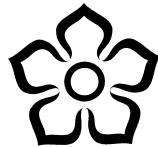


**LEICESTER CITY COUNCIL**

**CHIEF EXECUTIVE'S ANNUAL REPORT 2000**

**ON THE SOCIAL SERVICES DEPARTMENT'S**

**REGISTRATION AND INSPECTION TEAM**



Leicester  
City Council



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## **1. 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 fourth annual review of the Team's work. As required a copy of this report will be sent to the Department of Health's Social Services Inspectorate by 1<sup>st</sup> October 2000.

Although part of Social Services, the Registration and Inspection Team operates at arms length from the rest of the Department. The Registration and Inspection Team's office is based at 400 Thurstaston Road on the outskirts of the City, away from Greyfriars, Social Services main administrative building. The Head of the Service Standards Unit (who manages the Registration and Inspection Team), reports to the Director of Social Services and operates independently from the rest of the Department.

The Registration and Inspection Team 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 also works with proprietors or managers of care establishments to assist them in getting the best from the services they offer. The Team are keen to promote openness and act in an advisory role whenever possible.

Once again this year, the Team has successfully completed all its statutory inspection targets. Enforcement action has been taken against seven residential adult homes to address failing standards of care. A total of 216 complaints made against care establishments have also been investigated. This demonstrates the Team's commitment to safeguarding services.

There have been many complimentary comments made by service providers this year about the Team's work and the Registration and Inspection Team are to be commended on the positive relationships that they are continuing to foster.

The recommendations that have been made as part of this year's review are intended to help the Team build on areas of existing satisfactory practice, rather than change the direction of the Team's work.

The next two years will bring about significant changes for all staff connected with the registration and inspection function. Work relating to Under 8s will be transferring to Ofsted next year and work relating to adults and residential children's care will be moving to the National Care Standards Commission the year after. There will inevitably be a period of additional pressure for all concerned but strategies are either in place or being considered to ensure that the statutory inspection targets will still be met and that the workload will transfer in good shape.

**Rodney Green**  
**Chief Executive**  
**September 2000**

## **2. BACKGROUND INFORMATION**

### **Joint Review of Social Services**

- 2.1 The outcome of the Joint Review's assessment of Social Services was released in March 2000. The Registration and Inspection Team was 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.”

- 2.2 One area highlighted for further attention was the development of specific protocols when dealing with in-house services. It was agreed that these were to be in place by the end of March 2000.

### **Transfer of registration and inspection functions to the Office for Standards in Education (Ofsted) and the National Care Standards Commission**

- 2.3 The Registration and Inspection Team (the Team) is embarking on a phase of great change which will result in the transfer of the whole service by 1<sup>st</sup> April 2002 to two separate bodies.
- 2.4 The proposals currently laid out in the Care Standards Act are for the Under 8's registration and inspection function (which includes day care facilities) to move to Ofsted by September 2001. The Adults' registration and inspection function (including adult care homes, children's homes, boarding schools, residential family centres and Domiciliary care agencies) will transfer to the National Care Standards Commission (NCSC) from April 2002.

### **Chief Executive's Annual report - 2000**

- 2.5 The Team's work safeguards services for a significant number of 'vulnerable' users across the City. Therefore, despite the pending changes that are outlined above, this year's annual review has been carried out in as much depth as previous years. The need to monitor and address any issues emerging from the Team's work remains as important as ever.
- 2.6 The recommendations arising from this year's annual review will assist the Team in building on areas of existing good practice.

### **Legislation**

- 2.7 The Community Care legislation required local authorities to set up an Inspection Unit in 1991. Leicester City Council's Registration and Inspection Team was set up in 1997 following Unitary Status and forms part of the Service Standards Unit. The Head of the Service Standards Unit reports directly to the Director of Social Services. The Team is therefore managerially independent from in-house service providers.

- 2.8 Under legislation, Advisory Panels for both adult's and children's services are required to oversee the work in this area. These panels make recommendations to the Director of Social Services.
- 2.9 The role of the Team is to register 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 (including Local Authority establishments). These requirements are laid down in the Registered Homes Act 1984, the Children Act 1989 and the Registered Homes (Amendment) Act 1991.
- 2.10 Each year, the Team has to carry out two inspections for all residential homes (adult's and children's), one inspection will be announced, the other will be unannounced. Depending on circumstances, i.e. the need to investigate a complaint, there may be more than one unannounced inspection. For children's full day care facilities the Team carries out one announced inspection. A proportion of these inspections (30%) take place with a minimum amount of notice given to the proprietor/manager. Independent boarding schools have an inspection every other year.
- 2.11 The Team carries out fit persons' checks for any staff who 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/inspect in the independent sector.
- 2.12 Currently, only the private and voluntary sectors are required to register under the legislation. Facilities, other than residential family centres, provided by the Local Authority do not have to register, but they are subject to the same inspection process as the other service providers. However, in the transition period the Team is implementing a registration process for Local Authority establishments.
- 2.13 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.
- 2.14 Nursing homes are registered and inspected by the Health Authority. Some nursing homes are dually registered by the Local Authority and the Health Authority if they offer residential **and** nursing care.
- 2.15 The Unit inspects 246 establishments across the City and carries out over 350 inspections per year.

### **3. TERMS OF REFERENCE**

- 3.1 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 first reports were produced for 1st October 1995 and have been required annually for subsequent years. As Chief Executive, I will be presenting Leicester City Council=s report to September=s Cabinet Meeting prior to submission to the Social Services Inspectorate (SSI). Leicester falls in the SSI Central Region in Birmingham.
- 3.2 The terms of reference used for this report are broadly based on the SSI=s recommended areas for assessment. These are: -
- i. the degree to which common standards are applied to all providers;
  - ii. the arrangements which ensure that the Team maintains its structural independence from service provision sectors;
  - iii. the percentage of inspection reports which have been made publicly available;
  - iv. the mechanisms in place to ensure effective follow-up action;
  - v. specific instances of departures or deviations from the inspection follow-up policy;
  - vi. recommendations for improvements to any of the above.
- 3.3 In addition to the above, I have also considered staffing issues, complaints and equal opportunity initiatives in my report.
- 3.4 Views of all service providers from the statutory, private and voluntary sectors have been sought and where appropriate taken into account.

### **4. RECOMMENDATIONS**

- I. 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. (See points 6.7 and 8.20.)
- II. 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. (See point 8.11.)
- III. 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). (See point 8.14.)



