

September 2011

Adult Services Quality Assurance Report 2010 - 2011



Contents

1. Portfolio Holder foreward	3
2. Director's Summary.....	4
3. Introduction	6
4. Learning and action from 2009/10	8
5. Reablement.....	14
6. Personalisation	20
6. Long term Care	31
7. Safeguarding.....	37
8. Home Care.....	44
9. Residential Care	49
10. Day Care.....	54
11. Carers Services	60
12. Corporate Information	63
13. QA survey and service user groups	63
14. Briefing on the department of Health NASCIS data release.....	63

1. Portfolio Holder foreword

The 2010-2011 Adult and Housing Directorate Quality Assurance Report presents how our Quality Assurance Framework is used to ensure that standards are maintained across the many service areas the Directorate covers.

Through learning from all the procedures that are embedded in the delivery of our services we ensure that although the Care Quality Commission have ceased to assess and grade the Council's work with vulnerable residents, the quality of services is maintained and improved.

For example, great care is taken to learn from feedback from those who use our services and their families; from complaints; and from safeguarding investigations to name just a few. You will see that in order to get a holistic understanding of the quality of our services, a QA challenge model and review tool has been developed, which is recognised as good practice by the Care Quality Commission and by ADASS who have also recommended it to other councils.

I urge you to take time to read this report and see how areas for improvement are identified by using the QA Framework, and implemented in order to enhance the quality of life and wellbeing of those we support.

Councillor Margaret Davine

Portfolio Holder for Social Care, Health and Wellbeing

2. Director's Summary

Striving to ensure Quality Services for Vulnerable Adults is the foundation of Adult Services and a core council responsibility; whatever else changes as a result of Policy and Transformation, Quality Assurance is an ongoing requirement.

We have been developing our quality assurance system (QA) for a number of years and I was pleased that CQC found it to be embedded in their last assessment in November 2010. Sound QA is now even more important because:

- CQC have ceased to assess the Council's work with vulnerable people
- Our customers desire to understand the quality of service to inform their choices has grown as a result of personalisation
- As we transform services it is crucial that we track the impact on our users of service change

Harrow's QA framework is being used as a model to inform work across the country. Each council is being urged by ADASS, LGG and Government to publish a local account of quality in adult care for its local population. This report is the foundation of fulfilling this objective. We will produce an easy read version and ensure the key messages are shared widely. The principles guiding our approach are that quality assurance systems need to:

- Have a strong element of independence to ensure the authority isn't inward looking and complacent.
- Have user and carer views as its core
- Ensure professional standards are promoted
- Drive improvement and learning in the diverse social care market

The key messages are in 2010/11:

- There is a strong evidence base that demonstrates our work is making a positive difference to our users and carers through our QA systems.
- Our benchmarking indicates that, for Harrow 4 of the 5 indicators in the national framework are top quartile. All are above average. .
- An analysis of the outcomes of service users by the introduction of the new reablement service has already shown significant improvements and high levels of satisfaction. Further improvements to the customer journey are required to meet changing customer demand and expectations.
- Feedback from service users, service providers, and the third sector on personalisation is positive. There is a need to further develop the market so that the market can evolve at the same rate as the allocation of personal budgets and is able to meet the needs of those requiring PAs
- Safeguarding remains strong, however there remains the need to further embed knowledge of Mental Capacity Act
- Our work in year on a lean review of the process for major adaptations and changes in service equipment service provider are expected to improve our equipment and adaptations services in long term care.
- Our home care services are meeting the needs of our diverse population but improvements are needed in the quality of communication to service users if service is delayed.
- All residential homes showed some improvements from last year and all received a good inspection result.

- There has been robust and effective communication with service users in relation to day services and surveys continue to show adults with learning disabilities regard the services they receive very highly.
- Our work with carers demonstrates a real opportunity to become a leader in use of PBs for carers. We need to continue our market development and embed personalisation across carers services.

I hope you will agree that the evidence in the report shows that our work achieves positive outcomes for very many users and carers. This can also benefit those who fund their own care from services subject to our QA arrangements. However, as ever there is more to do to ensure our practice is consistently of high quality across services. Please do give us your feedback on the report and any ideas for further improving these crucial services.

No QA system can guarantee poor practice will never happen, but it can spot patterns of poor performance and correct them, promote learning and a drive for improvement.

3. Introduction

This is the second Quality Assurance (QA) Annual Report to provide an overview of the quality assurance and learning activities undertaken across Adult Services.

In year one, we set up the Quality Assurance and Learning Board (QALB) and Harrow led the way by establishing a pan London QA managers group and a local QA forum. In year two, we have embedded quality assurance further by establishing a regular care management forum. We are now in the process of integrating our QA framework into the Adult's Service Plan 2011-14.

Adults Services have made continued improvements leading to a successful year. Performance is very strong across almost all areas, savings have been delivered and projects completed on time. We have a strong evidence base that demonstrates our work is making a positive difference to our users through our QA systems. We are leading the way on personalisation and reablement and have restructured the department. During a visit to Harrow the Department of Health praised Adults Services for having a sophisticated QA system, and said that Harrow is a national leader on Reablement. Following the DH visit, Harrow was asked to showcase their work at the DH Expo, presenting with the London Director, Ian Winter.

Several recommendations for action were made in the last Quality Assurance Report. The first part of this report provides an account of what we learnt in 2009/10. It also demonstrates how we have built on our learning by providing an account of the actions taken and the outcomes achieved.

The main body of the report provides an overview of the quality assurance and learning activities undertaken across Adult Services against each service area. These activities help us identify areas of good practice and areas for improvement.

Our Quality Assurance Framework 2010 -11 has been carefully designed to provide the right level of information to enable us to make decisions about improvements to services. A challenge model based upon four areas of quality assurance has been developed to ensure we embrace and capture the right information.

2.1 National and local context

There have been major challenges taking place during 2010/11 that have had an impact upon Harrow council and the range of services it provides.

New social care and health national legislation alongside efficiency measures will affect how we deliver services in the future. In addition changes to the way social care services are monitored and inspected will require us to reconsider our own quality assurance measures.

Local accounts are in development and will be the way councils with adult social care responsibilities will in the future report to citizens and consumers about performance in adult social care. It is anticipated at this stage that this report will form the basis of an evolving Local account.

It is positive and welcome that CQC have stated that, in their view we have embedded QA into our mainstream activities. Furthermore, Harrow's QA model of challenge has formed part of the recommendations by ADASS to councils developing their Local account.

However, we still have more to do to ensure that users and carers remain at the core of what we do and that we listen and respond to their views.

4. Learning and action from 2009/10

The 2010/11 QAL Action Plan (**see appendix 2**) comprised nine recommendations aimed at improving systems and processes to enable improved QA data on which to act. The action plan also contained developmental aspects where internal and external colleagues were brought together to share and learn in order to improve understanding and practice.

The action plan included the introduction of a QA tracker that mapped strategic QA activity across the directorate. The tracker gives senior managers at the QAL board an overview of what is taking place across a broad spectrum of social care and housing.

A key component of the action plan is the You Said and We Did report (**see appendix 3**) that outlines a broad range of customer and external feedback and shows the outcomes delivered. An example of an achievement from the You Said and We Did report regarding Personal Budgets is:

- Service users stated that they wanted a cash budget and a choice as to who else could help them to arrange alternatives to council support.
- In response an Independent Brokerage scheme was introduced and the council worked with 3rd sector organisations to deliver this option.

Throughout 2010/11 we have improved our QA activities and processes. We know we can still do more to do to ensure that users and carers, remain at the core of what we do and that we listen and respond to their views. However it is positive that CQC have remarked on our successful efforts to embed QA into our mainstream activities.

3.1 Learning from complaints 2009/10

During this period learning gained from complaints has led us to the following recommendations for improvement for 2010/11:

- Mandatory complaint investigation training is prioritised to reduce the number of complaints upheld at stage 2. (started and ongoing).
- Complaints Manager to raise with operational managers whether the opportunity to resolve complaints via mediation is being fully utilised. (included in Complaints Annual Report and is awaiting approval).
- Specific focus/monitoring of Commissioned Services/Reablement Personalisation complaint response times by senior management. (included in Complaints Annual Report and is awaiting approval).
- Director's newsletter to remind staff any complaints or potential complaints are passed on to the Complaints Service. (removed as an action as complaint numbers are healthy).
- Adjusting stage 1 response timescales to improve quality of response reduced escalations and improved timescale achievement. (Agreement from Adult and Housing Services Director but vetoed at a corporate level).

3.2 CQC Assessment of Performance Report (APR) 2009/10

The CQC noted the following key areas of improvement following the 2009/10 APR, which we have acted on.

“ Harrow has improved strongly across a range of outcomes in 2009/10. The council has strong leadership which has driven progress on the transformation programme. There is continued good partnership working with an integrated commissioning strategy with the PCT and some joint service provision. The strategic direction is developed with engagement from partners and local communities. Work has been carried out to develop the market to support the transformation agenda and there has been significant investment in community services.

Over half of the council's community budget is allocated to personal budgets.

The council have met the 'Putting People First' milestone to develop a user led organisation and are on track to meet the other milestones. All relevant boards have full representation from service users and carers as well as working groups. Carers and people using services are routinely consulted with and have actively contributed to the development and change of services. Services for carers have continued to expand, with evidence of positive outcomes.

A high number of people receive self directed support through the council and the quality assurance processes demonstrate improved outcomes. To support this, the council have worked to ensure information and advice is widely available and promoted increased choice and control through a successful, innovative on line catalogue system. The council have recognised that they need to further improve the backlog in cases of people waiting for major adaptations and anticipate that the implementation of the retail model will deliver improvements.

There has been additional investment in safeguarding adults, which remains a key priority for the council. The safeguarding adults' team work directly with fieldwork teams and there is a dedicated staff member for self directed support. The safeguarding adults' board has been strengthened and there is good representation from partner agencies.

Investment has taken place in strengthening and training the workforce to support the transformation programme and fully engage staff. The council have lower than average staff turnover, vacancy and absence rates. ”

Care Quality Commission 2010

Areas for improvement were identified and evidenced against the CQC outcome and domain framework areas and have been taken from the Adult Self Assessment Survey 2010 as follows:

Leadership

Area for improvement

- Build on joint working with the PCT to mainstream the reablement service and improve equipment waiting times.

Outcomes

Partnership work has led to the launch of the council's Reablement Service in October 2010 and we have led on the DH supported Retail Model of community equipment project to ensure improvement of waiting times and a more person centred approach to the choice and delivery of equipment.

