

INSPECTION OF SOCIAL CARE SERVICES FOR OLDER PEOPLE

Isle of Wight Council

June 2002

SOCIAL SERVICES INSPECTORATE

The Social Services Inspectorate (SSI) is part of the Directorate for Children, Older People and Social Care Services in the Department of Health. SSI assists Ministers in carrying out their responsibilities for personal social services and exercises statutory powers on behalf of the Secretary of State for Health.

We have four main functions:

- providing policy advice within the Department of Health;
 - managing the Department's links with social services departments and other social care agencies;
 - inspecting the quality of social care services; and
 - assessing the performance of local councils with social services responsibilities including Best Value.
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Project Title: Inspection of Social Care Services for older People
Work Year: 2001 - 2002
Authorities involved: Barnsley, Bradford, Bromley, Hampshire, Kingston,
Lambeth, Manchester, Rochdale, Southampton, Southwark,
Staffordshire, Stockton, Isle of Wight
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First Published: 15 October 2002

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Acknowledgements

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Summary

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- 1.1 This inspection of social care services for older people took place on the Isle of Wight between 18th and 28th June 2002. Three inspectors carried out the inspection.
- 1.2 The objective of the inspection was to evaluate:
 - The Isle of Wight Social Services implementation of national and local objectives relating to the social care needs of older people; and
 - The quality of outcomes for service users and carers.
- 1.3 We were particularly interested to see how well the Isle of Wight had responded to the national policy agenda for older people set out in the White Paper *Modernising Social Services*¹ about promoting independence, fairness and consistency. In addition we also looked at how the Isle of Wight was beginning to address the requirements of the more recently published *National Service Framework (NSF) for Older People*².

Overall Conclusions

- 1.4 Social services had responded well to the national strategic priorities and developed good local plans for services based on some well-chosen themes. We saw some excellent services that were innovative in their approach and working well for service users and carers. Well-qualified positive staff who had many years of experience delivered the services and good relationships existed between social services and health agencies. Staff were working well in the jointly provided services and all of the staff and managers we interviewed understood the new agenda.
- 1.5 Social services and health had established very good intermediate care services and were working, through structural changes, to combine commissioning for older peoples services within a jointly managed structure within the Primary Care Trust (PCT).
- 1.6 Social services had high proportion of directly provided domiciliary care services, which had been subject to a best value review. However that process had not included a value for money study of the internal services. Although the internal services appeared to be competitive in price, we

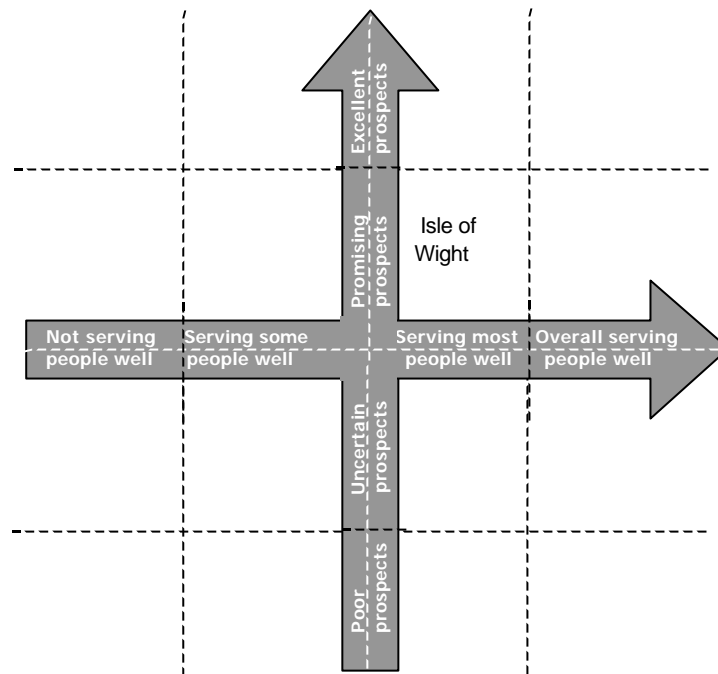
¹ *Modernising Social Services*, www.doh.gov.uk/scg/wpaper.htm

² *The NSF for Older People*, www.doh.gov.uk/nsf/olderpeople/htm

were aware that the exclusion of a value for money exercise had undermined the review.

- 1.7** The council had a computerised case file system and staff were able to access the system from a number of locations to update files. We were aware that the council had established a culture of electronic recording and considered that commendable, however there was room for improvement in the system which was outdated and cumbersome to operate. The council was aware of the shortfalls and was working, with neighbouring authorities to develop a new system.
- 1.8** Many of the services provided to carers were innovative and met their needs. Some examples were the emergency respite care beds and the provision of alternative therapies. However, not all carers had an individual assessment of their needs and some we met were not happy with the services they received.
- 1.9** Some of the most significant challenges facing the council were in the areas of capacity, in residential and nursing home places and the lack of services in the more remote areas of the island. The council was working to address the capacity issue and to improve historically difficult relationships with residential and nursing home providers. The issues of rural isolation were well understood by social services but remained in need of improvement.
- 1.10** The numbers of people from minority ethnic communities was low, however the council had responsibilities under the race relations amendment act and needed to address the issue of culturally sensitive services in order to meet it's responsibilities under the legislation.
- 1.11** We judged that the Isle of Wight Social Services was serving most people well and that there were promising prospects for further improvement.
- 1.12** The following figure represents this view in the form of a matrix.

Inspection Performance Matrix



National Priorities and Strategic Objectives

- 1.13** Social services had a range of strategic plans and a planning and delivery structure to deliver on the NSF for older people and the NHS Plan.
- 1.14** The department had an outline commissioning strategy for older peoples services. A proposal, to integrate commissioning for older people's services into the PCT under a joint post working to the council and the PCT management board was part of a consultation exercise during the time of this inspection.
- 1.15** The department involved service users, the voluntary sector and the independent sector in developing services. Although plans were in place to undertake further work in this area, the department acknowledged that these relationships could be improved. We considered that consultation with service users from minority ethnic communities was also an area where further work was needed.
- 1.16** The department, through a range of mechanisms, monitored improvements and quality and senior managers received regular reports on achievement of targets. Local objectives reflected the national performance objectives for services for older people and a performance management culture had been established within the department.

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- 1.17** Collaboration with health was part of the department's strategic and operational planning and relationships between social services and health were positive.
- 1.18** The department had made good use of the partnership grant, intermediate care and the 'cash for change' funding from the Department of Health. We saw a range of excellent intermediate care and independence promoting services where multi- disciplinary teams were working together to achieve good outcomes for service users. There were plans to develop further capacity for rehabilitation services with local NHS providers.
- 1.19** The council was proactive in its plans to implement the NHS Plan and the NSF for older people.
- 1.20** Although assessments were undertaken quickly, lack of capacity, of choice and availability of domicillary, residential and nursing home care meant the some service users were not able to access the services they wanted. We were also aware that some service users, mainly some of those living in the more remote areas of the island, experienced problems in gaining access to services.

Effectiveness of Services Delivery and Outcomes

- 1.21** Service users who responded to our questionnaire and those that we met were very positive about the services they received. Some carers we met at the Carers Association were not satisfied with the services they received while others appreciated the respite services they were able to access on a planned or emergency basis. Service users we met particularly appreciated the intermediate, rehabilitation and day care services.
- 1.22** The department had reorganised its services into a duty based system and long term specialist teams which provided a more focused response to service users. We considered that the new arrangements were working well.
- 1.23** The department had worked with the voluntary sector to develop community based shopping and home from hospital service which ensured that some service users who had low levels of need were supported in their homes. A compact had been developed with the voluntary sector. However, we did not find evidence that the department had worked in a planned and proactive manner to develop alternative services with the voluntary sector when domestic services were withdrawn from a number of service users due to the refocusing of services.
- 1.24** We met staff and visited some services provided to people with sensory disabilities in a partnership between the voluntary sector and social

services. We considered the arrangements provided high quality flexible services to users and carers.

- 1.25** We found that services for older people with mental health problems were underdeveloped and that extra care sheltered housing provision was not available in all local areas.
- 1.26** Awareness of the adult abuse policy was high amongst staff and they were clear about their roles and responsibilities in ensuring that service users were safe. A number of staff had been trained in investigation of adult abuse cases and their training included responding appropriately when service users had a dementia type illness, a learning disability or other communication needs.
- 1.27** The department had plans to train independent sector providers in identifying and responding to adult abuse. The police authority, at senior level, is strongly committed to protecting vulnerable adults from abuse. However, some staff told us that in their experience, it was not always easy to make or maintain contact with police officers when an investigation was taking place.
- 1.28** Collaboration between operational staff in social services and health worked well and we were told about positive relationships where staff co-operated to ensure high quality outcomes for service users and carers. This was evidenced by the provision of some excellent intermediate care and rehabilitation services we visited.
- 1.29** The department had a range of mechanisms to measure the quality of services including the collation of data on throughput and volume and the use of questionnaires with a random selection of service users. Work was in progress on a project with Age Concern to interview service users about their satisfaction with services and focus groups had also been used for the same purposes. We considered this to be commendable.

Quality of Services for Services for Users and Carers – Information and Care Management

- 1.30** The council had a range of leaflets to inform service users and carers about local services. However, we did not find evidence of a consistent and comprehensive set of leaflets being sent to service users and carers as a matter of routine. We saw reference to the opportunity to have leaflets made available in a range of formats for people with sensory disabilities. Although the department was undertaking a review of its communication strategy, not all the information we saw made reference to the communication needs of people from minority ethnic communities.

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- 1.31** The reorganisation of services into a duty type referral system had succeeded in ensuring that assessments were carried out and urgent cases responded to effectively.
- 1.32** The multi-disciplinary team based in the independent living resource centre facilitated hospital discharge and rehabilitation and assured service users were able to return home with appropriate levels of support. One service user we met was extremely positive about that service. We also heard about a mobile occupational therapy service, which facilitated discharge from hospital by rapidly sourcing and fitting a range of daily living aids. We considered that the department had a range of support services in place to facilitate early discharge in both simple and in complex cases.
- 1.33** We found evidence of increasing emphasis on independence promoting services in assessment and care planning on the case files we read and in our interviews with care managers. The department had started work on a single assessment process.
- 1.34** Capacity was limited on the island and service users could not always access the services of their choice because services were not always available.
- 1.35** The department was working proactively with partners in health and had succeeded in reducing inappropriate admissions and delayed discharges. Service users we met, and staff within social services and health agencies told us that out of hours services were efficient and effective.
- 1.36** We were particularly impressed with the range of alternative therapy services available to carers and were told by carers that they appreciated those services.
- 1.37** Care plans we read were brief but appropriately identified service user needs and the department undertook appropriate risk assessments. Service users and carers told us that they received copies of care plans although we did not find this as evidence on case files.
- 1.38** We found reference to regular reviews on case files we read and service users and carers we met told us that reviews were held on a regular basis. However, we were told about one provider who failed to deliver extra specialist care services which the department was paying for. We considered that this particular case raised some significant issues about the quality of the care provided, contract monitoring and review.

