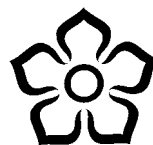


LEICESTER CITY COUNCIL

CHIEF EXECUTIVE'S ANNUAL REPORT 2001

ON THE SOCIAL SERVICES DEPARTMENT'S

REGISTRATION AND INSPECTION TEAM



Leicester
City Council

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1.0 INTRODUCTION

Leicester City Council is responsible for the provision of Social Services to City residents. As Chief Executive I have a specific responsibility to carry out an annual review on the work of the Service Standards Unit's Registration and Inspection Team. This is my fifth and final year for this annual review.

I should like to record my thanks to the staff of the Unit for the year on year improvements recorded in my reports during the first five years of the new Unitary Council.

I also commend with thanks the following whom have helped to shape improvements to the service:-

The Children's and Adult Advisory panel who over the last five years have supported and, where necessary, appropriately challenged the registration and inspection function.

All the providers who have each year contributed to this report through completing questionnaires.

Voluntary Action Leicester for their support work with lay assessors and independent persons.

All the Lay assessors and independent persons for their time and contribution.

As required a copy of this report will be sent to the Department of Health's Social Services Inspectorate by 1st October 2001.

The Registration and Inspection Team in Leicester plays a key role in ensuring that thousands of people across the City have access to safe, comfortable and quality care services. Alongside it's monitoring and inspection function, the Team works with proprietors or managers of care establishments to assist them in getting the very best from the services they offer. The Team have keenly promoted openness and have worked in partnership with providers to improve standards.

The team acts independently from the Social Services Department; to demonstrate this the Head of the Service Standards Unit reports directly to the Director of Social Services, and the offices are located on the outskirts of the city and are based at 400 Thurstaston Road.

[Appendix I of this report shows the organisational chart]

Once again this year, the Team has successfully completed all its statutory inspection targets. A total of 380 establishments were inspected. Two enforcement notices were issued to residential homes, which required the homes to take urgent remedial action.

A total of 161 complaints made against care establishments have been investigated by the team. This is a reduction on last year's figure of 216 thus demonstrating an improvement in standards.

This year (2000 – 2001), in addition to the above the team undertook Rutland's registration and inspection function and dealt with all the transfer arrangements for Rutland.

The survey conducted with providers has been complimentary of the service.

This is the last year that such a report will be produced by Leicester City Council as the work relating to Under 8s as of 1st September transferred to OFSTED and work relating to adults and residential children's care will be transferring to the National Care Standards Commission on 1st April 2002.

This has been a difficult and challenging year for the staff. In addition to current workloads both OFSTED and the National Care Standards Commission have made additional demands on the team. There has inevitably been a period of additional pressure for all concerned which has had an affect on staff morale, despite this staff have worked very effectively throughout this period.

Strategies are in place to ensure that the statutory inspection targets will still be met and that the workload will transfer fit for purpose.

The Head of Service Standards has contingency plans in place to allow for any difficulties in completing the inspection programme for 2001-2002.

This year has been a unique year, and hence unique arrangements have been made; this report should therefore be read within the context of this major change.

Rodney Green
Chief Executive
September 2001

2.0 BACKGROUND

- 2.1 Joint Reviews provide an independent assessment of how well the public is being served by social services locally. The reviews identify what councils do well and highlight those areas that could be improved.
- 2.2 The outcome of the Joint Review's assessment of Social Services was released in March 2000. The Registration and Inspection Team were complimented for its consultation work on registration and accreditation standards and for being 'open and approachable'. The report also stated that:

"Relations with private sector providers and the performance of the Inspection Unit have both greatly improved in the last three years."
- 2.3 The registration and inspection team registers all independent adult care homes, children's homes, children's day care facilities and boarding schools operating within the boundaries of the City. Following registration, announced and unannounced inspections are carried out to ensure that the appropriate standards are being maintained at all establishments in the City, this includes Local Authority establishments. The requirements are laid down in the Registered Homes Act 1984, the Children Act 1989 and the Registered Homes (Amendment) Act 1991.
- 2.4 The Team carries out fit persons' checks for any staff that apply to work in registered homes and children's day care facilities in Leicester. The Registration and Inspection Officers (Inspection Officers) also investigate complaints made about any services that they have a duty to register and inspect in the independent sector.
- 2.5 When the Team finds a significant deficit against inspection standards it can impose a timescale to ensure that improvements are made (follow-up action). If this timescale is not met, legal enforcement action can be taken against the owner. Ultimate action can mean that the proprietor is deregistered and prosecuted, effectively ceasing operation of the care facility. However, wherever possible the Team works with proprietors and managers to bring about improvements to an establishment's failing standards.
- 2.6 Nursing homes are registered and inspected by the Health Authority. The Local Authority and the Health Authority dually register some nursing homes if they offer residential and nursing care.
- 2.7 The Unit inspects 253 (246 last year) establishments across the

City and carried out 380 (350 last year) inspections.