Commissioning and use of resources

Areas for improvement

- Continue to progress the Integrated Delivery Plan and evidence improved outcomes.
- Continue to align funding and progress the Market Development Strategy to further support the transformation agenda.

Outcomes

An Integrated Commissioning Strategy is in place and being taken forward by the new Commissioning Team. A detailed delivery plan has now been agreed between Harrow Council and NHS Harrow and is based upon the JSNA. The plan is outcome focussed and identifies investment and efficiencies.

A Market Development Statement has been developed and precedes the production of in-depth Market Development Strategy. The strategy will be informed by outcomes of the personal budget evaluation, research carried out by Demos, intelligence drawn from practitioners and ongoing engagement with users and carers. The Commissioning Team have been working with Shop4support to increase number of providers, there are now 185 community / voluntary organisations and 27 commercial providers across a diverse range of traditional and non-traditional services.

Improved quality of life

Areas for improvement

- Progress work to improve waiting times for major adaptations.
- Further increase telecare provision and progress work on Telehealth
- Continue work to mainstream the new reablement service.
- Continue work to increase access to supported accommodation.

Outcomes

A strategic decision was taken that in order to speed up work on major adaptations, a large backlog of cases should be progressed in 2009-10. This had a negative effect on the in year performance, however significantly more people (278 in 2009/10 compared to 153 in 2008/9) received the required adaptation to their home. During 2010/11 waiting times for major adaptations steadily improved allowing us to meet our end of year target.

A short-term reablement telecare service is already available for a period of up to 6 weeks to facilitate an introduction to telecare provision. An increasing range of telecare sensors have been made available as part of people's care packages as appropriate.

The Telehealth project is implementing a series of pilots from 2010 to 2012 to embed the most cost effective and best value schemes into the integrated intermediate care service. The JSNA highlights the prevalence of CHD, Diabetes and COPD long-term conditions in Harrow. The Telehealth pilot will target these conditions and assess improvements. It is estimated that there could be up to 10% savings achieved in the cost of emergency bed days from the introduction of this service.

During 2009-10 detailed joint planning between the Council and Health partners led to the

development of a new care model. This represents a fundamental shift in the way that people who use services' care needs are assessed and how care is provided in Harrow. The model builds on the cross-agency reablement and rehabilitation service and enables adults referred for care to be provided with a tailored reablement service for a period of up to 6 weeks.

In 2009/10 there has been an increase in the number of people supported to live independently. An Accommodation Strategy has been developed for vulnerable people and work with partners to develop more supported accommodation.

Increased choice and control

Areas for improvement

- Further expand high quality support planning across all teams.
- Continue, as planned, to develop the range of services available to support independent living.
- Continue work to increase the numbers of mental health service users benefiting from a direct payment as part of their personal budget.

Outcomes

All people taking a PB are supported through a client-directed assessment to develop their support plan.

Following consultation with service users, carers and providers the Shop4Support an online catalogue went live in November 2009. The catalogue gives access to over 250 local organisations, many of which cater for specialist and culturally sensitive requirements. A market development conference was held with providers to explore the potential to expand the market.

We now have 175 people with mental health needs who have a personal budget and 64 MH carers received direct payments.

Economic well being

Area for improvement

- Build on work to expand the range of employment opportunities for carers.

Outcomes

Carer's employment issues are an integral part of carers assessments and reviews. During 2009-10, Adult Services developed an arrangement with Pertemps, a local employment agency, which now offers flexible employment opportunities for carers to work as personal assistants. 50 carers have registered for work. Slivers of Time also operate through Pertemps where carers can access flexible work for short periods of time.

Maintaining dignity and respect

Areas for improvement

- Continue work to raise the profile of safeguarding with harder to reach groups, so that referrals are more in line with Harrow's demographics.

- Implement the Multi-Agency Training Strategy.

Outcomes

As a result of the targeted sessions provided for organisations where no/low numbers of referrals had been received in recent years the following number of alerts/ referrals made to the Safeguarding Adults Team:

Compass, EACH and the DAAT (i.e. drug and alcohol services)	3 new alerts (1 referral);
HIV/AIDS provider	1 new alert
MAPPA	2 referrals;
MARAC	6 alerts (3 referrals);
Community Safety staff	9 alerts (3 referrals);
hate crime panel	2 new alerts

One referral was made from the Safeguarding Adults Team into the Prevent Panel following their presentation to the LSAB.

In 2009/10 the LSAB agreed a Multi-Agency Training Strategy with a detailed action plan. In 09/10 the programme trained 641 staff across 27 courses (up 80% from the total 08/09 figure). These figures comprise 368 LBH staff (an increase of 95% on 08/09) and 273 external staff (an increase of 48% on 08/09). Further analysis shows that of the 273 external staff, 79 were from the NHS (an increase of 66% on 08/09); 71 from the private sector (an increase of 37% on 08/09) and 117 from the voluntary sector (an increase of 65% on 08/09).

3.3 The Quality Assurance framework 2010/11

In order to ascertain a holistic understanding of the quality of our services, Harrow's quality assurance framework uses information gained from QA activity from a variety of perspectives. A QA challenge model and review tool has been developed based upon four key areas:

1. Independent Challenge
2. Consumer/Citizen Challenge
3. Provider Challenge
4. Professional Challenge

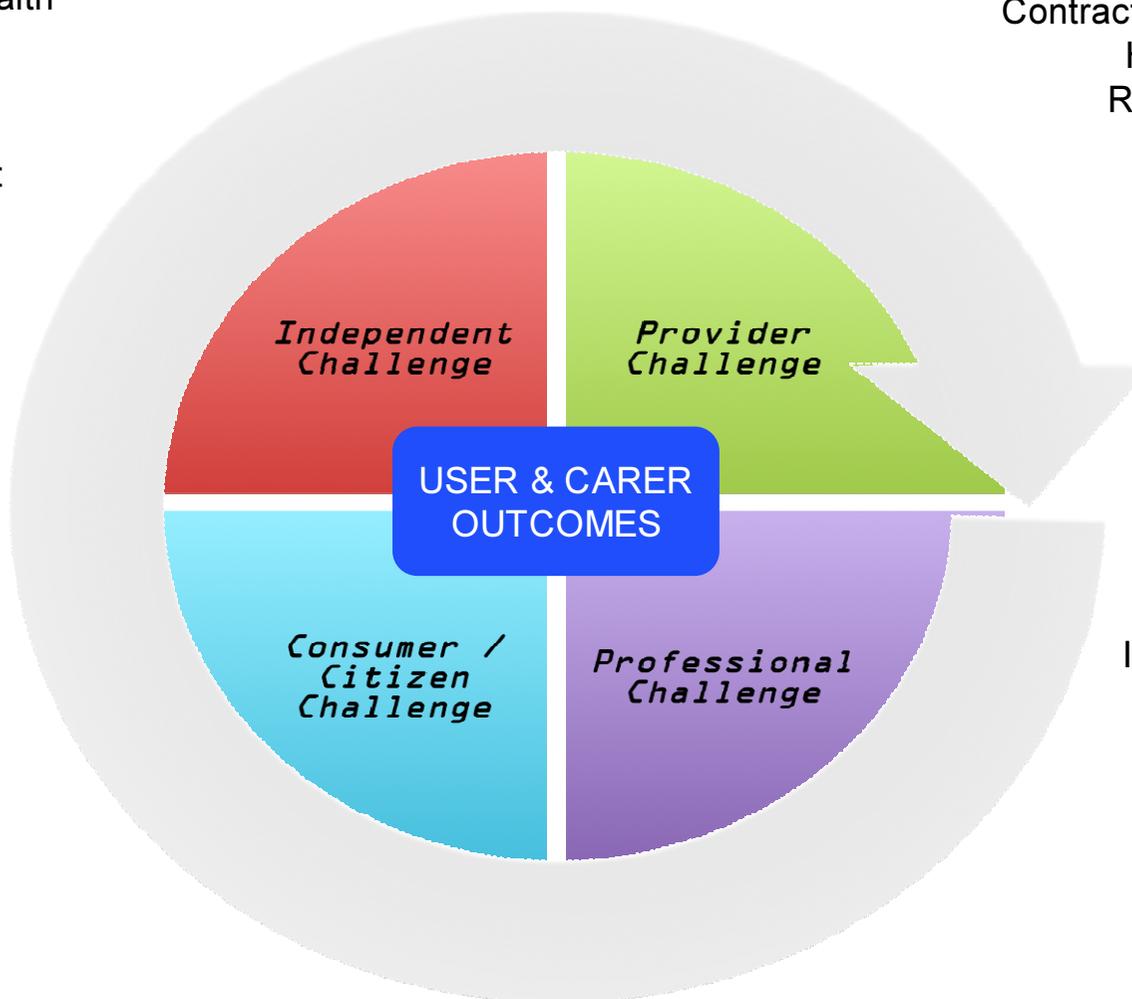
Details are outlined in the following diagram.

Harrow's QA Framework



Department of Health
 Benchmarking
 Voluntary Sector
 (independent)
 Independent Audit
 Harrow LINK
 CQC
 Scrutiny
 Improvement
 Board
 Commissioning
 Boards

User & Carer
 Research
 User & Carer
 Engagement
 Customer Service
 Standards
 Complaints,
 Surveys
 User & Carer
 Assessment



Contract & SLA Monitoring
 Home care Agency
 Residential Provider
 (External)
 Voluntary Sector
 (SLA)

Case File Audits
 Peer Audits
 Independent Audits
 Care Reviews
 Safeguarding
 Reviews
 Supervision
 Appraisal

5. Reablement

The new Reablement service was launched in October 2010 as a key part of the overall transformation of Adult Social Care in Harrow. Promoting independence is a cornerstone of Harrow's reablement model and by reducing the need for ongoing support has also enabled us to also address efficiency targets.

Adults with care needs now all come through a new front door and are offered a service from a suite of Reablement services including: advice and information, equipment, meal support and tailored packages of reablement support at home for a period of up to 6 weeks.

Within a 3 month period the service reviewed 1516 service users, averaging 100 to 150 contacts each week.

