

Adult Services Quality Assurance Report 2010 – 2011

Appendix 3

Quality Assurance Outcomes and Priorities: You Said and We Did Report 2008 – 2011 QAL Board Quarter Three Progress Report 15th April 2011

| 2008/2009 What customers and inspection feedback told us | 2009/2010 What we did in response | 2010/2011 QAL Priorities/ Outcomes Sought | 2010/2011 Outcomes |
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| Case Management | | | |
| Area: Case File Audit | | | |
| DH assessment feedback highlighted the need to systematically audit case files to demonstrate care management is person centred and consistent. | We established regular case file audit procedures and carried out case file audits on a monthly basis. | Continue undertaking monthly case file audits. Focus upon learning and improving practice. Establish a case file audit common framework to be rolled out across teams. | Standardised file audit tool now developed and due to be rolled out in October 2010. New file audit process now in place. Data Quality team now looking at twice as many case files as last year, including SDS, producing a concise report and maintaining an issues log for resolution of identified problems. Additional Teams have been added to the monthly file audit programme e.g. Shared Lives Scheme. Actions resulting from recent audit work include implementing a new risk assessment form (SLS), a revised audit tool will be developed for the Reablement Team and users will be interviewed about outcomes in the next round of external/independent safeguarding audits |
| Area: Safeguarding | | | |
| The Safeguarding Inspection | Significant auditing of | The new HOST Safeguarding | New SGVA system now implemented in FWi. Revised |

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| <p>highlighted a range of improvement areas that included:</p> <ul style="list-style-type: none"> • Quality assurance and audit processes to be developed and to be robust. • An annual quality audit of safeguarding practice to be developed. | <p>safeguarding was carried out during the year.</p> <p>30 cases have been internally audited and 2 separate episodes of external audit have been undertaken (100+ cases)</p> <p>All referrals received before September 2009 were read as part of the process of entering the data into the new national minimum data set.</p> <p>Systems were developed and routine case file audits showed Improved levels of recording.</p> | <p>framework will go live in August 2010.</p> <p>An Internal Audit of all safeguarding cases opened at the end of September 2010 will be undertaken and for the rest of the year a random selection of 30 cases.</p> | <p>process complies with the recently launched pan London Policy and Procedures and underpins best practice.</p> <p>First 9 months of data being reported to the LSAB on 7/2/11.</p> |
| | <p>A safeguarding quality assurance framework and protocol has been produced.</p> | <p>An External Audit will be carried out in October 2010 of at least 20 cases, to be undertaken by the same person who external audited the last batch using the old framework to enable us to identify improvements in recording and quality of reporting. A further external audit will take place in February 2011.</p> <p>Using the new auditing tools available in the revised framework, we will undertake a safeguarding practice quality audit in March 2011 of all cases entered under the new framework.</p> | <p>Internal audit of safeguarding cases continues and carried out by the Safeguarding Practice Advisers.</p> <p>External audit commenced in the last week of August 2010 (report will be available in September) with a second round due in February/March 2011</p> <p>All internal case file audits (over 100) have been completed for 2010/2011. First round of external audits completed (16 cases that reached case conference stage) and second round will involve user interviews</p> |
| <p>Independent Challenge</p> | | | |

