



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

**CSSIW Vale of Glamorgan County Council:
Review of Adult Services & Vale Community
Resource Service October 2011**

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The Care and Social Services Inspectorate was set up in 2007 as an operationally independent division of the Welsh Assembly Government. The powers and functions of the Inspectorate are enabled through legislation including the Health and Social Care (Community Health and Standards Act) 2003. Our powers allow us to review local authority social services at a local and national level, to inform the public whether services are up to standard, to promote improvement of services and to help safeguard the interest of vulnerable people who use services and their carers.

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- Registration of social care services
- Inspection of registered social care services
- Investigation of possible breaches of the Care Standards Act 2000 and supporting regulations by service providers
- Responding to complaints concerning both adult and children's services
- Reinforce standards in regulated services and encourage councils and providers to commission, provide and manage better services.
- Promote joint working with other national regulators.

We aim to ensure the experiences of people who use, or need, local services are at the heart of our work.

INSPECTION OF ADULT SOCIAL SERVICES

VALE OF GLAMORGAN COUNCIL

OCTOBER 2011

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CONTENTS

CONTEXTUAL INFORMATION	4
CONCLUSIONS	5
KEY FINDINGS	9
ANNEX A:	18
HOW WELL VALE OF GLAMORGAN COUNCIL WAS PERFORMING.	
ANNEX B:	19
HOW WE INSPECT	

CONTEXTUAL INFORMATION

The Vale of Glamorgan Council is in the process of modernising assessment, care management and hospital discharge support services in partnership with local health services so that there is integrated support available across both organisations according to individual need. Underpinning their approach is the recognition that chronic conditions and continuing health and social care in the community require that issues of need and risks receive a timely response by the most appropriate professional. The authority believes that a new structure within Adult Services, together with the move towards integrated working partnerships with primary care and rehabilitative services in Health, provides an opportunity to avoid institutional responses to demographic pressures. It aims to prevent unnecessary hospital admission, facilitate more timely hospital discharge and reduce the need for placements in residential care and nursing homes.

A key element of this joint approach is the newly formed 'Vale Community Resource Service', (Vale CRS) which incorporates both the 'Vale Intermediate Care Service' (VICS) and the 'Tailoring and Monitoring Service'. The approach of both these services is built on a simple premise that when older people become ill or have received medical intervention they can get better. Its basis lies in the disciplines of occupational therapy and physiotherapy, helping older people rebuild their strength both physically and emotionally after a critical event so that they can live independently in their own homes once again. The intention is that older and disabled people can be aided to a full recovery after a six week period of intensive support provided by trained therapists and carers. The 'Tailoring and Monitoring Service' is provided to ensure that medium to long term packages of care are meeting assessed needs, are effectively targeted and that scarce resources are used to maximum effect.

In consultation with the Vale of Glamorgan, the Care and Social Services Inspectorate Wales (CSSIW) planned this review to explore arrangements to provide access to services, care management and the effectiveness of the Vale Intermediate Care Service. At the time of the review the Vale Intermediate Care Service and the Tailoring and Monitoring Service were being integrated into the 'Vale Community Resource Service'. In March 2011 CSSIW Regulatory Inspectors scrutinised both the VICS and 'Tailoring and Monitoring Service', in performance of their functions as a 'Domiciliary Care Agency'. This review differs as it is designed to look at adult services, intake and both the Vale Intermediate Care Service and the Tailoring and Monitoring Service their roles and contribution to the direct provision of care services within the broader context of social care provision and as a vehicle for meeting assessed needs through joint working. The review did not examine all functions or operational areas of the new Vale Community Resource Service; which may fall within the purview of the Health Inspectorate Wales. Reference within this document to the 'Vale Community Resource Service' refers to the functioning and operation of the Vale Intermediate Care Service and the Tailoring and Monitoring Service and not the wider service structure.

