

## **SERVICE INSPECTION**

**SERVICE INSPECTION GROUP**  
**INSPECTION OF ADULT SOCIAL CARE**

**An Introduction For Councils**

**April 2009**

## Purpose

The purpose of this guide is to provide general information for councils about the inspection of Adult Social Care (IASC) introduced in 2009. IASC inspections are an integral part of wider performance assessment of councils. More detailed information is given to councils that we inspect.

## What is the assessment framework that we use for this inspection?

Service inspections of adult social care use the CQC Adult Social Care Outcomes Framework including domains relating to capacity for improvement.<sup>1</sup> Evidence is assembled and reported against outcomes and constituent performance characteristics for the areas selected for an individual inspection.

IASC inspections look at safeguarding and up to two outcomes drawn from the Adult Social Care Outcomes Framework. They are set out in the box below. The areas for an individual inspection will have been identified by the CQC Area Manager linked to the council and will have been selected on the basis of councils' individual circumstances. As Comprehensive Area Assessment develops, proposals for IASC inspections will be considered in the context of the wider performance assessment of the council.

<b>Focus Areas for IASC Inspections</b>
<b>All Inspections</b> People Are Safeguarded Leadership Commissioning and Use of Resources
<b>Outcome Areas</b> 1. Improved Health and Wellbeing 2. Improved Quality of Life 3. Making a Positive Contribution 4. Increased Choice and Control 5. Freedom from Discrimination and Harassment 6. Economic Wellbeing 7. Maintaining Personal Dignity and Respect

We inspect safeguarding across all adult groups in recognition of the particular importance of this area of performance and policy. In other areas, we look at one selected user group, identified with the Area Manager.

We make rated judgements on a council's performance for:

- safeguarding;
- each selected outcome in the table above;
- capacity (Leadership/Commissioning and Use of Resources), across the inspection areas as a whole.

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<sup>1</sup> [Performance assessment handbook](#)

## What will an IASC inspection look like?

Each IASC inspection involves a team of two Service Inspectors and an Expert by Experience.<sup>2</sup>

The team gathers evidence before 'fieldwork', which is what we call the on-site visit. This evidence shapes the team's activities during fieldwork, when inspectors meet a range of people using local services, frontline staff, managers, politicians and partner agency representatives.

The team then uses the information gathered to evaluate the council's performance, provide verbal and written feedback and produce a written report. The council has the opportunity to comment on the feedback and the report before it is finalised.

The report contains recommendations for improvement and the council is required to produce an action plan to meet these recommendations.

The inspection report and action plan are presented to elected members of the council in a public meeting. Progress on the action plan is monitored by the local CQC region and reviewed by them with the inspection team.

## What happens before fieldwork?

*We agree the exact focus of the inspection*

The lead inspector agrees the inspection focus with the CQC Area Manager, who links to the council. As part of the Annual Performance Assessment process Area Managers review the available evidence about the council and how well it is meeting the social care needs of local people. They consider whether there is a need for a service inspection and if so which outcome areas and which service group/s may be most appropriate. This is then agreed with the allocated lead service inspector. The Area Manager ensures that the lead service inspector has a thorough knowledge of the performance context and history of the council as well as any current external improvement initiatives.

*We notify the council*

We send the council confirmation of the dates for fieldwork in writing 12 weeks before the start of fieldwork. This is by a letter to the Director of Adult Social Services that includes:

- an explanation of the purpose and focus of the inspection
- the broad shape of the inspection and what the council needs to do
- how the findings will be reported
- how the inspection findings contribute to the council's overall performance assessment rating
- proposals for a 'set up' meeting between the council and the lead inspector
- request for the council to identify a contact officer who will act as the liaison officer with the inspection team.

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<sup>2</sup> Experts by Experience are people who have experienced the service area that is the focus of an inspection as a user but not in the council where the inspection is taking place

### *We agree the inspection arrangements*

The lead inspector provides the identified liaison officer with detailed guidance to support inspection planning. Key elements include:

- What pre-fieldwork information is needed when
- Agreeing the detail of the fieldwork programme, and who will be involved
- Planning the dates for feedback and other reporting.

### *We survey people using the service/s and 'case track' individuals*

The liaison officer provides details of 200 people who use services for the selected service area. This list is used to conduct a postal survey and to select cases for 'case tracking'. 'Case tracking' involves inspectors reading the case records of a selected number of people and visiting them to get their views of how their needs and wishes are met by the services they use..