| Area: Housing | | | |
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| The Tenants Satisfaction Survey showed that tenants overall levels of satisfaction fell from 70% in 05/06 to 64.5% in 08/09. Tenants told us that satisfaction with the repairs and maintenance service had fallen in 05/06 72% to 08/09 60%. Regulatory regime - context of prospect of Short Notice Inspections Some KPI's fell into lower quartile. Some KPI's fell into lower quartile. | Housing Quality Network (HQN) review took place (with customer and staff involvement). A Priority Action Plan developed to address issues. A LEAN Review was undertaken to improve tenant service satisfaction that included the length of time it took to carry out repairs. | HQN review led to Housing Ambition Plan being produced with customer and staff involvement. Tenants surveys to be commissioned in Autumn. | Satisfaction Survey results reported an increase from 66% in 2008 to 75% in 2010. Work on publicising this is beginning. LEAN review of leasehold services is underway in consultation with leaseholders to deliver service improvements and efficiencies. A strong theme in the HAP is resident engagement. A report to tenants has been produced on how we will increasingly involve them in service development. The work stream is ahead of target and has already delivered significant improvements. Once the project is fully implemented, slippage will be addressed. |
| Area: Quality Assurance | | | |
| Inspection feedback highlighted the need for Adults Directorate to build upon QA activities and to develop a quality assurance framework QAF. | A QAF was developed. An annual report and outcomes monitor has been produced. A QA and Learning Board with cross directorate membership has been established. An annual QA activity timetable has been produced. Customer standards have been introduced and are | QAF will be refreshed to reflect developments and an action plan developed. Harrow is leading the development of a pan London qualitative QA network to share and learn from good practice. | The QAF will be produced following the completion of A+H Service Plan and DH quality standards later in year. Regular Pan London QA meetings established and learning shared. Improved case file audit tool developed from sharing information and policies. Regular QA meeting with Adult Services Managers have been in place for a year. Feedback has been positive and input from the group has produced a refined case file audit tool and ideas for social care standards. Commissioning manager meets on a quarterly basis with care management teams to identify unmet needs. To date a lack of residential and day care dementia |

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| | <p>regularly monitored and improvements made.</p> <p>A customer focussed accreditation standard award is being piloted within the directorate.</p> <p>Commissioning Manager meets monthly with care management teams to identify gaps in service.</p> <p>Benchmarking with London councils has been established.</p> | <p>Regular QAL meetings with service and team managers will be implemented beginning July 10.</p> <p>Learning from care management meetings regarding unmet needs will be used to inform commissioning plans.</p> | <p>provision has been identified. To address this long term residential block arrangements and bed usage are under review with a view to moving away from this model. Aiming to increase dementia provision by reconfiguring current provision and proposing to offer additional day care dementia provision.</p> |
| <p>The LD inspection report highlighted the need for QA to be more robust.</p> | <p>The LD Commissioning Plan was implemented regarding the increase in the range of provision and more flexible services are being developed.</p> | <p>Follow up actions are linked to the development and implementation of the LD Commissioning Plan.</p> <p>Current provision is under review and will be refocused to provide improve choice and flexibilities.</p> | <p>Integrated action plan linked to 2008 LD inspection continuing to deliver against actions and monitored on a monthly basis.</p> <p>Delivering LD Excellence Project established.</p> <p>LD Commissioning Plan presented to SMT for approval in March 11 and then disseminated.</p> <p>Guidance published and in process of developing a plan to meet new strategy.</p> <p>55 high cost placements reviewed. Exceeded efficiency target for 10/11 and 11/12. 50 people still to be reviewed, 10 people identified to be able to move out of residential care on to settled accommodation. Support to enable this next step will form part of a proposed project.</p> <p>Need identified for specials housing support for older people with a LD. Ewart House supported housing offers specialist skilled staff to meet their needs.</p> |

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| | | <p>NHS Harrow commissioned to carry out a needs assessment for people with Aspergers.</p> <p>To be clearer about the needs of people with Aspergers a series of focus groups run jointly with PCT will be taking place later this year.</p> | <p>There is a lack choice in residential respite for younger people with an LD. Exploring increasing provision in Shared Lives Scheme to address.</p> <p>Needs assessment for people with high functioning Aspergers published in January 11 and commissioning plan produced in March.</p> <p>Project board continues to meet. AD meeting with local Aspergers group in March to inform commissioning plan.</p> <p>Leaning from complaints re people with Aspergers accessing appropriate assessment of needs. In process of developing a clear pathway from diagnosis to assessment and support.</p> |
| Area: Surveys | | | |
| <p>2008 Home Care Survey + 87% of clients expressed satisfaction with the home care they receive in their own home + 82% of clients care workers always/usually come at times that suit them + 92% of clients always/nearly always see the same care worker. + 93% of clients are always/usually happy with the way their care workers treat them</p> <p>- 37% feel care workers are sometimes in a rush - 30% feel they sometimes spend less time than they should</p> <p>- Only 64% of clients are always/usually kept</p> | <p>All findings, positive and negative, were passed on to the Home Care Manager and other Senior Adult Social Care Managers through a written report and presentations.</p> | <p>The home care survey results will still be relevant in some cases, to the findings from the more recent ACCU Survey and the Carers Survey, and will be highlighted in forthcoming road shows with the community teams.</p> | <p>Road shows completed.</p> <p>Home Care survey -benchmarked 15th out of 32 London authorities.</p> |