Conclusions:

The Vale of Glamorgan Council has developed with health partners a locality model or framework which is achieving positive results for people using services. In assessing the performance of the authority it is critical to recognise a fundamental shift in supporting people outside the formal social care system. The Vale Community Resource Service can demonstrate growing success through quality, early intervention and reablement services, in preventing inappropriate hospital admissions and also diminishing dependence upon the long term intervention of social care services.

The emerging framework is predicated upon a care management model which is not wholly reliant upon social work assessment as the only gateway to access support and help. In this context a social work assessment is not seen as being necessary before a person starts a programme of reablement and in the future this may only be offered to those people who have completed such a programme and are likely to require on-going care and support. Inspectors identified a range of significant improvements and key strengths which, if sustained, will support the framework.

Access routes to both social work and direct service help and support are diverse and evidence indicated that they are effective. A communication hub is developing which has co-located health, social service and out of hours support and is offering a proactive and reactive response to crisis situations through the Vale Community Resource Service and other support systems. Waiting lists for assessment, help and support are diminishing.

Improved relationships and joint working with health services is realising the achievement of some shared goals and objectives. The creation of joint virtual teams is realising an integrated, whole-system approach in the delivery of community services. This is leading to fewer delays, greater responsiveness and an increased focus upon person centered care across organisational boundaries. This approach has significant advantages for people using services. Inspectors also found that care management is coordinated and delivering practice improvements.

Despite the achievements realised to date Inspectors wish to stress that in assessing people's needs the authority must also recognise the need to continue to see the person as an individual with broad needs including those of socialization and integration. The authority must remain focused on helping people overcome the physical, emotional and social barriers created by chronic and long term conditions. Priority areas for further development include care planning, outcome based planning, the management of timely reviews and ensuring that people who receive services are afforded choice, quality commissioned services and flexibility.

ANALYSIS OF STRENGTHS AND AREAS FOR DEVELOPMENT

What the Vale of Glamorgan Council was doing well to support Access to services for older and disabled people.

Access routes to both social work and direct service help and support are diverse, encompassing a broader range of opportunities, and are effective.

Waiting lists in key areas have diminished and are more effectively managed.

The Armed Forces Services Library is an example of good practice in providing a broad range of information to support returning veterans and other members of the Armed Forces community.

The attachment of a social work practitioner to 'Contact One Vale' (C1V) call centre is a further example of good practice.

The co-location of health and social services personnel, alongside Telecare services, within C1V has provided an improved response to users in crisis.

Recommendations to improve the quality of Access to services for older and disabled people.

People's experience of first contact services and signposting should be regularly sought and inform the Council's public information strategy.

The effectiveness of service user information packs, produced by social services and distributed by C1V, should be evaluated to ensure that people are accessing relevant advice and/or support.

The format of monitoring and performance data provided by C1V needs to be simplified and the number of calls identified as being outside the timescales prescribed by the service level agreement requires a strategy for improvement.

What the Vale of Glamorgan Council was doing well to support Care Management & Review for older and disabled people.

Care management is coordinated and delivering practice improvements.

Care management within the authority is enabling early intervention, reablement and rehabilitation coordinated within a locality model or framework of support.

There is positive evidence that health staff, including GPs, are using and engaging with UAP enquiry and UAP documentation – with information sharing taking place freely and appropriately across organisational boundaries.

Staff are committed to and practice 'Person Centred Care'.

Enthusiasm for change is evident and the commitment of staff, motivated by improved systems and outcomes which people own and have helped shape, is tangible.

The use of Results Based Accountability has highlighted strengths as well as focusing upon challenges and has had a real and positive impact upon staff morale and their willingness to engage in the change agenda.

Recommendations for improved care management and review for older and disabled people.

Outcome based care planning is not yet embedded and the wishes, aspirations and outcomes sought by service users are not always adequately captured within assessment documentation.

The consistency and quality of care plans requires further improvements.

Reviews, although being undertaken, are not effectively evidenced on case files.

Reviews need to capture information about the quality of commissioned services to better inform commissioning and procurement processes

Vale Community Resource Service

How well does the Vale Community Resource Service provide support to service users whilst minimising risk to independence.