- 2.8 This year (2000 – 2001) has seen major changes for the registration and inspection unit as they have prepared for the transfer of services.
On 1st September of this year all the under 8's registration and inspection function were transferred to OFSTED. The adult's registration and inspection function, including adult care homes, children's homes, boarding schools, residential family centers and domiciliary care agencies will transfer to the National Care Standards Commission on 1st April 2002.
- 2.9 During the course of the year the team have experienced pressures due to the amount of preparatory work they were asked to do by OFSTED in addition to meeting their statutory commitments.
- 2.10 The Service Standards Unit were successful in winning Rutland's inspection and registration contract, and in August 2000 Leicester City Council Social Services Committee agreed plans for the Service Standards Unit to undertake this function for Rutland. This included all complaints investigation and general enquires generated in the county of Rutland. In addition to existing workloads, one of the Team Leaders, lead on this work.
The Head of Service and the second Team Leader successfully led on all the transfer arrangements to OFSTED for Leicester and Rutland.
- 2.11 IT training was provided for staff transferring to OFSTED to help prepare them for the home working arrangements. During the course of the year as predicted a number of clerical staff sought alternative Local Authority employment. This has resulted in the clerical team being staffed largely by temporary staff. This in itself has meant additional induction and training as clerical staff at Service Standards have distinct administrative functions and do not only provide clerical support.

3.0 TERMS OF REFERENCE

- 3.1 The Local authority circular LAC(94)16 "Inspecting Social Services" was published in April 1994. This required Chief Executives to have a monitoring and review role over authorities' registration and inspection units. The Chief Executive, will be presenting Leicester City Council's report to September's Cabinet Meeting prior to submission to the Social Services Inspectorate (SSI).
Due to the uniqueness of this year, The Chief Executive has set three priorities to broadly form the terms of reference of the review.

- 3.2 The terms of reference used for this report are: -

- To review and comment on the implementation status of last year's recommendations
- To check that the statutory inspection program has been adhered to and achieved
- To examine the arrangements in place for transfer of services to OFSTED and the National Care Standards Commission

4.0 IMPLEMENTATION OF THE RECOMMENDATIONS MADE IN THE CHIEF EXECUTIVE'S 2000 ANNUAL REPORT

4.1 There were ten recommendations made in the 2000 report.

Summaries of the action/s taken by the registration and inspection unit are listed below each recommendation. The actual recommendations are written in italics.

That the Registration and Inspection Team should review office protocols to clarify the nature of the information that can be shared with anyone who contacts the Team for advice about a particular care establishment. This is an issue that should be treated as a priority and should be completed by the end of the year.

Action taken:

A draft document was prepared for consultation in November 2000, amongst those the team consulted with were the Procurement Unit, the Director of Social Services, The Health Authority, the chair of CARE, all the registration and inspection officers. Positive feedback was received and the final version of the guidelines was available in May 2001. (Up until this point the draft guidelines were used).

4.2 *That the Team continues to hold specific meetings to discuss and progress the issues of consistency, in addition to agenda items raised at team meetings.*

Action Taken:

Consistency meetings have continued to be held, lead by one of the team leaders. The subject is also dealt with at team meetings. Variations are discussed at the meetings and precedents are set. In addition to these meetings the team leaders have continued to read all the reports produced by the officers prior to them going out in their final version. A satisfaction survey is sent after each inspection, this gives feedback to the Director of Social Services and the Head of the Service Standards Unit.

During 2000-2001 107 of these surveys were returned out of a total of 380. The results ⁷ regarding inspection and reports

can be seen below. Figures in brackets are 1999-2000, 1998-1999, 1997-1998

	Very Helpful	helpful	adequate	unhelpful	very unhelpful
Inspection visit	78 (113)(74) (23)	25 (63)(40) (16)	3 (12)(6) (1)	0 (0)(1) (0)	0 (1)(1) (1)
Inspection reports	64 (102)(64) (21)	35 (71)(46) (19)	8 (10)(8) (0)	0 (2)(1) (0)	0 (2)(0) (1)

- 4.3 *As an example of good practice when working with volunteers it is recommended that a review session with a Team Leader should be offered to each lay assessor, once a year (this process has already been set up for newly appointed lay assessors).*

Action Taken:

It was not possible to embrace this innovative initiative this year due to the increasing workload pressures created by the transition of services to OFSTED. Work, however was commissioned to be undertaken through Voluntary Action Leicester in 1999. This work has continued. See work with lay assessors (para 5.5 to 5.7)

- 4.4 *It is recommended that the Team discusses and confirms its approach to using lay assessors so that it avoids any inconsistencies in the way an inspection is carried out.*

Action Taken:

The approaches to using lay assessors were conducted in a number of ways. Through agenda items at team meetings, pre inspection meetings, or discussions prior to an inspection. Agreements are made prior to the inspection to determine who will cover each particular area of the inspection. Lay assessors had previously expressed dissatisfaction that some of them had been confined to inspecting the kitchens, whilst others had become more involved in other areas. Officers were looking at the skills the lay assessors had to offer and using them appropriately.