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| <p>informed of changes to their care</p> | | | |
| <p>2009-10 ACCU internal 6-week survey for OP/PD + high satisfaction with assessments + treated respectfully by those providing care + personal care/health needs being met + felt more control over their lives</p> <p>- 21% stated that care had not been delivered on a timely basis (28 days)</p> <p>- 22% reported Social Worker did not arrive on time (within 15 minutes of the agreed time)</p> <p>- Need more flexible carers services and information about what is available</p> | <p>These positive findings were incorporated into the SAS etc. and the results have been fed back to teams through written reports.</p> <p>This correlates with the relatively low performance on NI 133. In 2009 a new 'early warning' process was initiated to provide more oversight of cases at risk of taking too long for care to be arranged. This progressed to a 'zero tolerance' of delays policy currently in place for all new clients.</p> <p>Questions in the survey were amended after a few months to incorporate the new corporate customer standards. This allows ongoing monitoring of visit punctuality in addition to responses to letters, emails and phone calls.</p> <p>This echoes some of the</p> | <p>From July a series of road shows is planned where we will provide an in-depth presentation of the main findings to PD and OP teams.</p> <p>The Service Performance Team will seek to provide briefings on the ACCU Survey at the new 6-weekly QA Tuesday Performance Meetings.</p> <p>Incorporates the overall satisfaction results but we will continue to publish the other details on a quarterly basis.</p> | <p>On hold and will be re-launched in June 11</p> <p>QA Manager's meeting receive s regular ACCU survey reports</p> <p>A summary of survey results has recently been circulated to managers.</p> <p>New Carers Information pack has been designed as is being distributed at all carer assessments</p> <p>Project underway to improve information for carers on the council website</p> |

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| <p>- Better provision of care plan information</p> | <p>findings from the Carers Survey, see below</p> <p>All new clients are monitored to check that they have been sent a copy of their care plan. Any misses are followed up with the relevant team</p> | <p>From July a series of road shows is planned where we will provide an in-depth presentation of the main findings to PD and OP teams.</p> | <p>As part of the Information Strategy, leaflets are being revised to reflect changes to services and contact details.</p> <p>Road shows completed.</p> |
| <p>2010 Statutory Equipment Users Survey + 27.5% clients said that the equipment provided helped them feel more safe – an increase from 17.5% in the previous survey. This is also reflected in the increased number of clients who said they had no worries about their personal safety. The proportion of clients receiving Telecare has also doubled from 17.5% to 34.5% for this survey.</p> <p>- Communication with/and follow-up of clients following the assessment process still lacking; 23% of clients (in both surveys) said that they had not been contacted following installation of equipment to check that everything was OK.</p> <p>- 5% of clients no longer use equipment issued as they think it's unsafe, do not feel confident about usage or felt it did not help them – this has</p> | <p>These findings reflect the key benefits equipment plays in clients' lives and the key role in preventing more complex (and expensive) services being needed. Telecare has become a widespread service with considerable additional potential to allow clients to continue to be able to live at home independently.</p> <p>This issue has not yet been investigated. We can cross reference to see if initial reviews were logged on Framework-i following installation of the equipment, but this will take some time</p> <p>This issue has not been followed up on yet</p> | <p>We will test a sample of cases to see if the review happened. If there is an issue, we will feedback to Teams and ASC managers. Review figures would suggest its unlikely people were missed.</p> <p>We will check whether it was particular items of equipment associated with clients who responded in this way follow-up with Stores/Management as appropriate.</p> <p>Although PAF-D54 is no longer a statutory PI, we will maintain internal monitoring of the equipment service And provide monthly updates</p> | <p>Completed</p> <p>Superseded by ASC User Survey</p> <p>Completed</p> <p>Following Fwi upgrade, issues around missed client reviews are being resolved.</p> |

