



Making Social Care  
Better for People

## Service Inspection Report

# INDEPENDENCE, WELLBEING AND CHOICE

## WALTHAM FOREST COUNCIL

October 2007



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# INSPECTION OF INDEPENDENCE, WELLBEING AND CHOICE

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## Waltham Forest Council

October 2007

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## Introduction and Background

An inspection team from the CSCI visited Waltham Forest Council in October 2007 to find out how well the council was safeguarding people whose circumstances made them vulnerable.

The inspection team also looked at how well Waltham Forest Council was delivering personalised services and working in partnership. To do this the team focused on services for people with learning disabilities.

Before visiting Waltham Forest, the inspection team reviewed a range of key documents supplied by the council and assessed other information about how the council was delivering and managing outcomes for people. Crucial to this was the council's own assessment of their overall performance. The team then refined the focus of the inspection to cover those areas where further evidence was required to ensure a clear and accurate picture of how the council was performing. During their visit, the team met with people who have learning disabilities and their carers, staff and managers from the council and representatives of other organisations.

This report is intended to be of interest to the general public, and in particular for people who use services in Waltham Forest. It will support the council and partner organisations in working together to improve the lives of people and to meet their needs.

## SUMMARY

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### 1. Safeguarding Adults

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#### Delivery of Safeguarding

The Commission rates council performance using four grades. These are: poor, adequate, good and excellent. **We concluded that Waltham Forest Council's safeguarding of adults was good.**

Adult safeguarding had improved a lot in the 12 months from November 2006. We found a good deal of commitment and energy from managers and staff to deliver good safeguarding services. There were sound new policies and procedures, but these had only been issued to staff and partner agencies a month before the inspection. The Safeguarding Adults Board was becoming an increasingly effective strategic body. We were pleased that staff and managers leading on safeguarding investigations were all qualified social workers, although not all had appropriate training. There was a small safeguarding team who were successfully supporting council staff and partner agencies to improve their practice. Clear and accessible safeguarding information was available.

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Training had increased and was being offered to a very wide range of social care staff, managers and partner agencies. However, we were concerned that only one per cent of provided services staff had been trained during 2006/07. A programme of briefings was being given to them to raise awareness of each person's duties about safeguarding. We were concerned about the high number of alerts there had been involving registered care homes and other care providers, but we saw that the situation was improving during 2007. A few other key people had not been trained who should have been, for example, most advocates supporting people who had been abused.

Case practice was generally safe, and most staff worked effectively within the safeguarding procedures. Staff were better guided and supported by managers. Appropriate action had been taken against people who were guilty of abuse. People who funded or employed their own care had been given some advice about their rights to be protected. However, we were concerned that some vulnerable family carers were not being protected within a safeguarding process when the person they cared for was violent towards them. There were fewer alerts about black and minority ethnic people than could have been expected. It was disappointing to see that a planned outreach project to look into this had not gone ahead. Privacy and confidentiality was properly ensured in safeguarding practice.

### **Capacity to Improve Safeguarding**

The Commission rates council capacity to improve its performance using four grades. These are: poor, uncertain, promising, and excellent. **We concluded that capacity to improve safeguarding adults in Waltham Forest Council was promising.**

Managers had recognised the need to further improve the safeguarding regime and they had done so with considerable drive. Senior managers had made staff aware that safeguarding was being given a higher priority. Their work with partner agencies was also beginning to show very good results. They had established the role of Safeguarding Champion across the social care and health community to further promote good practice. They were aware of what else needed to be done to further improve safeguarding and open to suggestions from inspectors. However, they had not put in place an agreed process for serious case reviews until July 2007.

Adult safeguarding was not mentioned in some key strategic plans, and the Safeguarding Adults Board was not formally linked into all relevant strategic forums. However, there were good informal links. The work of the board did not have any formal governance, and the involvement of councillors was under-developed. Managers had recognised these shortfalls, and were taking steps to improve them.

Managers were tackling the poor performance of some registered care through commissioning, including the introduction of safeguarding

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statements in some contracts. This had met with a good deal of success although there was more work to do with providers. Quality assurance checks for safeguarding were only in the early stages of development, but had made a promising start. Data collection had improved a lot and it was being used to guide the board's priorities for further action.

### **Delivering Personalised Services**

#### **We found that the delivery of personalised services for people with learning disabilities in Waltham Forest Council was satisfactory.**

Staff were praised by people who used services for being respectful and person-centred in their approach. People were well served by the joint learning disability team's commitment to work co-operatively. However, a minority of provider staff did not work in these positive ways. Assessments of need were thorough but there was no single assessment process. Care plans were not always adequate in depth or accurate. Good general information was available for people with learning disabilities. However, documents about a person were rarely translated into their first language, or made accessible for them.

There had been progress in implementing Valuing People's aims. Many more people were in paid work, getting qualifications, living in the community and using local facilities. Day care services were becoming more responsive and less institutional. However, there was more to do to modernise day opportunities and to help people to use mainstream health care. People said they sometimes had to wait too long for a review of their needs and for major disability adaptations to their homes. More people had person-centred plans and health action plans, but it was sometimes difficult to see what positive changes had resulted from them.

More people were employing their own staff through direct payments, and the Independent Living Fund (ILF) was used well to promote social inclusion. Many people felt they had more choices than in the past. More people from black and minority ethnic communities were choosing their own personalised services through these payments. There were also valued specialist services for people from those communities. Good help was available in emergencies out of office hours. The processes for young people in transition to adulthood were improving, but many carers felt that the process had not been clear or supportive for them. Spending on advocacy was low, but opportunities for people to speak up were good and increasing.

#### **We also found that the council's capacity to improve the delivery of personalised services was encouraging.**

Increasingly, people who used services were being asked for their opinions, and we heard about some management action from this feedback. However, carers felt less engaged with and trusting of council decision-making processes. The commissioning strategy for learning disabilities services lacked analysis and a clear response to all needs, for

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example, the need to commission services within borough for people with complex needs. However, we saw that in practice, those kinds of services were being commissioned and put in place.