Fair Access

- 1.39** The department had eligibility criteria and staff were applying the criteria when assessing need and making decisions about which services were

appropriate to meet those needs. Information leaflets on the criteria were available to members of the public. However, information setting out clearly which service users would get which services and in what circumstances, was not always available, as a matter of routine. The department was consulting on revised eligibility criteria in line with government guidelines.

- 1.40** We were told by a number of agencies and by independent sector providers, that access to services, in response to assessment, could vary according to where service users lived. The island had a rural population and it was difficult for independent sector and the social services department to recruit staff. Recruitment problems were particularly acute in home care services but also an issue in residential and nursing homes.
- 1.41** Social services were proactive in ensuring that comprehensive benefit checks were undertaken as part of the financial assessment component of the assessment process. Finance officers worked with social care staff to undertake this work and complex cases were referred to the departments Welfare Rights Service. We considered it commendable that the department offered such an effective service.
- 1.42** Although public information included complaints leaflets and service users we met told us they knew how to complain, we did not find evidence on files we read that this information was provided to those who enquired about services, as a matter of routine.
- 1.43** The department was not yet taking a proactive approach to promoting services to minority ethnic communities. We considered that the council faces a significant challenge in ensuring that the small number of people from minority ethnic communities living on the island receive a service that responds sensitively to their specific needs, providing the same quality outcomes available to all service users.

Cost and Efficiency

- 1.44** Social services had a scheme of delegation that was clear to managers and to staff. Responsibility for budgets was held at second tier apart for expenditure on care packages up to £150.00, which was agreed at third tier. We were concerned that this level of budget control could delay decision making following assessment and that decisions were being taken by one senior manager in the department without the benefit of a multi-disciplinary resource panel.
- 1.45** The department was aware of unit costs in relation to care packages. However, we were not confident that the information on care packages was always accurate. We were aware that would undermine the departments aspirations to measure contract compliance and budget management.

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- 1.46** The department had an outline commissioning strategy and demonstrated, in operational activity, many of the elements of a good commissioning organisation.
- 1.47** A consultation document had been developed which included a proposal to integrate commissioning for all older people's services into one structure within a senior post in the PCT. A management board led by the Director of Social Services and the Chief Executive of the PCT would hold responsibility for managing the integrated commissioning post.
- 1.48** We met with independent sector providers of home care, residential and nursing care and were aware that there had been some difficulties experienced in gaining agreement to the content and cost of those services. The department had been proactive, was moving to a new phase of market management and recognised the need to modernise its relationship with external providers. External providers acknowledged that their relationship with the department had improved. We considered it crucial to the success of the commissioning arrangements that both the department and external providers continue to plan services together.
- 1.49** Although the department was meeting with the independent sector no comparable arrangements had been developed with voluntary sector agencies which undermined the departments aspiration to ensure a level playing field in its dealings with all external providers.
- 1.50** We inspected the Best Value Review of Community Care Services as part of this inspection and the department acknowledged the absence of a value for money study in relation to its home care services undermined the integrity of that work. The cost of the services appeared to compare favourably with independent providers but we were concerned that the apparent lack of transparency was undermining the department's relationship with external providers.

Management and Resources

- 1.51** Negotiations were taking place with health partners to establish integrated services to older people. We considered that those developments were taking place in the context of positive, well-established relationships and had every opportunity to succeed.
- 1.52** The existing arrangements had clear lines of accountability and staff knew where decisions were made.
- 1.53** Staff in the department were multi skilled, very experienced, positive about working in social services and enthusiastic about their work. They felt supported and able to engage with developments such as the proposals for a single assessment. However, all the staff we met told us about their

frustration with the service user database and we concurred with their view that the system was in urgent need of modernisation.

- 1.54** We judged that councillors were well informed about the work of the department and committed to the development of high quality services for older people.
- 1.55** The department took a proactive approach to training and training needs were systematically linked to the directorates' objectives. All the staff we met told us that they received regular high quality supervision.
- 1.56** The department had clear policies and procedures and staff knew what was expected of them.
- 1.57** A workforce planning template was being developed within the department to maximise opportunities to recruit, select and retain staff in all service sectors related to older peoples services.
- 1.58** Although the department was contributing to the corporate response to the Race Relation Amendment Act, we were not confident that the department was proactive in its approach to ensuring that the workforce reflected the population served.

Reading the Remainder of this Report

- 1.59** This report is set out in a way to enable the reader to have an understanding about every aspect of this inspection:
- Chapter 1 is a summary of key themes which have emerged from the inspection;
 - Chapter 2 provides a list of the recommendations we have made;
 - Chapter 3 sets out the context in which social services is operating; and
 - Chapter 4 and each subsequent chapter detail the evidence, which lead us to our conclusions and recommendations.
- 1.60** In addition there is a series of appendices giving other detailed information, as follows:
- Appendix A lists the standards and criteria used as a basis for the inspection;
 - Appendix B details the inspection background and method;
 - Appendix C lists the people we interviewed;

- Appendix D contains a structure chart of Isle of Wight Social Services;
- Appendix E shows the results of the questionnaires for services users;
and
- Appendix F shows the results of the questionnaires for staff.

Recommendations

2

National Priorities and Strategic Objectives

- 2.1 The social services department should establish effective mechanisms for consulting with service users and carers from minority communities. (Chapter 4)

Effectiveness of Service Delivery and Outcomes

- 2.2 The social services department should ensure that all carers receive an assessment of their own needs, independent of the person they care for. (Chapter 5)
- 2.3 The social services department should develop services to meet the needs of older people with mental health needs. (Chapter 5)
- 2.4 The social services department should ensure that extra care sheltered accommodation is made available to all older people who are assessed as needing it, regardless of where they live. (Chapter 5)
- 2.5 The social services department should work with independent and voluntary sector providers to develop services to meet the needs of older people for low levels of domestic support. (Chapter 5)
- 2.6 The social services department should ensure that their partnership with the police authority always works effectively to implement the Adult Abuse Policy. (Chapter 5)

Quality of Services for Users and Carers – Information and Care Management

- 2.7 The department should ensure that all service users receive a comprehensive pack of information that would inform them, and their carers about all of the services available to them. (Chapter 6)
- 2.8 The department should ensure that all documents available to the public make reference to the communication needs of people whose first language is not English and describe the services available for translation and interpretation. (Chapter 6)

Fair Access

- 2.9 The social services should ensure that all enquirers are sent information on which service users are entitled to which services and the circumstances in which they would be provided. (Chapter 7)
- 2.10 The social services should ensure that service users and carers are able to access services, regardless of where they live. (Chapter 7)
- 2.11 The social services department should take a proactive approach to identifying and meeting the needs of older people from minority ethnic communities and their carers. (Chapter 7)
- 2.12 The social services department should ensure that all service users and carers receive information on the complaints procedure, as a matter of routine. (Chapter 7)

Cost Efficiency

- 2.13 The social services department should ensure that all data fed into the ACCISS (Administration of Community Care in Social Services) data collection system is an accurate reflection of the content of care packages. (Chapter 8)
- 2.14 The social services department should develop a consultation process with the voluntary sector, similar to that in place with private providers. (Chapter 8)
- 2.15 The social services department should undertake a value for money exercise on internal home care services. (Chapter 8)
- 2.16 The social services department should establish a multi-disciplinary panel to inform decisions about admission to residential and nursing care and to explore community based alternatives available to older people. (Chapter 8)

Council Profile

3

Demographic and Socio-economic Position

- 3.1** The Isle of Wight became the first unitary authority in England in 1995. It is separated from the mainland by the Solent and is linked by car and passenger ferries from Southampton, Portsmouth and Leamington. The island is mainly rural with small coastal resorts. The three main towns are the capital Newport (inland), and the coastal resorts of Ryde and Cowes. The Council provides services to a population of approximately 130,000 people. Twenty per cent of the population are over the age of 65 years, 11.5 per cent are over 75 years (the third highest in England) and the number of people over the age of 85 years grew, in one year (1999-2000), by five per cent (source Isle of Wight Council).
- 3.2** The Isle of Wight has a higher proportion of owner occupation than the mainland (80 per cent compared with 68 per cent). Housing in the rented sector is provided entirely by the private sector and housing associations. Only six per cent of people over the age 65 years live in a nursing or residential home, with 94 per cent living in their own home.
- 3.3** The population of people from minority ethnic communities when recorded in the 1991 census was 0.7 per cent. The numbers will have increased since then, but remain low.
- 3.4** The public health report shows a projected increase of 12.7 per cent in the number of people with dementia types illnesses, through to 2012, placing particular emphasis on the need for the council to develop services to meet the needs of that growing population.
- 3.5** Unemployment levels were, at 1.5 per cent, amongst the lowest in the south of England. This has caused significant difficulties for the council and independent providers when trying to recruit and retain care staff, particularly in the residential and domiciliary sectors.
- 3.6** The index of local deprivation shows the Isle of Wight had higher levels of deprivation than most southern comparitors in 1998. In particular, East Cowes, Ryde and parts of Newport were among the most deprived 10 per cent of wards in England according to Jarman indicators.