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| gone up from virtually zero two years ago - Waiting times for equipment, and particularly adaptations are still of concern. 17% of respondents said this had posed major problems. | This issue has been noted through regular PI monitoring and is with Adult Social Care for appropriate action. | | |
| 2009 DH Voluntary Carers Survey + Early, limited benchmarking shows Harrow achieving high scores for questions on control, personal safety, quality of life and encouragement and support - A quarter of Carers do not feel involved in discussions about services and find it difficult to get specific services. - Waiting times for major adaptations needs to be greatly reduced. Quality of service from Care Agencies needs to be improved. | This is based on local benchmarking efforts. Full results will follow later in 2010 from Dept Health The SAS discusses how guidance on accessing services has been improved This correlates with findings in the Excel SAS, that waiting times have gone up. There are further plans to tackle these high-profile issues. This echoes findings from the 2008-09 Home Care Survey, see above. | From July a series of road shows is planned where we will provide an in-depth presentation of the main findings to PD and OP teams. | New national carers survey planned later in 2011/12. DH to confirm outcomes framework. Subsequent carer surveys demonstrate improvements: In 2009 54% of carers reported having had an assessment – now 96%. In 2009 41% carers knew how to make a complaint – now 78%. |
| User Feedback | | | |
| Area: Developing the marketplace | | | |
| Service users identified a limited range of products and | The council commissioned Shop4support to develop an | Seek feedback to further improve website and provide the | Commissioning and Transformation Team have been working with shop4support to increase number of |

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| <p>services were available to help them maintain independence and choice.</p> | <p>online marketplace for social care users to search and shop for clearly priced products and services.</p> | <p>range of products and services to meet needs now and in the future.</p> | <p>providers there are now 230 community / voluntary organisations and 50 commercial providers across a diverse range of traditional and non-traditional services.</p> <p>Commercial model has been refined to eliminate costs to providers which was identified as a barrier to engagement in Q1. Number of people buying services (both Harrow-funded and self-funders) has increased.</p> <p>LD strategy will identify and influence further developments</p> <p>Unit costing workshop held with providers and followed up with over twenty 1-to-1 meetings with providers to help them understand their unit costs.</p> |
| <p>Area: Personalisation/Self Directed Support</p> | | | |
| <p>Personal budgets 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.</p> | <p>In April 09 an Independent Brokerage scheme was introduced and the council worked with 3rd sector organisations to deliver this option.</p> | <p>Continue to work with HAD and other 3rd Sector Orgs to support people using a PB.</p> <p>Build capacity with West London Alliance to provide a wider range of services.</p> | <p>10/11 PB QA Findings Report: 91% reported quality of life as satisfactory following receipt of a PB and 94.5% reported choice and control as satisfactory following receipt of a PB.</p> |
| <p>Direct Payments Complaints received from service users and carers about late and missed payments.</p> <p>Internal Audit highlighted the need for DP payment systems to be improved to provide a better service.</p> | <p>A DP team was recruited to make the financial systems more responsive to customer needs.</p> <p>Changes to the DP payment timetable were made to ensure customers received timely payments to cover their support costs.</p> <p>A DP review and monitoring team was established to offer</p> | <p>DP/PB reviews have been combined and will be carried out to ensure that service users are having their support needs met appropriately.</p> <p>A review of service user's unspent DP funds threshold is being considered as a means of sharing resources affectively and efficiently.</p> | <p>DP's and PB's are being monitored and unspent funds are being returned successfully.</p> |