Managers were showing leadership and guidance to their staff about the need to work in a person-centred way, and to promote independence. In line with the national picture for learning disabilities services, the Learning Disability Partnership (LDP) had not fully resolved the challenges to achieving value for money whilst increasing modernised services. There were clear contracts with external providers and regular quality monitoring of these.

### **Working in Partnership**

**We found that partnership working in Waltham Forest Council was variable.**

Services for people with learning disabilities had improved since they had been brought together under one manager in the same building. We found that people from different organisations and professions were working well together to create and strengthen services. Outcomes for people using services were improved by the good joint training offered by the council to a range of agencies.

The arrangements between the council and the PCT for making decisions about care and funding for people with complex needs worked well. National guidelines were properly followed. There were firm joint plans for 2008/09 to further improve continuing health care assessments.

**We also found that the council's capacity to improve on working in partnership was improving.**

There were examples in Waltham Forest of excellent multi-agency partnerships creating wider choices and more personalised services. There was an active Valuing People partnership board that included some people who use services. They were helped to take full part in the board's work. However, the board did not have strong input from carers. The general relationship with carers needed improvement by the LDP.

The four-agency learning disability partnership was working reasonably well. Its written agreements had been reviewed and extended. Waltham Forest Primary Care Trust (the PCT) had financial pressures but these had not adversely affected partnership working. People with learning disabilities had benefited from very productive partnerships with Supporting People services. However, relationships with parts of the voluntary sector were more strained.

## RECOMMENDATIONS

Outcome theme	Recommendations
<b>Safeguarding adults</b>	<ul style="list-style-type: none"> <li>• The council, working in partnership with CSCI, should implement the following in order to safeguard people in registered care services from abuse:               <ul style="list-style-type: none"> <li>○ amend all contracts to include expectations about safeguarding practice</li> <li>○ ensure all provider staff and managers are trained in safeguarding awareness</li> <li>○ hold an audit of cases about registered services to identify common themes.</li> </ul> </li> <li>• The council should ensure that its safeguarding processes are applied to protect vulnerable carers who are being harmed by the people they care for.</li> <li>• Safeguarding managers should ensure that the proposed black and minority ethnic outreach project begins as soon as possible.</li> <li>• The council should ensure that appropriate training and guidance is given to:               <ul style="list-style-type: none"> <li>○ advocates who are dealing with safeguarding issues</li> <li>○ Waltham Forest Direct 'first contact' staff</li> <li>○ all lead investigators</li> <li>○ HIV/AIDS and Drug and Alcohol Services' staff.</li> </ul> </li> <li>• Safeguarding leads should hold annual quality audits safeguarding case records and practice, and feed back their findings to practitioners.</li> <li>• Managers should better protect people who have self-directed carer by:               <ul style="list-style-type: none"> <li>○ examining the tensions between their general duty of care to ensure the safety of vulnerable people and the freedoms given by self-directed care</li> <li>○ ensuring that those people have a review after the first three months and six months of the self-directed care arrangements.</li> </ul> </li> </ul>

<p><b>Delivering personalised services</b></p>	<ul style="list-style-type: none"> <li>• The LDP's staff should better promote carers' assessments and carers' services.</li> <li>• Carers' lead managers should provide checklists within carer's and joint assessments so that staff are reminded to offer carers all possible support.</li> <li>• The council should explore ways of making more annual reviews happen in practice.</li> <li>• The council should put in place their proposed measures to ensure major disability adaptations happen more quickly and efficiently.</li> <li>• The LDP should make documents about each person accessible in terms of their disability or language needs.</li> <li>• The LDP should review the duty service to give help that is more personalised, and has better continuity.</li> <li>• The council should ensure that all providers in the independent sector give services that are personalised, provide choice and promote independence.</li> </ul>
<p><b>Working in partnership</b></p>	<ul style="list-style-type: none"> <li>• As regards partnerships with carers, the LDP should make further efforts to: <ul style="list-style-type: none"> <li>○ better communicate their vision and plans for service improvement</li> <li>○ recruit new carers to the Valuing People Partnership Board</li> <li>○ create better links from that board out to all carers.</li> </ul> </li> </ul>

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## CONTEXT

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The London Borough of Waltham Forest is an outer London borough, although its southern half has the characteristics of the inner city. It has a population of about 227,000 people. Around 44 per cent of those are of black and minority ethnic origins, and this is expected to rise to 55 per cent by 2012. Younger people make up a lot more of the general and ethnically diverse populations than the national average. Waltham Forest will be part of the 2012 Olympic site.

The number of adults known to have learning disabilities in Waltham Forest is 880. This figure is rising year by year as more young people come into the service and fewer leave it than in the past. Of those 880 people, 42 per cent are from black and minority ethnic communities.

A CSCI inspection of services for older people in March 2006 found that the majority of older people were being served well with promising capacity for further improvement. In October 2007, CSCI's annual performance assessment said that Waltham Forest had good delivery of outcomes and promising capacity for improvement. The council's current performance rating for adult social care is two stars out of a possible three.

The Autumn 2007 annual performance assessment letter from CSCI noted the following general strengths in adult services: a good range of information and activities to promote health and wellbeing; increased take up of direct payments; improved safeguarding arrangements; a range of effective consultations with people using services; and growth in the range of services to improve training and employment opportunities. CSCI noted the areas needing development as being: too few reviews of care; the quality of many residential and domiciliary care services; falling numbers of black and minority ethnic people receiving services; and ensuring value for money.

The focus group for two of the themes of this inspection (personalised services and effective partnership working) was people with learning disabilities. In Waltham Forest, services are commissioned and provided for this user group by Redbridge and Waltham Forest Learning Disability Partnership. Two councils and two primary care trusts are the partner agencies. This report relates only to Waltham Forest.