The Administrative and Political Context

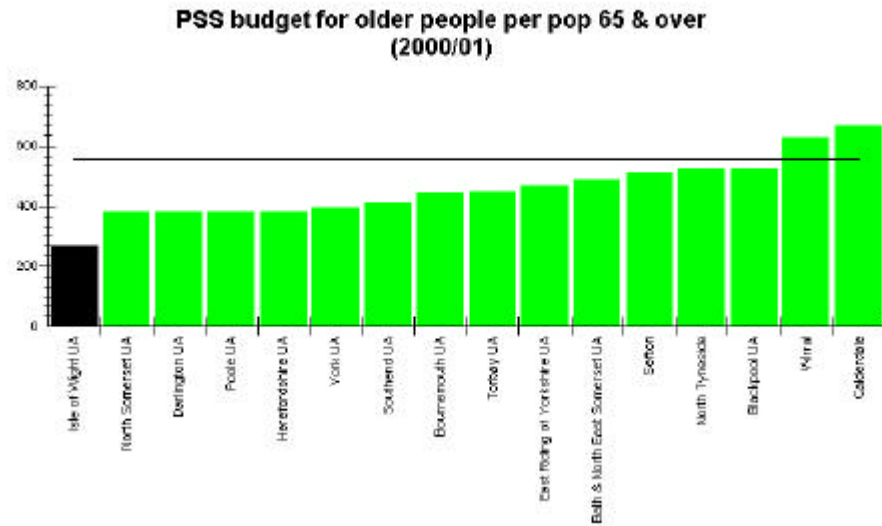
- 3.7 Council services in the Isle of Wight were mainly delivered through four directorates, one of which was Social Services and Housing. The others were Education and Community Development, Environment Services and Fire and Rescue Services. The Strategic Director of Social Services was an executive director of the council with corporate responsibilities as well as holding responsibility for the delivery of social and housing services on the island.
- 3.8 The Chief Executive was the lead officer of the council. He was also director of executive services, including leisure and tourism, and policy and communication.
- 3.9 The Isle of Wight is a unitary authority with a single tier administration.
- 3.10 The council has a Leader and Cabinet style structure of decision making overseen by a number of select committees. These are; Economic Development, Planning, Tourism and Leisure Services; Education Community Development and Lifelong Learning; Environment and Transport Fire and Public Safety; Resources and; Social Services Housing and Benefits. An Executive Member of the Cabinet holds lead responsibility for the council for the social care and housing services.
- 3.11 The Island First Group, with 19 Liberal Democrat and 11 Independent councillors, held overall power with 30 seats, the Conservative Party held 12 seats the Labour Party 4 seats and other groups held 2 seats.
- 3.12 Social services was organised and funded around discrete service user groups with services for older people under the management of the Head of Adult Services. The council was consulting on plans to combine commissioning responsibilities for older peoples services within the PCT. If the arrangements are implemented, the director of social services, on behalf of the council and the chief executive officer of the PCT on behalf of health, will manage the new posts.

Financial Information

- 3.13 The social services department had managed within constrained budgets over the past three years and had, during this last year, received an increase of 11 per cent in its annual budget allocation from the council. Although this represented a significant increase, budget pressures remained and the department was managing increasing demands for services in a market where unemployment was low and recruitment and retention difficult.

3.14 The Personal Social Services budget for older people in relation to the numbers of people aged 65 years or older, was below average against the Isle of Wight's comparator group, see Chart 1.

Chart 1: Personal Social Services budget for older people per population aged 65 or over (2000/01)



Source: Department of Health Key Graphical System – BU02-2000-01

3.15 Breakdown of budget for older people.

Table: 1 Gross Budget Allocation 2001/2

Type of Care	2001/02 (£000s)	
	in-house %	indep.sector%
Assessment & Care Management	3105	
Residential Care Home Placements	12328.6	6.51% 93.49%
Home Care	2090.7	54.85% 35.15%
Day Care	566.7	51.17% 48.83%
Equipment & Adaptations	44.1	
Meals	231	
Other		
Total	18378.9	

Information Source: Information is based on Budget Book 2002/3 – and Follows BVACOP

National Health Service

3.16 The Strategic Health Authority serving the Isle of Wight also provided services in Hampshire, Southampton and Portsmouth. The island had one PCT, coterminous with the council and one Acute and Community NHS Trust providing hospital and community health services.

External Scrutiny

3.17 The Joint Review in 1999 concluded that the management of the department had been adversely affected by considerable instability and that people were not consistently well served. However, we concluded that although there remained some inconsistency, in relation to the provision of services to older people living in very isolated rural areas, the majority of the issues raised in the Joint Review had been resolved.

3.18 The Mental Health Services Inspection, in 2001, raised concerns relating to:

- the variable quality of care plans

-
- the lack of development in relation to the council's equality agenda; and
 - some gaps in provision of services.

3.19 The authority had plans to address all of these issues. However, the lack of engagement with the council's race relations strategy and gaps in provision of services although being addressed to some extent, remains an issue.

3.20 The SSI inspection of the best value review of the Out of Hours Service, September 2001, concluded that the council's improvement plan was comprehensive and incorporated all the actions required to address identified weaknesses and gaps in performance.

3.21 The SSI inspection of the best value review of Care Management and Commissioning concluded the plan had the potential for improvement. However, the inspection also highlighted the financial pressures faced by the authority and concerns about management capacity to drive change. We found, during this inspection, that the changes identified in both reviews were being driven forward and while management capacity remained an issue, management and staff commitment to a modernising agenda was high.

3.22 There are a number of Department of Health performance indicators which relate specifically to older persons services. Most of the indicators, published for the year 2000/01 showed a good level of performance. These included the numbers of older people helped to live at home (receiving any level of service) and those requiring items of equipment costing less than £1000.

3.23 However, the number of admissions of supported (publicly funded) residents aged 65 or over to residential or nursing home care was high and the number receiving intensive help at home was low. This may indicate that the balance of services provided to Isle of Wight residents should be reviewed to ensure that a key national priority of promoting independence is achieved wherever possible.

National Priorities and Strategic Objectives

4

STANDARD 1: NATIONAL PRIORITIES AND STRATEGIC OBJECTIVES

The council is working with health and other agencies to ensure the delivery of national priorities for social care, the national Personal Social Services objectives and their own local strategic objectives.

This standard looks at whether:

- social services acted strategically using national guidance and objectives;
- social services planned services in partnership with health and other agencies, using a range of planning mechanisms;
- the council had considered with NHS the options for joint financial arrangements; and
- the council was preparing to implement the National Service Framework for Older People.

STANDARD 1: National Priorities and Strategic Objectives

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • Social services have a range of strategic plans and planning groups to assist in achieving the objectives of the NSF and NHS plan in relation to older people. • There were local targets and performance measures which were in line with national objectives and priorities. Front line staff were aware of what the council was trying to achieve. • Social services involve service users, carers and their representatives through a range of fora. • Service user satisfaction was being monitored. • Working relationships with health partners were good. • Social services had appropriate planning mechanisms in place. • There was a range of integrated intermediate care services and closer collaboration with GP surgeries was being piloted. 	<ul style="list-style-type: none"> • More attention needed to be paid to seeking the views of service users and carers from minority ethnic groups for planning purposes.
RECOMMENDATIONS	
<p>The social services department should establish effective mechanisms for consulting with service users and carers from minority communities.</p>	

The Strategic Framework

- 4.1 Social services had a range of strategic plans to deliver services across the social care and health sectors. A National Service Framework (NSF) Implementation Group with representation from all the stakeholders on the island gave a positive strategic framework for delivering on national objectives and priorities.
- 4.2 The department had an outline Commissioning Strategy for older people's services. More detailed plans were in place for commissioning community care services, older people's mental health services, carers services and residential and nursing home services. The department also had strategies on housing services, for older people; partnership grant prevention and independence promoting services, the long term care charter and a Best Value Performance Plan. Evidence that the departments' strategic objectives were a reflection of national objectives was found in a range of independence promoting services that were working well for service users and carers.
- 4.3 Proposals to integrate the commissioning function of social care and health services within one structure that spanned the social services department and the PCT were also being consulted on during this inspection.

Planning in Partnership

- 4.4 The department involved service users and the independent sector in developing services. A Service Commissioning Strategy was being developed during the time of this inspection, which would identify the needs of all service users and the types of services needed to meet those needs. The strategy may go some way to addressing the need, acknowledged by the department, to establish closer working relationships with service users and external providers.
- 4.5 We considered that consultation with service users from minority ethnic communities was an area of work that needed improvement. We concluded that given the small numbers of people from those communities living on the island, it was possible that older people from those communities would experience social isolation within mainstream services that may not meet their needs.
- 4.6 The department measured performance through the best value performance plans and senior managers received regular reports on achievement. We judged that the department had established a performance management culture from our interviews with staff and managers who understood the connection between their actions and high quality outcomes for service users.

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- 4.7 There were good relationships with colleagues from health agencies and collaboration on the development of strategic plans was a routine part of the departments working practice.
 - 4.8 In working with colleagues from health we considered that the department had a wide range of good services to facilitate early discharge from hospital in both simple and complex cases.

Joint Financial Arrangements

- 4.9 When putting strategic plans into operation, the department made very good use of financial flexibilities ‘cash for change’ monies and funding for intermediate care. We saw a wide range of excellent services that were working across the social care and health sectors, with voluntary and independent agencies, to meet the needs of older people to remain within their own homes for as long as possible. We judged that the department was proactive in its plans to implement the NHS Plan and the NSF for Older People.

Implementation of the National Service Framework for Older People

- 4.10 The already established Partnership Planning Group for Older People had extended its membership to include all stakeholders and become the NSF Local Implementation Group. Sub groups, of senior and middle operational managers, were working effectively on each of the areas covered by the NSF and we saw many examples of positive outcomes of that work.
- 4.11 The work programme of the NSF Group and the NHS Implementation Plan was integrated under the Health Improvement Plan
- 4.12 We considered that while some improvements were necessary, to ensure that all local stakeholders were fully engaged in the development of strategic plans, that the structure was robust and would support the department’s aspirations to improve that engagement.

Effectiveness of Service Delivery and Outcomes

5

STANDARD 2: EFFECTIVENESS OF SERVICE DELIVERY AND OUTCOMES

Older people receive responsive social services which promote independence and suppose them to make the most of their own capacity and potential.

This standard looks at whether:

- users and carers were satisfied with services;
- services were good enough;
- the range of services was broad and varied enough;
- users were well safeguarded;
- social services worked collaboratively; and
- providers monitored their services.