Multi-agency approach is tailored to individual need and promotes independence.

Skilled prevention, early intervention and re-ablement services are readily available, and there are no gaps in services, with good access based on assessed needs.

Consistency and continuity of care and support is of a particularly high standard and the service has robust and effective protocols in place in working across internal and external agency or professional boundaries.

Comments from people using the service and their relatives confirmed that the service is reliable and consistent, with complimentary statements being made by carers.

There are experienced managers to support the functions of the agency.

Commitment to providing a skilled and trained workforce is evident.

Vale Community Resource Service

Recommendations for improvements to the Vale Community Resource Service.

Operational and administrative systems need further development to fully describe and demonstrate a robust professional approach in the management and coordination of services.

All referrals should be consistently recorded.

Improved development of management and performance data and information is necessary.

KEY FINDINGS

Access to Services

Can people find out what help is available, where and how to get it?

Access routes to both social work and direct service help and support are diverse and evidence suggested they are effective. The range of contact options includes distribution of information through a range of community and health based contact points including libraries, health and public access sites. Eighty five distribution points have been identified as being provided with social care leaflets; thirty three of these are GP Surgeries.

The authority has extended and developed the on-line capabilities of its web-site. The intention is to extend this type of facility to other social service and community groups in the Vale, including adult services. An extensive on line information database, highlighting a wide range of local and national information and support services and systems, has been developed in support of the local Armed Forces Covenant. This website provides a mechanism to ensure that returning veterans and members of the Armed Forces community are aware of the support available to people, locally within the Vale of Glamorgan, and more widely. The approach being taken by the Vale is commended by inspectors as an example of good practice.

Other access routes include hospital referrals, out of hours duty systems and the provision of specialist and generic information packs through the authorities call centre 'Contact One Vale' (C1V). C1V provides information, advice and signposting, coordinates referral and contact assessment and enables service provision for meals on wheels and Blue Badges for disabled people. The 'TeleV' service and GP out-of hours service are co-located with C1V, providing opportunities for improved joint working between Social Services and Health. A particular strength is the ability of the Vale Community Resource Service to use these systems to respond to crisis or emergency situations, drawing upon relevant health support where necessary, having the potential to intervene quickly and appropriately in support of people living alone. Staff within the Vale Community Resource Service provided a number of case examples to inspectors outlining prompt, positive joint working with Health which had both averted inappropriate admissions to hospital and also the potential loss of independence for service users.

A site visit to C1V highlighted that there are two call handling teams - an 'inbound' team and an 'outbound' team. C1V data indicates that the time taken to deal with an enquiry or pass it to the relevant team varied between 1 and 21 days. Information from the receiving teams indicated that the vast majority are passed on within 1 day, the exceptions being Telecare and OT enquiries where the average time was 20 and 21 days respectively. Target timescales were agreed between the service and C1V in November 2009: these were that all urgent referrals are processed in C1V and sent to the appropriate team for further assessment within twenty four hours; all other enquiries to be processed within five working days.

The Inbound team manage initial calls and verify if the person is already known to any department or practitioner within the authority. It is at this point in the process that the clock for monitoring response times starts ticking. C1V performance is actively monitored through a Service Level Agreement (this is currently under review), and regular evaluation meetings at both senior operational and locality team management levels within social services. The format of monitoring and performance data provided by C1V to inspectors needs to be simplified and the number of calls identified as being outside the timescales prescribed by the service level agreement requires a strategy for improvement.

Despite some evidence of delays, due primarily to increased numbers of enquiries and referrals, C1V staff have achieved and sustained significant improvement in performance, evidenced by the elimination of all waiting lists for first contact through the outbound team. An increase in the numbers of dedicated staff trained to undertake adult services work has resulted in improved quality and management of demand, reducing backlogs within C1V to provide a more timely response.