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| | support, advice and feedback service improvement issues. | | |
| Area: User Engagement | | | |
| <p>Feedback from stakeholders, including service users, 3rd Sector and statutory organisations identified the following key findings in relation to developing services and meeting the needs of service users:</p> <ul style="list-style-type: none"> • Service users needed to be more involved in shaping services and delivering the TPP. • Service users needed to be consulted and involved on a regular and consistent basis concerning all aspects of service delivery and development. They did not want this to be lip service. | <p>A new Service User Engagement Officer Post was established</p> <p>Day Centre user groups were organised</p> <p>Two monthly 'meet the Divisional Director Forums' were introduced</p> <p>Information was made more accessible and available in Easy Read Format</p> <p>Set up a user group to contribute ideas for newsletter</p> <p>Developed a User Engagement Strategy and Board</p> <p>Established Service Users on recruitment Panels</p> | <p>To develop service user engagement champions in all units</p> <p>To further develop PCPs and reflect choice</p> <p>Re-launch of PD Partnership Board</p> <p>Create more opportunities for employment</p> <p>Develop a User Led Organisation</p> <p>Service users as editor supported by User Engagement officer/carers lead Easy Read out for further consultation after revisions</p> <p>To continue to use service users in social care post recruitments</p> | <p>Working party set up to develop plans and PCPs produced.</p> <p>All Partnership Boards have been reviewed and feedback used to inform revised structure and content of meetings.</p> <p>A service user took part in a presentation at a health and social care conference.</p> <p>Since 2009 service use has produced by-monthly News and Views magazine.</p> <p>3 posts have included service users in the recruitment process.</p> |
| <ul style="list-style-type: none"> • Service users wanted to be communicated in ways that people could understand and be adapted to individuals needs. | <p>Service users offered council employment opportunities</p> <p>Service Users involved in the design and development of the NRCs</p> | <p>More offered employment opportunities</p> <p>To update service users with current information</p> | <p>See above</p> |

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| <ul style="list-style-type: none"> • A regular newsletter to be produced to provide relevant information. • An opportunity to meet regularly with senior officers and discuss issues that affected their lives. | | <p>Service users are being given greater opportunities to participate in leisure , we have sought their ideas and set up programmes on Shop4 Support</p> <p>Service users to be involved in contributing to Safeguarding policy</p> <p>Service users to be involved in pre-consultation about efficiencies</p> <p>LDPB – Work plans for Sub Groups which outline priorities in key areas: Health Housing Personalisation Employment Transition</p> | <p>Set up sessions with two providers Service users signed up to pilot scheme.</p> <p>Service user involved in shopping companies accreditation system for Shop4support. Pre and consultation events held with service users to inform them of proposals and to seek their views.</p> <p>LD Partnership Board has been reviewed and carers and services users views have been fully integrated into the Boards governance and process arrangements.</p> <p>Health action plans in place and 3 health days planned.</p> <p>Increase in nos of people with an LD employed by council.</p> <p>Housing DVD is in production.</p> <p>Transitions DVD is in production.</p> <p>PD Partnership Board have established 4 subgroups. Including a reablement and health group.</p> <p>Work plans are being devised using the LD model.</p> |
| Area: Carers | | | |
| <p>Following consultation carers told us they wanted:</p> <ul style="list-style-type: none"> • Good quality services for the person cared for • Breaks from caring and freedom to lead their own lives and maintain health | <p>A new Carer Engagement Officer Post was established</p> <p>Links with other organisations were developed to support carers more effectively</p> <p>Social care staff have been</p> | <p>Produce a condensed carers pack</p> <p>Ensure that all social care staff are kept up to date with what services and support are available to carers and have flexible assessment opportunities in place</p> | <p>Carers PB pack being introduced in October 2010</p> <p>Newsletter will be circulated with each carer's assessment</p> <p>National Carers week in current planning stage. Carers are part of the planning group.</p> <p>Personalisation for Carers being launched in May 2011</p> |