Independent Challenge

QA activity: Review	Care Services Efficiency Delivery (CSED) review
<p>CSED was a programme delivered by the DH to help councils identify and develop more efficient ways of delivering adult social care.</p> <p>The programme is focused on efficiency solutions that support the transformation of adult social care and helped deliver sustainable solutions with maximum benefit to service users.</p> <p>The CSED programme closed on 31 March 2011</p>	
<p>Outcomes:</p> <p>CSED impressed with service development and highlighted the tracking system as one of the best in the country on the basis of the review the Director the DH ask Harrow to present with Ian winter at DH EXPO.</p> <p>Action:</p> <ul style="list-style-type: none"> • Presentation with Ian Winter • Agreed that there would be a follow up by a visit to Harrow by Ian Winter 	

QA activity: Reablement and Health User Group	Reablement
<p>A Reablement and Health service user's group has been established to inform future development and improvements to the Reablement service.</p>	

This group will also contribute to the Independent and User /Carer aspects of quality assurance for the service.

Reablement service users are asked to provide feedback in a number of ways including through individually contacting them.

Outcomes:

- Mrs. AL contacted the Reablement Team following a home visit to say how much she appreciated the kindness and patience of staff and to say what a terrific service was being offered to her husband.

Action:

- Incorporating User and Carer feedback from outcomes monitoring and Independent surveys.
- A Reablement survey will be carried out as part of the QA framework for 2011/12.

QA activity: CQC Special reviews

Stroke Pathway Review

In a report which reviewed services for stroke patients and their carers, the CQC praised the work of Harrow Council, the Primary Care Trust team and the Stroke Association, giving Harrow a 'Best Performing' rating. It highlighted the impact made by various initiatives including a new acute stroke unit - one of just seven in London - supported by focus groups led by former stroke patients and the production of a borough based information DVD.

Outcomes:

Spearheaded by the council's Community Stroke Co-ordinator, the help and advice available to stroke patients and those in recovery has increased dramatically with patient led groups used to critique the services available. The borough also has one of just seven hyper-acute stroke units (HASU) in London which enables a rapid response, including scans, early treatment and ultimately a greater chance of a full recovery.

QA activity: Department of Health visit to new service

Reablement Service

The reablement service was praised by the Department of Health during a visit to Harrow by Ian Winter, Deputy Regional Director.

He said our service is an exemplar of best practice and has at its' centre the service user and their needs and wishes. This can only put the Council and its services in a really good position for the future.

Provider Challenge

QA activity: Home Care	Reablement Service
<p>In preparation for the introduction of the new Reablement Service the Homecare Provider market needed to change in order to be able to respond appropriately to the needs of service users.</p>	
<p>Outcomes:</p> <p>We worked with two agencies to deliver services in a different way. The agencies recruited and trained staff separately to be Reablement Support Workers who are now able to offer the Reablement Model of service.</p> <p>Further action:</p> <p>Weekly meetings were established between the Reablement Homecare Providers and the Reablement Team to discuss issues and cases to ensure that people's independence was maximised.</p>	

QA activity: Reablement Overview processes	Regular review of Reablement
<p>Professional overview processes are already in place. Reablement Team Managers audit all Reablement cases as a matter of course. They check assessments and follow up work for content, quality of information and case notes.</p> <p>Weekly meetings with Reablement Care Agencies ensure that Provider challenge is incorporated within the day-to-day operation of the service.</p> <p>Contract and complaints monitoring provide continuous review of Reablement care provision to maintain high standards of care.</p>	
<p>Outcomes:</p> <p>Throughout 2010/11 the Reablement service has been continually reviewed and changes in processes integrated at the earliest opportunity. A broad range of service requirements have been identified at the front door of reablement and work progressed to look at further development of the suite of services available in the Reablement service</p> <p>Action:</p> <ul style="list-style-type: none"> As a consequence of early feedback from Reablement service users changes have been made to the processes, these include triageopoly assessment and inclusion of outcome questions. 	

- Several changes were also made to the Framework-i process to improve access and assessment flow.
- Changes to services include planned development of Psychological Therapies for Mental Health service users and also a broad range of information, advice and signposting resource within the Reablement Team.
- The Reablement Skills & Support Programme has commenced
- Age UK Harrow will be carrying out a regular independent survey of Reablement service users to assess quality and outcomes. Four service users who have completed Reablement will be surveyed each week. A regular report will be developed from this survey work, which will feed into the overall quality assurance for the Reablement service.
- DH will review first year of Reablement in December 2011 and provide feedback via an evaluation questionnaire to determine whether the service is poor, adequate, good or excellent.

Professional Challenge

QA activity: Data Quality activity	DQ team
<p>The Data Quality team within Harrow's Performance section has had a significant role to play in helping to improve service quality throughout the year.</p>	
<p>Findings:</p> <ul style="list-style-type: none"> • A series of regular case file audits has highlighted issues around the recording of data by social work teams. • Activity has increased the awareness of the issues around the usage of Framework-i 	
<p>Outcomes :</p> <ul style="list-style-type: none"> • Increased reliability of the Framework-I data sets which provide management information for strategic decision making. • Enabled the design new workflows around reablement, personalisation and the finance system. • Issues identified in data quality activity were addressed through redesigning the system. • Changing statutory requirements were meet efficiently • Eased the transition into the new team structures. 	

QA activity: Data Days	DQ team
<p>Throughout the year a series of 'Data Days' were held with social care teams at their local sites.</p> <p>The aim of a data day is to help manage specific issues around incomplete files, carers information, deceased clients etc.</p>	
<p>Outcomes:</p> <p>Data days have helped to cleanse Framework-i folders and ensure information required for performance indicators was more accurate. There is increased confidence in the use of this information for strategic planning, audit or inspection. Improvements include:</p> <ul style="list-style-type: none"> • Amended case audit destinations and review dates, • carer employment status added for reporting, • children to adults transition work flow recorded, • changes to address types, • concessionary travel episode added, <p>Action:</p> <p>Where issues have been identified and improvements can be made, this work is scheduled to take place in the first part of 2011/12.</p>	

Citizen Challenge

QA activity: Users feedback	Completion of Reablement
<p>The new Reablement service commenced on 25th October 2010 and is a key part of the overall transformation of Adult Social Care in Harrow. By March 2011, 2810 people had received and completed a Reablement service.</p> <p>Reporting mechanisms have been developed within the Frameworki system to collate and report on outcomes. An assessment of outcomes is undertaken with Reablement recipients at the commencement of reablement and at the exit from the service. These include: Quality of Life, Choice and Control, Health & Well Being and overall satisfaction with the Reablement service.</p> <p>Tracking mechanisms have been put in place to track changes at 3 months, 12 months and 2 years following Reablement.</p>	
<p>Outcomes:</p> <p>People who had gone through a period of reablement were asked their views about quality of</p>	

life, choice and control and well being

Results from the Reablement tracking indicate the following:

As of 13th July 2011 3,874 people have received a Reablement service

- Over 70% of people receiving reablement required no ongoing service
- 89% of clients were satisfied to very satisfied with the service

Actions:

- PIs have been established for 2011/12 performance monitoring.
- A further refinement of data collection and embedding outputs and outcomes from tracking at 3mths and 12 months following Reablement is underway.
- In future a question will be asked about feeling safe.

QA activity: DH Survey

Information & advice

The 2010/11 Department of health survey asked over 700 service users and self funders :

In the past year, have you found it easy or difficult to find information and advice about support, services or benefits?

Outcomes:

- 55% found it easy to find.
- 25% had never tried to find information or advice

Action:

These results have informed our Adults Service Plan for 2011-14. These include: a reorganisation of health and social care information on the councils website and a targeted approach to improving information, advice and advocacy for reablement service users and self funders.

6. Personalisation

Harrow is in its 3rd year of Personalisation. The organisational structure has been realigned to reflect our new ways of working, thereby creating a more responsive system to care needs.

Now every new person requiring social care first receives a period of reablement and based on their long term needs they then will be offered a personal budget.

We have developed and integrated the shop4support online market place which received a Health and Social Care award for innovation 2010/11.

Independent Challenge

QA activity: CQC Assessment of Performance Report	Report
CQC noted that the council routinely monitor contracted services and take robust action when necessary to ensure improvements.	
Outcomes: <ul style="list-style-type: none">• Contracts Team worked with two major domiciliary care providers to improve ratings from poor to good.• An increase in the percentage of people receiving care from providers rated good or excellent.	

QA activity: Annual Report	LINKs
LINK participants and the LINK Mental Health Action Group Lead are members of the Mental Health Partnership Board, which is a work group of the Harrow Partnership and is accountable to the Adult Health and Wellbeing Group. The group concerns itself with the commissioning and provision and evaluation of Mental Health services for adults in Harrow.	
Outcomes: <p>This work has lead to a significant increase in the number of mental health users with a personal budget. In 09/10 there were 10 people with a PB and in 10/11 this figure rose to 175.</p>	

QA activity: Survey	Putting People First PB survey
<p>Putting People First survey was a national survey of Councils progress with their personalisation agenda with regards to personal budgets</p> <p>At the end of 2010/11 a total of 38% of people were receiving Self Directed Support (including significant increase in mental health personal budgets). The target is 50% during 2011/12 2010/11 saw a significant increase in the percentage of people taking cash payments. The target is 24% during 2011/12.</p>	
<p>Outcomes:</p> <p>PPF survey demonstrated that Harrow remains amongst the highest in London for allocating PBs for people with high care needs and there has been an increase in the percentage of PBs over £2k.</p> <p>Action:</p> <ul style="list-style-type: none"> • Service users have led commissioning of a broad range of activities such as ten pin bowling, table tennis, cinema, climbing, cooking, darts, snooker / pool. Organisations like Community Solutions (Harrow Mencap) and Community Link Up are building bespoke programming to meet these needs. • Jointly developed a PA bank with Harrow's recruitment partner Pertemps to supply trusted staff. This in turn has provided employment for 50 carers • Develop and implement a process for the provision of Carers Personal Budgets in Harrow. 	

QA activity: Survey	Demos personal budgets survey
<p>Harrow became the first major sample in the In-Control and Lancaster University study of 390 PB holders.</p> <p>The research focused upon the following key areas:</p> <ul style="list-style-type: none"> • What people want to change about their lives • What help people need to make the change • What do people know about personal budgets • What help would people need if their held a personal budget • To what extent would people change their current support if they held a personal budget 	
<p>Outcomes</p> <ul style="list-style-type: none"> • 60 % said that they gained more control over their money • 62% said that it was easier to plan the support they wanted • 63% said they got the support they wanted 	

Action:

The outcomes from the research can be used to identify gaps in information available to potential personal budget holders, types of support that might not exist or be in short supply that need market stimulation and future demand and trend information in order to plan how to manage the future of existing service provision.