The provision of 'information packs' by the inbound team was highlighted as a means of managing increasing levels of demand for social services. The aim is to support self help by enabling people to identify for themselves the most appropriate sources of help or support. C1V cannot currently monitor or measure how their work diverts pressure from social services but a planned new information technology system may give C1V more capability to achieve this. C1V also plan to do some work with the services that callers are signposted to in an effort to track whether people have received the help they were seeking or not. The effectiveness of service user information packs, distributed by C1V, should be evaluated to ensure that people are accessing relevant advice and/or support.

Where enquiries do not proceed further, the actions taken by the inbound team is not recorded in detail and there is no current follow up in terms of the perceived levels of user satisfaction with this part of the service. The Council is looking to develop this. The inbound team routinely ask callers to come back if what is offered at this stage does not help them; however, more robust monitoring of this needs to be developed. People's experience of first contact with the authority should be regularly sought to inform the Council's wider public information

strategy. Some service users who attended a "Service User Forum", as part of the inspection fieldwork, made the following comments:

"Information provided through them (C1V) was very good and was helpful."

"I experienced no delays in getting the help I was looking for."

"My wife had a stroke and I really struggled to get the help I needed. When she came home in a wheelchair the house needed adapting. There was no real follow up and the information and advice I got was confusing and there were long delays."

"When you first phone through you are asked to press buttons on the phone to select the option you want. I find this very frustrating and confusing."

"Until I came to this meeting today – and listened to these other people – I wasn't aware that such services and help could be provided by social services or the Council."

"C1V Staff were very patient and guided me through the system – I wasn't sure what I wanted or needed at the beginning."

There was some evidence that the information generally available to the public about what help might be available needs to be improved. Some participants in the forum commented that they had only known that help was available for them once the Vale Community Resource Service made contact prior to hospital discharge. Two users had struggled to manage significant long term and chronic conditions without support and it was not until the intervention of VICS that they received the support they felt they needed.

A significant strength identified by inspectors is the attachment of a social worker to the outbound team. This provides C1V with the ability to respond to urgent or crisis situations quickly, to begin or to inform the assessment process at an earlier stage and to ensure that information about complex situations is passed to social workers based within mainstream service teams. Although the post had only recently been filled, this post has the potential to inform and improve practice in terms of first contact and provide additional professional backup to front line social workers. The current post holder's caseload includes management of unsafe hospital discharges, re-assessments for the Vale Community Resource Service, short-term work and hospital social work case reviews.

Inspectors wish to commend this approach as an example of good practice with the caveat that the post holder should not develop a caseload of a size which might otherwise diminish the effectiveness of this role and its first response and support functions.

Care management and review

Do people have a good up to date care plan describing the services that will be provided to meet their needs?

Inspectors found that care management is coordinated and delivering practice improvements which appear to be benefiting service users. These improvements have been realised through service restructuring, the engagement of all staff in service development through the use of approaches including Results Based Accountability and the implementation of a developing and emerging health and social care locality model or framework. During the inspection enthusiasm for change within Adult Services was very evident and the commitment of staff, motivated by improved systems and outcomes which people own and have helped shape, was tangible. The use of approaches such as Results Based Accountability were described by staff as highlighting and reinforce existing strengths within care management as well as focusing upon future challenges and areas of improvement. Many social workers described the authority's strategic vision as being 'very exciting'.

Inspectors identified evidence of greater integration with health services – including improved dialogue and locality working amongst a broader range of professionals – which in turn supports improved intervention for people using services. Health service representatives highlighted a change in dialogue between partner agencies which they felt had been realised by having shared objectives and priorities. The focus was described as being very much upon 'What does the patient / service user need' and 'who is best placed to provide it'. Underpinning this approach is a fundamental change in relationship which is now said to be based upon debate and negotiation.

Overall current practice appears to be realising an integrated, whole-system approach in the delivery of community services leading to fewer delays, greater responsiveness and an increased focus upon person centred care across organisational boundaries. This approach has significant advantages for people using services. Social workers and health professionals described care management as being supported by integrated virtual teams of health and social care staff, the development of joint Community Resource Services and clear referral pathways. The management of complex needs is also felt to have improved through the use of 'escalation meetings', divisional meetings and joint case reviews enabled through Multi Disciplinary Teams. Lots of process mapping, the use of the same documentation and investment in additional resourcing were also said to be underpinning real improvements in practice at an operational level.