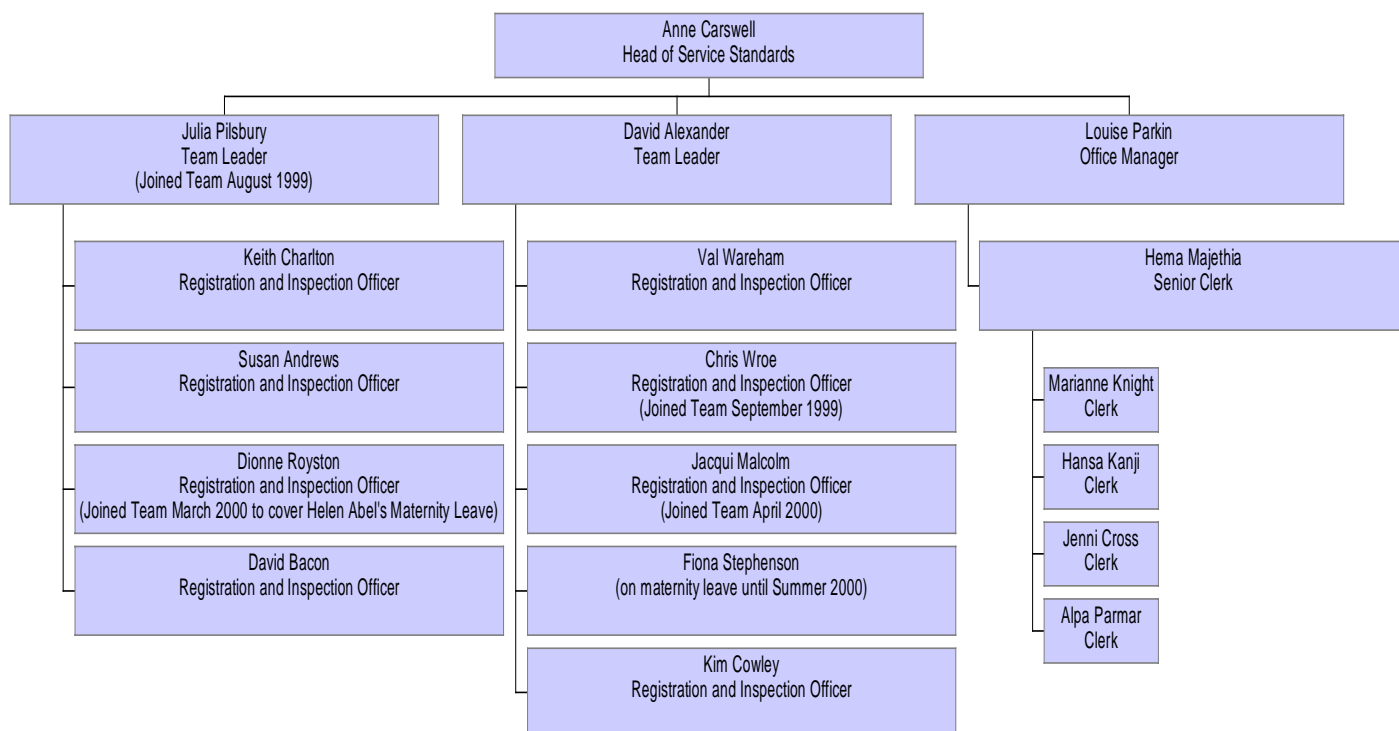
- IV. It is recommended that the Team discusses and confirms its approach to using lay assessors so that it avoids any inconsistencies in the way an inspection is carried out. (See point 8.16.)
- V. A system should be put in place to include any compliments that are made directly to the Team about a care establishment. (See point 8.19.)
- VI. 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. (See point 8.21.)
- VII. 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. (See point 8.23.)
- VIII. It is recommended that the Team agrees 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. (See point 9.6.)
- IX. A system should be introduced to ensure that all Inspection Officers are aware of incoming complaints relating to facilities owned by the same proprietor. (See point 11.5.)
- X. 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. (See point 11.7.)

With the exception of 'I' and 'VII' the recommendations are on-going and do not have a specific timescale.

## **5. STAFFING OF THE REGISTRATION AND INSPECTION TEAM**

- 5.1 During the last year there has been a considerable change in the Team's composition. A significant difference resulted from the appointment of a new Team Leader in August 1999. This is the first time that the Team has had two Team Leaders in post since Unitary Status and this has had a positive impact on all members of staff. The appointment has meant that the supervisory workload has been shared, allowing time for developmental work to take place in other areas.
- 5.2 Two inspectors have been on Maternity Leave in the last year, one post has been covered on a temporary basis; the other half-time post remained vacant. A further two permanent full-time appointments have also been made in the last year.

## The Registration and Inspection Team



- 5.3 Although there have been considerable changes to the personnel of the Team, the stability of being (almost) fully staffed has been reflected in the satisfactory management of the Team's workload. Statutory inspections have been met and complaints and enforcement issues dealt with in a planned and managed approach, without the need to resort to contingency strategies.
- 5.4 Members of the Registration and Inspection Team will be facing extensive change over the next two years. As part of the transfer process of the registration and inspection function to Ofsted or the NCSC the Registration and Inspection Officers will be able to opt for a career route that best fits their skills and experience. All members of the Team felt supported by their managers and commented that whilst details provided by Ofsted or about the NCSC had been slowly filtering through they had been kept as well informed as possible.
- 5.5 The transfer options for the Team's management tier was less clear at the time of preparing this report and will obviously be a cause for concern for the members of staff involved.
- 5.6 The Clerical Team that supports the registration and inspection work has been fully staffed since May 2000. Overall, the Inspection Officers and the Clerical Team expressed satisfaction with the administrative systems now in place. Any issues arising between the two teams are being dealt with at the Systems Development Group meeting which takes place once a month. The Group consists of representatives from both the Clerical Team and the Office Manager and the Registration and Inspection Team and a Team Leader.
- 5.7 Members of the Systems Development Group have been determining their own timescales to work on issues arising and reporting back to the Group. Any changes established from the Group's work are being filtered through the

respective team meetings. The outcomes of the Systems Development Group's meetings have clearly been positive and have helped improve communication links between the two teams over the last year.

- 5.8 The options available to the Clerical Team for transferring to Ofsted or the NSCS are also a cause for concern. The locations of the regional offices are as yet undetermined and members of the Clerical Team are naturally unsure of their future. This may impact on the staffing arrangements in the next year or two, if staff feel the need to find work elsewhere in advance of the transfer. The Management Team is fully aware of these issues.
- 5.9 The results of the questionnaire demonstrate that there is an overall increase in satisfaction relating to the manner in which Officers carry out their inspections. In the areas of courtesy and sensitivity more respondents commented that the Inspection Officers were 'very good' (an increase of 9.4% and 13.2% respectively).