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## KEY FINDINGS

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### Safeguarding Adults

#### 1.1 Safeguarding against poor treatment

The safeguarding of vulnerable adults had become more robust in the 12 months preceding the inspection because several good safeguarding measures had been put in place. We saw that the improved safeguarding policy, procedures and formats followed national guidance, and that care had been taken to issue these widely. However, they had only just been issued at the time of the inspection. Because of this it was too early to tell whether they would be used by all stakeholders to improve practice and outcomes. Safeguarding lead personnel were pro-active and knowledgeable. They were successfully supporting others to improve their awareness, practice and recording.

Due to greater safeguarding awareness the number of referrals about suspected abuse had increased from 91 in 2005/06 to 159 in 2006/07. The numbers were continuing to increase in 2007/08. In 2006/07, Waltham Forest Council's comparator group average was higher at 192 referrals about safeguarding. However, Waltham Forest was in line with its comparator councils in fully completing about 80 per cent of safeguarding investigations.

There was clear public information available about adult safeguarding in leaflets and on the council's website. It was good to see it in accessible form on a website developed especially for people with learning disabilities. The website's 'Say No to Abuse' section had received almost 37,000 'hits' in the year to July 2007. An easy-read leaflet was also available. However, some people were not sure where to get help out of office hours about being bullied.

The number of safeguarding alerts relating to people from Waltham Forest's black and minority ethnic communities was lower than would be expected. Black and minority ethnic people make up 41 per cent of the adult population, but only 30 per cent of safeguarding alerts were about them. The council had acknowledged that they needed to find out why. However, we were disappointed to hear that an outreach project planned in January 2007 had not been implemented by October.

Safeguarding case records showed us some instances of sound casework practice. A range of staff told us they felt better supported in recent months to respond to safeguarding alerts. Firm action had been taken against workers who were known to be guilty of abuse. However, the quality of safeguarding management, practice, recording and risk assessment was still variable. This suggested to us a lack of consistent management oversight and audit.

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## **1.2 Making sure that staff and managers know what to do**

We were pleased to find that all safeguarding investigators, and their supervising managers, were qualified social workers. Some lead investigators were carrying out complex investigations without having had recent appropriate training. However, more training was arranged for leads in the coming months.

Training arrangements for safeguarding had improved in general. There were clear processes for managers and human resources leads to identify staff training needs. Formal training and briefings were being offered more widely across the social care and health community. We heard how this was leading to staff from more agencies taking safeguarding action. However, we noted some evidence that a small minority of staff and managers were still not at all clear about their duties.

We were concerned to see that only one per cent of independent sector care staff had some training in protecting vulnerable adults by March 2007. In recognition of this problem, in recent months Waltham Forest had made efforts to brief and train providers about safeguarding awareness. More briefings were planned for early 2008. Most providers had received the new safeguarding policy and procedures, including police referral forms. Some told us that the council had communicated with them about safeguarding in positive ways that promoted their commitment and co-operation. Many staff had attended related courses, for example, *Dignity, Respect and Cultural Awareness* and *Behaviours That Challenge*.

To ensure that safeguarding strategy meetings were conducted properly, 30 managers had attended courses on chairing them. A course for minute takers was offered to administrators but there were still not enough to cover all meetings. It was good to see that sensitively adapted awareness training was also being offered to some vulnerable adults and carers.

The Emergency Duty Team had been trained in safeguarding awareness. However, we were concerned that Waltham Forest Direct switchboard staff had still not had training to identify alerts, as recommended by CSCI in early 2006. Referrals from these sources were not collected for analysis. Training and guidance was in place for one advocacy agency, but were lacking for most advocates who supported people who use services during their safeguarding investigations. Inspectors noted that there had been no recorded alerts from either HIV/AIDS and Drug and Alcohol Services.

## **1.3 Making sure that there are services to help prevent abuse and neglect**

We found that safeguarding processes had not been applied to protect vulnerable carers who were being harmed by the people they cared for. We saw little evidence of risk assessment or contingency planning for carers in this situation. The most that had been offered was emergency respite for the carer during a crisis. Some carers thought that the council might

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remove or make a scapegoat of their abusive relative. We noted that there had been no recorded safeguarding alerts about carers in 2006/07. As one carer said:

*'Even though the awful aggression was damaging one family member's health very seriously, no help for us as carers was put in place at that time of real worry. And, yes, I feel that because we are a Muslim family, there was an assumption we would just cope – and we do'.*

We were pleased to find that self-funding residents in care homes were included in any safeguarding action in those homes, and that data about this was being properly collected. People hiring self-directed care with direct payments had been properly advised to employ carers whose criminal and Protection of Vulnerable Adults (POVA) list records had been checked. However, no other consideration had been given to ensuring the safety of the increasing numbers of people employing their own carers through direct payments, individual budgets and the national ILF.

In most cases safeguarding procedures had been closely followed by social workers to good effect. However, sometimes efforts to ensure that every protective avenue had been explored were lacking. In one case, the abused person refused services that could regularly monitor their safety. This refusal was accepted too readily by staff in view of that person's vulnerability. It may have been possible to build a working relationship over time to persuade them to accept some help. In another case where a young person had been seriously abused in their home, the opportunity to make a check of current risks in the home was lost because the first community care assessment visit was held in the social work office. The issues and decisions from good safeguarding work with individuals were not always linked to mainstream care management processes or work plans about them.

Police liaison in casework was increasing, and we saw that this was benefiting vulnerable adults. Data was kept about police involvement in cases. However, they were not always included in discussions by lead investigators in cases where it would have been appropriate to do so. Also, police were not always available to attend meetings.

#### **1.4 Making sure that people's privacy and confidentiality are respected**

Privacy and confidentiality were assured through each agency's confidentiality procedures. There was a long-established multi-agency information-sharing protocol. Rightly, access to certain database fields was restricted. However, not all safeguarding records included agreements to share information signed by the protected person.