STANDARD 2: Effectiveness of Service Delivery and Outcomes

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • Services users we met were positive about their services. • There was a range of services designed to promote independence including intermediate care services, respite care and sensory services. • There was a two-week crisis respite care service available to carers – this was highly valued. • Reorganisation of services into specialist teams had provided more focused services. • Some preventive services had been developed with the voluntary sector - the council had developed a voluntary sector compact. • Awareness of the adult abuse policy was high amongst staff and the department had trained adult abuse investigators. • Plans were in place to train independent sector providers in the departments adult abuse policy. • At the operational level there was good collaboration with housing and health partners resulting in high quality services for service users. • The council had a range of mechanisms to audit the quality of its services. 	<ul style="list-style-type: none"> • The Carers Association told us that not all carers received an independent assessment of their needs. • Services to older people with mental health problems were under-developed. • Extra care sheltered housing provision was not available in all parts of the island. • The withdrawal of domestic support was not matched with planned development in other sectors. • The department was not always able to engage the police authority in an effective response to adult abuse.
RECOMMENDATIONS	
<p>The social services department should ensure that all carers receive an assessment of their own needs, independent of the person they care for.</p> <p>The social services department should develop services to meet the needs of older people with mental health problems.</p> <p>The social services department should ensure that extra care sheltered accommodation is made available to all older people who are assessed as needing it, regardless of where they live.</p> <p>The social services department should work with independent and voluntary sector providers to develop services to meet the needs of older people for low levels of domestic support.</p> <p>The social services department should ensure that their partnership with the police authority always works effectively at every level, to implement the Adults Abuse Policy.</p>	

Service Users and Carers Satisfaction with Services.

- 5.1 In the survey we undertook we asked service users about their experiences of services. Most people were satisfied: 32 of the 33 respondents told us that staff were always or usually treated them with respect, 32 found staff easy to talk to and 31 told us that staff listened to them. (Further information about the survey is contained in Appendix E.)
- 5.2 Service users, many of whom identified their care manager by name, writing in our survey said:
- ‘I am very grateful for the care organised for me by my care manager.....who is always most kind and considerate.’
 - ‘I am very pleased with the care given me. All my carers are happy friendly ladies and I look forward to seeing them and having a chat. I would be sorry to lose them.’
 - ‘The services in themselves are wonderful and I wouldn’t be able to find better in another country.’
 - ‘The help I get from Wight Care - arranged for us by social services, is vital in making it possible to carry on in our own home.’
- 5.3 Service users we met told us they particularly appreciated the rehabilitation, intermediate and day care services.
- 5.4 We also met satisfied service users and carers who told us staff were friendly and helpful.
- 5.5 However, one service user was not satisfied. The issue of changes in carers, often taking place at the last minute, without warning was raised. Another service user, responding to our survey, told us, in response to the question, What has helped you least? That the withdrawal of domestic services had led to increased isolation.
- 5.6 We heard, from managers, staff and independent sector providers, who told us about the difficulty in providing community based services in some of the more remote parts of the island.
- 5.7 Carers we met appreciated most of the services provided and they identified three areas of service provision as being particularly helpful.
- the rehabilitation services which provided them with support following hospital discharge;
 - the provision of alternative therapies, such as counselling, massage and reflexology and;

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- the provision of up to two weeks emergency respite.
- 5.8** Not all the carers we met were satisfied and some told us they were unhappy that assessments of their own needs were sometimes offered with the cared for person present or not offered at all. However, care managers told us that they did offer assessments independently and the offer was often refused. One care manager we interviewed considered that the design of the three-page form was not helpful to carers, the majority of whom were busy with caring responsibilities. He considered that consultation on a different format might be helpful.
- 5.9** We concluded that although not all carers received an independent assessment, care managers were concerned about and respectful of their needs and the department could build on the goodwill of care managers and the expertise available in the Carers Group to improve the number and quality of carers assessments carried out.
- 5.10** Service users and carers were represented on the NSF Group and the department consulted focus groups as part of the best value reviews of its' services. Additionally, the duty team carried out their own 'user satisfaction survey', on a regular basis. We judged that the department had good systems in place to consult service users. However, further development was needed if the issue of carers assessment and provision of services in rural areas, raised with the inspection team were to be addressed, to the satisfaction of service users and carers.
- 5.11** The department had worked with the voluntary sector to develop community based shopping and home from hospital services which ensured that service users with low levels of need were supported in their own homes. Despite the voluntary sector compact we did not find evidence that the department had worked proactively with the voluntary or independent sectors to establish alternative services when domestic services were withdrawn as part of the reconfiguration of services.

Services Promoting Independence

- 5.12** The department had prioritised independence promoting services and we saw many of these working well for service users and carers. These included two Independent Living Resource Centres, supported by the Outreach Community Rehabilitation Team. A Rapid Response Team had been established as part of the extended outreach service providing a service to the Medical Assessment Unit. The department had exceeded targets on reduction of delayed transfer to care from the acute hospital. Plans were developed, with an independent housing provider to pilot extra care sheltered housing at an existing sheltered housing unit and to extend that service, if successful.

The Range and Quality of Services

- 5.13 In 2001 services provided to adults had been reorganised, into specialist teams. Managers and staff told us that the reorganised service was more efficient and allowed them to develop their own areas of expertise whilst maintaining close working relationships with colleagues.
- 5.14 Two voluntary sector organisations were contacted to provide specialist sensory impairment services. The services worked efficiently with social services and they spoke positively of their relationships with the department. One of the organisations told us that they needed more resources to meet demand for their service.

Good Practice

The Sound Advice Service

The Sound Advice Service was established in 1991 by the Royal National Institute for the Deaf and the Isle of Wight Social Services Department. It provides advice and demonstrations of daily living equipment to deaf people and people who were hard of hearing.

It was staffed by professionally qualified people, but it relied heavily on the services of a team of trained volunteers to provide its services.

The service was appreciated by service users and professionals on the Isle of Wight.

- 5.15 The centralised duty system provided one effective point of access for service users, carers and professionals and was able to respond appropriately to urgent referrals. The senior practitioner from that team also worked in the out-of-hours service. These close links benefited service users. They also influenced the establishment of protocols for clear communication between day and out-of-hours provision.
- 5.16 The Resource Centres, Independent Living Resource Centres and NHS nursing home beds, were all being used to provide short-term intervention and rehabilitation.
- 5.17 Carers were using those resources to book both day and respite care. There was a specialist dementia Day Care service managed jointly, with the NHS Trust. Managers told us that those services were limited by budgetary pressures.

Adult Protection

- 5.18 The department was well placed to respond to the needs of vulnerable adults, having reviewed the Adult Protection Policy through the

implementation of the No Secrets guidance. All of the staff and managers we interviewed were aware of, and had received training on implementing the policy. Some staff we interviewed had received comprehensive training that included communicating with people with learning difficulties, people with a dementia type illness and people whose first language is not English. The department had plans to provide training for independent sector organisations on implementing an adult abuse policy.

- 5.19 The police authority were committed, at a senior level to adult protection and were part of the development of the new policy. However, some staff told us that it was sometimes difficult to make or maintain contact with individual police officers on individual cases. This was apparently caused by the recent changes in the police authority's arrangements which meant that officers had to be contacted through Hampshire which, staff told us, was sometimes difficult. Staff also told us that officers notes were not always available during their leave.

Collaboration in the Delivery of Services

- 5.20 Social services collaborated well with health agencies to deliver services. Staff and managers in both organisations told us about good relationships. The majority of staff in our survey said they considered the work which health and social services did with older people on promoting independence services was good or very good.
- 5.21 However, a significant minority, 10 out of 33 respondents, considered hospital admission and discharges were either poor or very poor. These results are referred to later in this report.
- 5.22 Staff and Managers were positive about the work being done on the single assessment process. The department intended to develop a joint purchasing strategy with the PCT in 2002.
- 5.23 A compact had been developed with the voluntary sector and contracts were in place with independent providers of care. We asked staff what arrangements worked well between health and social services both in relation to hospital and community services. Social workers, writing in our survey said:
- 'Independent Living Resource Centre (outreach team) providing multi-disciplinary assessment for some service users on discharge from hospital and for short term residential care. Providing four to six weeks of active rehabilitation. Carers, within some private agencies are trained specifically to promote independence'.
 - 'working with health/hospital consultants and district nurses'.

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- ‘our in-house respite, the Adelaide and Gouldings, provide very good help with rehabilitation’.
 - ‘liaison with wardens usually good’.
 - ‘Planned discharge usually works well, especially in the two Older Persons Psychiatric Units (Halberry and Shackleton). Multi agency discharge meetings prevent readmission due to early intervention and inappropriate discharges due to pressure on beds.’

5.24 We asked what could be improved. Social workers, writing in our survey said:

- ‘difficulty in transporting clients to day centres/care.’
- ‘unrealistic expectations at times of social services staffs’ ability to solve problems immediately.’ (from two staff)
- ‘Information on homes.’
- ‘Hopefully, new scheme (of transitional housing benefit) can be extended to help others, not just those in sheltered housing.’

5.25 Our survey also asked social workers to comment on relationships with housing and 24 of the 32 respondents said they considered the relationships were very good or good.

5.26 In our survey we asked what worked well with housing, Social workers told us:

- ‘supported housing, transfer to appropriate accommodation when available.’
- ‘good communication in housing forum.’
- ‘good to see very sheltered accommodation has started on the Isle of Wight.’

5.27 We asked what needed improvement. Social workers told us:

- ‘more accessible housing, more sheltered housing, more supported housing schemes.’
- ‘greater understanding of older peoples needs, recently, heavy fire doors have been fitted to many housing association properties and clients can’t open them.’

- ‘understanding of accessing transitional housing benefit. The role of the warden in sheltered accommodation has become weakened in recent years.’

5.28 Social services had strategies to promote independence and to support older people in their own homes. However, the department was also aware that a number of older people struggled to meet the costs of maintaining their own homes. As the population of older people increases, the department faces a significant challenge in measuring and meeting the needs of older people. We judged that the social services department was well placed to meet that challenge.

Monitoring the Delivery of Services

5.29 Quality assurance and quality control systems were being developed by private residential providers and the existence of those frameworks was a criterion for the payment of the residential and nursing home ‘quality premium’ which the department planned to test through a contract compliance process on all contracts in 2002. Contracts were monitored through the contract section located in the department’s senior management team and by individual care managers. In the past, the council had not always been as rigorous as it could have been in monitoring the quality of care or in reviewing placements.

5.30 The department also had a range of mechanisms for measuring the quality of services in the voluntary sector. Work was in progress with Age Concern to interview service users about their satisfaction with services and focus groups had also been used.

5.31 The department collated its own data on throughput and volume and used questionnaires, for example with service users of the duty team, to measure satisfaction on a regular basis.

