropriate manner	Team Manager	Phase 1	Managers are held to account for ensuring that staff have the necessary tools to deliver the service as per expectations.
16. Workforce development unit to programme in the	Head of Workforce	Phase 1	All staff should be competent to deliver the

necessary training over a 12 month period in addressing the shortfalls – prioritising training on key subject matters eg safeguarding and whistle blowing	Development		service to the standard required
17. Monitor improved performance via staff appraisals and supervision	Team Manager	Phase 1 and 2	All staff should have the necessary competencies and operate to a high standard of practice
18. Develop a revised workforce development programme on an on-going basis over a 12 month period	Head of Workforce Development Unit	Annual	Ensures that staff competencies are in line with changing needs of the service
19. Keep the Trade Unions involved as the development programme is rolled out	Team Manager	Phase 1 and 2	Provides trade unions with confidence that their members are being supported in their work place and provided with the necessary skills.
20. Obtain the Council's whistle blowing policy	Team Manager	Phase 1	Ensure a copy is in adult services offices
21. Check that all adult service offices has a copy of the whistle blowing policy	Team Manager	Phase 1	Staff and managers have access to the policy on a day to day basis  There are similarities when working with vulnerable service users – share good practice
22. At each team meeting and individual supervision session manager to raise awareness of this policy and ensure staff are fully aware of the procedures and act accordingly	Team Manager	Phase 1 and 2	Reinforces individual accountability and responsibility of management
23. Provide briefing sessions on the policy if necessary	Team Manager	Phase 1	Ensure there are no excuses that staff/managers were not aware of the policy and how to implement
24. Brief Trade Unions to re enforce management and individual's responsibilities in adhering to the policy	Assistant Director – adults	Phase 1	Support by them that will re enforce personal responsibility of their members
25. Review policy after 3	Assistant	Phase 2	Ensures that whistle

and 6 months implementation and make any changes / modifications where necessary	Director - People and transformation		blowing policy is up date and staff are fully aware and briefed
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**8. A new system of staff deployment led by management. This means a new (probably rolling) rota system apposite to the service model and which will be such that it provides real time information on staff deployment.**

**Action**

<b>Action</b>	<b>Lead officer</b>	<b>Timelines</b>	<b>Outcome</b>
1. Identify the current position re total staffing hours needed to deliver the service per house / service user	Assistant Director - Adults	Phase 1	Have a comprehensive overview of hours needed to deliver the required service
2. Identify the current configuration of staff contracts in delivering the service i.e. varying contracts- permanent / bank and overtime hours	Head of Human Resources	Phase 1	Comprehensive list of the different contracts/ conditions of service for current staff
3. Identify key issues that need to be addressed to ensure rotas are 'fit for purpose'	Assistant Director - Adults	Phase 1	Detailed list of key issues that require management urgent attention
4. Work up proposals that ensures rotas are fit for purpose and deliver an effective and efficient service – short life working group	Team manager – in house	Phase 1	Detailed proposals that address the identified issues, with recommendations that can be consulted upon with key stakeholders.
5. Recommend changes in rota management to Trade unions in first instance via a meeting including any cost implications and timescales for implementation	Assistant Director - Adults	Phase 1	Consult Trade unions on the proposed recommendations- make amendments where applicable and agree a way forward with identified time lines Obtain joint ownership of these changes
6. Recommend changes to rota management to ASM / SM/ Team manager as per 4	Assistant Director - Adults	Phase 1	Meeting with key service managers / make amendments/ clarify points  Have ownership and clear accountability for delivering these changes
7. Communicate these agreed changes to RSW/CSW/ bank staff with support from Trade unions and ASM /SMTM	Assistant Director - Adults	Phase 1	Informed work force on pending changes

8. Keep Elected Members fully informed throughout the process	Director/ Assistant Director - Adults	Phase 1and 2	In line with good practice ensuring that all views are taken into consideration  Elected Members are fully aware of the changes recommended and supportive
9. Identify and negotiate with one agency to provide 300 additional cover hours i.e. up to 6 staff – ensure quality well trained competent staff are employed	Human Resources	Phase 1	Identified one agency which can deliver against the service specification
10. Work within Council procurement framework	Human Resources	Phase 1	Will ensure deliver in line with Council policy
11. Amend contracts to reflect new agreed changes for up to 4 months	Human Resources	Phase 1	All staff working to amended uniformed contracts –
12. SM to be designated rota scheduler for all in house provision	Service managers	Phase 1	SM to have sole responsibility to ensure rotas are consistent and scheduled at least 3 months in advance
13. Implement revised rota and management arrangements- rotas to be forward planned at least 3 months in advance	Service manager	Phase 1	SM to have sole responsibility to ensure rotas are consistent and scheduled at least 3 months in advance
14. Initially monitor revised system on a weekly basis to ensure it is fit for purpose- report on weekly basis to ASM/ SM/AD weekly meeting over a 3 month period and then reduce to 2 weekly monitoring	Team manager	Phase 1	A stronger management grip on rota management Solution focused
15. Address any emerging issues immediately they arise	Team manager	Phase 1 and 2	A proactive management response in order that an appropriate service is delivered.
16. Revisit arrangements following redesign of service	Assistant Director - Adults	Phase 2	A fit for purpose rota management which responds to new service design