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## **1.5 Making sure that POVA arrangements are robust and work well**

There had been an Adult Protection Committee in Waltham Forest from mid-2005. In line with national guidance, an Adults Safeguarding Board was set up in its place in January 2007. The board had become a more effective strategic forum. There was an action plan to set out priorities to improve safeguarding, and the board met regularly to monitor progress. However, some key strategic partners, for example, Community Safety Net and the Probation Service, were not involved. The attendance of some members was inconsistent. Adult Social Care (ASC) managers had considered who else might be invited to be a member, and had also acted to improve attendance.

An operational safeguarding management group linked to the board was beginning to drive forward improvements. Similarly in this group, attendance by a few external partners was not always consistent. Strategic links had been made very recently with the Local Safeguarding Children Board. The intention was to better plan the continued safety of vulnerable young people moving into adult services.

A Safeguarding Adults Team, under a Service Manager, was established in late 2006. Stakeholders across the health and social care community all agreed that this had strengthened many areas of safeguarding.

## **1.6 Capacity – leadership in safeguarding**

Managers had recognised the need to improve safeguarding awareness and practice, both within ASC and across partner agencies. Stakeholders agreed that the leadership and action that ASC's managers had shown from late 2006 had led to much better safeguarding arrangements. It was evident that the board, with lead personnel, had secured greater ownership and clearer management of safeguarding issues by some key partner agencies during 2007.

After learning disabilities abuse enquiries in other regions, Waltham Forest managers took timely action. They held a local review meeting about their own services, and revised the processes for dealing with aggression between people using services and for managing challenging behaviour. In 2006, managers established the role of Safeguarding Champion to give particular encouragement to staff in services where it was needed. Fifteen champions were trained that year, and nine had received full accreditation at the time of the inspection.

Adult safeguarding was not sufficiently embedded within wider strategic plans, and it was not a formal part of relevant strategic forums. However, we noted that less formal links were being made as some members of the Safeguarding Adults Board also attended other strategic forums. ASC managers had recognised the need to improve strategic co-operation, and were talking to corporate leads about this at the time of the inspection.

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The board did not report directly to any governance body to ensure arms-length monitoring and the promotion of adult safeguarding. The involvement of councillors was under-developed. However, it was planned that a council scrutiny committee would look at safeguarding in January 2008.

The process for serious case reviews had only been agreed by board members since July 2007, and to date no reviews had been held. There was no protocol for merging serious case reviews with NHS partners' processes for dealing with 'untoward incidents'. We judged that this reflected a previous lack of ownership by all partners until 2007's widespread improvements began to take effect.

### **1.7 Capacity – commissioning for safeguarding**

We were concerned about the high number of safeguarding alerts in registered care homes, and allegations against other paid carers. The homes included Waltham Forest' Council's own, as well as those in the independent sector. In the 164 cases investigated in 2006/07, the council noted that 69 abusers were paid carers of some kind. Managers were tackling this problem as a priority with providers of care homes through a number of measures. Their good efforts were showing pleasing results during the later part of 2007. However, we judged from case records, discussions with stakeholders and information that CSCI already held that there was more safeguarding improvement work to do with providers.

The use of contract specifications to establish and monitor safeguarding expectations for providers was inconsistent. Some recent contracts had a section with clear and appropriate safeguarding specifications, but others only stated requirements about employment of staff within national POVA guidelines. Quality audits of safeguarding records, practice and outcomes were only in the very first stages of development.

A greater willingness to work in productive partnership to safeguard adults was shown in recent times by key agencies. The three local NHS Trusts offered staff time and other assistance. However, partners had not contributed to a pooled budget to ensure sufficient funds for safeguarding improvements.

Data collection had become more thorough with the help of safeguarding lead personnel. We were pleased to see data was not simply being collected but also analysed to guide priorities for action. For example, seeing a high number of financial abuse cases, the receivership manager was invited on to the Adults Safeguarding Board. However, continued data analysis and action along these lines was needed.

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## 2. Delivering Personalised Services

### 2.1 Access to assessment and care management

People with learning disabilities felt that most assessment and provider staff were respectful, inclusive and caring. We heard the following comments:

*'My social worker is nice and she listens to me. She helps my mum and dad too. We talked about my religion and how important it is'.*

*'They listened to what I wanted when I had a review'.*

*'I like having a support worker. My support worker asks if I'm OK'.*

Some staff were more skilled at person-centred working than others. Some, but not all, had had training in this area. People thought that some staff in day care or supported living didn't always help them in this way. Some could even be dismissive of their concerns. As one person said:

*'Sometimes they ignore me or ask me to go away because they're too busy'.*

Clear and accessible general information was available, particularly through the helpful *wherecani?* learning disability local website. Links to this site from the council's website could have been clearer. There was an accessible Care Programme Approach (CPA) assessment format to help people with mental health difficulties understand that complex process. Disappointingly, other documents about a person were rarely made accessible for them in terms of language or disability, for example, their care plans or reviews. One person said:

*'Too much paper. I sometimes get lost and it's difficult to understand'.*

The duty service was staffed by a different person each day which challenged continuity of care. In recognition of this, the service was reviewing how well duty worked. Users of the duty service reported that it could be inconsistent and not person-centred. One carer told us:

*'If you have a named social worker it's a good service, but if you haven't, and you have to go through to whoever answers the phone that day, it can be very frustrating indeed'.*

The LDP had good joint health and social care processes for deciding how best to help each person in need. People were also well served by LDP professionals' strong commitment to work together productively. People with a dual diagnosis benefited from co-located specialist services, and a joint CPA process. Although the learning disability service had been integrated for four years, the plans for single assessment were only just

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being finalised at the time of the inspection. The case records for social care and health professions were still separate too.