## **6. APPLICATION OF COMMON STANDARDS TO ALL SECTORS (EVEN-HANDEDNESS)**

- 6.1 The Team applies the same standards to all establishments inspected regardless of whether they are in the private, voluntary or local authority sector. When asked, all Inspection Officers commented that they approached the standards in the same way, regardless of the sector they were working with. The lay assessors that were interviewed as part of this review have considerable experience of inspecting with different Officers across all sectors; all expressed the view that Inspection Officers were consistent in the application of standards.
- 6.2 The questionnaire asked all service providers whether they felt the Team had an even-handed approach. There was a further increase in positive replies this year (+3%) with 47.6% stating that they felt the Team was even-handed.
- 6.3 In previous years, the annual review has highlighted that there is the perception that one sector receives more harsh treatment than another does. This view has not been raised as an issue this year and this is to be regarded as a positive step forward.
- 6.4 Last year's report commented on the thorough work that had been carried out to consult and develop new standards for the adults sector. The new standards were due to be operational by 1<sup>st</sup> April 2000. However, in consultation with CARE, a major representative body for the adult's residential sector, it was decided that the new standards would not be implemented after all. This is due to the considerable changes that are pending which will include consultation work and eventually the implementation of new national standards.
- 6.5 The Team produces a quarterly newsletter that is sent to all care establishments. The newsletter shares information relating to the Team and focuses on current issues that may be of interest or may directly affect service providers. The newsletter is used to share information relating to standards and this helps to reinforce the fact that all service providers receive the same information regardless of the sector they work in.

- 6.6 The Advisory Panels have also been involved with the discussion of standards (one Panel reviews issues about the children's sector and the other issues about the adult's sector). Working groups have been set up from the Adult's Panel to review matters such as the Team's independence and even-handedness and a number of suggestions have been put forward for further action.
- 6.7 There has been a recent discussion between the Team following which it was agreed that office protocols need to be reviewed to clarify the nature of information that can be shared with anyone contacting the Team for advice about any particular care establishment. It is acknowledged that the Team has already decided to take steps to review this area but it is recommended that this is an issue that should be treated as a priority and that new protocols should be put in place by the end of the year.

## **7. INDEPENDENCE OF THE REGISTRATION AND INSPECTION TEAM**

- 7.1 The Registration and Inspection Team inspects local authority, private and voluntary sector care establishments. Although it is part of the Social Services Department it is located away from the main Department. The Team uses its own stationery to emphasise its independence.
- 7.2 The Head of the Service Standards Unit, who manages the Registration and Inspection Team, has a direct reporting line to the Director of Social Services rather than an Assistant Director. This is to avoid any management connection with someone who may have a responsibility for commissioning care or for managing in-house services.
- 7.3 The Director of Social Services receives views from an independent group or interested parties via the Advisory Panels on the work of the Registration and Inspection Team. The Advisory Panels consist of representatives from care providers, service users, lay assessors and Officers from the Registration and Inspection Team. The Panels meet at least three times a year.
- 7.4 The degree of success in maintaining independence from the rest of the Department is difficult to measure. However, views expressed as part of this year's review would suggest that the Team is seen to be independent. The Team members are conscious that they act, and are seen to act, autonomously.
- 7.5 The results of the questionnaire show that 47% of the respondents felt that the Registration and Inspection Team were independent from the Social Services Department. This is the same figure as last year. Twenty-one per cent of respondents stated that they did not consider the Team to be independent (the remaining responses were made up of 'no view' or no reply).

## **8. INSPECTIONS AND REPORTS**

- 8.1 The Team completed its statutory inspection programme for 1999/2000 and is congratulated on this. A total of 286 residential home inspections were carried out. All but two small homes were inspected (due to the fact that they didn't have any residents), even though there is no statutory requirement to do so. Of the 286 inspections that took place, 68 were out of hours (24%) and

43 were at the weekend (15%). There were 152 unannounced inspections and 134 announced inspections.

- 8.2 Seventy-four Under 8's establishments were inspected; 15 children's homes inspections took place (half of the inspections were announced, the other half were unannounced) and 8 Domiciliary care agencies were also inspected.
- 8.3 A total of 68 inspections were carried out with a lay assessor present and all children's homes inspections had a lay assessor accompanying the Inspection Officer. The usage of lay assessors was raised as an issue in last year's report. There is still room for improvement in this area. The usage of lay assessors is considered further at point 8.17 of the report.
- 8.4 The Team has been monitoring the turn-around time for the production of inspection reports. 80% of all inspection reports were sent out in draft for comment within the target time of 4 weeks in the last year. This is the first year that the Team has monitored its performance in this area and a comparison will be drawn in next year's report.
- 8.5 The Team carefully monitors the number of inspections it is carrying out against its statutory target. Contingency plans are in place to ensure that any deviations from the inspection target can be picked up in advance and dealt with in a timely manner. It is clear that meeting the statutory target is the main priority for the Team. Management reports are presented monthly to the Director of Social Services as a matter of course, to make sure that the Team is staying on track.
- 8.6 It is acknowledged that there will inevitably be differences in the way that Officers carry out an inspection due to individual styles. However, consistency of approach to inspections is an issue that is always raised as part of this review and this year is no different. Consistency is often highlighted as an issue by owners or managers of a number of care establishments who have found differences in Inspection Officer's interpretations of the same standards. A recommendation was made in last year's report for further work to be done to increase the consistency of inspections. The Team has tackled this recommendation in a number of ways.
- 8.7 The Inspection Officers have met as a group to specifically discuss how they inspect and report, and have agreed guidance notes on the interpretation of standards. So far notes have been produced for small homes inspections. Guidance notes relating to day care standards have also been agreed and are due to be written up. Plans are in train to produce guidance notes for all other areas.
- 8.8 The Team has produced a procedure manual that is available to all Inspection Officers and the Clerical Team. The manual is extensive and details processes and actions relevant to all areas of the registration and inspection function. Although subject to further refinement, the manual is a practical and useful reference document. However, there is a need to make sure that all Officers are using the document as a point of reference to increase its value.