The outcome of this survey has been included within the Learning Disability Commissioning Plan. This includes the need to stimulate the market to provide additional arts and drama type activities.

Provider Challenge

QA activity: Commissioner meetings with Care Management Teams	Findings
<p>Quarterly meetings established between Service Manager Strategic Commissioning and Care Management teams with the aim to identify gaps in provision and need to stimulate the market or commission new services.</p>	
<p>Outcomes: This has shown to be a good opportunity to meet with service and team managers to identify gaps in provision. The meetings are now more structured and the following gaps have been identified:</p> <ul style="list-style-type: none"> • Respite/short breaks – issue identified with access to respite at Bedford House. Draft respite care guidance was developed including banding guidelines for social workers and care managers so that they know how much respite care they may request at Panel, based on the client's level of need. • Younger learning disabled adults want more choice in residential respite provision – Carers commissioner is working on a respite/short breaks strategy with the aim of increasing the choices for short breaks. • Shortage of Shared Lives carers who are Gujarati/Somali speakers and who are able to care for people with additional needs e.g. epilepsy. • Dementia Care – need for additional provision for people with dementia including extra care (with a dementia focus). Also identified a shortage in respite provision for people with dementia. We have been working with one of our providers (block contract) to change the use of beds from older people residential to additional dementia provision. • Dementia day care – current provision full; need for additional capacity. • Activities for people with learning disability – gaps identified for drama clubs, taster sessions and music group (team suggested approaching schools with existing musical resources). 	

- Autism – day service, care pathway, supported living, residential care.

Action:

A bespoke day service has been set up at Vaughn NRC for people with autism and Learning disabilities. This service commenced in June 2011 and is expected to develop in line with growing demand.

During 2011/12 other actions include:

- Further commissioner meetings with Long term and Personalisation teams
- Shared Lives – Commissioners to work with Shared Lives service regarding gaps in provision and need for addition provision as identified by care management.
- Dementia provision – along with NHS Harrow to be in line with Dementia Strategy.
- Develop joint proposal with Brent regarding Asperger Team, interim pathway and identify potential sources of funding.
- Deliver respite strategy and increase choice – work planned with families in transition to ascertain type of provision preferred.

QA activity: Staff Engagement	Feedback from staff
<p>In September 2010 all staff in Adults & Housing were asked for ideas on how to increase efficiency in their team</p>	
<p>Outcomes:</p> <ul style="list-style-type: none"> • Over 100 ideas put forward - these were grouped into themes • 35% of ideas generated are already included in savings projects • Workshops held at A&H managers forum in September 2010 to develop key proposals <p>Actions:</p> <p>Work underway to respond to every idea and take forward appropriate proposals in savings plans.</p>	

QA activity: Review of sheltered housing project specification	Supported housing home care
<p>Sheltered housing is purpose-built accommodation, specially designed for people over 60 years of age.</p> <p>Buildings are designed so that they and the on-site care support system are tailored from the outset to suit older people with extra care needs.</p>	
<p>Outcomes:</p> <p>To support the needs of Harrow’s diverse community, a culturally specific home care service</p>	

was identified for development at Ewart House.

Action:

- As part of the specification for homecare support a culturally specific homecare requirement was inbuilt where needed.

Professional Challenge

QA activity: QA specific information added to data gathering templates

Person Centred Support Planning

Support Planning is the staple of SDS and personalisation in Harrow and as part of the Adults and Housing transformation programme plan (TPP), a working party was set up in 2010 with the following aim: *'100% of LD service users given the opportunity of having a person centred support plan.'*

In 2010/11 PCSP groups rolled out the person centred planning process across all service user groups.

The milestones:

- Review in February 2011 of the quality of PCSP across all care groups
- Set benchmark for performance in 2010-11 for 2011-12
- Train managers in PCSP

Outcome of Review:

The review found that the consistency of person centred planning across services is variable. There are elements of sound practice but there is disconnect across stakeholders and technology used in delivering effectiveness.

Action taken:

Training :-

- A selection of PCSP training sessions have been identified to assist professionals to understand and embrace person centred values in the context of personalisation
- E learning tool has been developed

Quality Assurance process:-

- File case audit checklist updated to reflect personalisation in practice
- An audit tool has been developed to test the effectiveness of existing one page profiles - implemented across all NRCs.
- A learning log has been developed. They are completed monthly and alongside the evaluation tool with service users - keeping planning 'live'.

Streamlining the Customer Journey :-

- Uploading of relevant documents to Framework-I to inform care managers of progress discussed with long term care service manager.
- Annual review schedule implemented from April 2011 to enable effective cohesion across involved parties.
- A gaps analysis undertaken, mapping out the customer journey and identifying how the stages are communicated e.g. printed fact sheets to the customer and what needs to be done to fill the gaps.

Support Planning Tools :-

- Development of ready made and easily accessible templates used by the customer to offer practical ways to create personalised services and simplify self directed support and co-production.

Case file audits

Please see Reablement section Professional Challenge for further details

Please see Safeguarding section Professional Challenge for further details

Citizen Challenge

QA activity: Survey

Personal Budgets (PB) Evaluation

In March 2011 a survey took place of 100 users with cash Personal Budget.

Outcomes:

- 69% assessed choice and control as poor before a PB. After a PB, those who reported poor dropped to 5% with 94.5% reporting choice and control as satisfactory or above compared to 31% before a PB.
- 56.5% reported quality of life as poor before a PB, this reduced to 6% following a PB. 91% reported quality of life as satisfactory or above following a PB compared to 44% before a PB.
- 80% reported health and wellbeing as satisfactory or above following a PB compared to 49% before a PB.
- 53% reported poor safety before a PB; this figure drops to 3% after a PB.
- 72% reported the service from the in-house personalisation team as good or very good. Comments included 'brilliant', 'God's gift', 'excellent', '10/10', and 'more flexibility'. Reasons for a poor rating included more support needed with monitoring forms.
- 91% experienced the service / support purchased as satisfactory or above with 52% giving a top rating of very good.

Actions:

- To support service users with monitoring forms additional assistance is available from HAD a local voluntary organisation.
- Quality Assurance framework built in to client review. As part of the QAF the outcomes framework has been introduced to the Framework-i system and will form part of the annual review process from 2011.
- Following the evaluation we have set up a Personalisation reference group with service users, Carers, and community group representatives
- A PB planning day will be held in July to target 100 local businesses to develop a portal that will expand the range of services on offer.
- Following on from the Carers PB pilot, PBs for carers will be launched in October 11.
- An individual service fund offer is in development.

QA activity: Survey**Demos personal budgets survey**

Harrow Council commissioned Demos and In Control to conduct research including a survey that would assist in shaping and managing the future market in relation to personal budget holders.

The research focused upon the following key areas:

- What people want to change about their lives
- What help people need to make the change
- What do people know about personal budgets
- What help would people need if they held a personal budget
- To what extent would people change their current support if they held a personal budget

The outcomes from the research can be used to identify gaps in information available to potential personal budget holders, types of support that might not exist or be in short supply that need market stimulation and future demand and trend information in order to plan how to manage the future of existing service provision.

Action:

The outcome of this survey has been included within the Learning Disability Commissioning Plan. This includes the need to stimulate the market to provide additional arts and drama type activities.

QA activity: Survey	MORI Outcomes for Users of Adult Social Care Services in Harrow Survey
<p>MORI conducted a survey on adult social care concerning people with a learning disability in June 2010. The aim of the research was to measure users' satisfaction with the services provided by the Council, assess the impact of the services received and their outcomes, and identify areas for improvement.</p>	
<p>Outcomes: The results of the survey continue to show adults with learning disabilities regard the services they receive very highly.</p> <ul style="list-style-type: none"> • 62% said they were asked what they think about services which is an improvement from the previous survey when 56% were asked their views about the services they received. • 68% say that the help and support they receive makes their life better, a 6 point increase since 2009. • 71% said they felt listened to when expressing their views on the services they receive. • 74% said they knew what to do if they were not happy about something, which is a rise from 66% in the 2009 survey. <p>Action:</p> <ul style="list-style-type: none"> • Continue to publish 'news and views' newsletter • Involve adults with learning disabilities in the development of the Adult Service Plan 2011-14 	

QA activity: Survey	Adult Community Care User Survey (ACCU) Also relevant to other user groups/service areas
<p>This survey is sent to new customers following receipt of a service after six weeks.</p>	
<p>Outcomes:</p> <ul style="list-style-type: none"> • 83% felt their health and wellbeing needs are being addressed. 11% of respondents did not complete this question. • 67% of those who responded said their quality of life had been made better. 21% of respondents did not complete this question. • 82% of respondents are satisfied with services received. 	
<p>Outcome:</p> <p>24% clients said they did not know how to contact their Care workers, or found it difficult to get in touch.</p> <p>Actions:</p>	

Names of these clients have been passed on to Care teams for follow up. A major project is also taking place within Adults Services to improve our information and advice.

We have created a new case note type on Framework-i that we'll be able to report from in future. This will prevent us sending out surveys to people who have clearly asked us not to.

QA activity: Adult Services Pre Consultation

Feedback

(Also relevant to Home Care Section)

Adult Services Pre Consultation (18th October 2010 - 17th December, 2011) consulted upon:

- contributions to care
- adult social care services transport
- meals on wheels
- concessionary travel

Consultation involved:

- Pre consultation document sent to over 10,000 people living and working in Harrow providing information about the consultation and asking for views. Over 150 feedback forms, telephone calls and emails were returned
- Ipsos MORI Survey with over 7,000 Users and Carers of Adult Social Services. 2,458 (34%) people responded.
- Face to face meetings with over 700 people at 48 discussion groups and community group meetings. The people involved in these meetings have included users, carers, providers of services and staff.

Outcomes:

Feedback from the pre consultation was brought together and shared with Steering Group whose membership includes users, carers, and representatives from voluntary organisations, NHS, Providers and Unions. This group agreed the proposed changes to services that were to be taken to the full consultation.

Learning:

Multi agency groups have carried out Equality Impact Assessments on the pre consultation process and all Adult Services where proposals for changes have been made.