The liaison officer also provides details of the most recent 100 completed safeguarding cases referred. From this list, we also select a number of cases for 'case tracking' and sample case records involving safeguarding across all major groups of people.

### *Self Assessment*

Councils are expected to submit a self-assessment. There is a format for this, to reflect the areas for inspection. It supplements the evidence already available to CQC as part of the council's Annual Performance Assessment.

### *We ask for selected documents*

We identify key documents we wish to see and ask the council to send these – or the nearest equivalent – to us. The council may also supply limited additional material it considers key to the areas being inspected.

### *We write to partner and provider organisations*

We write to a limited number of statutory and non-statutory organisations who have an interest in the area to be inspected and ask for their written views of the council's performance. We always write to the host organisation for the local LINKs (Local Involvement Network) and ask them to be involved in the inspection.

### *We make an initial assessment*

We make an initial assessment of local performance in the selected inspection areas. This is drawn from our reading and understanding of performance information, the council's self assessment, responses to our survey and letters to partner and provider agencies. We share this with the council several weeks before fieldwork at a meeting held for this purpose. We will identify areas where there is a particular shortage of consistent information. This is to help shape and refine areas of focus for inspection fieldwork.

## **What is Fieldwork?**

Fieldwork is a set of on site activities which helps inspectors make judgements about the quality of local services and commissioning arrangements. It will reflect the circumstances of the inspected council, how services are organised, the nature and range of local services and the specific needs of the area.

A minimum of 40% of total fieldwork time will be spent getting the direct views and experiences of people who use services and carers.

The mix of local fieldwork activity will include:

- focus groups for people who use services and their carers;
- case record reading;
- visits to people whose case records we have read ('case tracking')
- meetings with frontline staff;
- an advertised Open Public Forum at which anyone using local services, or caring for someone who does, can talk with the inspection team;
- meeting senior managers;
- meeting independent sector provider organisations;
- meeting independent advocacy agencies;
- meeting councillors;
- meeting other key organisations and staff who work with the council

### **How will we report what we find?**

Following fieldwork the team pull together all the evidence in a process known as 'collation'. During this time the evidence is checked and evaluated and provisional rated judgements are made. This is done against each outcome area and safeguarding, with inspectors considering performance against each performance characteristic.

Councils are given 'headline' feedback both in writing and in person within seven days of the completion of fieldwork. Councils can comment on this, but any further evidence they wish to submit must be provided immediately.

The council is sent a draft report within four weeks after fieldwork was completed. Reports contain:

- Key findings
- A separate rated judgement (score) for each individual outcome area and one capacity judgement (score) across all selected outcome areas
- Recommendations for improving outcomes for local people.

Reports aim to inform local people about the quality of services and help senior social care managers make improvements. Councils are expected to develop an action plan setting out how they will implement the report's recommendations. This needs to be agreed with CQC.

Councils have two weeks to respond to any issues of factual accuracy within reports. Inspection teams will consider responses of councils, and amend reports where this is justified.

Final reports are presented to elected members of the council in a public meeting. The report is then officially published. CQC will supply an agreed number of copies of the report to the council, so that people involved in the inspection and others who are interested can have their own copies. The council is expected to make the inspection report, and its response to it, known to local people. The report will also be placed on CQC's website, for anyone to read.

The Area Manager linked with the council monitors progress on the council's action plan and this will be a focus for a meeting with the council about six months after the reports' publication, which the lead inspector will attend.

Summary outcomes and related performance characteristics are set out in the following Annexe.

**SAFEGUARDING<sup>1</sup>**

People who use services and their carers are free from discrimination or harassment in their living environments and neighbourhoods.<sup>2</sup>

People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life.<sup>3</sup>

People who use services and their carers are free from discrimination or harassment when they use services. Social care contributes to the improvement of community safety.

People are safeguarded from abuse, neglect and self-harm.

People who use services and carers find that personal care respects their dignity, privacy and personal preferences.

People who use services and their carers are respected by social workers in their individual preferences in maintaining their own living space to acceptable standards.

**IMPROVED HEALTH AND WELLBEING**

People in the council area have good physical and mental health. Healthier and safer lifestyles help lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes.

People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support.

1.1 People are well informed and advised about physical and mental health and well-being. They take notice of campaigns that promote healthier and safer lifestyles. This is helping to lower the rates of preventable illness, accidents and some long-term conditions.

1.2 People who use services and carers go into hospital only when they need treatment. They are supported to recover through rehabilitation, intermediate care or support at home. This helps them to keep or regain their independence as far as possible.