- 8.9 The Team Leaders are keenly aware that there needs to be consistency in the approach to inspections and in the reports that are produced by the Team. Consistency is a regular agenda item at team meetings, all decisions that affect the Team's interpretation of a standard are noted, and processes updated accordingly. All inspection reports are seen by the Team Leaders before publication, which gives an overview of the Team's actions. The two Team Leaders also have discussions about any unusual issues to ensure that they are acting in the same way.
- 8.10 The Children's Advisory Panel has also participated in reviewing consistency and established a working group to consider the topic. The Panel fed back its recommendations to the Head of the Service Standards Unit. Adjustments were subsequently made to the Team's approach to inspecting a group of nurseries owned by one person. Improvements in consistency have since been noted.
- 8.11 Despite these steps forward, the Team acknowledged that there is always room for further improvements to be made in the area of consistency. It is therefore recommended that the Team continue to hold regular meetings to discuss and progress the issue of consistency. The meetings should be dedicated to discussing this issue rather than being an agenda item at a team meeting.
- 8.12 Lay assessors are an essential part of the inspection process. LAC(94)16 states that lay assessors "can reinforce the importance of common sense observation in inspection and make a distinct contribution from the perspective of users, families and the wider community". LAC(94)16 stresses the need for lay assessors to maintain their independent status, their right to play a full role in the inspection process and the right to have their views clearly represented. A considerable amount of effort has been made by the Team to ensure that the role of the lay assessor is recognised and supported.
- 8.13 Over the last year, quarterly meetings have been held and attended by lay assessors and independent persons (complaint investigators). These meetings have been facilitated by Voluntary Action Leicester (VAL). The involvement of an 'external' agency helps to support lay assessors on behalf of the Registration and Inspection Team but maintain the independence of the volunteers at the same time. The aim of the meetings has been to encourage communication between the lay assessors and to provide a forum for presentations, learning and information sharing.
- 8.14 Whilst the meetings with VAL are a useful platform for lay assessors to discuss and share common issues, it would also be appropriate to offer a more personal setting for lay assessors to discuss their work. As an example of good practice when working with volunteers it is recommended that a review session should be offered to each lay assessor, once a year (this process has already been set up for newly appointed lay assessors) The session should be led by a Team Leader but should allow for two-way discussion and include an appraisal system that relates to lay assessors and the Registration and Inspection Team alike.
- 8.15 Lay assessors have commented that there is certain information that they would like to learn about, such as enforcement and follow-up action that has

arisen from inspections they have been involved with. Information of this nature could also be included at the review sessions.

- 8.16 A common theme that arose this year is that fact that there are inconsistencies in the way that lay assessors are being utilised by the Inspection Officers. There were clearly variances in the way that information was shared with a lay assessor before an inspection took place. It is recommended that the Team discuss its approach to using lay assessors so that any inconsistencies are ironed out.
- 8.17 Last year's report recommended that the number of inspections attended by lay assessors should be increased. It is clear that the Team does have difficulties in ensuring that a lay assessor is available on all occasions when attendance has been scheduled. The need to have a lay assessor present has to be balanced against the need to carry out and meet inspection targets. Understandably when attempts to appoint a lay assessor fail, the inspection takes precedence. A recruitment drive has recently been undertaken to boost the number of lay assessors available. The usage of lay assessors will be revisited again next year to see if further improvements have been made.
- 8.18 As a result of statutory requirements the adult sector's inspection reports now contain a page that provide details on any complaints that have been made against a particular establishment since the previous inspection. Proprietors or Managers are able to add their comments at the draft report stage about the complaint. As long as responses do not identify individuals their comments will be included.
- 8.19 Consultation on the format for the complaint page was sought through a mailshot. that was sent out to all adult care establishments. At the time there was little response to the consultation process. However, since then a number of comments have been passed on to the Registration and Inspection Team. One of the comments made during this year's review suggested that there should be a reciprocal arrangement in the report for the inclusion of any compliments that are received about care establishments. Although compliments about individual care establishments are not forwarded to the Registration and Inspection Team directly very often, it is agreed that it would be good practice for the Team to have a mechanism to include these, as and when they are received.
- 8.20 At point 6.7 of this report it was highlighted that the Team needs to establish information-sharing protocols. It is suggested that the protocols also incorporate appropriate responses to deal with any requests about the complaint page that is now being included in inspection reports. This will help guarantee that the same information is shared to all parties.
- 8.21 A total of 86.4% of respondents of the questionnaire found the inspection reports easy to understand. The inspection reports do have a clear format and clearly cover each inspection issue. The reports produced for the adult's sector include an executive summary at the beginning of the report which gives an overall picture of the findings of the inspection and the atmosphere of the establishment. Comments made by proprietors and managers of care establishments have stated that this is a useful part of the report for them and that potential or existing service users and their carers are particularly

interested in the way the running of the establishment is described. It is recommended that the Team continue to develop the summary to share observations, in addition to the information given about the inspection standards.

- 8.22 It was reported last year that posters and leaflets were being drafted to advertise the information available to potential service users. The impact of this publicity initiative was to be revisited this year. Unfortunately, due to cost implications and the impending changes to the service it was decided that the publicity campaign would not go ahead after all.
- 8.23 It was also reported last year that the option of making inspection reports available on the Internet and Intranet would be considered. Enquiries had been made by the Team but without further progress. The issue has now been raised again and it is hoped that inspection reports will be available on the Internet and Intranet shortly. This should be achieved by the end of the year. In addition, it is recommended that a poster advertising the availability of inspection reports should be placed in libraries and other community facilities.

## **9. EFFECTIVENESS OF FOLLOW-UP ACTION AND DEALING WITH DEPARTURES FROM THE FOLLOW-UP POLICY**

- 9.1 One of the recommendations arising from last year's report was for the Team to ensure that a formal follow-up procedure was put in place. This follow-up procedure would guarantee that consistent timescales for the completion of inspection issues would be applied by all Officers.
- 9.2 A follow-up procedure has now been produced and is being implemented by the Team. The procedure clearly outlines what timescales are to be allocated against actions that are identified during an inspection. When a new issue arises from an inspection that does not have a specific timescale, the Team will discuss this together and agree an appropriate deadline that is then included in the procedure.
- 9.3 The follow-up procedure also details the action to be taken by an Inspection Officer when a care establishment does not comply with specified requirements within the timescales. The procedure is relevant to issues that may arise as a result of alternative contacts with managers or proprietors i.e. as a result of investigations into complaints.
- 9.4 It is clearly the case, as in previous years, that major issues of concern are being dealt with immediately by the Inspection Officers. The Inspection Officers will pursue matters to a satisfactory conclusion usually in consultation with the Team Leaders or Head of the Service Standards Unit. Where appropriate a formal route of remedy may be followed which can eventually result in regulatory action or the closure of an establishment.
- 9.5 The follow-up procedure also identifies the manner in which longer-term issues should be handled by the Team and this is an area that would benefit from further refinement.



- 9.6 Despite the follow-up procedure, it was apparent that Inspection Officers applied different approaches to the management of what may be termed 'medium range' follow-up issues (i.e. those issues that do not warrant being left until the next inspection). Many Officers had diary or 'brought forward' systems that acted as a reminder to chase outstanding issues. It was not clear that these individual systems were ensuring consistency in approach or were 'scientific' enough to ensure that all outstanding issues were being picked up in a timely manner. It is therefore 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.
- 9.7 It is acknowledged that a new database designed to address the administrative and recording needs of the registration and inspection function for the children's sector should help to improve the management of follow-up issues, once it is operating efficiently. There are also plans to improve an existing database for the adult's sector.
- 9.8 In the year 1999/2000 the Team was successful at a Registered Homes Tribunal after an appeal was made by a proprietor against deregistration. Seven enforcement notices were issued to residential homes to ensure that urgent action was undertaken. It is acknowledged that this action involves a significant increase in workload for those Officers involved.