**9. The Person Centred Plans should be very explicit about the resources available for the care of each individual and what monies have been retained to run the service. This should give the opportunity to look again at the manner in which monies are handled to see if far less time consuming arrangements for handling Service User's monies can be devised. Generally these services are low risk in terms of fraud and time freed up here will be available for either greater supervision and / or care.**

**Action**

<b>Action</b>	<b>Lead officer</b>	<b>Timelines</b>	<b>Outcome</b>
1. The resource allocation system – RAS should in each case identify the exact amount of resource that is allocated to the service user following an assessment of need	Assistant Director - Care management	Phase 1 and 2	This will clearly identify exactly the amount of resource that is allocated to deliver the appropriate service to meet the service user's needs
2. A discussion should be had with service user and their family/ advocate if appropriate as to how this resource should be spent in line with the personalisation agenda	Assistant Director - Care management	Phase 1 and 2	This approach will ensure that the service user will have control and choice as to how this allocation of resource will be spent to meet his/ her assessed need
3. At the time of assessment/ review of the case managing the finances should be discussed with service user / advocate/ family	Assistant Director - Care management	Phase 1 and 2	Ensure there is clarity as to how this resource will be managed/ accounted for
4. Discuss with IT/ finance colleagues the alternatives of managing the finances in a more efficient way – to reduce staff time	Team manager - in house provider	Phase 1	By operating a more effective finance system this could reduce staff costs/ free up staff to increase direct face to face contact with service user and or provide opportunities for supervision
5. This recommendation links to action plan 4	Assistant Director - Care management	Phase 1	Resources will be specifically targeted to individual service users via their personal centred plans.

**10. Recognise the good practice that most staff undertake and celebrate what is good in the service**  
**Action**

<b>Action</b>	<b>Lead officer</b>	<b>Timelines</b>	<b>Outcome</b>
1. Identify good practice through the quality assurance audits	Head of commissioning	Phase 1 and 2	This will highlight good practice across the service
2. Using the compliments system – highlight the services that receive positive feedback from service users/ families/ other stakeholders	Head of Customer Services	Phase 1 and 2	This will provide evidence of customer satisfaction
3. Provide feedback to individual staff/ House/ team and share across service via individual thank yous/ group email or visit to the Home	Assistant Director - Adults	Phase 1 and 2	This will improve staff morale Provide a positive example of a change in management style and leadership
4. Develop service user forums	Service Managers	Phase 1 and 2	Another opportunity to receive feedback about the service and celebrate success
5. Hold quarterly staff events to include celebrating good practice by staff undertaking presentations of their work	Assistant Director- Adults	Phase 1 and 2	As part of the managing change and making staff feel valued
6. This recommendation links to action plan 7	Team manager – in house	Phase 1 and 2	This further supports staff and raises the standard of management

**11. Change and re- launch a whistleblowing policy with an independent person able to receive concerns. This route would be an alternative to staff raising concerns with their managers (rather than replacing it) as we do not wish to undermine that relationship where staff have confidence in their line managers.**

**Action**

<b>Action</b>	<b>Lead officer</b>	<b>Timelines</b>	<b>Outcome</b>
1. Part of the review of the current whistle blowing policy is to incorporate the role of the independent person	Assistant Director - People and Transformation	Phase 1	This will provide an additional / alternate system ensuring that concerns are raised and reported to a senior manager outside the line management
2. Clarity needs to be given as to how this revised process would operate	Assistant Director -- People and Transformation	Phase 1	This will ensure that staff are able not unnecessary by passing their line managers
3. Clarity needed to ensure that the care manager who has responsibility for the service user's wellbeing is informed and there are mechanisms in place to ensure follow up takes place with feedback to respective staff/ managers within agreed time lines	Assistant Director - Care Management	Phase 1	The care management service is proactive in following up allegations within specified time lines  Feedback to respective staff/ managers will ensure that should this process not happen there is an alternative route to raise concerns
4. Revised whistle blowing policy to include support mechanism for the member of staff who has raised concerns	Assistant Director - People and Transformation	Phase 1	A supportive culture will be created to ensure that staff are not left vulnerable and will report any future concerns
5. A corporate system should be in place to monitor the effectiveness of this revised policy over a 6 month period	Assistant Director - People and Transformation	Phase 1	This will highlight the positive and issues that need to be addressed ensuring that the revised processes are effective
6. Feedback to both Elected Members and Trade Unions no later than bi monthly or earlier if deemed necessary	Assistant Director- People and Transformation	Phase 1	This will provide confidence to Elected members/ trade Unions of the effectiveness of the policy.
7. In this case an apology is being made	Chief Executive	Completed	This is the right managerial response