1.3 People who use services in care homes or in their own homes have meals provided that are balanced, promote health, and meet their cultural and dietary needs. People who need support are helped to eat in a dignified way.

1.4 At the end of life, people who use services and their carers have their wishes respected and are treated with dignity.

**IMPROVED QUALITY OF LIFE**

People who use services and their carers enjoy the best possible quality of life. Support is given at an early stage, and helps people to stay independent. Families are supported so that children do not have to take on inappropriate caring roles. Carers are able to balance caring with a life of their own. People feel safe when they are supported at home, in care homes, and in the neighbourhood. They are able to have a social life and to use leisure, learning and other local services.

2.1 People who use services and carers get advice and support at an early stage. Support services take account of the needs of individuals, carers and families. This helps to prevent loss of independence and isolation, and maintains their quality of life.

2.2 People who use services and their carers are able to have a social life and to use mainstream local services. Local service providers, including transport, health care, leisure, shops and colleges, adapt services to make them easier to use.

2.3 People who have complex, intensive, or specialised support needs and their carers are supported. They have a choice in how and where they are supported.

<sup>2</sup> Taken from outcome 5 – Freedom from discrimination and harassment

<sup>3</sup> Taken from outcome 7 – Maintaining personal dignity and respect

### **MAKING A POSITIVE CONTRIBUTION**

People who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organisations are thriving and accessible. Organisations for people who use services and carers are well supported.

3.1	People who use services and their carers are supported to take part in community life.
3.2	Voluntary organisations contribute views and develop services that support people in all communities. They can show that people who use services and carers are involved in the work.
3.3	People who use services and carers contribute their experience and views about social care. Their experience and views help to shape service improvements.

### **INCREASED CHOICE AND CONTROL**

People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support.

4.1	All local people who need services and carers are helped to take control of their support. Advice and information helps them think through support options, risks, costs and funding.
4.2	People who use services and their carers are helped to assess their needs and plan personalised support.
4.3	People who use services and their carers benefit from a broad range of support services. These are able to meet most people's needs for independent living. Support services meet the needs of people from diverse communities and backgrounds.
4.4	People who use services and their carers can contact service providers when they need to. Complaints are well managed.

### **FREEDOM FROM DISCRIMINATION AND HARASSMENT**

People who use services and their carers have fair access to services. Their entitlements to health and care services are upheld. They are free from discrimination or harassment in their living environments and neighbourhoods.

5.1	People who use services and their carers have fair access to services. They can get advice about entitlements and options for support. Their entitlements (eligibility) for social care and continuing health care are upheld. The take-up of services is monitored and organisations supporting people who use services and carers have opportunities to discuss the results.
5.2	People who use services and their carers are free from discrimination or harassment when they use services. Social care contributes to the improvement of community safety.

### **ECONOMIC WELL-BEING**

People who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment.

6.1	People who use services and their carers are helped through readily available information and advice to manage income to meet support costs and to be financially secure.
6.2	People of working age who use services and their carers are assisted in preparing for, and finding employment.
6.3	Carers are able to continue in employment or return to work where they choose to do so.

### **MAINTAINING PERSONAL DIGNITY AND RESPECT**

People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life.

7.1	People who use services and their carers are safeguarded from abuse, neglect and self-harm.
7.2	People who use services and their carers find that personal care respects their dignity, privacy and personal preferences.
7.3	Social care workers respect the individual preferences of people who use services and their carers in maintaining their own living space to acceptable standards.



7.4	Family members and carers are supported and treated as experts and care partners.
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### **LEADERSHIP**

People from all communities are engaged in planning with councillors and senior managers. Councillors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce.

8.1	People from all communities engage with councillors and senior managers. Councillors and senior managers show that they have a clear vision for social care services.
8.2	People who use services and their carers are a part of the development of strategic planning through feedback about the services they use. Social care develops strategic planning with partners, focuses on priorities and is informed by analysis of population needs. Resource use is also planned strategically and delivers priorities over time.
8.3	The social care workforce has capacity, skills and commitment to deliver improved outcomes, and works successfully with key partners.
8.4	Performance management sets clear targets for delivering priorities. Progress is monitored systematically and accurately. Innovation and initiative are encouraged and risks are managed.

### **Domain 9: COMMISSIONING AND USE OF RESOURCES**

People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value.

9.1	9.1 The views of people who use services, carers, local people, partners and service providers are listened to by commissioners. These views influence commissioning for better outcomes for people.
9.2	9.2 Commissioners understand local needs for social care. They lead change, investing resources fairly to achieve local priorities and working with partners to shape the local economy. Services achieve good value.