audit 2003/2004



Response to New Legislation Part 3 Care Standards Act 2000

Isle of Wight Council

INSIDE THIS REPORT

PAGES 2-3

Summary Report

- Introduction
- Objectives and approach
- Main conclusions
- The way forward
- Acknowledgement

PAGES 4-6

Appendix 1

Management arrangements

Appendix 2

Guidance and training

Appendix 3

Action plan

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Introduction

The Care Standards Act 2000 reformed the regulatory system for care services in England and Wales.

Prior to April 2002 social care services and independent health care providers were regulated by local authorities and health authorities each using different standards and methods of inspection. The Act established the National Care Standards Commission (NCSC) on 1 April 2002 as a new, independent regulatory body for social care and private and voluntary healthcare services in England. The NCSC takes responsibility for the registration and inspection of services - replacing the existing local authority and health authority inspection units. The following services are required to register with the NCSC: Care Homes, Children's Homes, Domiciliary Care Agencies, Residential Family Centres, Voluntary Adoption Agencies, Independent Fostering Agencies, Private and Voluntary Hospitals and Clinics, Exclusively private Doctors and Nurses Agencies.

Registration, inspection, complaints investigation and enforcement will be carried out by the NCSC to consistent standards across the country, with private, voluntary and public sector services treated the same way. The standards will form the basis for judgements made by the NCSC regarding registration and enforcement of compliance with the Care Standards Act and associated regulations.

The functions of the Social Services Inspectorate, the social care functions of the NCSC, and the functions of the SSI/Audit Commission Joint Review team are to be combined in a new independent inspectorate called the Commission for Social Care Inspection (CSCI).

Objectives and approach

The objective of our review is to assess Social Service's progress in developing the appropriate management arrangements to support compliance with the Care Standards Act. This will include

- assessing the overall arrangements for addressing the Care Standards Act; and
- assessing the provision of guidance and training for meeting care standards.

Main conclusions

Isle of Wight Council has actively responded to the Care Standards Act requirements and has worked with the NCSC to ensure registration procedures have been followed. The implications of the Act are understood and the significant resource and staff issues associated with the Act have been raised within the Council.

The long-term costs of training provision and recruitment should be assessed to maintain compliance.

RecommendationsR1 New job descriptions are required.R2 The long-term cost implications of staff training should be assessed for budget purposes.

The way forward

We would recommend that the council considers the points raised in this report in its overall risk management programme.

Acknowledgement

We would like to thank the officers of Isle of Wight Council in the completion of this review.

Status of our reports to the Council

Our reports are prepared in the context of the Statement of Responsibilities of Auditors and Audited Bodies issued by the Audit Commission. Reports are prepared by appointed auditors and addressed to Members or officers. They are prepared for the sole use of the audited body, and no responsibility is taken by auditors to any Member or officer in their individual capacity, or to any third party.

APPENDIX 1

Management arrangements

Issue	Findings	Conclusions	
Was a project plan developed to respond to the legislation?	Preparation for the Act was co-ordinated by the Head of Support Services, with monthly meetings to cascade information to senior managers and communicate issues and developments. The commissioning arm of the service was included in the information briefing programme.	The Council has been effective in its approach to addressing the new legislation.	
	The service worked with all registered managers to ensure that the requirements of the legislation, such as accountability, use of premises etc were understood. There are regular meetings which provide forums to discussing and addressing issues as they occur.		
	For properties owned by the Council, the amendments required by the legislation have been built into the property Asset Management programme. Additional capital was secured for the first year with a programme of more significant works planned for the following year, during a period of pre-planned reduction in admissions.		
What guidance was sought/provided?			
Have resource implications been assessed?	blications been been put forward and agreed by members to cover additional staffing and CRB costs and capital		
What QA processes are in place?	Monthly unannounced internal audits are programmed, to test for compliance and to obtain user comments. The results are reported to the proprietors for action as required.	QA Processes have been established.	
	Unit manager and care manager group meetings are used to share findings and improve awareness of relevant issues.		

APPENDIX 2

Guidance and training

Issue	Findings	Conclusions	
Is there a skills competency framework for staff?	The Council overall has adopted the approach of Personal Development Programmes (PDPs) with six- monthly appraisals to identify skill competencies and requirements.	An effective framework is in place for identifying and developing	
	As recruitment is and will continue to be a significant issue, the Council has secured increased rates of pay for Home care staff to encourage staff retention.	of staff skills.	
Have registered managers been trained and received new job descriptions?	NVQ training is in place with half the managers now trained to the appropriate level. The Council is liaising with the NCSC to determine whether existing qualifications can exempt managers from taking the NVQ4. New job descriptions have not yet been agreed.	Due consideration has been given to training staff to meet the needs of the Care standards Act and other legislation that impacts on the staff.	
		New job descriptions are required.	
How has training been developed for care staff?	A skills audit has been carried out and training requirements have been identified for all staff through the PDP process. The costs of providing this long-term have not been fully budgeted.	Staff training requirement have been considered. Ongoing cost implications should be assessed for budget purposes.	

APPENDIX 3

Action plan

Page	Recommendation	Priority	Responsibility	Agreed	Comments	Date
		1 = Low				
		2 = Med				
		3 = High				
2	R1 New job descriptions are required.					
2	R2 The long-term cost implications of staff training should be assessed for budget purposes.					