to the whistle blowers by the Chief executive on behalf of the Council			
8. Revised whistle blowing policy to be re launched at a corporate / departmental and service level with copies of the policy I to be found in every council office	Assistant Director - People and Transformation	Phase 1	This will ensure that all staff are fully aware and familiar with the revised policy/ the support mechanisms put in place and alternate reporting systems
9. This links to recommendations 12/ 13 and 14	Assistant Director People and Transformation	Phase 1 and 2	Strengthens and contributes to the Council's whistle blowing policy.

**12. Ensure that such concerns when raised must be shared by the recipient of the Whistle - blower's concerns with the professional Social Worker who has responsibility for the Service User's wellbeing**  
**Action**

<b>Action</b>	<b>Lead officer</b>	<b>Timelines</b>	<b>Outcome</b>
1. This links to action plan 7/ 11/13 and 14	Assistant Director - Care Management	Phase 1 and 2	There is clarity of expectations for all staff

**13. As part of the re- launch of the whistle blowing policy and process apologises to the whistle blowers of House H and thank them for what they did**

**Action – this recommendation has been completed.**

14. As the service does not wish to deter genuine Whistle blowers, review the Council's position in respect of obtaining support for staff who are likely to face a traumatic time – in this case the court proceedings. The fact that the matter becomes part of a Police investigation and may be in the hands of the Crown Prosecution Service does not prevent the Council ensuring that's its employees receive independent support (provided of course that such support does not prejudice any such on-going investigations or proceedings)

**Action**

<b>Action</b>	<b>Lead officer</b>	<b>Timelines</b>	<b>Outcome</b>
This links to action plan 7, and 11	Assistant Director - People and Transformation	Phase 1 and 2	The revised Council policy will ensure that appropriate support is provided to staff

**15. Develop a system but proportionate quality assurance system involving the local triangulation of relevant data and random unannounced inspections based upon the care quality commission templates. Ideally these will also include Service User and family member feedback and could be facilitated by new mobile technology. The Council might consider setting up a small quality unit to monitor all providers.**  
**Action**

Action	Lead officer	Timelines	Outcome
1. Identify what is currently in place	Assistant Director- Strategy and Commissioning	Phase 1	Starting point and analyse if it is 'fit for purpose'
2. Discuss with QA colleagues on the current framework that operates	Assistant Director - Strategy and Commissioning	Phase 1	Provides additional information that will shape the direction of travel
3. Link any QA framework with the service specification for external providers and with suggestions from staff	Assistant Director - Strategy and Commissioning	Phase 1	This specification provides a good basis of outlining expectations of services delivery
4. Establish a short life working group with a clear remit to develop QA / staff suggestion systems that supports the vision and purpose of the service membership will be from across the directorate/ other professionals including representatives from service users/ families and advocates	Assistant Director - Strategy and Commissioning	Phase 1	There will be a golden thread that links the vision/ and desired outcome for the service  The wide ranging membership will positively contribute to ensuring that the QA systems are jointly developed .  Greater ownership of model when start are part of the process and contribute
5. Designated Chair will drive this initiative and will be expected to ensure all interested parties are represented/ consulted whilst developing the QA systems	Assistant Director - Strategy and Commissioning	Phase 1	Greater transparency will be achieved, improved credibility of the Council and increase confidence from service users and their families/ carers.
6. Trade Unions are kept abreast with developments	Assistant Director - Strategy and Commissioning	Phase 1 and 2	Important that the Unions are supporting this initiative and will assist in its implementation.

7. Draft proposals to be shared across the workforce , senior managers/ Elected Members	Assistant Director - Strategy and Commissioning	Phase 1 and 2	Ensure all key stakeholders are familiar with the developments , amendments can be made prior to finalising the implementation programme – greater ownership and transparency as to how the service will be measured and what service users/ families can expect
8. Agree final draft with timescales – may require some one off training of the workforce	Assistant Director - Strategy and Commissioning	Phase 1	Ensure all key stakeholders are familiar with the developments , amendments can be made prior to finalising the implementation programme – greater ownership and transparency as to how the service will be measured and what service users/ families can expect
9. Report to be submitted to Elected Members for their approval prior to implementation	Assistant Director - Strategy and Commissioning	Phase 1	Formal agreement of the QA systems will provide additional confidence for service users and their families
10. QA colleagues to draw up a programme of QA audits for the next 6 months – some will be unannounced	Assistant Director - Strategy and Commissioning	Phase 1	All key stakeholders aware of the pending QA programme
11. Feedback from these QA audits to be shared with key stakeholders including service users and their families	Assistant Director - Strategy and Commissioning	Phase 1	Transparency for all to see how the service measures up to the QA framework  Gain credibility and confidence of service users/ families  Improve staff morale