People and their carers sometimes waited too long for the benefits of some assessments, reviews and services. In 2006/07, only 75 per cent of annual community care reviews were held instead of the target 100 per cent. However, we found that those reviews undertaken were thorough and person-centred. About delays a person with learning disabilities said:

*'Review doesn't happen quickly or it doesn't happen at all. There are delays in changing your housing. Delays are happening because of busyness or not enough staff'.*

Carers reported very long waits for major adaptations to their homes to help them care for physically disabled people. In recognition of the problems, managers had made a budget growth bid to fund a co-ordinated community independence team. Typical of similar comments we heard, one carer said:

*'We have waited nearly three years for the special bathroom that we need. My husband has really had to push and push to get things sorted. Well, he's the one who gets up to do the night toileting, and then works the next day'.*

Care plan formats (as set out in the council's database) were not adequate. Some assessors had worked around this to plan in a more thorough way. However, people's assessed needs were not always translated into care plans by assessors, and some planning lacked an outcome focus. We were impressed by the LDP's personalised risk assessments for individuals.

The number of person-centred plans, and people's own involvement in making them, had increased. However, out of 880 people known to the service, only 151 had a plan by January 2007. It was not always clear what had changed in the person's life as a result of having a person-centred plan. The plans were seldom reviewed to see whether any goals had been achieved. The number of health action plans was increasing, and they were becoming more individualised from a rather routine approach in the past.

Person-centred and health action planning had not been automatically linked to the transition process for every younger or older person. Many carers told us that the transition to adulthood process for their young relative had not been at all well co-ordinated. One carer, speaking of her experience two years ago, said:

*'When (name) left school it was not good, in fact it was shoddy on the part of staff. I found out that she could no longer have her usual (children's) respite from the respite home manager! And no respite had been set up by the adult social worker for me instead. But to be fair, I've heard other mothers say that since then, things have got better when they're leaving school'.*

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People in transition had not had the benefit of interface protocols, operational procedures, or a single assessment process to be used by staff. Good, person-centred procedures were in the final stages of development for young people, but not for older people.

No carers aged 65 and over had received an assessment or review of their own needs during 2006/07. Many carers felt a lack of personalised support and real outcomes for them from assessment. The number of carers' assessments was too low, and there was no local target for increasing the number of joint assessments.

## **2.2 Availability of out-of-hours services**

Continuity of care was assured by effective systems and good joint working between the Emergency Duty Team and the LDP. Waltham Forest Direct was available on Saturday mornings. However, people felt they lacked information about who to contact in a crisis out of office hours. The effectiveness of the council's out of hours response was challenged by the limited availability of social workers, according to a June 2007 council report about improving customer access.

Emergency respite was available for carers in a few care homes. It was good to see that some specialist respite care had been commissioned for people with complex needs. Specialist psychiatry was on call and psychiatric assessment and treatment beds were usually available. However, there was limited out of hours specialist learning disabilities support in the community to prevent admissions for people experiencing mental health crises.

In line with the principles of Valuing People, the service was aiming to see more people using mainstream activities in their leisure time. Good use had been made of the national ILF to pay for support enabling more people to access their community. For example, we heard how ILF had helped people to go swimming, or to attend church or mosque. Supported living staff were also helping people to use local facilities such as cafes. However, no day centre was open for extended hours to help working carers. Limited evening and weekend activity was run by the voluntary sector.

## **2.3 Range of services**

More people were being helped to understand and take part in activities that promoted their health and wellbeing. This included going to the gym or swimming, talks about healthy eating, and lower calorie food offered at day centres. The LDP's nurses held sexual health clinics. They were reviving an evening health promotion course at the time of the inspection.

Most assessment staff had not had recent training in working with people from diverse communities. However, in practice, a highly diverse workforce helped to make up for this omission. Some black and minority ethnic people's needs were being met very well through the ILF. The Asian Women's Day Service was highly valued by women with learning

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disabilities and their carers. Its work was also leading to greater acceptance of other services, such as respite, by this community. Good, supportive work had been done with gay and lesbian people by LDP staff.

Day care modernisation plans were taking a long time, partly because the service was making good efforts to take into account all stakeholders' views. Large buildings continued to tie up capital resources. However, individual day opportunity support brokers, and other staff, were helping people to have more fulfilling daytime activities. People particularly valued the art and drama sessions on offer.

Carers had the benefit of several forms of respite, including in their own homes. There was a part-time support worker for older carers, and a carers' drop-in run by Mencap. Carers could access training courses or a web-based learning programme. Free Waltham Forest Leisure Cards were offered to promote carers' wellbeing, and free massage sessions were offered. Waltham Forest Council provided 14,420 carers' breaks in 2006/07, just under the average of 14,760 provided by their comparator group of councils.

We heard praise for some services from carers. Here are two examples:

*'Markhouse (day centre) and the staff are wonderful – I can't praise them enough. Made such a difference to my son's life, such improvement in him'.*

*'I never thought that (name) would be able to live in a flat instead of a nursing home, but the support and help he gets means he really can do it'.*

## **2.4 Promoting independence and choice**

People were being helped to be more independent and in control than in previous years. There were now more choices for them in employment, day opportunities and supported housing. More personalised, community-based services were developing, but progress on Valuing People had been slower in some areas.

People with highly complex needs were being given the chance to live independently within new projects. For example, a community supported housing unit had been set up recently for people with high dependency. Most of those people had been in NHS long-stay care for many years. It was making use of assistive technology to promote independence and safety. This project was featured and praised for excellence and innovation by the House of Commons.