- 4.5 *A system should be put in place to include any compliments that are made directly to the Team about a care establishment.*

Action Taken:

An additional page has been added to the standard inspection report. Any compliments received by the Service Standards Unit are included in the final report.

- 4.6 *The Team should continue to develop the inspection report summary to include additional information about an establishment and observations as well as obligatory comments on inspection standards.*

Action Taken:

Development of the inspection report has continued. Descriptive comments have been added to give a better picture of the home. This has been an ongoing improvement that is usually identified and monitored by both the team leaders whilst checking the final report.

- 4.7 *It is recommended that inspection reports should be made available through the Internet or Intranet by the end of December. Posters advertising the availability of inspection reports should also be distributed to libraries and other community establishments.*

Action Taken:

Much effort was made to make the reports available on the Internet. However Data Protection Act difficulties concerning the naming of individuals have not yet been resolved. Work around this will be continued and commended to the National Care Standards Commission and OFSTED.

- 4.8 *It is recommended that the Team agree a way in which the follow-up procedure can be improved to demonstrate that medium term issues are being dealt with in a more effective way.*

Action Taken:

The providers can inform officers through self-assessment action sheets when the works identified at inspection have been completed. The inspecting officers log these forms when they are received. The responses have to be received in time for the final version of the report. Officers use their diaries to ensure follow up, for short, medium or long-term work. If the responses are not returned by the due date for final printing of the report a telephone reminder call is made. A letter and a visit will follow up key safety issues. If there is still no response the proprietor is called in for an informal interview to agree a time period, if this is still not met an enforcement notice would be served.

Serious risk issues are always followed up at the time of the inspection and contemporaneous notes are left countersigned by the manager on duty.

If a complaint is made about an establishment during this time, the follow up checks will be made at the same time.

Team Leaders also check timescales for consistency.

- 4.9 *A system should be introduced to ensure that all Inspection Officers are aware of incoming complaints relating to facilities owned by the same proprietor*

Action Taken:

A computerized system for recording these complaints together in an accessible place has been developed. Complaints are added to a database that can be accessed by all inspecting officers through a shared drive on the networked system. This ensures all officers ability to view complaints against particular establishments or proprietors of those establishments; and hence create the links.

- 4.10 *It is proposed that complaints received against the Head of the Service Standard Unit (the manager of the Registration and Inspection Team) should be considered under the Council's corporate complaint procedure by the Chief Executive. Complaints received against the rest of the Team should be considered by the Head of the Unit in the first instance and then under the corporate complaints procedure if there is an appeal against the decision.*

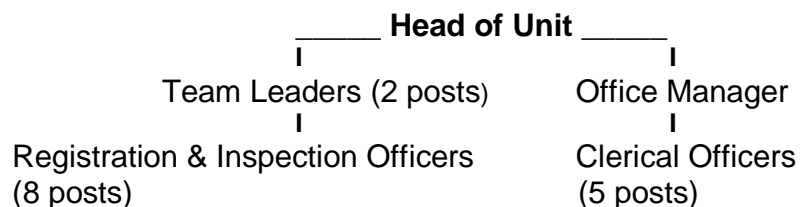
Action Taken:

The head of service and one of the team leaders dealt with two complaints against officers. There were no complaints against the head of service.

5.0 THE REGISTRATION AND INSPECTION TEAM STATUTORY COMMITMENTS

5.1 Staffing

Plans were made to transfer all other Departmental services managed by Service Standards out of the unit by April 2001 in order to free up management and clerical time to deal with transfer issues. This was successfully achieved, however this reduced the clerical support from January 2001 to 4 posts.



The clerical team, of Office Manager and clerks provides support to all functions of Service Standards Unit.

An organizational chart showing where the team sits within the Social Services department can be seen in appendix 1.

5.2 **Summary of regulatory action taken**

Two enforcement notices have been served; there was one notice of proposal to de-register a proprietor. There were no prosecutions during this year.

5.3 **Complaints**

There were 139 complaints against adult establishments and 22 against children establishments.