The learning from the Equality Impact Assessment of the Pre Consultation process identified the following key areas that will need to be addressed in the full consultation:

- Diversity monitoring will need to be captured for all written feedback

- Religion and belief must be captured as part of Diversity monitoring particularly in relation to proposed changes to Meals on Wheels
- Wording in document should have been broader i.e. Asian and Jewish meals should have read 'specialist meals'
- Easy read documents should have been available from the beginning of the process
- Documents must be plain English and have case studies

Actions:

The learning from the Pre Consultation process has influenced the development of the full consultation process and the following actions have been put in place:

- An equality monitoring form will be attached to the full consultation feedback form to ensure diversity data is captured and can be assessed against the feedback from the consultation activity
- Religion and belief will be captured on all the equality information captured
- The wording of the document has embraced the issues raised from the full consultation and where appropriate will refer to specialist meals unless it is necessary to provide detailed information to ensure informed feedback
- Easy read document will not be ready at the beginning of the process as it has been difficult to complete this activity at the same time as the full consultation document. However the easy read will be ready for the face to face meetings that are being planned with users of the services. A DVD is also being developed to support people with learning disabilities to give an informed view.
- Harrow Council's Communications Section will be ensuring the document is developed in corporate standards. Case studies have been included.
- All information gathered from the consultation process will be fed in to the relevant services to ensure feedback shapes the way future services are delivered.
- Initial discussions have been held with the Steering Group regarding their future role of monitoring future delivery of services.

QA activity: Tenants satisfaction survey	Results
<p>As part of its ongoing commitment to seek the views of its residents, in August 2010, Housing Services commissioned BMG Research (BMG) to carry out a postal survey amongst its customers.</p> <p>The overall objective of the survey was to gain levels of customer satisfaction with Housing Services in key service areas.</p> <p>A total of 925 (638 General Needs and 287 Sheltered Housing) tenants returned a</p>	

Outcomes:**Ease of access (Sheltered tenants only)**

All sheltered tenants were asked to rate how good or poor access is to various areas of the building. The vast majority of sheltered tenants rate access to the building, inside the building and to their home as good (96% in all cases). General Needs and Sheltered Tenants Customer Satisfaction Survey 2010

Most important services (Sheltered tenants only)

Unsurprisingly, tenants indicated that repairs and maintenance (62%) is most important to them, followed by the warden (61%). Around a third indicated that dealing with ASB (35%), keeping tenants informed (34%) and the overall quality of the home (32%) is most important.

Support provided to vulnerable tenants (Sheltered tenants only)

Sheltered tenants only were asked to rate their satisfaction or dissatisfaction with the 'support provided to vulnerable tenants'. Three quarters (74%) of sheltered tenants are satisfied, while just 6% are dissatisfied. A fifth (20%) is either ambivalent (11%) or has no opinion (9%).

The Warden (Sheltered tenants only)

Sheltered tenants were asked an additional set of questions about the warden in their scheme.

Overall satisfaction with the warden (Sheltered tenants only)

The vast majority (87%) of tenants are satisfied with their warden, with two thirds (67%) who are very satisfied. Conversely just one in twenty (5%) are dissatisfied. A small proportion of tenants are ambivalent (4%) and just 3% have no opinion / don't know.

QA activity: Complaints**Report**

Learning and improvements derived from complaints includes the following:

Outcomes:

- Producing a checklist for when concerns are raised about services commissioned by direct payments to ensure the Council has fulfilled its duty of care (e.g. Direct Payment review carried out on time).
- Review of Helpline installation & financial procedures to offer better advice and quicker responses
- A separate vendor account will be set up so the Complaints Manager can directly process authorised compensation payments for speed.

6. Long term Care

Independent Challenge

QA activity: CQC performance ratings	Safeguarding
At the end of 2008-9 CQC assessed Safeguarding as adequate.	
<p>Outcomes:</p> <p>Following evidence of improvements made across the Safeguarding Service in 2010 CQC rated Harrow's performance as well.</p>	

QA activity: Annual Report	LINKs
The LINK's involvement with the North London Hub of the National Institute Health Research Mental Health Network meetings continues. The LINK acknowledges the added value of having one of its participants who is the convener of the Harrow Rethink Support Group and who publishes a highly informative newsletter every month.	
<p>Outcomes:</p> <p>In addition officers from Harrow Council have been meeting bi-monthly with LINK to help develop a fuller understanding of the Section 75 Agreement and what customers can expect in relation to performance.</p>	

QA activity: Mystery Shopping	First Contact Review Also relevant to other user groups
<p>A mystery shopping exercise was undertaken by CQC to review how well council's First Contact centres responded to a set of 50 social care enquiries.</p> <p>A self assessment survey was also completed. Harrow achieved a Fair Performing score.</p>	
<p>Outcomes:</p> <p>From the analysis we were able to identify what worked well and what areas needed to be addressed. Positive feedback stated:</p>	

- Action taken to monitor and assure the quality of information and advice provided to people at the first stage
- Action taken to monitor the outcomes experienced by those people sign posted to services or sources of help and advice
- Availability of advocacy and support (including support for communication) in making first contact with social services

Identified areas for improvement were:

- Assessment process explained to the caller, including whether the initial call formed part of the process
- Number of times transferred on successful calls
- Caller ratings for “listening and helping with all aspects of your situation, not just areas which were easy to address.

Since the review took place changes to how services are delivered that include improvements to the customer journey have been implemented. Staff have now moved to Access Harrow, this has reduced the number of times a caller is transferred.

Action:

In addition a gap analysis has been undertaken to review current systems and recommendations have been made to deliver improvements during 2011/12 that include staff training around listening skills and specific mystery shopping exercises to monitor progress.

Provider Challenge

QA activity: Rethink Feedback	Supporting People
<p>Concerns raised by Rethink and other organisations concerning the quality of support provided in three Supporting People-funded supported housing schemes have resulted in the following :</p>	
<p>Outcomes:</p> <ul style="list-style-type: none"> • Support at schemes re-tendered (2010) following feedback from service users & carers that support provision provided by CNWL needed market testing for VFM & quality. • Richmond Fellowship taken over contract (April 2011) - contract meetings set to monitor service provision during transition. • Housing-related support services delivered in properties - monitored regularly using QA Framework (since 2004). 	

Professional Challenge

QA activity: Case record audit system	Non safeguarding Case Record Audit
<p>The system for undertaking case record audits was enhanced by the introduction in October 10 of a revised Team Manager's case record audit policy and audit tool. Following staff feedback a Service Manager's tool to compile information in a consistent format was produced.</p> <p>Records are audited for adherence to legal and professional standards of documentation as well as providing the opportunity to examine other areas relating to the quality of the social care we offer. These areas may include the quality of the assessment, the care planning process, safeguarding and consistent application of eligibility criteria.</p> <p>The audit tool is used by Care Management Teams and an adapted version is being used by the Shared Lives Scheme.</p>	
<p>Outcomes:</p> <p>300 file audits were undertaken during the year and a case file audit report noted good practice was evidenced.</p> <p>There were areas for improvement and some reoccurring themes from previous audits around poor risk assessment e.g.</p> <ul style="list-style-type: none"> • failure to complete safeguarding episodes; • not meeting timescales • Over reliance on other professional's views which are being addressed. <p>Action:</p> <p>A Head of Service report will be produced that provides analysis of quarterly data showing trend information and follow up actions.</p>	

QA activity: contract monitoring	Harrow Local risk Rating for Annual Contract Monitoring
<p>Harrow Council carries out risk assessments, to determine the level of risk associated within a service. (High, Medium or Low risk)</p> <p>The London Borough of Harrow is signed up to the WL Performance Framework and will be using the risk assessment to decide upon monitoring priorities.</p>	

Outcomes:

All services are in the process of being rated as low, medium or high risk in terms of value for money and strategic relevance.

Action:

- Action plans have agreed with high risk providers, ensuring that all services achieve continuous improvement.
- Develop a programme to carry out spot checks on high risk services.
- Recommendations have been made to Commissioning Body Members re: areas that identify change, e.g. increase or decrease in contract price or units, remodelling of service, decommissioning of service or commissioning of new services.

Also see Reablement section - for further Professional Challenge details

Citizen Challenge

QA activity: Survey	Adult Community Care User Survey (ACCU)
	Also relevant to other user groups
This survey is sent to new customers following receipt of a service at six weeks.	
<p>Outcome: Some clients also said that they had not received a Care Plan. We have found in the past that some service users have been sent care plans but have not realised that this is what we are referring to in the survey.</p> <p>Action: Arrangements have been put in place to ensure that any returned surveys indicating that a care plan had not been received will raise an alert , that will be followed up by Service Managers.</p>	
<p>Outcome:</p> <p>89% of respondents said that the Social worker who had visited them arrived within 15 minutes of the appointed time. 82% Social Workers always identified themselves (10% did not need to as they were known to the client), and 98% of appointments were made at a suitable time for the client.</p> <p>Action: Names of these clients have been passed on to Care teams for follow up. A major project is also taking place within Adults Services to improve our information and advice.</p>	
Outcome:	

30% of clients were unhappy with the long waiting times – predominantly equipment, major adaptations and OT services. A few clients however, commented that they were pleased with services once these were in place.

Action:

The long waiting time for equipment to be delivered has been addressed and improvements made through the change of service provider and regular monitoring meetings.

A Lean Review of the process for major adaptations has been completed and changes made to streamline the process and so reduce the time to wait for major adaptation works to start.

QA activity: Survey

DH Survey

All local authorities with social services responsibilities were required to undertake a statutory user survey.

Early 2011 a questionnaire was posted to a random sample of around 700 service users.

The survey asked users about their quality of life and their experiences of services they receive. All service user groups including people who live in residential and nursing care, were surveyed.

Outcomes:

- 26% of users rated their quality of life as being good'. (DH survey does not specifically ask clients how their social care support makes their quality of life better - though it will from 2011-12).
- 18% of respondents didn't respond to this question.

Action:

- Continue to monitor and review how social care support makes impacts upon quality better quality of life as part of the person centred plan,

QA activity: Complaints

Report

The new adult's complaints regulations came into force on 1st April, 2009. We aim to learn through our complaints process to find ways to improve our services.

Learning reports are produced on a quarterly basis - processes and practices are then reviewed by senior managers.