We were very pleased to see that 129 people had been helped into paid work by the end of 2006/07. Waltham Forest's comparator group average was much lower at only 43 people in employment. It was also encouraging that many people were being helped to gain relevant qualifications in their jobs. They valued this support into paid work. Here are two typical comments:

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*'I love my job and I'm paid a fair wage. The people who support me here have time to talk, and let me try harder tasks. I've already been helped to get some certificates but I'm going for an NVQ – I've just been assessed on the job by a college for that'.*

*'In supported employment, I learnt about different skills. How to work with engines and how to talk to customers'.*

Direct payments were being used creatively to promote choices, but the support arrangements needed a more individual approach. Many people we spoke to had never heard of direct payments. However, at the end of March 2007, 35 people with learning disabilities were receiving direct payments in Waltham Forest, with only 26 people on average receiving them in comparator group councils. There was good use of direct payments to meet the diverse needs of people from black and minority ethnic communities. The percentage had fallen slightly from 59 per cent in 2005/06 to 55 per cent during 2006/07. However, this figure had risen again to 61 per cent during 2007.

The ILF was used successfully to give greater community access to some people, and to meet the needs of people from diverse communities. Individual budgets had been carefully piloted but only one person with learning disabilities was receiving at the time of the inspection.

We heard good examples of how advocates had worked closely with people who use services, and with other professionals, to ensure good outcomes in complex situations. A range of advocacy services was available, including specialist advocacy for people from black and minority ethnic communities. People's awareness of the benefits of having an advocate was increasing, partly through the *wherecani?* website.

In 2006/07, Waltham Forest spent the very low amount of £32,000 from council funds on advocacy for people with learning disabilities. Comparator councils spent £92,000 on average. Recognising this shortfall, Waltham Forest had spent £82,000 of the Government's Learning Disabilities Development Fund (LDDF) on advocacy. As well as traditional advocacy, it was good that people were helped to speak up for themselves in a range of ways. Some new projects for younger people, including those with complex needs, were developing. These were giving greater voice to young people, and supporting them to make choices during the process of moving towards adulthood. One person said:

*'I have an advocate. It's like a friend who helps me at meetings or if someone is trying to boss me about how to live my life. It's good to have an advocate'.*

Almost all the people we had contact with believed that they did not have any right to access their own records. However, we noted that the letters sent out by the LDP had this information on them in accessible form.

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## **2.5 Leadership**

After a slow start, the aims of Valuing People were being better implemented in recent years. There was an active Valuing People Partnership Board, co-chaired by a person who had learning disabilities. The board had appropriate task groups, but attendance and progress achieved by the groups had been variable.

Increasingly, people with learning disabilities and their carers were being asked what they thought about services. There were some examples of managers responding and changing plans as a result of this feedback. However, some people felt that consultation was not always genuine, as some decisions had already been made without them. People were well supported to understand how to be a leader in their community and to take part in decision-making. They also had access to two leadership courses to help them build these skills.

Managers were showing leadership to front-line staff about improving and modernising service delivery. Staff said this communication was clear and supportive. Seeing that full day care modernisation plans were taking longer than anticipated, managers had successfully improved daytime opportunities within day centres. For example, one was now employing people to work in the centre's restaurant and café, and people told us they valued those jobs.

The council was only just beginning to show a lead to other employers with regard to increasing employment and work experience opportunities for people with learning disabilities. A human resources strategy to promote this was in early discussion. The local NHS trusts had not increased these opportunities.

## **2.6 Commissioning for personalised services**

The LDP joint commissioning strategy had no analyses of changing demographics, resources or risks on which to base commissioning for the coming three years. However, the fundamental service review and service plan were more thorough, and captured most of what needed to be done. Despite recent additions to services, there were some shortfalls of provided care within the borough boundaries for people with complex needs, severe challenging behaviour and dementia. However, there was no commissioning plan to identify new providers to meet complex needs until 2008/09, and no mention of dementia or challenging behaviour in the service plan.

The fundamental service review report of February 2007 had a thorough and detailed analysis of the challenges to achieving better value for money. Managers had ensured that the review had the benefit of external advice and governance. It had clarified the challenges in providing personalised services and what should be done to meet them. However, to date, there had been no significant progress in achieving better value for

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money, or a related reduction in costs. We noted that Waltham Forest was a relatively low spender on learning disability services. In 2006/07, the council was in the bottom third of 33 London authorities, ranking 23<sup>rd</sup> in total expenditure on learning disabled people.

We were impressed by some excellent examples of multi-agency partnerships to achieve more opportunities for people in the community. A supported housing project for people with high needs involved successful planning between 10 agencies and carers. The Alice Burrell Day Centre, a run-down and institutional building, was being re-developed with housing partners to create a new resource building and a café. Both will be open to the public.

The voluntary sector was commissioned to help promote personalised approaches. These included supported living, advocacy, person-centred planning, individualised day care for people with high needs, social inclusion and special support for older carers.

In-house providers of care were more aware of the vision and plans for more personalised services than independent providers, who were less 'in the loop'. Provider managers attended a council-led forum, but front-line staff from those agencies were less well-informed. There were clear contract specifications to set out commissioners' expectations and robust monitoring with independent providers. There were no similar service level agreements or monitoring regime with in-house providers, but they were subject to regular monitoring service reviews.

Some quality assurance measures were in operation, but there was no over-arching quality framework to make them less fragmented. There was a workforce development plan for ASC, and it was good to see that training was jointly arranged between several agencies.

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### **3. Working in Partnership**

#### **3.1 Joint working**

We found several good examples of joint working by front-line staff resulting in improved outcomes for people with learning disabilities. Sound joint case working between social care and health professionals was evident. As one carer said:

*'The social workers seem to know a lot of other people that they work with who can help. For instance, my son's social worker got us help from a psychologist, and helped us to find a good support agency too.'*

There were also examples where staff in local services had decided to work together to benefit people in a range of ways. For example, an adult education site that needed a coffee shop now had one,

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staffed by people with learning disabilities who needed work and training.

In some local areas of Waltham Forest Leisure Service staff were working well with a range of professionals to improve people's health and social inclusion. However, these benefits were not apparent across all areas of the borough. A sports strategy for disabled people was in development.