Fewer delays and greater responsiveness in care planning is evidenced principally through the elimination and/or improved management of waiting lists in key areas of practice. Historically, Occupational Therapy and specialist services have been significantly challenged by waiting lists involving hundreds of both high and low level assessments. An examination of performance management data now shows that waiting lists have been almost eliminated. For example, whilst the Occupational Therapy waiting lists show some increase in a few categories, overall numbers are significantly reduced, dropping from 205 in 2010-2011 to 134 in 2011–2012. This is a 34.6% reduction in people waiting. There were only a few people awaiting assessment within mainstream Adult Services.

Care management within the authority is realising the strategic focus of the Vale and its partners by enabling early intervention, reablement and rehabilitation coordinated within a locality model or framework of support. An examination of case files highlighted increased development of an outcome based approach, some improvements in the construction of individual care plans and greater emphasis on priority outcomes that address risk to independence and well-being. However, the consistency and quality of care plans requires further improvement. Case files also contained positive evidence that health staff, including GPs, are using and engaging with Unified Assessment Process at point of enquiry and using related documentation. Information sharing was taking place safely, freely and appropriately across most organisational boundaries.

Outcome based care planning is not yet fully embedded and the wishes, aspirations and outcomes sought by service users are not always adequately captured within assessment documentation. Further work is currently taking place within social services to ensure that assessments consistently identify the interests and aspirations of service users alongside an evaluation of an individual's strengths and personal potential.

Reviews, although being undertaken, are not effectively evidenced on case files and they need to capture information about the quality of commissioned services to better inform commissioning and procurement processes. Social workers confirmed that there are cases on waiting lists for reviews. The authority needs to ensure that the management of chronic and long term conditions continues to remain of equal strategic priority alongside new short term intervention services. All service users interviewed described VICS as being a 'Rolls-Royce' service but some felt that problems began to arise once they were transferred to longer term domiciliary care agencies or others for support. Some people receiving services commented that:

"The first agency we had after VICS was a fiasco."

"On the very first day they were late so I (carer) couldn't make an important Doctors appointment. On the second day they were also late and although we asked for a non smoker the carer who arrived smelled like an old chimney".

“We recently had a very young carer. She is a sweet child but has no drive, initiative and ‘go’. She is very timid and we query whether she has had any training – she cannot put a duvet on the bed properly.”

“My agency does not always provide me with a rota of who to expect and even when I do have a rota different staff turn up – we have had seventeen different staff turn up over time.”

“The agency carer gave my husband a bowl of soup and just left him with it – another after giving him the soup, left leaving the gas ring lit.”

“I have reported my concerns to the agency when staff failed to turn up and got no satisfaction. And on a number of other occasions they have failed to return my calls.”

“Following my wife’s stroke we waited a very long time to be referred for a Disabled Facilities Grant. We were eventually advised that we should complete a financial assessment to be told that we would be self funding. I was so angry that I checked the ‘rules’ in other local authorities and found that the Vale of Glamorgan were far more rigid and stringent than any others. I wish I could have moved.”

“I have been struggling on my own trying to improve the service I get from my agency. Is there anyone I can ask to help me with this?” (This service user was referred by Inspectors to Adult Social Services and the complaints investigated.)

However there were other service user’s who valued the services provided or commissioned by the authority and many stated that they were consistently treated with respect and spoke highly of both social workers and carers. The positive comments below in respect of the Vale Community Resource Service act to balance the more critical comments made above.

Vale Community Resource Service

How well does the Vale Community Resource Service provide support to service users whilst minimising risk to independence.

The approach of the Vale Intermediate Care Service (VICS) is built on a simple premise that when older people become ill or have received medical intervention they have the potential to get better. Its basis lies in the disciplines of occupational therapy and physiotherapy, helping older people rebuild their strength both physically and emotionally after a critical event so that they can live independently in their own homes once again. The intention is that many older and disabled people can be aided to a full recovery after a six week period of intensive support provided by trained therapists and carers.