Outcomes:

Long term care learning and improvements derived from complaints includes the following:

- An in-depth review of autistic/Asperger provision resulted in approval for a revised joined-up care pathway and clear criteria identifying which organisation leads.
- The Ombudsman highlighted the following good practice model of Physical Disabilities management where care is to be reduced: a) meet with the service user/family b) reduce it in staggered way c) build in a review – fed back to staff in the Director's newsletter
- Introducing a consent form to be used to prove service user agreement for house clearance

7. Safeguarding

Independent Challenge

QA activity: Independent Review March 2010/ September 2010	External Case file audit
<p>An external/independent auditor of cases across all the teams – looked at a total of 60 cases of both safeguarding and “mainstream” work reporting on strengths and areas for development in March and September 2010.</p> <p>The resulting reports were presented to the Corporate Director and Divisional Director at their quarterly discussion on the wider file audit programme.</p>	
<p>Outcomes:</p> <ul style="list-style-type: none"> • All clients were safeguarded • Some evidence of excellent practice • Need to improve quality of risk assessments in some areas • Some lack of clarity about safeguarding “alerts” vs. “referrals” • Need to better embed knowledge of Mental Capacity Act • Random sampling of safeguarding cases not providing sufficient picture of practice across all Teams <p>Action:</p> <ul style="list-style-type: none"> • From September 2010 a new safeguarding audit process implemented: <ul style="list-style-type: none"> ○ External audit of all cases proceeding to case conference and internal audit of all cases at Strategy Meeting stage ○ New risk assessment tool developed and implemented September 2010 ○ New FWi system assists with identifying “alerts” • Mental Capacity Act training specifically commissioned and also added to the new training programme 	

QA activity: Survey	LINKs
<p>Harrow LINKs is an independent organisation representing the interests of local residents who are users and carers of local health and social care services.</p> <p>During the year they were involved a DH Dignity Challenge Pilot survey, accompanying the Adults Safeguarding Team during visits to four care homes.</p>	

Outcomes:

As a result of the pilot, dignity checks have been built in to routine contract monitoring visits.

QA activity: Survey**DH Survey**

All local authorities with social services responsibilities were required to undertake a statutory user survey.

Early 2011 a questionnaire was posted to a random sample of around 700 service users.

The survey asked users about their quality of life and their experiences of services they receive. All service user groups including people who live in residential and nursing care, were surveyed.

Outcomes:

- The DH Statutory Survey found 93% of people said they felt safe/adequately safe (DH survey does not specifically ask clients how their social care support makes them feel safer (though it will from 2011-12).
- Harrow ranked put Harrow in line with the average when compared with other London boroughs, in a voluntary benchmarking exercise

Action:

In response to any concerns raised through surveys and at consultation events - The Safeguarding Annual Report for 2010/2011 highlighted that as part of the prevention strategy further work on community safety in partnership with other agencies would be a priority action.

The ACCU survey (our internal Performance Team survey of reviewed clients) due to be relaunched and will ask more about safety.

Details of those saying they felt unsafe were passed to the relevant Service Managers.

QA activity: Audit**Mental Capacity Act audit**

An independent audit of Mental Capacity Act implementation was commissioned (March 2011).

Outcomes:

The findings mirrored the national picture (Care Quality Commission research) i.e. low number of formal mental capacity assessments in relevant cases and lack of confidence in using the legislative framework.

Action:

Local training programme has been reviewed and some aspects will be delivered differently in 2011/12 e.g. more experiential learning opportunities. There have also been some changes made to the Council's Framework-i system so that the processes start with a focus on mental capacity.

Provider Challenge

QA activity: Further embed dignity in care and the 10 dignity challenges across all services in Harrow

Across all services in Harrow

In July/August 2010 Harrow was one of 6 local authorities that took part in a pilot dignity audit under a programme overseen by the Department of Health's London Region Joint Improvement Partnership (London JIP).

The four services audited by Harrow Council were residential homes providing services to adults who have a learning disability. The audit was carried out jointly with the Harrow LINK.

Outcomes:

Services were found to be generally well run and the majority of service users felt they were treated with dignity and respect. 100% of service users said they had choice in daily care, meals and activities and that staff respected their privacy. Of those interviewed, 85% said they would tell someone if they felt unsafe or worried.

Action:

As a result (of the audit work) Harrow is:

- exploring ways to improve consistency in raising concerns/comments and complaints in all services
- providing information and training for service users and carers, as well as staff and managers to raise awareness of dignity
- encouraging Dignity Champions to sign up to the National Campaign, supporting the work on dignity in care within the borough and sharing good practice.
- Overall, the experience of using the audit tool was positive and helpful and has been incorporated into routine contract monitoring visits.

Professional Challenge

QA activity: Case File Audit	Safe guarding file audit programme
<p>To complement the externally case file audit programme and internal file audit programme was completed in January of around 100 safeguarding cases.</p> <p>As a direct result of the internal audits there have been a number of outcomes.</p>	
<p>Outcomes:</p> <ul style="list-style-type: none"> • further refinements to the Framework-i database so that some fields are mandatory ensuring essential information is captured; • changes to the process so that the alert stage is ended appropriately and a decision to proceed to a referral made as quickly as possible; • additional training and briefing sessions given on the Mental Capacity Act/Deprivation of Liberty Safeguards; • a range of easy to use A4 Guidance Notes produced by the Safeguarding Adults Team (SGVAT) in response to frequently asked questions; • tracking of “live” cases by the SGVAT to prevent “drifting” of cases. 	

QA activity: ACCU Survey	Safeguarding
<p>The responses to the ACCU survey are anonymous except where the Performance Team identifies potential safeguarding concerns. This may be from responses to individual questions or from the free-text comments.</p>	
<p>Outcomes:</p> <ul style="list-style-type: none"> • 98% felt they were treated with respect and dignity <p>Our QA on this works because we will only identify clients if they tell us about a situation where they might be at risk of harm. We passed on concerns about several clients to the relevant service manager.</p> <p>Action:</p> <p>In 2011/12, we will now explicitly monitor the results of any cases forwarded in this way, from the ACCU or any other survey carried out.</p>	

QA activity: LSAB Annual Review of Performance Report	Safeguarding
<p>The LSAB Annual Report covers all aspects of the work in 2010/11 with a particular focus on effectiveness and outcomes for users.</p> <p>The 2009/10 report was presented at Scrutiny Committee in July 2010 for discussion/challenge and the 2010/11 report will go through the same process. Some key performance indicators have been monitored to improve the quality of the safeguarding adults work.</p> <p>The most important of these is the number of repeat referrals which when too high may indicate that the work has not been carried out effectively on the first occasion.</p>	
<p>Outcomes:</p> <p>In 2010/2011 there was a quality assurance framework in place for safeguarding vulnerable adults (overseen by the Local Safeguarding Adults Board) and the following activities were undertaken:</p> <ul style="list-style-type: none"> • internal and external (independent) file audits • the second round of external audits started a new process of interviewing clients who have been safeguarded to see if their desired outcomes were met • following a competitive process the training contract was re-let and is now competency based • relevant performance indicators (e.g. numbers of repeat referrals) have been closely monitored as a way of judging levels of practice • Safeguarding Adults Team had oversight of most cases dealt with during the year and provided monthly feedback on practice to managers 	

QA activity: Independent Review	Serious Case Review
<p>There were no Serious Case Reviews undertaken in 2010/2011. However, at its meeting in February 2011, the Harrow LSAB agreed to carry out an independent review of the case of Mrs J R.</p> <p>This case had been highlighted by Northwick Park Hospital and the LSAB agreed that:</p> <ul style="list-style-type: none"> • an independent review is done by a suitably qualified professional with no local service involvement • the independent person reports their findings back to the LSAB • the findings are public to ensure there is transparency • the LSAB agrees any learning points and an action plan for addressing them <p>The findings of the independent review will be discussed at the LSAB meeting in November 2011.</p>	

QA activity: Serious Untoward Incidents (SUIs) and Need to Knows	Review
<p>There is currently no separate policy for managing SUI's.</p> <p>There are informal arrangements for managing 'Need to Know' incidents, however, we do not currently hold any data.</p> <p>Action:</p> <ul style="list-style-type: none"> • An SUI policy and procedure to be developed with consultation with Senior management • Communication to all staff will raise awareness about the importance of reporting these rare occurrences. 	

Citizen Challenge

QA activity: Survey	MORI Outcomes for Users of Adult Social Care services in Harrow Survey
<p>MORI conducted a survey on adult social care concerning people with a learning disability in June 2010. The aim of the research was to measure users' satisfaction with the services provided by the Council, assess the impact of the services received and their outcomes, and identify areas for improvement.</p>	
<p>Outcomes:</p> <p>The results of the survey continue to show adults with learning disabilities regard the services they receive very highly.</p> <p>Most adults with learning disabilities (85%) feel safe in their day-to-day life, and the proportion of those who do not has halved since the previous survey (from 7% to 3%).</p> <p>Action:</p> <ul style="list-style-type: none"> • Safeguarding continues to be a priority for team managers • Regular updates from safeguarding team • Service users become members of safeguarding board 	

QA activity: Complaints	Report
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Learning and improvements derived from complaints includes the following:

Outcomes:

- Producing a separate 2 stage appeals process for Safeguarding complaints/appeals to ensure legitimate process issues are addressed whilst not undermining critical safeguarding interventions.
- Review of Helpline installation & financial procedures to offer better advice and quicker responses
- The social care database HOST adjusted to include a case summary for easy reference so intelligence is not overlooked and risks are assessed correctly.

8. Home Care

Independent Challenge

QA activity:	AGE UK Domiciliary care survey and partnership board meetings
<p>Age UK carry out a regular survey of users who receive a domiciliary care service and is independently undertaken twice a year regarding Mears and Care UK providers.</p>	
<p>Outcomes:</p> <ul style="list-style-type: none">• 100% of service users reported that their specific cultural, religious and dietary needs were always or usually met.• 27% of service users reported positively that the services they received from Care UK had improved. <p>Below is the comparison of some of the questions over the past three reports. Responses given in order of early 2010, late 2010 and early 2011. The responses show improvements across all areas.</p> <ol style="list-style-type: none">1. Are you informed beforehand if your care worker is going to be more than 30 minutes late? Mears: 10 24.6% (early 2010), 10 42.1% (late 2010),2. Are you informed if a different care worker from the usual is sent? Mears 16.9% (early 2010), 26.3% (late 2010),3. Does your care worker stay as long as they are supposed to? Always/Usually: Care UK: 86% (early 2010), 85.71% (late 2010), 86.35% (2011) Mears : 94.4% (early 2010) 91.44% (late 2010), 100% (2011)	
<p>Action:</p> <p>Areas for improvement include consistent communication to inform service user if the care worker is going to be late and informing the service user if the care worker will be different to the usual person who visits.</p> <p>Providers have an improvement plan for key areas where standards need to be improved and delivery of these key areas are reviewed and monitored at quarterly partnership board meetings.</p>	

QA activity: Dignity Toolkit	Home Care
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A Dignity Challenge toolkit was used to challenge providers to evidence how they are meeting the 10 dignity challenges:

- Have a zero tolerance of all forms of abuse
- Support people with the same respect you would want for yourself or a member of your family
- Treat each person as an individual by offering a personalised service
- Enable people to maintain the maximum possible level of independence, choice and control
- Listen and support people to express their needs and wants
- Respect people's right to privacy
- Ensure people feel able to complain without fear of retribution
- Engage with family members and carers as care partners
- Assist people to maintain confidence and a positive self-esteem
- Act to alleviate people's loneliness and isolation

SCIE Guide 15: Dignity in care www.scie.org

Each provider was asked to complete the dignity challenge toolkit by providing evidence on how they achieve the 10 outcomes above

Outcomes:

The Dignity Challenge toolkit highlighted safeguarding good practice guidance which the Contracts Team used to integrate into monitoring practice.