The council was working in partnership with the PCT's Public Health Service to promote health and wellbeing in Waltham Forest. However, the long-term direct benefit for people with learning disabilities was not yet fully evident. There were no joint measures to ensure that they accessed mainstream health services in greater numbers, for example, cancer screening, or falls and strokes prevention. The council was working with local adult education colleges to ensure that people had better access to mainstream courses.

Outcomes were improved for people through the joint training offered to partner agencies by the council and the LDP. It had led to staff having better skills around safeguarding and person-centred approaches, and stronger working relationships. Long waits for some health assessments and interventions, for example physiotherapy, had sometimes adversely impacted on social care. The LDP integrated service had not been able to resolve this issue.

### **3.2 Continuing care**

The arrangements for making decisions about continuing health care, and joint funding for complex care, worked well. Managers worked correctly within national procedures. In practice, there were few difficulties about making fair decisions in partnership.

A plan for 2007/08 said that all people with learning disabilities who have significant health needs will have specialist continuing care health assessments. It was also planned to give such people who were not able to make decisions for themselves the benefit of independent mental capacity advocacy.

### **3.3 Leadership**

The integration and co-location under single management of learning disability services had shown clear benefits for people with learning disabilities and dual diagnoses. Written agreements under Section 31 of *The Health Act 1999* had long been in place with the PCT, and these were being reviewed. However, budgets were only partially pooled, so managers lacked the flexibility and rationalisation a single budget would bring.

Managers had not ensured that the Learning Disabilities Partnership Board had strong input from carers, or clear links out to other carers. The service had rightly ensured that carers played a major role in the day services modernisation task groups. However, the general partnership with carers

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by the LDP was not fully successful in terms of communicating the national and local vision, and in creating trust and goodwill.

There were few service interface protocols known about or in use by staff, and this had sometimes led to people not getting the right service when needed. This was particularly the case between the LDP and parts of the mental health trust, even though a protocol did exist. Sometimes there were also case responsibility tensions between the LDP and the First Response Adults generic teams. The senior management arrangement for resolving case responsibility and resource disputes was under-used. However, the care of patients with learning disabilities was better promoted by a new protocol between the LDP and Whipps Cross Hospital.

Information and communications technology presented difficulties to operational services, rather than being a sound basis for the business. The partnership with the PCT had been little help in improving the situation. The council's database, and the helpful InfoView electronic tool for managing performance, could not be used because social care staff were located in a PCT-owned building.

There was no joint PCT and Council workforce strategy for Waltham Forest. However, the council was leading a multi-agency workforce development partnership forum which had effectively pooled training resources. LDP's recruitment was managed by the partner Redbridge Council, and job vacancies were advertised across its partner agencies. We thought that the LDP's practice in having people with learning disabilities and carers on interview panels for all levels of jobs was highly commendable.

### **3.4 Commissioning**

It had just been decided to continue the four-agency partnership arrangements for learning disabilities services as it showed benefits. Despite its financial difficulties, Waltham Forest PCT had not transferred any costs to social care, and relationships continued to be positive. However, in 2006/07 the PCT had kept £50,000 to pay for continuing health care out of £210,000 from the LDDF Government grant, instead of allowing the service to spend it on making Valuing People developments happen. This was considered to be poor practice by the national Valuing People Team.

Partnerships with the Supporting People service were productive, and were continuing to improve outcomes for people with learning disabilities. A recent jointly commissioned contract had developed a further 23 supported living units. A framework agreement to cement this partnership, involving both Waltham Forest and Redbridge Councils, was about to be drawn up.

However, as regards the voluntary sector, partnerships were not always mutually trusting and productive. Some felt that confirmation of their funding came too late each year. There was no Waltham Forest voluntary sector strategy to set out how it could help with the further modernisation

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of services. However, the LDP used Redbridge Council's strategy for guidance.

The three-year Section 31 agreement had been fully reviewed. As a result a decision was taken that some PCT contracts with commissioned providers could only be issued for that year instead of a more stabilising three-year period.

## APPENDIX 1    INSPECTION THEMES AND DESCRIPTORS

<b>INSPECTION THEME 1 (Core Theme)</b>	
<b>People Are Safeguarded</b>	
1.1	Almost all people are effectively safeguarded against abuse, neglect, embarrassment or poor treatment whilst using services.
1.2	The CASSR makes sure that almost all internal front line staff as well as staff in external organisations within the CASSR area are aware of how to identify vulnerable adults and respond appropriately to concerns.
1.3	Almost all workers are aware of and routinely use a wide range of high quality preventative support services and this has led to a discernable, sustainable increase in the reporting of incidence of abuse and neglect and a satisfactory closure to almost all of the cases.
1.4	Privacy and confidentiality are assured through appropriate policies and procedures, and compliance is usually well managed.
1.5	Adult Protection committees, or similar arrangements are in place, work effectively and accord to POVA requirements.

<b>INSPECTION THEME 3</b>	
<b>People Receive Personalised Services</b>	
3.1	From the first point of contact, almost all referral, assessment, care planning and review processes are undertaken:  <div style="margin-left: 40px;">with respect for the person; and</div> <div style="margin-left: 40px;">in a timely manner.</div>
3.2	The CASSR has assessed what services need to be available out of working hours and what responses are required for urgent/unpredictable support and care needs. These services are provided and there is evidence that they meet almost all needs effectively.
3.3	Almost all people who use services and their carers report that:  <div style="margin-left: 40px;">they have to tell their story only once as a result of local SAP (or CPA) arrangements;</div> <div style="margin-left: 40px;">Care Plans include clear accounts of planned outcomes;</div> <div style="margin-left: 40px;">they have been told how they can access any records kept about them; and</div> <div style="margin-left: 40px;">advocacy services have been offered.</div>
3.4	The range of services is broad and is able to offer choices and meet preferences in almost all circumstances.
3.5	The CASSR promotes independence and choice supporting almost all people by:

	<p>enabling them to continue to live in the environment of their choice, providing a robust network of support to make this an effective option. Where this is a residential setting, the CASSR is doing everything possible to prevent people being moved from one care home to another for financial reasons;</p> <p>routinely and systematically making almost all people aware of the availability of self directed services (such as Direct Payments, ILF and individual budgets or variations) and encouraging the take up of these services when appropriate. There is evidence of increasing take up of self-directed services across all groups of people who use services, both in terms of numbers of individuals and the amount taken up; and</p> <p>having evidence that almost all those using self directed services consider they are more in control as a result.</p>
3.6	There is universal access to initial assessments to determine the needs of the individual, regardless of whether a person intends to self-fund, and whether they are eligible for CASSR provision.
3.7	Almost all people are clearly assigned to a team or manager for assessment and the meeting of their needs. Where assessed needs <i>are</i> to be met, each person's individual needs are met, rather than by an assumption of the general needs of clients with specific conditions or disabilities. No individuals fall between services due to the ineffective working of this process.