In addition to the VICS a 'Tailoring and Monitoring Service' is provided which is designed to ensure that medium to long term packages of care are meeting assessed needs, are effectively targeted and that scarce resources are used to maximum effect.

Between April and June 2011 VICS and the Tailoring and Monitoring Service received 203 referrals of which 55 received a rehabilitation service and 67 were supported through the Tailoring and Monitoring Service. Of these referrals 39% were made through community referral routes, and the remaining 61% were hospital referrals. Management statistics show that 29 people (52%) receiving services regained or became independent and that support provided through the Tailoring and Monitoring Service decreased the number of domiciliary care hours provided in 10 (15%) cases. These figures represent only a snapshot of the work completed by the service.

Consistency and continuity of the care and support is of a particularly high standard and the service has robust and effective protocols in place for working across internal and external agency or professional boundaries. Inspectors found evidence within case files of good information sharing, the ability to react promptly in meeting challenging situations and examples of effective joint working between professionals from different agencies to meet need and share responsibility in overcoming difficult issues and challenges.

Case files for the VICS service examined by inspectors were not of a high standard and would not support data and information needs for future commissioning activity nor performance management. The following points highlight areas for improvement.

Documentation provided by the authority highlights that not all referrals to the VICS were being recorded; this needs to be addressed in order to ensure that both management and performance information fully reflects current activity levels.

Inspectors also found that management and performance information for both services as a whole were under developed. Future assessment of the services effectiveness will be dependent upon a strong evidence base. Current accurate data and information will also be critical if future commissioning strategies are to be robust and sustainable.

Case management systems within VICS need to be more effectively aligned with documentation used in mainstream adult services. For example the common use of a single care and service delivery plan should be considered.

Improvements in the recording of reviews are essential. Inspectors recognise that reviews with people in receipt of the VICS are constantly

dynamic and on-going but examples were evident where review forms had been signed as completed yet they were blank and contained no information or record of activity or improvement realised.

Skilled prevention, early intervention and re-ablement services are readily available, and there are no gaps in services, with good access based on assessed needs. In contributing to the Regulatory Inspection completed in March 2011 people using services commented: "Can't fault the service", "Very good", "Excellent carers", "Sensitive to my needs", "Carers were dead on time and left on time". Interviews conducted for this inspection provided further confirmation of the high regard in which services are held:

"They were always professional and caring."

"They have become good friends almost like part of my extended family."

"They are very flexible and they want to know what I think."

"I always know who is coming, I get a rota and if there is any change to this they 'phone me."

"I feel confident that they would listen to any queries I may have and respond positively."

"I no longer receive VICS but I wish my current agency was as good as they were."

The general consensus from the Service User Group was that Intermediate Care Services are very good and responsive, with few delays in the services being put in place. They put in a lot of practical support and equipment / minor adaptations, service users always know who is calling and when, there is usually a small team of people involved with one service user and what they provide "supports the carer enormously".

Communication between the service, care managers and other internal and external professionals are robust and regularly reviewed with gaps and/or improvements clearly identified and linked to action and development plans. Particular strengths highlighted by social workers, care managers and health professionals included:

A single point of entry with a single referral form that covers both elements of Intermediate care services;

Screening of referrals takes place by both health and social services speeding up assessment and intervention by the most relevant and appropriate agency;

Potential for recovery is paramount not access through eligibility criteria;

Therapists are involved quickly;

Feedback and updates on progress are good;

7 day service from 7am to 11pm;

Safe rapid discharge can take place when the service user is ready;

If known to social service already – CRS makes the best use of resources ensuring the best fit for patient whilst maintaining continuity of support;

People have become more independent through these practices.