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| <ul style="list-style-type: none"> • A say in service provision and development • Improved information, advice and support about carer's services • Better communication with professionals • Access to a quality carers assessment • Improved understanding of the needs of working carers • Sensitivity to culture issues • More outreach and advocacy support for carers | <p>trained to ensure that they are aware of the information they should be sharing with carers at assessment and review</p> <p>To meet the needs of working carers we have offered more telephone and joint assessments</p> <p>Regular support and network meetings were established</p> <p>Carer information and advice packs distributed and were later expanded to include information about how to make a complaint</p> | <p>Ensure that carers continue to be made aware of the different assessments available and where these assessments can take place</p> <p>Social care staff to have training in legislations relating to carers</p> <p>To ensure that carers are aware that there is a direct contact in the carer lead and the contact details made as public as possible so hidden carers are aware</p> <p>Ongoing communication with Complaints team to ensure that we are working in partnership</p> | <p>Achieved 54.3% in NI135 2010/2011</p> <p>New Carers Information pack has been designed as is being distributed at all carer assessments</p> <p>Meet the Divisional Director for Carers launched Feb 2011</p> <p>Carers assessments to be a joint assessment with service user from April 1st 2011</p> <p>Carers Voice training organised for March 2011</p> <p>Project underway to improve information for carers on the council website</p> |
| <p>Area: Complaints</p> | | | |
| <p>Complaints that adaptation timescales are taking too long in a number of cases</p> | <p>1) Lean project to improve adaptations process including a) introducing a prioritisation panel b) focusing on meeting assessed needs in more cost-effective ways c) agreement that the FACS assessed need must be met through alternative ways until the adaptation work is completed. d) Adaptations service will be adjusted into one service covering tenant and non-tenants.</p> <p>2) PN raised with B H</p> | <p>Adaptations timescales remains the number one outstanding trend priority arising from complaints that needs to be addressed.</p> | <p>£100k virement (approved by PN and Portfolio Holder) has allowed works to progress.</p> <p>It remains for the lean project to identify solutions to make sure such a backlog does not build up again. Tracey Jones to raise the idea of a 2 year rolling programme as part of the lean review.</p> <p>Only 1 complaint received in the quarter (SD double-checked with Eliza Marfil all complaints received). T B updated to help inform strategy.</p> |
| <p>Service users experiencing Self-directed care financial</p> | <p>Excellent work by B H to address these concerns, with</p> | | |

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| processing problems that were leaving some in debt | no new complaints in the last 2 quarters. | | |
| Asperger Syndrome: 1) alleging provision not meeting the needs of service users 2) Concerns over how joint working between HLDT and Mental Health is working | 1) Review Panel concluded current services are meeting minimum standards but not best practice – Whilst progress has been made in that the NHS have introduced a health provision assessment service for Asperger clients, this does not cover social care assessment 2) Stage 2 complaint investigation upheld complaint about lack of joint working between HLDT and Mental Health resulting in £2.5k compensation paid | Asperger issues remain | National draft guidance is due in recognition of the need for better arrangements for Asperger's clients. Guidance due to be in force by December 2010 which will address both these issues. This will require a commissioning plan. AD is setting up a management strategy meeting to agree a way forward (S D discussion with A D on 7 Feb). |
| Challenges to the fairness of the blue badge process, particularly the lack of OT assessment for unclear blue badge appeals. | A very positive outcome to a cross-directorate issue. 1) Agreement for OT's to carry out these assessments for the first time ever in Harrow. 2) Dependability has just been given the contract to do this work from now on which should reduce inappropriate allocation of badges and fraud (June 10). | | The introduction of OT assessments has addressed the main risk where government guidance to use OT's was previously not being followed. However, the Ombudsman has asked for our blue badge policy (FS is putting a policy to CSB) but for the time of complaint we will need to state there was not a written policy just a procedure – risk of a local settlement. (approved by SR 17 Sept 10) Closed – Service Improvement delivered |
| Helpline complaints not being recorded | Positive work by the new management has transparently addressed this issue. | | To close. The Complaints Service are confident complaints are now being forwarded. The new manager has attended complaints training. |
| | | Ensuring recouping owed money for domiciliary care complaints | SS has agreed a number of solutions with JF to try and minimise customer distress whilst recouping the costs. |