## **10. EQUAL OPPORTUNITY AND TRAINING ISSUES**

- 10.1 The Team provides services to some of the most vulnerable groups of society; children in residential care; children in day care services; adults with special needs; adults suffering from mental illness and older people in residential care.
- 10.2 Members of the Registration and Inspection Team are recruited under the City Council's equal opportunities policy, which attempts to take into account the diversity of the City's residents. Where necessary positive recruitment action may be taken to ensure that there is a balanced ethnic representation within the Team.
- 10.3 The Team has been working positively to address some of the issues raised in the MacPherson report and has highlighted 20 diverse action points connected to the Team's work; timescales have been set against 10 of these points. The action points cover a range of issues that relate to such things as recruitment, the inspection process, the production and gathering of information, the way in which establishments handle equal opportunity issues, and the nature of contact with service users.
- 10.4 During 1999/2000 there has been a focus on equal opportunities training. Three members of the Team have attended in-house training events relating to anti-discriminatory practice. The rest of the Team will be attending as part of a rolling programme. One member of the Team has attended a cultural awareness course.

- 10.5 Equal opportunity issues are a permanent agenda item at team meetings. The team meeting is also being used as a useful forum to invite speakers to discuss relevant topics, such as the Disability Discrimination Act.
- 10.6 Other training has also taken place during 1999/2000. Two team members have been involved with a national project that is proposing the introduction of a qualification for inspection officers. Another member of the Team has been involved in training relating to Under 8s, in anticipation of working with Ofsted in the future. It is likely that Officers will be undertaking further training relevant to their chosen career route in the forthcoming two years.

## **11. COMPLAINTS**

- 11.1 The Team investigates complaints that are made about care establishments in the private or voluntary sector. Complaints are allocated in the first instance to the Registration and Inspection Officer who currently has that establishment on their inspection schedule. All matters relating to local authority run care facilities are dealt with separately under the Social Services statutory complaints procedure.
- 11.2 Complaints are unpredictable in nature and timing and one year can be very different to another. The total number of complaints received during 1999/2000 was 216, an overall decrease of 6% compared to last year. There were 188 complaints made against the adult's sector and 28 complaints made against Under 8's services.
- 11.3 In last year's report it was recommended that complaints should be managed in such a way that they do not prevent the team from achieving their statutory inspection targets. This is the first year since 1997 that the Team has had fewer complaints to investigate. Whilst there have been complex and serious matters for the Team to deal with, the complaints process has been managed satisfactorily. In any event the Team has contingency plans in place to make sure that there is sufficient time to complete the inspection targets.
- 11.4 A pool of 'casual' inspectors is currently being recruited in case there is a need to ease additional workload burdens placed on Inspection Officers over the next two years due to the transfer of the work to Ofsted or the NSCS. This pool of inspectors can also be called upon if there is an unexpected increase in the number of complaints received.
- 11.5 One area of the Team's complaint work that would benefit from a more formal system relates to the recording of complaints against care establishments that are owned by one proprietor. Currently more than one Inspection Officer may be called upon to deal with complaints that are made against different care establishments owned by the same proprietor. Whilst it is probable that Inspection Officers will share issues with each other, there is the possibility that common problems appearing in the same owned homes may be missed. A system should be introduced to make sure that all Inspection Officers are aware of incoming complaints relating to homes owned by the same proprietor. This would also aid consistency in that different recommendations would not be made by different Officers against the same problems.

- 11.6 Wherever possible the Team has continued to use the unannounced inspection process or to follow up outstanding inspection issues, alongside the investigation of complaints.
- 11.7 In response to the questionnaire, two people stated that they had made complaints about the Registration and Inspection Team. Both of these complaints were dealt with to the satisfaction of the complainants. However, in order to ensure that complaints made against the Team are being considered independently 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 complaints procedure by the Chief Executive's Office. Complaints received against the rest of the Team should be considered by the Head of the Service Standards Unit in the first instance and then under the Council's corporate complaints procedure.

## **CONCLUSION**

- 12.1 Similar to last year's report the Team is continuing to demonstrate that it is building on good practice. The recommendations made this year reflect the fact that further fine-tuning is required for the systems that are already in place, rather than any radical changes to the mode of operation.
- 12.2 The Team is being asked to progress certain areas this year, the key issues concern consistency, ensuring that the same information is being given out to all people who contact the Team for advice about a care establishment, aspects of the Team's work with lay assessors and managing its medium-range follow up issues.
- 12.3 The Team is demonstrating that it is carefully monitoring its statutory inspection targets and that contingency plans are in place to deal with any unexpected issues that may affect the Team's workload.
- 12.4 The key issues facing the Team obviously relate to the transfer of services to other bodies. The Team is aware that despite the additional workload that will inevitably be involved, the need to achieve the statutory inspection targets remains as important as ever. The pool of sessional Inspection Officers has already been recruited to in anticipation of a drain on resources.
- 12.5 The report commends the progress that the Team continues to make and the Team is congratulated on their performance over the last year.

Author:

Joanne Tansey, Management Consultant, Corporate Management Consultancy Unit, Town Clerk's and Corporate Resources Department ext. 6009

## Appendix 1 Progress on the recommendations made in the Chief Executive's 1999 report

Listed below are the seven recommendations that were made in last year's report. A summary of the actions taken and progress made by the Registration and Inspection Team are highlighted against each point.

**Recommendation 1:** Action is taken to strengthen the performance of the clerical function within existing resources.

*Achievement:* *The Clerical Team is now fully staffed. A procedure manual has been produced and is available to all staff. The manual gives guidance on all aspects of the registration and inspection process and outlines actions to be followed by the Clerical Team and the Registration and Inspection Team. The Systems Development Group meets on a regular basis to tackle any issues arising between the Registration and Inspection Team and the Clerical Team.*

**Recommendation 2:** Work is done to increase the consistency of inspections.

*Achievement:* *This is an ongoing aspect of the Team's work and issues are regularly discussed at team meetings where decisions are noted. All Inspection Officers work to the same standards and separate meetings have been held to ensure that they are interpreted and applied consistently. A follow-up policy has been introduced to ensure that the Inspection Officers are all allocating the same timescales to follow-up action. The Team Leaders have an overview of all inspection reports that are produced and share any inconsistencies arising with each other and the Team.*

**Recommendation 3:** The number of inspections attended by lay assessors is improved.

*Achievement:* *A total of 68 inspections were attended by lay assessors last year. This meets the target of 1 inspection every three years. All children's homes had a lay assessor present for the inspection. There is still room for improvement in this area. A recruitment exercise has recently taken place to increase the pool of lay assessors. Hopefully this will impact on availability. This situation will continue to be monitored over the next year.*

**Recommendation 4:** The administration for lay assessors is improved.

*Achievement:* *This issue appears to have been resolved. Voluntary Action Leicester is supporting the work of the lay assessors and any issues arising from meetings held are being fed back to the Head of the Service Standards Unit to address.*

**Recommendation 5:** The training of lay assessors include presentations from the in-house provision and private care providers to increase their understanding of these services.