Action:

The Contracts Team mainstreamed the 10 dignity challenges into the Home Care monitoring arrangements.

Provider Challenge

QA activity: Registration of Providers	Home Care
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CQC undertook registration of home care providers used by the council.

Outcome:

- All homes were successfully registered by CQC.

QA activity: Regulated Services**External Home Care**

Data in relation to Home Care QA includes

Outcomes:

- We have assessed 98.3 % Homecare provision as 'Good' or 'Excellent' making an improved CRILL rating (92%) for 10-11.
- M and A home care provider have satisfactorily addressed issues.
- Good Performance from the larger providers Care UK, Mears and Gentle Care.
- 1.7% home care rated "poor" relates to 'All for Care' who still have a small no. of service users

Action:

Providers to implement action plans to improve quality of communication if calls are delayed and continuity of care is an issue

Professional Challenge

Activity: Changes to CRILL**Home Care agencies**

Changes to legislation have meant that the CRILL system has become defunct.

Outcomes:

- In the absence of the CQC CRILL system Harrow has developed its own Home Care QA.
- In developing this local system the views of the Contracts, Safeguarding and Care Management Teams have been sought.

QA activity: Review of Service**Community Equipment Store**

The in-house Community Equipment Stores was operating in the high 70% range on this indicator. In order to further improve performance the service was outsourced to Medequip.

Outcomes:

Two months after handover the service was showing an improvement and operating at 95% on the same indicator.

We found having reviewed the way the service was operated and implementing changes, offered service users an improved service.

Action:

Regular service monitoring is in place to ensure standard is maintained.

Activity: Legal Review

Meals on wheels

Legal Services reviewed the planned activity around the Adult Services Consultation proposals relating to Meals on Wheels Service.

Outcomes:

Legal services advised that we need to produce monitoring information so we are able to ascertain the views from all service user groups.

Action:

We are producing monitoring information for all responses to consultation events and users of Meals on Wheels Services so that we can understand the impact of any changes of services to community groups.

Citizen Challenge

QA activity: Survey

Adult Community Care User Survey (ACCU)

The ACCU survey is sent to new customers following receipt of a service after six weeks.

Outcomes:

Feedback included agency carers not arriving on time or not completing tasks satisfactorily and care agency administration staff were also said to be indifferent and unhelpful.

Actions:

Comments have been passed to the Contracts team for follow up action and improvements have been highlighted in the Age UK survey findings. The 6 monthly Age UK survey questionnaires have been adapted to include users of the Reablement service.

QA activity: Complaints	Report
Learning and improvements derived from complaints includes the following:	
Outcomes:	
A care agency agreed to implement cultural awareness training	
Actions:	
Progress will be monitored through contracts and brokerage team	

9. Residential Care

Independent Challenge

QA activity: Internal inspection	Residential and nursing homes
<p>The Contracts Team carried out 12 LD and 12 OP residential & nursing home inspections and used the Dignity Challenge toolkit that highlighted safeguarding good practice guidance as a basis for underpinning inspections.</p>	
<p>Outcomes:</p> <ul style="list-style-type: none">• The contracts Team mainstreamed the 10 dignity challenges into the residential and nursing care monitoring arrangements.	

QA activity: CQC inspections	Residential and nursing homes
<p>Several of the Council's in-house residential homes for people with a learning disability or mental health difficulty were inspected by CQC in 2010/11.</p> <p>A strong focus of the inspections was outcomes for users including safeguarding and dignity.</p>	
<p>Outcomes:</p> <ul style="list-style-type: none">• All the homes showed some improvements and• All received a good inspection result.• Kenton Road received no requirements or recommendations for improvement	

Provider Challenge

QA activity: Challenge use of providers	External Provision
<p>WLA, Age UK and LInK organisations challenged use of some residential and nursing home provision.</p>	
<p>Outcomes:</p> <ul style="list-style-type: none">• Contracts Team undertook reviews in response to feedback.	

- Embargo of Knights Court

QA activity: Challenge use of providers	External Provision
WLA challenged the prices the council was paying for some care provision.	
<p>Outcomes:</p> <ul style="list-style-type: none"> • Following a review of charges we are now paying 'best price' balanced against QA standard for care and this has resulted in 25k efficiencies. 	

QA activity: Regulated Services	Internal Provision
As part of a series of reviews, changes to improve service delivery were undertaken.	
<p>Outcomes:</p> <ul style="list-style-type: none"> • 6 LD homes under active review - strategic issues, options explored • Reconfigured services into specialist provision/ deregistered where necessary • Final plan is being developed - will be implemented over 2011/12. 	

QA activity: Review	Review of Southern Cross care home provision
<p>The Southern Cross financial position has been in the national media for the last few months and has caused escalating concern for service users and families. On the 11th July 2011 Southern Cross announced to the stock exchange that they would be winding up the company following the Landlords announcement that they wanted to leave the group.</p> <p>This is a positive move because it begins to clarify what the future will be for the current Southern Cross homes while it changes little in respect of the current position.</p>	
<p>Outcomes:</p> <p>Quality and Safeguarding</p> <p>Harrow does not have any immediate quality concerns about the two Southern Cross Harrow Nursing Homes or indeed of Birchwood Grange a Brent home that is regularly utilised by Harrow.</p> <p>We have robust processes in place including service user reviews, monitoring visits and spot checks by the contracts and safeguarding teams. We also meet quarterly with senior</p>	

management from the organisation.

Ongoing placements

Harrow's policy, along with West London colleagues, and following government and ADASS advice had been to continue to make placements to Southern Cross homes on the basis that we do not wish to further destabilize them.

However it is now considered prudent to cease placement to these homes in the very short term with immediate effect until we have had a chance to digest latest updates and prepare for transition.

On balance of the evidence available we still believe there is a limited risk of a sudden closure of any of the homes that Harrow uses. This is based on the Southern Cross situation being nationally profiled and monitored by government, ADASS and CQC.

Action:

We have developed a local contingency plan in conjunction with West London colleagues. The plan outlines the process we would follow in circumstances of a change of home ownership. This is what we will be doing between July 2011 and October 2011:

- We will undertake relevant checks on the Landlord's financial stability through procurement.
- We will make contact with the Landlords to ascertain who the proposed care provider will be. We will support the Landlord if they are uncertain about who
- We will work with Service Users, ADASS, CQC, Care Management to ensure that the new provider is fit for purpose. We will also work with the West London Alliance to try to collaborate on the co-ordination of the transfer of providers.
- We will ensure that communication with service users about changes to the provider have the input of care management teams to reassure service users.

Professional Challenge

QA activity: Introduction of Partnership Board	Southern Cross Provider
Improvements to the way QA information is shared with the council was recognised as a gap.	
Action: <ul style="list-style-type: none">• A partnership board has been instituted with Southern Cross Provider to ensure QA information is effectively shared with council.	

QA activity: Regulated Services	External Residential and Nursing Care
<p>The Contracts and Safeguarding teams have worked to support improvements across key provision – Knights Court; Mayfield; Care Assist and Bradbury Court.</p>	
<p>Outcome:</p> <p>We rate 70/77 registered homes in Harrow “good” / “excellent” 4 as “adequate” and 3 of concern</p> <p>Action:</p> <ul style="list-style-type: none"> • Continue to undertake our monitoring programme developed between Safeguarding, Contracts and Care Management Teams • Monitoring focused on provision of concern (Francis Lodge & Stanmore Care Homes) and potentially a risk (Southern Cross) • There is contingency planning for Southern Cross underway 	

QA activity: joint working across teams	Residential and nursing homes
<p>The Contracts and Safeguarding Teams worked together to implement the 10 Dignity challenges identified in the toolkit guidance.</p>	
<p>Outcomes:</p> <ul style="list-style-type: none"> • Joint work between the contracts and safeguarding teams was enhanced and resulted in an embargo of some unsafe provision. • He enhance knowledge of the dignity standards have given the safeguarding and contracts team an additional benchmark against which to judge the quality of provision <p>Actions:</p> <ul style="list-style-type: none"> • Continue to undertake our monitoring programme developed between Safeguarding, Contracts and Care Management Teams 	

Citizen Challenge

QA activity: Survey	DH Survey
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All local authorities with social services responsibilities were required to undertake a statutory user survey. Between 17 January and 14 February 2011, the council posted a questionnaire to a random sample of approximately 700 service users.

The survey asked users about their quality of life and their experiences of services they receive. All service user groups including people who live in residential and nursing care, were surveyed

Outcomes:

- 26% of users rated their quality of life as being 'So good, it could not be better' or 'Very good'. 18% of respondents didn't respond to this question.
- 58% said they 'felt as safe as they want'. 17% of respondents did not complete this question. Harrow ranked 10 of 16 London boroughs (provisional benchmarking data).

Action:

The Safeguarding Annual Report for 2010/2011 highlighted that in 2011/2012 a priority for action will be further work on community safety in partnership with other agencies as part of the prevention strategy and in response to concerns raised through surveys and at consultation events.