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| | | are managed clearly, efficiently and real risks/legitimate concerns addressed. | We are still getting complaints and this is likely to continue. No complaints this quarter. To close next quarter if no further concerns are received. |
| | | Improving customer service phone call standards through call quality monitoring | The cost of setting up the recordings will around £7-9k plus HITs charges. However, you will also need to bear in mind potential costs for PCI compliance (a project is already underway) and the Cisco upgrade work (that will be complete by next May) which may require an overhaul of the recording functionality. We would need to let JM know how many extensions we wish to be recorded and how many calls you are looking for, we may be able to re-route one of the AH recording lines in short batches. We would also need to let both staff and customers know that you are recording them (DPA guidelines) Agreed at January QALB to roll-over this option to the next Board meeting. |
| | | Multi-agency/directorate working where clients are more at risk of 'falling through the gaps' e.g. transition from Special Needs to HLDT; Mental Health/HLDT link; Continuing care; Adaptations (these areas have all produced serious/escalated complaints in 2009-10) | This is a new priority identified for the Board to consider how best to proceed. Transition has already been identified as a work stream so could complaints analysis feed into this existing work stream A new Transitions Project Manager AM has started. |
| Provider | | | |
| Area: Homecare Monitoring | | | |
| Customers through the Age Concern Survey and the CQC Regulator told us that we had low numbers of people placed in good and excellent provision. | We intensively monitored our homecare provision. The two main homecare providers (Care UK and SupportaCare) have both improved to two stars at the end of 2009. This is as a result of close | Ensuring systems are in place to be more systematic about the collection of performance data. New risk based monitoring is being rolled out. | Two new corporate scorecard measures (included in the Adults Improvement Board meetings) were developed and implemented. These are now being monitored quarterly. We have rolled out finance management to 1 provider and more will follow. |

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| | <p>scrutiny and monitoring of the performance of the contracts by the Local Authority.</p> <p>We have moved from only 30% of people being in good and excellent Homecare provision to 90% being in good and excellent provision.</p> | | <p>A planned programme of monitoring is now established and is being further developed.</p> |
| Area: Supporting People | | | |
| <p>Service user feedback gathered through monitoring highlighted poor mental health provision and a gap in planning for people with a physical disability.</p> | <p>Improvement Plans were set for 09-10 signed off by the Corporate Director which made it clear that there would be contractual and financial penalties if 2 stars were not achieved.</p> <p>Providers improved the quality of care continuity of care and communication.</p> <p>Non cashable efficiencies have reinvested in generic preventative services for people with physical disabilities by the Supporting People programme.</p> <p>Ineffective services have been decommissioned whilst increasing the numbers of people supported by the programme by 100 pa.</p> | <p>Further reconfiguration of SP provision particularly around young people's services will build in more flexibility to meet changes in demand.</p> | <p>2 star ratings were achieved. QA for Homecare now measured by: -Annual improvement plan -Age Uk survey -Reablement QA -WL monitoring</p> <p>Jointly commissioning with Childrens Services and Supporting People (SP), re supported lodging services. Opportunity to build a service to meet local need. Reconfiguring all young people's services funded by SP in discussion with Childrens Services.</p> <p>Retendered LD supported housing funded services and new provider will commence in April11. Efficiencies delivered.</p> <p>New provider in Mental Health SP housing identified and commences in April 11. Efficiencies delivered.</p> |
| Area: Residential and Nursing Monitoring | | | |

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| <p>Customer and inspection feedback told us that we needed to improve how we monitored services.</p> | <p>A risk based monitoring process has been developed that focuses upon high risk providers and has resulted in improved CRILL ratings for res/nursing homes.</p> | <p>We are working closely with our block contracted provision for OP which is below 2 stars – hence working with Southern Cross on Knights Court and Buchanan Court</p> | <p>A process document was agreed and signed off in 2010. It is under review with WLA colleagues for 2011/12 through development of the APC.</p> |
| | <p>We have improved the % of people in good or excellent residential or nursing provision. In respect of Residential placements there are were no admissions to poor provision in borough in CRILL for 09/10, we continue to review the out of borough placements around cost and quality.</p> <p>Since October 09 we stopped placing people in Knights Court until we saw improvements and they</p> <p>Achieved 2 star status.</p> | <p>To bring the quality up.</p> <p>Strategically we are working with other West London boroughs to establish the West London framework for residential and homecare based on quality and price. With a 2 star minimum threshold as an alternative to our established contracts for new placements this is due to be in place for July 2010.</p> <p>Monitoring is being focused on 0 and 1 star provision in the borough.</p> <p>An embargo policy is being developed that defines an approach to the circumstances and follow up action for suspending placements in provision in Harrow.</p> | <p>APC including quality work stream due to be launched in July 2011.</p> <p>Embargo policy in place and is being reviewed as part of WLA work stream.</p> <p>Three establishments have been embargoed since Knights Court using this process.</p> |