*Achievement:* *It was decided that the meetings held with VAL would be an appropriate forum for training and presentations. The nature of the agenda for the meetings have been determined by those attending. Other issues had been given priority but presentations are now being scheduled into the meeting programme.*

**Recommendation 6:** Where follow-up action is requested at inspection, a system is in place to ensure that actions are carried out within the agreed timescales. All inspectors should consistently apply these. This should be completed by 31<sup>st</sup> December 2000.

*Achievement:* *A follow-up procedure with defined timescales is now in place. Any issues arising from implementation of the follow-up procedure are being dealt with in management supervision sessions.*

**Recommendation 7:** Complaints should be managed in such a way so that they do not prevent the Team from completing its inspection programme.

*Achievement:* *Contingency plans are in place to ensure that a significant increase would not affect the statutory inspection process.*

## Appendix 2 Summary of the questionnaire results for 2000 and comparison against 1999 outcomes

A total of 239 questionnaires were sent out to all managers or owners of premises that are inspected by the Registration and Inspection Unit. 103 responses were sent back representing a 43% return rate – a 10% increase compared to 1999.

The results of the questionnaire are based on 61 replies from the adults sector (59%) and 42 replies from the children's sector (41%).

The answers from the 1999 questionnaire are provided in the information below. Improvements or declines in this year's results are shown as an increase (+) or decrease (-) in the third column.

Where the figures do not add up to 100%, the remaining percentage is made up of 'no replies'.

### 1. Have you been given information on the work of the Social Services Department's Service Standards Unit?

	1999 %	2000 %	% +/-
Yes	89.2	96.1	6.9
No	4.1	3.9	-0.2
Don't Know	6.8	0	-6.8

### 2. What areas have you been given information on?

	1999 %	2000 %	% +/-
Policy (e.g. frequency of inspection)	66.2	75.7	9.5
Methods of inspection	71.8	79.6	7.8
Standards	78.9	87.4	8.5
Complaints procedure	59.2	69.9	10.7
Information about inspection staff	36.6	56.3	19.7
Information about the Council's equal opportunity policies	52.1	57.3	5.2
Other	11.3	13.6	2.3

### 3. Did you have an adequate opportunity to comment on the inspection standards set by the Service Standards Unit?

	1999 %	2000 %	% +/-
Yes	85.1	82.5	-2.6
No	2.7	5.8	3.1
No View	8.1	8.7	0.6

**4. How do you usually find the inspectors in respect of their:**

	VERY GOOD			GOOD			NEITHER GOOD NOR POOR			POOR			VERY POOR		
	99 %	00 %	% +/-	99 %	00 %	% +/-	99 %	00 %	% +/-	99 %	00 %	% +/-	99 %	00 %	% +/-
Helpfulness	50	49.5	-0.5	41.9	40.8	-1.1	2.7	5.8	3.1	5.4	1	-4.4	0	0	-
Courtesy	45.9	55.3	9.4	48.6	36.9	-11.7	4.1	4.9	0.8	1.4	0	-1.4	0	0	-
Individual impartiality	32.4	37.9	5.5	43.2	42.7	-0.5	17.6	10.7	-6.9	1.4	1.9	0.5	0	1	1
Understanding of the day to day problems of providing your service	31.1	37.9	6.8	25.7	36.9	11.2	27	14.6	-12.4	9.5	6.8	-2.7	5.4	2.9	-2.5
Sensitivity	32.4	45.6	13.2	37.8	37.9	0.1	18.9	11.7	-7.2	6.8	1	-5.8	1.4	1	-0.4
Approach to equality of opportunity	39.2	46.6	7.4	40.5	37.9		18.9	12.6	-6.3	0	1	1	1.4	0	-1.4

**5. Do you believe that the Service Standards Unit has a reputation for independence from the Social Services Department?**

	1999 %	2000 %	% +/-
Yes	47.3	47.6	0.3
No	21.6	21.4	-0.2
No View	28.4	28.2	-0.2

**6. Do you feel that the Service Standards Unit has an even-handed approach to all service providers?**

	1999 %	2000 %	% +/-
Yes	44.6	47.6	3
No	27	21.4	-5.6
No View	27	28.2	1.2

**7. Following the last inspection of your premises how many weeks was it before you received a copy of the inspection report?**

	<b>1999 %</b>	<b>2000 %</b>	<b>% +/-</b>
Less than 1 week	1.4	1	-0.4
From 1-2 weeks	9.5	29.1	19.6
From 2-3 weeks	27	25.2	-1.8
From 3-4 weeks	21.6	23.3	1.7
More than 4 weeks	31.4	14.6	-16.8
Did not receive a copy	4.1	1.9	-2.2

**8. Were you given the opportunity to comment on the draft inspection report?**

	<b>1999 %</b>	<b>2000 %</b>	<b>% +/-</b>
Yes	80.3	80.6	0.3
No	9.9	9.7	-0.2
No View	7	2.9	-4.1

**9. Did you make comments on the draft report?**

	<b>1999 %</b>	<b>2000 %</b>	<b>% +/-</b>
Yes	53.5	48.5	-5
No	32.4	39.8	7.4

**10. Did your comments influence the report in the way expected?**

	<b>1999 %</b>	<b>2000 %</b>	<b>% +/-</b>
Fully	14.1	13.6	-0.5
Partially	22.5	17.5	-5
Not at all	15.5	11.7	3.8
No view	25.4	28.2	2.8

**11. Did you find the report easy to understand?**

	<b>1999 %</b>	<b>2000 %</b>	<b>% +/-</b>
Yes	94.4	86.4	-8
No	2.8	5.8	3



**12. Do you know how to make a complaint about the Service Standards Unit?**

	<b>1999 %</b>	<b>2000 %</b>	<b>% +/-</b>
Yes	77	<b>85.4</b>	8.4
No	21.6	<b>10.7</b>	-10.9