Interviews with social workers and team managers highlighted that through VICS and the advent of integrated working, mainstream services had benefited significantly with the consequent benefits for services users. People cited joint training as a means of enabling the transfer of skills and insights, risk assessments were improving and contingency planning is emerging as a proactive positive tool and means of intervention. Managers also noted that there are early signs that the private sector agencies are realigning their approaches to capitalise on the opportunities presented through reablement and early intervention, which should aid commissioning in the future.

Interviews with managers of the VICS service highlights that further work to develop the service is both planned and underway. Steps are being taken to develop annual reporting based upon agreed performance indicators. Explicit service standards are in place but further development is taking place jointly with health and plans are in place to broaden and target the service to capture different age ranges and service user group needs.

The Vale Community Resource Service can demonstrate growing success, through quality, early intervention and reablement, in preventing inappropriate hospital admissions and also diminishing dependence upon the long term intervention of social care services. This is a significant achievement.

Annex A

SUMMARY OF HOW WELL THE VALE OF GLAMORGAN COUNCIL IS PERFORMING.

The Care and Social Services Inspectorate Wales, (CSSIW), assess how well a local authority is performing against published standards, their compliance with legislation and statutory guidance and indicators of best practice. During this inspection three areas or domains of practice were scrutinised and evaluated. Inspectors then 'rate' performance in these areas and identify what the Vale of Glamorgan Council is doing well and also make recommendations for improvement. The ratings used by the inspectorate are: '

Delivering high and sustained outcomes for citizens
Had significant strengths
Needing further development and
A priority for improvement.

Inspectors assigned the following ratings to each of the areas inspected in terms of how well Vale of Glamorgan Council is performing in Adult Services; services to older and disabled people:

Access to Services

We conclude that the Vale of Glamorgan's performance in this area had significant strengths.

Care management and review

We conclude that the Vale of Glamorgan's performance in this area had significant strengths.

Vale Community Resource Service

We conclude that the Vale of Glamorgan's performance in this area had significant strengths.

Annex B:

HOW WE INSPECT

The Care and Social Services Inspectorate Wales inspected the Vale of Glamorgan Council between September and October 2011. The inspection sought to evaluate the quality of the support provided to Older and Physically Disabled People and their Carers through council services and those services which the Council commissions and operates in partnership with other organisations. The inspection also explored with the council how well placed the Vale of Glamorgan Social Services is to sustain and improve its performance in delivering value for money services that meet the eligible needs of Older and Physically Disabled People and their Carers.

Before visiting Vale of Glamorgan Council the Inspection team reviewed a range of documentation and performance management information to understand how the Council was managing and delivering support for Older and Physically Disabled People and their Carers who needed assistance. Some emerging themes and issues were provided to the Head of Adult Service at the start of our inspection and these were tested and examined in further detail as the inspection progressed. This approach allows the authority to provide clarification and/or additional information to inform the inspection process.

A weeklong series of discussions were held with a range of people. Inspectors met with members of the council, social services managers and practitioners including policy staff, central support staff, social workers, occupational therapists, duty staff as well as representatives of external voluntary and private sector agencies and organisations and the health service. These were semi-structured discussions designed to focus upon key questions and the emerging themes identified through the examination of documentation and data. A forum of approximately fourteen users met with inspectors and described their experience of the support received through Vale of Glamorgan Council. During the inspection fourteen case files were scrutinised and examined. These files were selected at random from different locality teams and across both older and disabled people services.

Inspectors gathered evidence from all these activities and this was then evaluated to come to conclusions about how well Vale of Glamorgan Council was supporting Older and Physically Disabled People and their Carers and to identify any potential areas where it may need to improve.

The main findings of the inspection are set out in this report. Vale of Glamorgan Council, Chief Officers and Managers have had the opportunity to correct any factual errors and to comment on the wider report. The Care and Social Services Inspectorate Wales are committed to monitoring the Council's activities in progressing the inspectorate's recommendations.

This report is intended to be of interest to the general public, and in particular those who use services in Vale of Glamorgan Council. It will assist the council and other agencies in working together to improve the lives of Older and Physically Disabled People and their Carers through the provision of services to meet their assessed needs.