5.32 We concluded that the department had established an approach to quality control that was part of routine working practices, was understood by staff and accepted by them as important. We were pleased to find that the systems in place were a good mix of the collection of ‘hard’ data, on the contract compliance procedure and ‘soft’ data, through gathering information on levels of satisfaction through the involvement of organisations such as Age Concern.

5.33 This combination of approaches would, we considered, provide the department with important information on what works well for service users and what needs to change to improve services.

Quality of Services for Users and Carers - Information and Care Management

6

STANDARD 3: QUALITY OF SERVICES FOR USERS AND CARERS – INFORMATION AND CARE MANAGEMENT

Older people and carers benefit from convenient and person centred assessment and care management arrangement.

This standard looks at whether:

- information about getting social services was well publicised;
- a consumer friendly response was given to users and carers;
- assessment and care planning worked well; and
- care plans played an important part.

STANDARD 3: Quality of Services for Users and Carers – Information and Care Management

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • The council had a range of leaflets which were sent to service users on initial and subsequent contact with the department. • Information was available in a range of formats. • The centralisation of the duty system had been a success. • Plans were in place to develop a liaison mechanism between hospital based care managers and specific services and wards. • The multi-disciplinary team based in the independent living resource centre facilitated hospital discharge and rehabilitation. • There was an increasing emphasis on promoting independence in assessment and care planning. • Work was in progress on the single assessment framework and the multi – disciplinary rehabilitation team were already using the EASY assessment model. • Assessment and care planning was needs led and timely although choice was limited by capacity problems. • Social services was working with health partners to reduce inappropriate admissions and delayed discharges had been significantly reduced. • Service users, staff and partner agencies told us about good out-of -hours and emergency cover. • A range of alternative therapy services was available to carers through the carers centre. • A mobile occupational therapy service facilitated hospital discharges by rapidly installing a range of daily living aids. 	<ul style="list-style-type: none"> • Not all service users received a comprehensive set of leaflets that would allow them to have information on all the services available from the department, the voluntary and independent sectors. • Not all documentation available to the public made reference to the communication needs of people from minority ethnic communities.

6

- The department undertook appropriate risk assessment.
- Care plans were brief and identified services users needs.
- Service users and carers told us that they received copies of care plans although we did not find this as evidence on case files.
- Services were reviewed on a regular basis.

RECOMMENDATIONS

The department should ensure that all service users receive a comprehensive pack of information that would inform them, and their carers about all of the services available to them.

The department should ensure that all documents available to the public make reference to the communication needs of people whose first language is not English and describe the services available for translation and interpretation.

Information About Social Services

- 6.1 The department was aware of the need to review its information strategy. We saw an early draft of the new strategy which was work in progress.
- 6.2 We saw a range of leaflets for users and carers when visiting establishments that provided service users and carers with information on services available. The Duty Teams database of information on services available had been readily shared with social services colleagues and other agencies, as well as with service users and carers.
- 6.3 We were not confident that all service users and carers had access to the same information because we did not find evidence of a consistent and comprehensive set of leaflets being sent, as a matter of routine, to all service users and/or carers.
- 6.4 We saw reference to the opportunity to have leaflets made available in a range of formats to meet the needs of people with sensory disabilities. However, not all the information we saw made reference to the needs of people from minority ethnic communities.

Reception and Initial Referral

- 6.5 The duty team provided a single access point for adult services where initial inquiries were responded to and assessments carried out.
- 6.6 Although we were told, by managers and staff that the hospital based team had well established and responsive referral protocol, we were also aware that, in our survey, some social workers highlighted problems with admissions and discharges as being areas of concern. We considered that these apparently contradictory views required further exploration by the council.
- 6.7 The multi disciplinary team based in the Independent Living Resource Centre, worked with service users and carers to ensure hospital discharge arrangements and rehabilitation worked well. One service user we met was extremely positive about her own experience of the service and also described the professional and caring way in which staff worked with all of the older people in the service to maximise their opportunities for independence.
- 6.8 Social Services had a mobile occupational therapy service that supported hospital discharge by supplying and fitting a range of daily living aids.

Assessment

Good Practice

Duty Team

Assessments for services were mainly undertaken by the Duty Team and were carried out quickly and efficiently. We considered it commendable that those assessments could often be undertaken, where necessary, on the same day and, when less urgent, within a few days. The duty team did not have any unallocated urgent assessments and worked well with the out of hour's service.

- 6.9** Lack of capacity, in domiciliary, residential and nursing home services was undermining the departments' aspiration to provide choice for service users and carers.
- 6.10** The department was working on a single assessment process and multi-disciplinary teams were working together to undertake what were, in some settings such as intermediate care and rehabilitation services, a cross sector assessment. The staff within those teams were active participants in that development.
- 6.11** We found evidence that assessments and care planning arrangements carried out by care managers and community care officers, reflected the needs of service users and had a high level of emphasis on independence promoting services. Care managers were qualified social workers or nurses and community care officers were qualified to NVQ Level 2 or 3.
- 6.12** The out-of-hours service had good arrangements for undertaking assessments outside normal working hours.
- 6.13** A computerised filing system could be accessed from any social services office base. The process was well established and used regularly by all staff, including the out of hours service. However, the system had been in place for a number of years and was not capable of adapting to the needs of a modernised service. The department was taking steps to establish a new system. The development of a new system could improve the assessment process for service users and carers by making access to information easier for the range of professionals involved in their care. It could be developed to conform to the single assessment process.
- 6.14** The files we saw reflected assessed need and recorded care plans and reviews. However, the island capacity for community based, residential and nursing home services was limited and so service users, particularly those living in rural areas, were not always able to access the services they wanted because they were not immediately available.

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- 6.15** The assessment process recorded users and carers views and users thought staff took notice of their needs and wishes.

Care Plans, Monitoring and Review

- 6.16** Care Plans followed a standard pattern and were available in a range of formats to meet the needs of people with sensory disabilities. They could be adapted to meet specific cultural and language needs, if required.
- 6.17** The care plans we read were an accurate reflection of the services provided although we considered they were restricted by the documentation being used which did not allow staff to always record the complexity of cases where several agencies were involved.
- 6.18** Staff told us that they sent care plans to service users and details recorded on care plans supported that view. However, some service users we met told us they had not received copies of their care plans. We concluded that this was not always a meaningful process for all service users and that the department needed to ensure that all service users felt fully engaged in the production of their care plans.
- 6.19** The department monitored the quality of care plans in a manner that should highlight areas of concern and maintain standards for users and carers. The monitoring included evaluation against review standards and regular case file audits through managers and supervisors.
- 6.20** Once assessments were completed, named care managers in long-term teams accepted responsibility for service users throughout the time that services were provided. Service users, residential and nursing staff appreciated this because it provided continuity, however, it did lead to high caseloads for care managers.
- 6.21** Users needs were reviewed on a regular basis and the review process appeared to work well for the majority of service users.

Fair Access

7

STANDARD 4: FAIR ACCESS

Social services acts fairly and with consistency about who gets what social care services, and how charging works.

This standard looks at whether:

- eligibility criteria helped fair access;
- access to services was equitable and consistent;
- social services promoted access to services for people from minority ethnic groups;
- cultural needs were respected and responded to;
- the charging system was fair; and
- the complaints system worked.

STANDARD 4: Fair Access

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • The department had eligibility criteria in place and were consulting on revised eligibility criteria during this inspection. • Information leaflets on eligibility criteria were available to the public. • Staff used eligibility criteria when assessing need. • Social services was reviewing their charging arrangements in response to the Fair Charging guidance. • Social services was proactive in ensuring that comprehensive benefit checks were undertaken in relation to charging and had an excellent Welfare Rights service. • Public information, including complaint leaflets, was available through a range of local centres and service users we met told us they knew how to complain. 	<ul style="list-style-type: none"> • Information on which service users get which services in what circumstances were not always sent to all inquirers, as a matter of routine. • Access to services in response to assessment sometimes varied according to where service users lived on the island. • Social services was not proactive in promoting access to services for people from minority ethnic groups. • We saw no evidence on case files we read, that complaint leaflets were given to service users as a matter of routine.
RECOMMENDATIONS	
<p>The social services should ensure that all enquirers are sent information on which service users are entitled to which services and the circumstances in which they would be provided.</p> <p>The social services should ensure that service users and carers are able to access services, regardless of where they live.</p> <p>The social services department should take a proactive approach to identifying and meeting the needs of older people from minority ethnic communities and their carers.</p> <p>The social services department should ensure that all service users and carers receive information on the complaints procedure, as a matter of routine.</p>	

Eligibility and Fair Access

- 7.1 Staff were using the eligibility criteria effectively and that the application of the criteria was being closely monitored by managers. The department was engaged in a review of the eligibility criteria under the Better Care Higher Standards Guidance. Information on the criteria was available to the public through information leaflets. However, we consider that the leaflets could more plainly set out which service users and carers would get which services in what circumstances.
- 7.2 Councillors and managers were conscious of the need to ensure that service users and carers had fair access to services, wherever they lived on the island. Access worked well in the towns and surrounding areas where services were configured. However, we were told by a number of social services staff, independent and voluntary sector providers about difficulty in the recruitment and retention of staff in more rural areas. That made provision of services in those areas a significant challenge for the department.
- 7.3 Apart from the problems experienced by service users in rural areas, we considered that access to services worked well on the Isle of Wight.

Access to Services for People from Minority Ethnic Communities

- 7.4 The department was aware that progress on ensuring fair access to services for people from minority ethnic communities was slow. The population, measured in the 1991 census, was 0.7 per cent although the department also acknowledged that the numbers, in 2002, would have grown. We were aware that in such a small population, older people from minority communities may not always be able to access services that responded sensitively to their individual needs. We were also aware that the department had a responsibility to meet the legal requirements of the Race Relations Amendment Act to take a proactive approach to the establishment of culturally sensitive services.
- 7.5 Training for staff was provided as part of the care management update training and the council was engaged in the process of developing its Race Equality Scheme.
- 7.6 We were not told about any plans to actively recruit people from minority ethnic communities as part of the department's recruitment plans.
- 7.7 We considered that people from minority ethnic communities may not always receive the same quality of access to services as people living in majority communities and concluded that the department needed to develop links with these communities and identify their needs.

Charging for Services

- 7.8 The social services department was updating information on the charging system, which was being reviewed in response to the Governments' Fair Access guidance. Service users were assessed by financial officers when charges were made for residential services and fieldwork staff received training on the charging policy through the care management update programme.