5.4 **Inspections and reports**

Turnaround time for inspection reports. Last year the team began to monitor this area of work. In my report last year I reported that I would look at how this compared with this year. During the period 1999-2000 80% of reports were turned around within the four week time period. This year 31.5% of the reports were sent out to providers within four weeks of the inspection. This percentage reduction is due to significant changes in the clerical team with a high turnover of temporary clerks.

Of the responses received from the provider survey 66% identified that reports were received within four weeks of the inspection.

96% of providers said they found the report easy to understand this compares with 86.4% last year.

All inspection reports are sent out with letters advising the providers of their right to respond. 81% of respondents said they were given the opportunity to comment on the draft inspection report, this compares with 80.6% last year.

5.5 **Work with Lay Assessors**

5.6 Lay Assessors are required to be involved in some inspections of children's and adults' homes and are independent of the Authority. This year they were involved in 49 inspections (69 last year). Availability of Lay Assessors has been an ongoing difficulty.

5.7 The head of unit undertook a recruitment campaign for Lay Assessors this resulted in the appointment of three new Lay Assessors who underwent induction and participated in the inspection programme. The team has experienced difficulties with lay assessor availability.

5.8 Voluntary Action Leicester continues to provide support sessions for the Lay Assessors. As a result of poor attendance at these

support sessions, a survey of Lay Assessors was undertaken to seek their views on the format and timing of the sessions. Comments fed back on the structure were taken on board and a new programme of sessions developed. This unfortunately still resulted in poor attendance.

5.9 Advisory Panel

The Authority is required to set up Advisory Panels consisting of service user representatives, provider representatives, Lay Assessor representatives and officers of the Authority. The terms of reference for these panels follow national guidelines. These panels play an essential role in overseeing the registration and Inspection function.

Papers were presented to the Panels on a variety of subjects throughout the year. including Information regarding the transition to OFSTED and the National Care Standards Commission.

- 5.10 The two Panels established, one for adult services and the other for children's services, have met through out the year. Membership particularly in relation to the Children's Panel has regretfully been low, however there has been a strong commitment from a core group.
- 5.11 This year, due to re-location the Chair of the Adult Advisory Panel resigned during the year. This was unfortunate.

Providers Views

- 5.12 A total of 253 questionnaires were sent out to providers. 137 were returned. A summary of the results can be seen in appendix 2

6.0 ARRANGEMENTS FOR TRANSITION TO OFSTED AND THE NATIONAL CARE STANDARDS COMMISSION

- 6.1 A vast amount of work has taken place over the last twelve months to coordinate the transfer of staff and provider information.

OFSTED

- 6.2 Files for OFSTED have been prepared, and information has been inputted onto the OFSTED database. The transition in respect of staff and services has been positively managed.
- 6.3 Staff transferring to OFSTED have all been given the opportunity to undertake IT training in order to prepare them for the new home working arrangements.

- 6.4 Staff have been kept informed through the staff notice board and also have had access to electronic folders containing the latest information.
- 6.5 The Playgroup and Childminding Advisors who are located in the Children's division of Social Services also transferred to OFSTED. The Service Standards unit led on the transition arrangements for their work including the electronic transfer of information on in excess of 500 providers and the preparation of files.
- 6.6 Both team leaders will be transferred to OFSTED and therefore one of these posts will be recruited to on a temporary basis. It is unlikely that this vacancy will be filled.
- 6.7 There have been no staffing issues that relate to the City Council. However, there were two appeals from staff to OFSTED.

National Care Standards Commission

- 6.8 Files are currently being prepared for transfer to the commission. The team have sent out a proforma to all establishments that will enable them to check that the information they have on file is correct. These are being cross checked against the register of providers.
- 6.9 Staff personnel files are being checked to ensure that information is correct prior to the transfer.
- 6.10 Currently, only the private and voluntary sectors are required to register under the legislation. Facilities, other than family centres, provided by the Local Authority do not have to register, but are subject to the same inspection process as the other service providers. Since 1997 in preparing the Local Authority establishments for the National Care Standards Commission; the team have been applying all that is applied to the private and voluntary sector to the Local Authority establishments. This has included the charging of fees for bed spaces and registration fees. Over the last 18 months new managers have been put through the same clearance procedures as applied in the private and voluntary establishments.
- 6.11 The head of Unit in conjunction with the Director of Social Services has made interim arrangements to ensure the service will be adequately covered during the period up until the transfer to the National Care Standards Commission.

7.0 CONCLUSION

- 7.1 The Chief Executive is satisfied that the necessary arrangements have been made for a smooth transfer and that the service will transfer fit for purpose.
- 7.2 The statutory targets have been met and the recommendations from the 2000 annual report have been implemented as far as possible.

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