**13. Have you made a complaint about the Service Standards Unit?**

	<b>1999 %</b>	<b>2000 %</b>	<b>% +/-</b>
Yes	6.9	<b>2</b>	-4.9
No	93.1	<b>76.7</b>	-16.4

**14. How was your complaint handled?**

	<b>1999 %</b>	<b>2000 %</b>	<b>% +/-</b>
Satisfactorily	50	<b>100</b>	50
Unsatisfactorily	0	<b>0</b>	-
No View	50	<b>0</b>	-50

**15. In your experience how much are inspection reports valued by either the users or their relatives/carers?**

	<b>1999 %</b>	<b>2000 %</b>	<b>% +/-</b>
Low Value	16.2	<b>18.4</b>	2.2
High Value	54.1	<b>54.4</b>	0.3
No Value	12.2	<b>4.9</b>	-7.3
No View	16.2	<b>14.6</b>	-1.6

### Appendix 3 Summary of literal responses given in the questionnaire

Respondents of the questionnaire were invited to provide comments on the service of the Registration and Inspection Team. The replies to two open questions are as follows:

#### **“Which part of the inspection report have users or their relatives/carers found useful?”**

1. The parts of the report that commented on ‘above minimum standards’ issues (useful to staff). The summary of core standards (useful to relatives).
2. Appreciate personal involvement when invited to attend the home to meet the inspector.
3. Those that choose to read find it very useful. It is also useful for people who may be viewing the home with the possibility of coming into care.
4. To read if complaints had been made or what was to be done in the home to make a better safer home.
5. The family knows that the report is in the office for all to see. The carers also look at it to show that they are all doing their jobs to the standard the home needs.
6. The whole report (6 comments made).
7. Staffing levels. All report is most helpful.
8. Keeping the quality service at a higher level and views on how to impose it.
9. Users i.e. parents/carers never seem particularly interested in the Social Services Report.
10. Those who took the time to read it found it very informative and a reassurance that their children were cared for.
11. Quality of care provided. Staffing issues. Safety of premises.
12. All of the report as is reflects the care we offer.
13. A chance to voice any opinions.
14. The positive comments in the report.
15. All – to enable standards to be maintained and raised.
16. We found the whole report extremely useful. The relatives implied to me that the whole inspection and courtesy of inspectors gave them confidence and a feeling of being involved in the care of their loved ones.
17. I have never received any specific comments but parents do ask to see a copy on occasions.
18. The whole report has been commented on for its clear presentation.
19. Generally all of it is interesting to read.
20. Overall the report generally is of the utmost importance to ensure that standards are being met throughout.
21. Guidelines and recommendations in order that I can provide a better standard of accommodation and care for my residents.
22. General info about setting – reassures them of quality of care – helps to make an informed choice about which nursery to choose.
23. All areas (3 comments made).
24. Officers comments.
25. New nursery – checks in place for all areas.
26. Not aware of any particular interest shown in any area of the inspection.
27. General comments (page 6). Comments (page 12).
28. It has encouraged the parents to co-operate more with the Nursery activities, and has encouraged the parents to realise the importance of their role as parents.
29. Residents feel confident that their interests are protected.
30. Clients are aware of the reports that we receive via residents meetings.
31. Parents value what the report says and like to know what the social services think of the nursery.
32. Very very few of users ask to look at report or seem to care. Response this time because of report we changed admission form. Users didn’t like the trouble of filling it out!
33. Feedback from the inspection officer has, this enables our service to improve and it’s good to have someone from outside come in to see how things are maintained and run.
34. All the inspection coverage.
35. It is nice to know that things are being checked and the lady who came was very nice and understanding of the gentleman I look after was very chatty to her.
36. Standards of the home. Comments made by the clients receiving the service and their levels of satisfactory. The clients views and opinions.
37. Ability for relatives to talk to inspectors.
38. The summary.

39. Relatives have not accessed this information.
40. Due to the reasons why people use the Family Centre they place little emphasis on the Inspection Report.
41. Explanations against findings. Tick box options clear and easy to understand.

### **“Do you have any suggestions to make on the improvement of the inspection service?”**

1. Inspecting officers need to be more ‘human’, sympathetic and impartial.
2. More emphasis should be put on quality of life (e.g. levels of stimulation/therapeutic activities /independent living skills). Not just basic standards of care.
3. Although the inspection was an announced visit only ½ hour’s notice was given which left me no time to arrange for a crèche worker to cover me while I was involved with the inspection. I feel it would be helpful if Social Services could make a crèche worker available during the inspection visit if required.
4. More information relating to the procedures. Also raising public awareness i.e. future clients and families are not aware that all homes are inspected so therefore do not ask to see inspection reports.
5. Incorporate joint training and importantly it could be useful to have some forum set up where Home Owners/managers and Inspection Service are able to meet to discuss issues of concern.
6. All inspectors seem to have different views therefore this contradicts itself when a new inspector takes over. It would be helpful if there were set guidelines for inspectors (written) as Ofsted Inspectors have. So that the nursery knows where it stands.
7. Work with and support Home Owners – not against which so often happens and acknowledge when Home Owners do a good job!
8. Inspectors should be more sensitive and have good understanding of the Home. They should learn to formulate and write report on findings and not their opinion. They should emphasise and record positive findings in the Home. Inspectors tend to be more negative in their approach. They should listen more to providers.
9. Inspectors may be able to form a better impression of the service providers if they visited on an informal basis more often.
10. I have dealt with two different inspection officers the first of whom was very rigid in her views which made informal advice seeking (on our part) very difficult. Our current officer is very supportive and a good relationship has resulted. There are very differing attitudes. I feel fully at ease to seek and receive advice.
11. An attempt to have clear standards as each inspector interprets them differently and when officers change this can cause unnecessary aggravation for Home Manager and Proprietor.
12. Rotation of inspecting officers every 2-3 years.
13. To simplify the report to make it easy to follow.
14. Satisfied.
15. Satisfactory.
16. To provide a summary of report for parents A4 in photocopyable format.
17. There needs to be clear guidelines set by inspectors and that they all follow them. Instead of one inspector saying one thing and another thing.
18. I feel sometimes that inspectors are a little removed from the day to day running of a nursery and instead of providing practical help they can be over zealous with the rule book.
19. I recognise the importance of doing unannounced visits but the timings of such visits i.e. 11am Sunday is very inconvenient when one has to prepare Sunday lunch. This then impacts on the rights of residents who have to have their dinner delayed. As a small residential home who has only 3 residents placed through the adult placement service I feel that the current standards need to be updated/changed to reflect the difference between a small care home for those who come through adult placement where residents live as part of our family and one where staff are employed.
20. The difficulty I have found is when we have an unannounced inspection. Some days there is only one officer on duty it is impossible to assist inspector and run the home for as much as 2-3 hours at the same time.
21. Improvement needs to be made on the ‘clearance of staff’ for working with children. This takes too long, delays setting on new staff especially for temporary periods i.e. summer work.
22. Rotate all of the inspectors round so we all get a different view and not a personal view.
23. Do not feel inspection needed we are checked on at least 4 times a year by APS, therefore we have far more inspections than regular residential homes but our pay is not on par. So I see unnecessary costs incurred lots of changes need putting in place.
24. As part of the Thomas Coram Research project it appears that the SSU is now covering different areas of the nursery provision than previously – little interest is shown in health and safety issues or staff training/abilities – very little ‘real’ information can be gathered from a few 5 minute observations and one visit a year.