12. Improvement plans will be drawn up within 10 working days and further audits will take place following this	Assistant Director - Strategy and Commissioning	Phase 1	<p>Ensure that any areas that require improvements are actioned by managers and their staff</p> <p>Instils confidence of service users/ families that the service is constantly striving to improve the service offered.</p>
13. Further audits will be arranged to ensure the improvement plan is being delivered	Assistant Director - Strategy and Commissioning	Phase 1 and 2	<p>Ensure that any areas that require improvements are actioned by managers and their staff</p> <p>Instils confidence of service users/ families that the service is constantly striving to improve the service offered.</p>
14. Review QA systems after 6 months and make any alterations necessary to continue improve the delivery of the service	Assistant Director - Strategy and Commissioning	Phase 2	Good management to keep abreast with national and professional service development
15. Identify current complaints procedure and review last 6 months complaints reports	Assistant Director - Strategy and Commissioning	Phase 1	Starting point for understanding the current system
16. Obtain the children's complaints procedure	Assistant Director - Strategy and Commissioning	Phase 1	<p>There are similarities when working with vulnerable service users / families</p> <p>Good practice needs to be identified and shared</p>
17. Identify a group of service users and their families across the service to ascertain their views of the current complaints procedures	Assistant Director - Strategy and Commissioning	Phase 1	<p>Any changes to the complaints system will need to be user friendly and meet the needs of the individuals who are going to use the revised system.</p> <p>They will need to have confidence in the way it will be managed</p>

18. Modify the system in the light of comments made by the service users and their families – include advocates	Assistant Director - Strategy and Commissioning	Phase 1	Service users/ families/ advocates will need to have confidence in the revised system and want to own it .
19. Consider developing a pilot in one zone to test out its viability over a 2-3 month period	Assistant Director - Strategy and Commissioning	Phase 1	Lessons will be learn for both the service users/ families and staff – modifications can be made prior to formally adopting the revised system
20. Consider using the advocacy service as another pilot to test out its viability over a 2-3 month period	Assistant Director - Strategy and Commissioning	Phase 1	Lessons will be learn for both the service users/ families and staff – modifications can be made prior to formally adopting the revised systems above
21. Analyse the finding and finalise the complaints system with identified time scales	Assistant Director - Strategy and Commissioning	Phase 2	Provides evidence that improvements are being made to hear and listen to service users/ families/ advocates in order to improve the service delivery
22. Keep Trade Unions abreast with developments	Assistant Director - Strategy and Commissioning	Phase 1 and 2	Integral part of the overall improving of the service
23. Keep staff/ managers informed of developments	Assistant Director - Strategy and Commissioning	Phase 1 and 2	Integral part of the overall improving of the service
24. Receive coordinated analysis of complaints/ how resolved on a month basis for the first 6 months following implementations	Assistant Director - Strategy and Commissioning	Phase 1	Evidence that the system is working and is ‘ fit for purpose’- amendments to be made on an on-going basis
25. Feedback to all key stakeholders	Assistant Director - Strategy and Commissioning	Phase 1	Transparent process, improve confidence of service users and families/ advocates in being listened too  Improve morale of staff  Further evidence of offering a needs led quality service



26. Review systems every 12 months to ensure it still remains 'fit for purpose'	Assistant Director - Strategy and Commissioning	Annual	Maintain the confidence of service users/ families/ advocates Contributes to the QA framework
27. Meet with the communication colleague to discuss options of taking this work forward – both internally and where appropriate externally	Marketing and communication agency	Phase 1	Consider options
28. Identify the key stakeholders that need to be briefed on the progress being made regarding the action plan	Marketing and communication agency	Phase 1	Different communications strategies will be required for different stakeholders
29. Identify per stake holder what is the best communication strategy to adopt/ its frequency, format / how best it should be delivered/ by whom	Marketing and communication agency	Phase 1	Each stakeholder will have a tailor made communication strategy that meets its needs
30. Each lead officer will produce using a standard template a monthly update on the areas of work that they are responsible for	Lead officers	Phase 1	This will assist in monitoring progress against each of the identified target in the action plan  It will enable senior managers / Elected Members to have confidence that progress is being made and where there are issues these to be shared and resolved
31. In the overall review of adult service consider establishing a Quality Assurance Unit	Director / Assistant Director - Adults	Phase 2	Establishing this Unit would provide the necessary audits to be undertaken in line with CQC/ national/ local standards and would provide all key stakeholders will increase confidence that services are being audited in a robust and systematic manner throughout the year.