Good Practice

Welfare Rights Service

The department had an excellent Welfare Rights Service that consisted of a Welfare Rights Officer and a Welfare Rights Assistant.

We were told that the service responded to all complex cases when service users or carers needed support to challenge the outcome of an assessment for welfare benefits.

When a challenge was made against a council department, service users and carers were referred to the Citizens Advice Bureau.

The welfare rights service had a 95 per cent success rate.

We concluded that it was commendable that the department provided such a high quality service to service users and carers.

Using the Complaints System

- 7.9 The complaints leaflet was available in social services offices, doctors' surgeries, hospitals and libraries. We were aware however that not all service users received a copy of the leaflet, as a matter of routine. However, service users we interviewed told us they knew how to complain and who to complain to.
- 7.10 In our survey, 29 of the 33 users who responded told us they knew how to complain. The complaints officer told us that complaints had increased by 50 percent in the past year, mainly connected with the withdrawal of domestic services. We concluded that service users were engaging effectively with the department and were able to comment on the services they received.
- 7.11 The department had protocols in place for responding to complaints that had a health and social care component. Systems were also established for providing information on complaints to managers, supervisor and the training department so that social services were able to learn from the outcome of complaints. We considered this commendable.

Cost and Efficiency

8

STANDARD 5: COST AND EFFICIENCY

Social services commissions and delivers services to clear standards, covering both quality and costs, by the most effective, economic and efficient means available.

This standard looks at whether;

- financial management was effective;
- the key elements for good commissioning were in place; and
- social care services for older people were included in the council's Best Value performance management framework – and users and carers benefited from resulting improvements.

STANDARD 5: Cost Efficiency

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • Social services had a scheme of budget delegation which was clear to management and staff. • Team managers were being encouraged to be proactive in working with financial officers to manage budgets. • The department was aware of the unit costs of services and was using the information to good effect. • The department had many of the elements of a commissioning organisation and had developed a proposal on joint commissioning with the PCT. • The department was moving into a new phase of market management and recognised the need to modernise its relationship with external providers. • The department had completed a best value review of community care services. 	<ul style="list-style-type: none"> • Input of data on categories of care packages into the ACCISS system was not always accurate and this was undermining the department's aspirations to measure achievements and monitor spend. • The department did not yet have mechanisms in place to work with the voluntary sector comparable to those developed with private providers. • A value for money study of internal provider services had not been undertaken as part of the community care best value review.
RECOMMENDATIONS	
<p>The social services department should ensure that all data fed into the ACCISS data collection system is an accurate reflection of the content of care packages.</p> <p>The department should develop a consultation process with the voluntary sector, similar to that in place with private providers.</p> <p>The department should undertake a value for money exercise on internal home care services.</p> <p>The department should establish a multi-disciplinary panel to inform decisions about admission to residential and nursing care and to explore community based alternatives available to older people.</p>	

Effective Financial Management

- 8.1** The social services department had experienced significant financial pressures in recent years. In 2001/02, councillors provided extra resources that increased the department's budget by 11 per cent. The director was able to use a significant amount of those resources prudently, to increase funding for a range of services for older people and achieved better outcomes as a result.
- 8.2** The department had a clear scheme on delegation on budgets and managers and staff were aware of the procedures. During the time of this inspection, decisions on commissioning care packages costing more than £150 were made at third tier level. We spoke to many care managers who found that arrangement frustrating and considered it undermined their professional autonomy.
- 8.3** The director was aware of this and plans were in place, supported by training, to delegate decisions on residential placements, within agreed contract prices, to team manager level. However, the director was also aware of the need to control spending as part of an overall strategy to manage finances. We considered that the departments plan to delegate budgets nearer to care managers should achieve more efficient decision making which would improve outcomes for service users, carers and for staff.
- 8.4** We were surprised that the department did not have a multi-disciplinary panel in operation to inform decisions on admission to residential care and exploration of community based alternatives. The Isle of Wight had good relationships with housing and health agencies and such a panel would enhance the authority's ability to take more informed decisions.
- 8.5** Community care budget information was held on the department's financial database (FIDO) and in the services users database ACCISS. Senior management received monthly reports on budgets and information on spend on homecare and residential services was extracted from the ACCISS system on request, to inform management decisions.
- 8.6** However, information managers told us that care managers were not always consistent in the information categories they used to record purchasing decisions. We concluded that while the department was making significant efforts to manage budgets, that effort could be undermined by doubts about the accuracy of the information being put into the system.

Quality and Cost Effectiveness

- 8.7 The contracts section maintained a comprehensive list of services purchased on a block or grant basis. The information was available to managers and staff as a unit cost (which included 'on costs'). Managers and staff were aware of unit costs and their role in maintaining spend on care packages within limits when possible. The department planned to identify transaction costs as a component part of 'on costs' by 2003/4, to make purchasing decisions more efficient.
- 8.8 The department recognised the limits of the system for recording costs, through the manual input, by care managers into the service users and carer electronic files, as described above. However, plans were in place to establish a new information system that should improve the collation of more robust data and allow more accurate analysis.
- 8.9 The department had agreed an increase in the level of fees paid to independent sector providers for residential, the care component of nursing and domiciliary care services. We met with a group of independent providers and they told us that they considered the increase did not cover all the costs of providing services and they were still negotiating fee levels for the next financial year. The relationship between the providers we met and the department had suffered from a difficult history. However, the department had made significant efforts to improve the relationship and the independent sector acknowledged those improvements. We concluded that further work was needed, on both sides, if the department's aspiration to achieve the provision of high quality care services was to be realised.

The Key Elements of Good Commissioning

- 8.10 The commissioning function for the department was the responsibility of the Acting Head of Adults Services and the commissioning strategies we read reflected the needs analysis in the Health Improvement Plan. They included plans to monitor the development of the market and respond to changing need. Some examples of this were plans to further develop provision of intermediate care and to pilot extra care sheltered housing.
- 8.11 Specialist contract staff supported the commissioning strategy and we were provided with examples of contracts that reflected commissioning intentions.
- 8.12 Private sector providers told us that although they were more involved in discussions about commissioning, they considered that they, and the department, would benefit if they were involved earlier in the process of strategic development.

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- 8.13** The perception some of the voluntary sector organisations we met, was that they were less involved than the private sector and had a considerable amount of expertise to offer, which, they believed, was not being fully used by the department.
- 8.14** We concluded that the authority had a good understanding of the needs of older people and had a number of elements of good commissioning in place. Further work is needed to ensure that all the outline commissioning strategies identify the detailed needs of older people living in isolated rural areas and those from minority ethnic communities. The strategies also need to identify how the authority and partners will establish high quality cross-sector services to meet those needs. We also considered it crucial to success of commissioning arrangements that both the department, the private and the voluntary sector continue to work together to plan services.

Best Value

- 8.15** We inspected the Best Value Review of Community Care Services as part of this inspection. The authority concurred with our view that the absence of a value for money study, in relation to its home care services undermined the integrity of that work. We considered that the costs of the services compared well with independent sector providers, but were aware that the apparent lack of transparency was further undermining the department's relationship with external providers.
- 8.16** The department had improved a number of services following previous best value reviews and had plans to further improve care management services, in provision of meals on wheels and home care contracting. We were able to conclude that, apart from the value for money exercise on the domiciliary care services, the department had a good record of improving services as a result of Best Value reviews. (See Chapter 9)

Management and Resources

9

STANDARD 6: MANAGEMENT AND RESOURCES

Social services has management and accountability structures that commission and provide effective services.

This standard looks at whether:

- organisation and management arrangements were effective;
- management information, and staff policies and procedures contributed to the work of management;
- councillors had clear responsibilities;
- training and qualification was given importance; and
- there was ethnic monitoring of the workforce.

STANDARD 6: Management and Resources

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • The department was engaged in negotiations with health partners to provide integrated services to older people. • Existing arrangements had clear lines of accountability and benefited from good working relationships. • Staff were experienced, had a good skills mix and were positive and enthusiastic about working in the department. • Unqualified staff had clear opportunities to develop their careers through NVQs and Dip SWs. • The department had clear policies and procedures in place and staff knew what was expected of them. • Councillors were proactive in their approach to support for the department and were aware of their responsibilities in relation to social services. • The department took a proactive approach to training and training needs were systematically linked to the directorate's objectives. • A workforce planning template was being developed within the department. • The department was contributing to the corporate response to the Race Relations Amendment Act (RRA). • The department was working on a recruitment and retention strategy with independent sector partners. 	<ul style="list-style-type: none"> • Management information systems were urgently in need of modernisation. The directorate was aware of and addressing these issues.
RECOMMENDATIONS	
<p>None.</p>	

Organisation and Management

- 9.1 The retirement of the Head of Operations, in May 2002, had provided the opportunity for the department to reconsider the structure for commissioning older peoples services across the social care and health sectors. The proposed structure referred to in detail at 4.3 should provide a structure that would support the department and the PCT's aspirations to provide a seamless service to older people.
- 9.2 Staff and managers we met were mostly positive about the proposed integration. However, we also met a few staff who felt that there was too little detail available about how the proposals would operate in practice. As a result, they had anxieties about what it would mean for them in personal and professional terms.
- 9.3 Where services were provided across organisational boundaries service users, carers, managers and staff told us they worked well. The proposed structural changes outlined at 4.3, will further enhance that development.
- 9.4 The existing arrangements had clear lines of accountability and staff were aware where decisions were made and who to approach for support.
- 9.5 Adult services had been reorganised, in the last year, into duty assessment and long-term specialist teams, as a result of a best value review. The new structure had settled well and had the support of staff and managers as well as service users.
- 9.6 Managers in directly provided services were aware of the need to provide best value and were working to improve the quality of services and reduce costs.
- 9.7 Our survey of staff showed that the department had a high number of staff who either had a professional social work or other professional qualification. We met staff who had nursing qualifications who were employed as care managers within social services and who considered this enhanced their care management role. We concurred with that view. We met staff and managers who we judged to be multi skilled. Our survey showed that staff had many years of experience, they were proud of and positive about their work and loyal to the department and to the council.
- 9.8 Some staff told us they felt frustrated at the high level of budget delegation and the quality of IT systems. However, most comments were related to the availability of services and the restricted choice available to service users and carers.
- 9.9 Staff we met, and some of those who commented in our survey, told us that they received regular, high quality supervision, and they had confidence in the support they received from managers.