25. To understand how different services operate i.e. although we have full day care our children at the most only stay up to 2 hours, thus some of the practices that your inspectors advise we feel would not work so well in practice.
26. I have nothing but commendation for the way in which the SSU and the inspection department have carried out this work. It has been most helpful.
27. We believe that reports need to be backed up – by good research evidence or at least draft reports should be sent to us in case there are areas of dispute.
28. I have found inspection service very helpful when I have rang for advice. I feel that they are very helpful.
29. Complaints received sheet at back of report does not include enough information and may easily be misinterpreted. Paint on clothes was listed as proven complaint on care but gives no other details.
30. We try very hard to maintain a high standard of cleanliness and hygiene and toys are cleaned each week. Damaged and shabby items are disposed of. We would appreciate their acknowledgement of our high standards.
31. As far as I'm aware the Inspection Unit are doing fine and improving the service standard of all service users.
32. I was very pleased with the person who did the inspection she was very thorough and caring.
33. It would be nice if the inspection unit were able to devote some time for development work and were allowed to attend clients meetings and the odd fun events held within the home.
34. To use the same criteria with a residential home and adult placement causes me difficulties, it is our family home and I offer respite and weekend placements, having registration certificates on display and other similar expectations, changes the whole ethos of our home to offering a service of living as a family member in a family home.
35. It is difficult to comment as the Inspectors themselves are all different. Our previous inspector was most helpful and understanding. This is not always the case.
36. My company operates a number of residential care centres within the city of Leicester ... Of the seventeen registration authorities with whom my company deals nationally, we highly regard our relationship with the Leicester City Council Registration and Service Standard Unit, and certainly from any aspect including those laid out in your questionnaire we would suggest that your department compare favourably with all others.
- Apart from the statutory obligations, in other words ensuring that we receive regular visits, that result in quality inspection reports, we are always particularly impressed with the considerate and user friendly systems that you operate, and the courtesy of your officers, which I believe reflects in the excellent relationships that develop between my management team and yours.

## **Appendix 4 Methodology**

### **Questionnaire**

A total of 239 questionnaires were sent out to all care establishments inspected by the Registration and Inspection Team and 103 responses were returned (43% return rate).

### **Press release**

An invitation for comments was extended to the public via the local media in June 2000. An article appeared in the Leicester Mercury newspaper and Century Radio recorded an interview for its news programme.

### **Consultation**

For a full list of those individuals consulted please refer to appendix 5.

### **Observing the inspection process**

Two inspections were observed which involved two different Registration and Inspection Officers and one Team Leader. One inspection was unannounced and took place in a private residential adult home; the other was an announced inspection in a local authority children's home.

### **Registration and Inspection Team – Team Meeting**

The Registration and Inspection Officers hold a team meeting every other week. One of these meetings was observed.

### **Meetings with Representative Bodies**

A meeting was held with two representatives from the Combined Association of Residential Establishments (CARE) and a representative of the National Association of Private Day Nurseries.

### **Reference documents**

Department of Health Circular LAC(94)16 – “Inspecting Social Services”

Social Services White Paper (1998) “Modernising Social Services “, Chapter 4 - Improving Protection

“Chief Executive’s Annual Report 1999 on the Social Services Department Registration and Inspection Unit”

“Joint Review Action Plan” produced by the Social Services Department, March 2000

“A report of the Joint Review of Social Services in Leicester City Council” produced by the Audit Commission and the Department of Health’s Social Services Inspectorate, March 2000

“Better Regulation - Now! Inspection of Social Services Registration and Inspection Units” produced by the Department of Health, August 1999

Local Authority Circular LAC(98)22 “Modernising Health and Social Services: National Priorities Guidance 1999/00 – 2001/02” produced by the Department of Health

**Other sources of information**

Procedures Manual

Follow-up and enforcement policy

Minutes from Team Meetings and Systems Development Group

Sample inspection reports

Performance Management Information

Service Standards Unit Newsletters

## Appendix 5 Consultation list

The following people were consulted in the preparation of this report. Thank you to everyone that made a contribution.

\*Andrew Cozens                      Director of Social Services

### Registration and Inspection Team

\*Anne Carswell                      Head of the Service Standards Unit  
\*Julia Pilsbury                      Team Leader (Registration and Inspection)  
\*David Alexander                      Team Leader (Registration and Inspection)  
\*Susan Andrews                      Inspector  
\*David Bacon                      Inspector  
\*Keith Charlton                      Inspector  
\*Kim Cowley                      Inspector  
\*Jacqui Malcolm                      Inspector  
\*Dionne Royston                      Inspector  
\*Val Wareham                      Inspector  
\*Chris Wroe                      Inspector

### Service Standards Unit Clerical Team

\*Louise Parkin                      Office Manager  
Hema Majethia                      Senior Clerk  
\*Marianne Knight                      Clerk  
\*Hansa Kanji                      Clerk  
\*Jenni Cross                      Clerk  
Alpa Parmar                      Clerk

### Representatives of Social Services Department

\*Pat Pollock                      Service Manager – Children’s Residential  
\*John Dilliegh                      Team Manager (Learning Disabilities)  
\*Ian Hawkins                      Team Manager (Elderly Persons Homes)

### Lay Assessors (LA)/Advisory Panel Members (AP)

\*Thelma Charlton                      LA  
\*Arthur Clarke                      LA & AP  
\*Claudia Moring                      LA  
\*Maurice Waterfield                      LA  
\*Albert Clark                      AP  
\*Pat Perkins                      (AP, Nursery owner and Member of Day Nurseries Association)

### Other Organisations

\*Mrs A Cowley                      Representative for CARE  
\*Mrs J Dawe                      Representative for CARE  
Mr P Parkinson                      Royal Society for the Blind  
Mr P Van Herwege                      Prime Life PLC

**Contributions were also invited from the following sources:**

Inspection Advisory Panel (Children's)

Inspection Advisory Panel (Adult's)

Domiciliary Care Organisations

Private Children's Home

\*These individuals were interviewed