10. Day Care

Independent Challenge

QA activity: Annual Report	Harrow Harrow Local Involvement Network
<p>Harrow Local Involvement Network (LINK) is a network of local people, organisations and groups from across the London Borough of Harrow with the aim of improving the health and well-being of patients, carers, public and service users.</p> <p>The LINK Mental Health Action Group Lead sits as an invitee on Harrow Mental Health Modernisation Board established by Central & North West London NHS Foundation Trust (CNWL). The Trust has been engaged on implementing service line management in order to enhance the provision of mental health care and this Board oversees the work of topic specific sub-groups redesigning the services for Harrow patients.</p> <p>The LINK has been able to attend and contribute to all the consultation meetings called by CNWL to address the service line issues.</p>	
<p>Outcomes:</p> <ul style="list-style-type: none">• Service users and carers have been able to influence the specification for the new model of mental health day services.• Robust and effective communication with service users. <p>Actions:</p> <p>Meetings with CNWL continue and service users and carers are working on the implementation of new services model.</p>	

Provider Challenge

QA activity: Self Directed Support Performance	CNWL/Mental Health
<p>Performance in 10/11 demonstrated a significant improvement particularly with Self Directed Support.</p>	

Outcomes:

10 people in 09/10 received this service, compared to 175 in 10/11.

Action:

Continue work with CNWL to improve performance, deliver a balanced budget and develop ways of capturing information on customer experience to improve services.

A review of mental health day service provision is underway that will include the development of a draft service model to deliver services to support recovery and increase social inclusion. Service users, carers and voluntary sector are involved in developing the new model.

Professional Challenge

QA activity: User Engagement Officer	Role
<p>A user engagement officer continues to support users and promote their involvement across the spectrum of social care activities and services.</p> <p>Regular meetings are held in the NRCs to discuss issues and the role includes supporting users to take part in consultation events and partnership boards and other initiatives.</p> <p>The engagement officer ensures that the user's voice is heard and that their views are instrumental in service development.</p>	
<p>Outcome:</p> <p>All of the activities listed in the citizen challenge section below have been supported by the user engagement officer.</p>	

Citizen Challenge

QA activity: Compliments	Report
<p>There have been 51 formal compliments this year. Nine of these have been for Millman's Day centre with service users complimenting on 'love, support and encouragement' and how 'wonderful and attentive' the staff were.</p>	

QA activity: MORI Survey	LD user survey
<p>Harrow Council commissioned Ipsos MORI to repeat 2009 face-to-face survey with adults with learning disabilities to enable comparison between the 2010 findings.</p>	
<p>Outcomes:</p> <p>The results of the survey continue to show adults with learning disabilities regard the services they receive very highly.</p> <p>The vast majority of adults with learning disabilities in Harrow participate in some form of activity, 89%, attended a day centre (65% in 2009). Most describe the activities that they do as good (75%), with only 5% who rate them as not good.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Through shop4support, we have continued to developed a market place for further activities (• e.g. exercise classes such as Zumba and Yoga) • Arrangement to improve person centred planning processes are in place (see Person Centred Support Planning above) 	

QA activity: Survey	Shop4support NRC user feedback
<p>35 people who attended an NRC and held a personal budget completed an evaluation of the Shop4support market place pilot project.</p>	
<p>Outcomes:</p> <p>Feedback suggests the user experience had been positive overall with the opportunity to sample a range of different activities, some of which had never been experienced before.</p> <p>Over 90% of service users said they would like to continue to use Shop4support to do activities.</p> <p>When asked if there were activities they would like added to Shop4support the list included museums, golf, meal making and singing.</p> <p>Actions:</p> <p>Feedback from users was given to providers to enable them to deliver improvements concerning developing a business model to improve site and services and about offering viable alternative activities.</p>	

Follow-up actions to improve Shop4support user experience include developing a one page store: making the pages more dynamic; improving the search function and establishing active links from site.

QA activity: Byron Park and Vaughan NRC user feedback

Change of café provider

Service users were unhappy with the café service and undertook internal surveys to see what changes members wanted and to canvas some new ideas for future usage.

Outcomes/ Action:

Byron Park

Following the survey it was decided to run the service in house. Interviews took place for a new cook and a revised service where members could use the kitchen facilities to introduce cooking sessions and more flexible use of the kitchen space.

Vaughan Centre

It was decided to give the contract to Mencap to run the café and a new menu agreed by users has been introduced.

QA activity: Kenmore NRC user feedback

Activities outside of the NRC

Service users are regularly invited comment on the services provided to them. Feedback is then used to improvements to services.

Outcome:

Service users said that they would like the opportunity to go outside of the centre more often.

Action:

A mini bus has now been acquired for the centre to use on a permanent basis.

QA activity: Newsletter

News n Views

A bi-monthly newsletter produced by a cross service editorial group is published and widely

circulated to service users, carers and staff.

The newsletter is owned by service users and is run for and by them with information and articles that are relevant and of interest to them.

The newsletter requests feedback and gives the results of surveys and consultations that have taken place.

It also includes a You Said and We Did section that outlines responses and actions to issues and concerns.

Promoted health days were promoted through the newsletter to service users.

Outcomes:

Health days were well attended and feedback suggested that improvements were needed in this area.

Actions:

- Action plan to further improve health services,
- A big health check up day where service users can assessing current services
- Targets identified for the 2011/12 Adults services plan.
- The newsletter used to follow progress in this area and capture peoples views on what is important to them.

QA activity: User Evaluation

Age a Positive Attitude

Service users were asked their opinion about a document that provides information and advice concerning aspects of growing older.

Outcome:

9 people responded and commented upon aspects of the layout to the relevancy of the information it contained. Respondents feedback was positive included the following comments:

- In each section I was made aware of information I didn't know
- Every piece of advice was most useful to me
- Having this book I am aware I can get help if I need it
- All of it was useful

Throughout 2010/11 our Neighbourhood resource centres have been running key-working sessions. They also host the Futures Group, which is a group of service users who are engaged in transitional arrangements in day centres and services.

We have used feedback from these groups to inform our transitional arrangements and improvements to services.

Outcomes:

Service users expressed an interest in obtaining relevant health information.

Actions:

- A series of health information days have been held to inform service users about health services and health information/advice.
- Action plans have been produced to address needs and progress is regularly monitored.

11. Carers Services

Citizen Challenge

QA activity: Feedback	Carers of people with a learning disability
The council held an event for older carers of people with learning disabilities in October.	
Outcomes: Feedback highlighted that that more information is needed to help older carers plan for the future e.g. on Wills and Trusts.	
Action: To address this need a link to relevant information from the carers website will be developed and Mencap will respond by organising specialist events.	

QA activity: Feedback	Carers Drop in Sessions and employment
The council runs drop in sessions for carers on a monthly basis	
Drop in sessions are for carers to meet other carers, receive information and advice and give feedback about carers needs and services.	
Carers said they wanted to explore issues around employment and to address this request the emphasis of the monthly carer drop in sessions has changed to respond to carer priorities and issues, including employment.	
In response to feedback an employment survey was sent to 2000 carers	
Outcomes: <ul style="list-style-type: none">• 200 people replied and 67 responded to say that they would like support to find work• NI135 (% of carers assessed/reviewed and receiving a service) target was exceeded	
Action: <ul style="list-style-type: none">• A carer's employment information pack was produced.• The way data confirming how many carers are employed and not employed was reviewed and amended.	

QA activity: Feedback	Carers Focus Group
A focus group was held for carers to gain feedback about website information	
<p>Outcomes:</p> <p>The focus group indicated that the Harrow website was difficult to navigate, information was too wordy and more information about services and events is needed.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Navigation structure of the website is being reviewed as part of Information and Advice Strategy • Links to a portal containing a wide scope of carers information will be hosted on the council website • A carers events calendar will be created • Development work with Shop4Support to make improvements is in place 	

QA activity: QA feedback form	Carers
The carers pack sent to all carers contains a QA feedback section. Approximately 1000 were distributed and 100 returned	
<p>Outcomes:</p> <ul style="list-style-type: none"> • 65% of carers who completed the form felt satisfied with the services they receive from Harrow Council • 72 % of carers who completed the form found the information they received from Harrow Council helpful • 71 % of carers who completed the form felt they had been treated with dignity and respect <p>Action:</p> <ul style="list-style-type: none"> • Identify what ways Harrow can further improve on the services and support they provide for carers by promoting regular carer feedback events where carers will be able to speak directly with officers who are able to forward their ideas / suggestions • Annual contact to be maintained with carers of persons receiving a reviewable service and updated carers packs forwarded to ensure that carers are kept up to date with what is happening in the local community and also aware of what support is available for carers. • Introduce personalisation for carers to ensure they have more choice and control in relation to the services that they access following their carer assessment 	

- Continue with road show events in partnership with other voluntary organisations who support carers, to promote consistent working relationships with our partner agencies. These events give an opportunity to meet directly with carers known to Harrow Council in addition to identifying hidden carers in the local community who may not be aware of support available for carers.

Professional Challenge

QA activity: Feedback	Carers Assessments
<p>Feedback form carers found that not all carers were being offered carers assessment.</p> <p>Following this feedback :</p> <ul style="list-style-type: none"> • A drive to offer an assessment was initiated. • Carers are now encouraged to request advice and an assessment at the same time that the cared for person is receiving an assessment. • Care Management Teams have been alerted to carry out carers assessments. 	
<p>Outcomes:</p> <p>In order to receive a service an assessment needs to be carried out. The percentage of carers assessed/reviewed and receiving a service was 52% in 2009/10.</p> <p>In 2010/11 we exceeded our target and achieved 53%, which provisional data suggests is the highest in London.</p> <p>Action:</p> <ul style="list-style-type: none"> • Carer's assessments and user assessments continue to be offered and carried out at the same time • Carer statutory guidance has been re-circulated to Care Management Teams. 	

QA activity: Personal Budget Pilot	Carers
<p>In preparation for the introduction of PBs for carers a pilot was planned for implementation in April 2011. As part of this process 40 carers were identified.</p> <p>An assessment questionnaire was developed based upon good practice from other LAs. Carers were then asked to for feedback.</p>	

Outcomes:

- Nearly all of the carers would recommend getting a personal budget to other carers.
- The majority of carers thought that the explanation of carers' personal budgets that they received was either Very Good, Good or Satisfactory
- The majority of carers surveyed either were not told about or did not remember being told about shop4support. Those that had used the portal thought that it was good.
- Over 70% of carers said that getting a personal budget had had an impact on the choice and control in their lives.

Action:

- Further integrate carers services with shop4support
- A staff training programme is being delivered in partnership with Incontrol (shop4support)

12. Corporate Information

Please see **appendix 4** for details relating to QA corporate information.

13. QA survey and service user groups

Please see **appendix 5** for details relating to QA survey and service user groups.

14. Briefing on the department of Health NASCIS data release

Please see **appendix 6** for details relating to benchmarking of national performance data. (Note that this is provisional data which has been released by DoH for early comparison).