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- 9.10 Personnel support to the department was provided through the council's central personnel function.

Information, Policies and Procedures

- 9.11 There was a range of management information available to managers and staff and they made good use of the information they received. The senior management team monitored performance indicators closely and had succeeded in establishing a performance management culture in the department.
- 9.12 The guidelines and procedures for care management had been in place for a number of years and reflected the department's approach to promoting independence. Reviews were carried out on a regular basis and those cases we tracked as part of the inspection, showed they reflected the assessed needs of service users.
- 9.13 Information about changes in the work or policies of the department was given out in team meetings and a staff newsletter also kept staff informed.

The Responsibilities of Councillors

- 9.14 Councillors were well informed about and supportive of social services. Extra resources had been made available and councillors had close links with local communities on the island, which kept them informed about the needs of local people. They were proud of the progress the department had made in the past two years and were aware of the challenges ahead. Councillors were also aware of and supported, the proposals to integrate social care and the PCT, provided it led to improvements in outcomes for service users.
- 9.15 Senior councillors met with the director on a regular basis and received financial and performance management information on achievement of national and local performance indicators.
- 9.16 A Cabinet Member held the portfolio for social services and sat on the NSF Local Implementation Group. A Select Committee had a role in scrutinising social services decisions and was working on a new work programme at the time of the inspection.
- 9.17 We judged that councillors were well informed about the work of the department and committed to the development of high quality services for older people.

Qualification and Training

- 9.18** We considered the department made good use of training to improve outcomes for service users.
- 9.19** The department had a training plan and training needs were identified through supervision and personal development plans and the service planning process. We were told about the increase in promoting independence training made available when the intermediate care and rehabilitation services were being developed. Managers told us about the departments commitment to continuous professional development for staff who wanted to remain in a care management role, as well as those who wanted to gain promotion.
- 9.20** Staff were provided with updates on the development of the care management process on a regular basis. We considered this a useful process but were concerned that it appeared to include a wide range of topics, such as equal opportunities, which could benefit from more dedicated input.
- 9.21** Training in anti-discriminatory practice, for adult services was part of all training offered. We were interested to hear that children's services had, in the past year, requested a refresher module on anti-discriminatory practice. We considered that, given the lack of challenge from minority ethnic communities the department would benefit from this training being made available to adult services as well.
- 9.22** External providers were able to access social services training on issues such as Adult Protection and NVQs, at cost.
- 9.23** The department was engaged in developing a bid, with the Isle of Wight Partnership, to raise European Social Funding to support independent care sector vocational training.
- 9.24** Occupational therapy staff, employed by social services, were able to access training within the NHS that helped them to continue their own professional development.

Ethnic monitoring of the Workforce

- 9.25** The department provided us with a final draft of their equal opportunities policy as part of the inspection. The workforce was monitored and the department identified the achievement of Investors in People as evidence of commitment to equality of opportunity.
- 9.26** The personnel department, located in Central Services carried out workforce monitoring, and the numbers of people from minority ethnic

communities matched the numbers of people from those communities measured as part of the 1991 census.

- 9.27** The department was represented on the Local Workforce Reference Group that was focusing on workforce planning for older people's services across social services, health and the independent sector. As part of that work, the department was working on a workforce template to plan for the next three years.
- 9.28** We considered this was a good opportunity to ensure that equality of opportunity, for people from minority ethnic communities is given a central focus in workforce planning.

Standards and Criteria

A

STANDARD 1: NATIONAL PRIORTIES AND STRATEGIC OBJECTIVES

The council is working with health and other agencies to ensure the delivery of national priorities for social care, the national Personal Social Services objectives and their own local strategic objectives.

Criteria

- 1.1** Social services¹ has a clear strategy for responding to the national objectives for social services and the national priorities guidance (so far as they concern older people and carers) and is implementing this strategy.
- 1.2** The council has established local objectives and performance measures for social services for older people and they reflect national objectives and priorities and Best Value.
- 1.3** Social services plans social care services for older people:
 - involving and consulting with users and carers;
 - in collaboration with health (including through Primary Care Groups/Trusts), other parts of the council and other agencies; and
 - through the appropriate range of planning mechanisms.
- 1.4** The council collaborates with health to consider the potential for joint financial arrangements, including pooled budgets, lead commissioning and integrated provision. [1999 Health Act flexibilities].

¹ Criteria and standards that start with “*Social services...*” use the phrase to refer to the social services department in the council or (in councils with social services responsibilities that do not have a traditional social services department) to that part of the council that carries out social services powers and duties.



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- 1.5** The council is preparing to implement the social care components of the NHS Plan and National Service Framework for Older People.

STANDARD 2: EFFECTIVENESS OF SERVICE DELIVERY AND OUTCOMES

Older people receive responsive social services which promote independence and support them to make the most of their own capacity and potential.

Criteria

- 2.1** Service users and their carers feel that the services they receive are of good quality and responsive to their needs.
- 2.2** Services:
- actively promote independence and seek to reduce dependency;
 - respond to service users' identified needs and achieve agreed outcomes;
 - seek to maintain the dignity of
 - service users; and
 - are reliable, timely, flexible, accessible, non-intrusive, supportive of informal arrangements and adaptable to changing need.
- 2.3** The range of services available is sufficiently broad and varied to meet service users' and carers' needs and includes:
- relevant specialist focus (for example, mental health, physical disability and sensory impairment);
 - availability outside office hours;
 - preventive services (particularly prevention of avoidable hospital, residential and nursing home admission); and
 - rehabilitation (particularly following a stay in hospital).
- 2.4** Older people are safeguarded against abuse, neglect or poor treatment whilst receiving social care.
- 2.5** Social services works collaboratively with health, housing, other parts of the council and other agencies to provide services.

- 2.6** Service providers manage and monitor their services to ensure that they are of good quality, responsive to need and promote independence.

STANDARD 3: QUALITY OF SERVICES FOR USERS AND CARERS – INFORMATION AND CARE MANAGEMENT

Older people and carers benefit from convenient and person centred assessment and care management arrangements.

Criteria

- 3.1 The public benefits from information that helps them to know how to go about getting social services.
- 3.2 Referral and initial response systems are convenient and consumer friendly for service users and carers.
- 3.3 Assessment and care planning arrangements:
- promote independence and choice;
 - are needs-led and timely;
 - prevent avoidable hospital admission and facilitate timely hospital discharge and rehabilitation;
 - operate out of office hours for emergencies;
 - involve other professionals;
 - are multi-disciplinary when they should be;
 - offer opportunities for health and other agencies to play a role in care management;
 - involve users and carers as active participants and contributors;
 - include risk assessment and planning; and
 - address the full range of the social care needs of the local population of older people, including mental health needs, physical disability and sensory impairment.
- 3.4 Care plans are:
- comprehensive and address strengths as well as needs;

A

- given to service users and carers;
- in accessible formats; and
- reviewed systematically to see whether users' individual needs have changed and whether services are providing the best outcomes.

STANDARD 4: FAIR ACCESS

Social services acts fairly and with consistency about who gets what social care services, and how charging works.

Criteria

4.1 Eligibility criteria:

- inform existing and potential service users and carers about what sorts of people with what kinds of needs qualify for what types of services;
- help fieldworkers to carry out effective assessments and then match services to assessed needs; and
- result in everyone being treated fairly.

4.2 People have fair and equal access to services and those with similar needs are assured of similar access and outcomes regardless of where they live (consistency).

4.3 Social services is proactive about promoting access to services for people from minority ethnic groups.

4.4 Specific social care needs that arise from older people and carers' cultures and lifestyles are respected and responded to.

4.5 The system for charging is transparent, fair and consistent.

4.6 When service users or carers want to comment about their services there is an effective mechanism for listening to them and the complaints system works well for users and carers.

STANDARD 5: COST AND EFFICIENCY

Social services commissions and delivers services to clear standards, covering both quality and costs, by the most effective, economic and efficient means available.

Criteria

- 5.1** There is clear management accountability for budgets, with financial and managerial responsibility aligned as closely as practicable and supported by robust systems.
- 5.2** Social services knows the unit costs of all its services (whether provided in-house or contracted out to the voluntary or private sector) and uses this information to manage efficiently and to encourage competition in the provision of good quality responsive services.
- 5.3** Social services has in place the key elements for good commissioning – needs analysis, strategic planning, contract setting and market management, and contract monitoring.
- 5.4** The council has a programme of Best Value Reviews set out in a local performance plan and it includes social services for older people – and the review of these services has a clear way of determining Best Value which includes comparison with others and challenge to the status quo.
- 5.5** Service users and carers benefit from the improvements in quality, cost and efficiency that result from the Best Value performance management framework.

STANDARD 6: MANAGEMENT AND RESOURCES

Social services has management and accountability structures that commission and provide effective services.

Criteria

- 6.1** Social services has ensured appropriate organisational and management arrangements are in place for services for older people and their carers.
- 6.2** Organisation and management are supported and informed by:
- management information; and
 - policies and procedures for staff.
- 6.3** Councillors have clear responsibilities for social services for older people and their carers, including arrangements for the review of policy and strong scrutiny arrangements for performance.
- 6.4** Social services ensures that social care workers are appropriately skilled, trained and qualified, and promotes the uptake of training at all levels.
- 6.5** Social services monitors the composition of its workforce as part of an equal opportunities strategy to ensure that the workforce profile reflects the composition of the local community.

National Background and Methodology

B

National Policy

- B.1** In 1998 a new national agenda for improving older people's care was set out for councils with social services responsibilities within the White paper *Modernising Social Services*. The key parts of the agenda were about:
- promoting independence;
 - providing services more consistently across the country;
 - making the system more centred on service users and their families and as convenient and straightforward as possible for people to use; and
 - better joint working between health and social care to help people get the services they need.
- B.2** In March 2001 the *National Service Framework (NSF) for Older People* was published. It set new standards of care for all older people, whether they live at home, in residential care or are being cared for in hospital. Its aim is to ensure:
- high-quality care and treatment, regardless of age;
 - older people treated as individuals, with respect and dignity;
 - fair resources for conditions which affect most older people; and
 - easing of the financial burden of long-term care.
- B.3** The objective of the inspection was to evaluate the implementation by councils with social services responsibilities of the national and local objectives relating to the social care needs of older people and the quality of outcomes for service users and their carers.
- B.4** This inspection builds on SSI's work since 1993 of inspecting social care services for older people. It also reflects the national policy direction that is set out in *Modernising Social Services* and the *National Service Framework for Older People*. The areas of performance (or domains) of the performance assessment framework are the subject headings for the

B

individual inspection standards. Best Value is looked at throughout the standards and particularly Standard Five.