<b>INSPECTION THEME 7</b>	
<b>People Benefit From Effective Partnership Working</b>	
7.1	<p>The CASSR has well-developed, and consistent joint working arrangements with health partners and other relevant agencies or departments evidenced by:</p> <p>Single Assessment for older people and/or CPA for mental health having been fully planned and fully implemented;</p> <p>these processes showing a positive impact for almost all people who use services; and</p> <p>needs being holistically considered and services assigned in effective partnership.</p>
7.2	There is a clear protocol between the CASSR and the PCT(s) covering continuing care. This is effectively implemented. Disputes are rare and are dealt with effectively, adversely affecting only a few people needing care.

<b>Leadership</b>	
8.1	<p>Highly competent, ambitious and determined <b>leadership skills</b> of senior officers in the council champion the needs of all people who use adult social care and their carers, to ensure that vulnerable adults are safeguarded and receive personalised services, and benefit from effective partnership working.</p> <p>Senior officers make sure there is <b>effective staff contribution</b>, both within the organisation and across partnerships, to planning and delivery of key priorities and to meeting suitably ambitious outcomes in the selected themes.</p>
8.2	<b>Plans</b> to ensure the delivery of the selected themes <b>are comprehensive</b> and linked strategically and address key developmental areas. They identify <b>national</b>

	<p><b>and local priorities</b> for the selected themes<sup>1</sup>. Realistic <b>targets</b> are being set and are being met.</p> <p>Coordinated working arrangements across the council and with external partnerships are reflected in <b>strategic planning</b> to ensure delivery of the selected themes. There is evidence that this working has resulted in improvements in the selected themes.</p>
8.3	There are the <b>people, skills and capability</b> in place at all levels to deliver <b>service priorities</b> and to maintain high <b>quality services</b> to ensure the good outcomes in the selected themes.
8.4	<b>Performance Management, quality assurance</b> , and scrutiny arrangements are in place and effective to ensure that good outcomes in the selected themes: performance improvement can be demonstrably linked to management action.

Commissioning	
9.1	The council, working jointly with relevant partners, has a detailed <b>analysis of need</b> for the selected themes with comprehensive gap analysis and <b>strategic commissioning plan</b> that links investment to activity over time. Expenditure on relevant services reflects national and local priorities and is fairly allocated to meet the needs.
9.2	The council secures services relating to the selected themes at a <b>justifiable cost</b> , having identified the range of options available and made comparisons in terms of quality and cost with other areas and nationally. There are robust <b>financial management planning and reporting systems</b> in the services delivering the selected themes.
9.3	<p>The council makes sure that all people who use services, carers groups and staff groups relevant to the selected themes are integral to the commissioning process through <b>consultation, design and evaluation of service provision</b>.</p> <p>There is evidence that the council has information about costs in relation to quality and these are used in strategic and service planning and in commissioning to improve the economy, efficiency and effectiveness of the selected themes.</p>
9.4	<p>The council has a clear <b>understanding of the local social care market</b> relating to the selected themes and there are innovative measures taken jointly with providers to meet the needs of both publicly funded and self-funded individuals.</p> <p>Optimum use is made of <b>joint commissioning and partnership working</b> to improve the economy, efficiency and effectiveness of the selected themes. Informed choices are made about the balance of cost and quality in commissioning and de-commissioning services.</p>

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<sup>1</sup> Safeguarding Adults / Delivering personalised services / Working in Partnership

This inspection was one of a number of inspections carried out by the Commission for Social Care Inspection (CSCI) in 2007 under the Independence, Wellbeing and Choice agenda<sup>2</sup>. The aim of this inspection was to evaluate how well adults were safeguarded by Waltham Forest Council and how well the council was meeting the needs of people with learning disabilities in relation to:

- delivering personalised services; and
- working in partnership.

The inspection had a particular emphasis on improving outcomes for people. The views and experiences of adults in need of community social care services, and their carers, were at the core of this inspection.

An inspection design team created the inspection methodology. The Themes and Descriptors (see Appendix 1) were developed from the CSCI's Outcomes and Descriptors<sup>3</sup>.

The inspection team consisted of two inspectors from CSCI and an 'expert by experience'. At the beginning of the inspection process, we invited the council to provide evidence, supplementary to that provided in their annual self-assessment survey, related to the focus of the inspection. Before the fieldwork, we reviewed all available evidence on the performance of the council.

We wrote to Waltham Forest's partner agencies for their views about the council in relation to the focus of the inspection.

The fieldwork consisted of six days 'on site' in the council community. During the fieldwork, we met a wide range of people with knowledge and experience of the services provided and commissioned by the council, including:

- people who had experience of receiving services
- organisations which advocate or represent people who use services and carers' interests
- council staff
- key staff in other parts of the council and its partner organisations.

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<sup>2</sup> Department of Health 'Independence, well-being and choice' (2005) and subsequent White Paper 'Our health, our care, our say' (2006).

<sup>3</sup> CSCI 'Outcomes Framework for Performance Assessment of Adult Social Care' 2006-07

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