- B.5** This inspection was part of the second phase of a national programme of inspection of services for older people. The first phase looked at the extent to which councils were addressing the new national policy agenda as far as older people were concerned. For the second phase the emphasis shifted to examining the extent to which policy objectives were being met, services were being reshaped around the needs of individuals and measurable improvements in service outcomes were being achieved.
- B.6** An inspection design team created the inspection methodology. The standards and criteria were refined in the light of comments from a reference group of people from within and outside the Department of Health. They were slightly amended for phase two to reflect the developing policy agenda.
- B.7** The standards and criteria are the measuring tool that inspection teams use to evaluate each council's social care services for older people.

Inspection Method

- B.8** Before the inspection fieldwork we asked Isle of Wight to write a position statement and give us their own evaluation of their performance in relation to the standards and criteria. We were sent relevant documents to explain and support this evaluation. This exercise helped prepare us and saved us time in asking some questions during fieldwork.
- B.9** We also conducted two pre-fieldwork questionnaire surveys to gain further information. We sent a questionnaire to every social services fieldworker involved in care planning and assessment for older people and a separate questionnaire to 100 service users and carers. This questionnaire was sent to the service user but could be completed by the users or their carer.
- B.10** The response rate in Isle of Wight to the user and carer questionnaire was 33 per cent. Thirty-two fieldworkers returned their questionnaire. In the service users survey 21 of those who responded stated they were service users, two stated they were carers and five stated they were both. In addition, one stated they were not either and four did not answer the relevant question about their status.
- B.11** We used a range of other sources to gain more pre-fieldwork intelligence about Isle of Wight. This included reading the Joint Review report and previous inspection reports. We looked at a range of published data, including the Performance Assessment Framework. During the course of the inspection we travelled round Isle of Wight and met and spoke with service users, carers, a wide range of staff from social services and the council, and representatives of the local NHS, voluntary organisations and

B

services providers. The Social Services Inspectorate – Performance inspector for Isle of Wight also briefed us.

- B.12** We read and analysed data about Isle of Wight. Where charts in this report use other named social services councils, they are the councils CIPFA has advised us are comparable.
- B.13** The fieldwork consisted of three inspectors spending nine working days in Isle of Wight.

People We Interviewed

C

C.1 While we were in Isle of Wight we had meetings with the following people:

- councillors, member of cabinet and Chair of the Select Committee;
- the director of social services;
- acting head of adult services;
- direct services manager;
- head of housing providers;
- head of central support;
- business development manager;
- users rights and complaints manager;
- finance manager;
- first line managers of community services;
- manager of occupational therapy services;
- care managers;
- internal direct provider managers and staff;
- the National Care Standards Commission manager;
- planning and strategic managers from the NHS;
- providers of private sector residential, domiciliary and nursing home services;
- groups and individual care managers;
- community care officers;
- welfare rights officer;

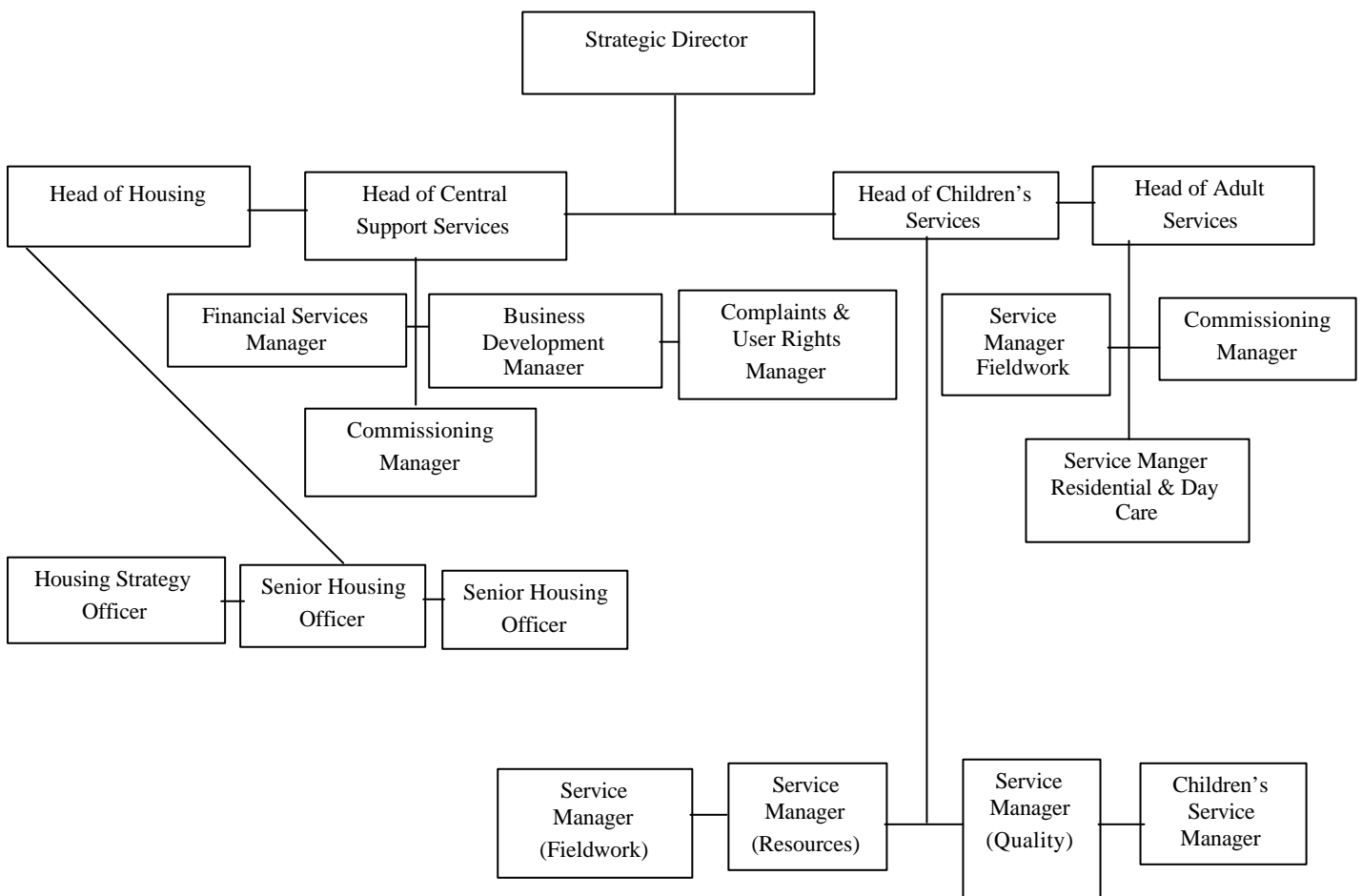
- managers responsible for monitoring quality and contracts;
- training officer;
- carer's representative and carers group; and
- voluntary sector providers.

C.2 We also visited occupational therapy services at St. Mary's Hospital, Sound Advice, The Adelaide Rehabilitation and Day Hospital, the Gouldings Rehabilitation Unit, the West Wight Older People's Team, and several residential and nursing home establishments where we met service users, staff and carers.

Structure Chart of Isle of Wight Adult Services

D

D.1 Social Services and Housing structure chart:



Results of Questionnaires for Service Users

E

Service User Questionnaire

E.1 We asked 100 service users a range of questions about their experiences of services in Isle of Wight. We received 33 replies, which was a return rate of 33 per cent. The figures are the actual returns.

Making Contact	Always	Usually	Sometimes	Never	Not Stated
Are staff easy to contact?	16	15	1	1	0
Are staff easy to talk to?	22	10	0	0	1

Source SSI survey of service users

Involving you	Always	Usually	Sometimes	Never	Not Stated
Do the staff listen to you	19	12	0	0	2
Are you given choices about what happens?	14	14	3	1	1
Are you asked to say what you think about services provided?	12	8	6	5	2

Source SSI survey of service users

Informing you	Always	Usually	Sometimes	Never	Not Stated
Have you been given a care plan?	18	5	2	3	5
Are you told what is happening at each stage?	14	8	4	2	5

Source: SSI survey of service users

Informing you (continued)	Yes	No	Don't Know	Not Stated
Do you know to make a compliant?	29	2	0	2
Have you been told that you can see your records if you wish?	14	8	9	2
Have you been told that, if you wish, you can use a interpreter?	3	3	4	23
Have you been told that, if you wish, you could have a friend or advisor to support you?	19	4	2	8
Do you know how social services work out the changes for your service?	13	12	4	4
Do you think the charge is fair for what you get?	23	5	2	3

Source: SSI survey of service users

How satisfied are you?	Always	Usually	Sometimes	Never	Not Stated
Are you treated fairly?	20	11	1	0	1
Do staff treat you with respect?	24	8	0	0	1
Are you cultural need (religious, dietary) met?	14	9	0	0	10
Are staff reliable?	16	15	1	0	1
Is the service flexible to meet your needs?	13	17	2	0	1

Source: SSI survey of service users

What's changed?	Always	Usually	Sometimes	Never	Not Stated
Have you had the services that you wanted?	15	13	4	0	1
Have you had to wait for services to begin?	5	2	12	10	4
Have the services helped you?	22	7	1	0	3

Source: SSI survey of service users

E

What changed? (continued)	Better The Same Worse Not Stated			
Overall, since receiving social services, how is your situation?	26	3	4	0

Source: SSI survey of service users

Results of Questionnaires for Staff

F

Staff Questionnaire

F.1 We asked staff working in assessment and care management a range of questions about their experiences of working with older people in Isle of Wight. All questions referred to work with older people. We received 33 responses. The answers are actual returns.

	Very Good	Good	Poor	Very Poor	Not Stated
Arrangements for hospital admission and discharge	1	17	10	1	4
Arrangements with health in other contexts	3	25	3	0	2
Arrangements with housing	1	23	6	1	2
Arrangements for assessment and care planning	12	13	6	0	2
Out of hours work	3	23	0	0	7
Available services	1	21	6	0	5
Arrangements to address national objectives – promoting independence and rehabilitation	0	26	2	2	3
Available public information	2	22	7	0	2

Source SSI survey of staff