Critical Friend Report for Gloucestershire County Council

Introduction

This has been a rapid review of Gloucestershire County Council's (GCC) approach to assessments and reviews with people and their carers and how practice is supported to ensure that it meets the needs of the community it serves.

This review was undertaken in the context of the Covid 19 pandemic, when adult social care teams were receiving high numbers of referrals and the health and social care system was under a lot of pressure and the wider social care workforce was experiencing high levels of sickness and vacancies, impacting on the availability of service provision nationally.

Within this context, I would like to express huge thanks to the people who have supported this review, particularly the Principal Social Worker for Adults, the Assistant Head of Adult Social Care Operations, and all the practitioners within Adult Social Care (ASC) and the Carers Hub. The workers I met within the focus groups were all extremely dedicated, passionate about strengths-based practice, and were a credit to your organisation.

The review was rapid and achieved within very tight timescales and so this report will signpost GCC to areas they may wish to focus in more depth on, as this has not been possible within the parameters of the scope.

Background

This independent review was requested by the Council's Chief Executive in response to the decision of the Ombudsman to uphold a serious complaint against Gloucestershire County Council's Adult Social Care directorate, regarding its' work with an individual and their carer spanning a two-year period up to January 2020.

It should be noted that over the past 2 years, Adult Social Care, has been rolling out a new strengths-based model of practice based on the 3 Conversations model, with this becoming business as usual in July 2021.

Aims and Objectives

The review focused on the following questions:

1. When undertaking an assessment, are practitioners gathering a full picture from a range of evidence, including medical evidence and opinion, to inform eligibility and a rich understanding of how the person's needs impact on their wellbeing?
2. During assessments and reviews are practitioners taking a 'Whole Family' approach including how the person's care and support needs impact on their wider family or others in their support network?
3. When a carer is identified, are practitioners offering Carers Assessments and taking their needs, outcomes, wishes and views into account during the cared for person's support planning as well as the impact that providing care has on the carer and their ability to achieve their outcomes?

Hannah Scaife, Principal Social Worker for Adults, South Gloucestershire Council

4. When undertaking reviews, are practitioners considering whether a person's care and support needs or circumstances have changed and whether a reassessment is required and carrying this out, if necessary, in a timely and proportionate way?

Whilst these questions are primarily focussed on the practice of frontline practitioners, the reviewer was also asked to identify the related practices and processes that are in place to support the practitioners and their practice including: hub working; huddles; supervision; manager's authorisation; practice audit; training; learning and development.

Methodology

- Feedback from people who have experienced assessments and reviews.
- Evidence appropriate oversight and legal literacy through:
    - discussion with staff who undertake Care Act assessments
    - discussion with staff who provide informal and formal Supervision to Social Workers and Adult Social Care Practitioners, including Hub Leads, Social Work and Social Care Leads
    - discussion with authorising, and auditing managers including Deputy Social Care Managers, Integrated Social Care Manager and Head of ASC Operations
    - provision of anonymised, authorised assessment and support planning paperwork
    - shadowing a case audit
- Evidence relevant training and CPD is in place to support the delivery of social work practice through:
    - Discussion with the Principal Social Worker, and Practice Development Team Manager
- Evidence partnership working between practitioners and external Carers Organisation through:
    - Discussion with Gloucestershire Carers Hub, Carers Champions and the Integrated Social Care Manager and Carers Lead

This was achieved through six focus groups with structured interview questions; following a 'journey' of an assessment by seeing a sample of anonymised assessments, support plans, carers assessments by People Plus (carers hub); feedback telephone interviews with structured questions specifically for the purpose of this review with the people whose plans had been provided or their carers; and shadowing a case file audit. A supervision tool and the assessment guidance were also provided.

Summary of Findings

Strengths

<u>'Make the Difference' has made a difference</u>

The strengths-based approach adopted by GCC (which was being called interchangeably 3 Conversations, 3 Tier and Make the Difference) has clearly had a big impact on the way that adult social care (ASC) is working. It is possible to see variation in how this has been embedded across the county, based on whether a team had been an innovation site, and the amount of time pre-Covid that the team had had to get to know its' patch and to practice having different conversations with people. This variation is also evident in the way that assessments and support plans are written and the extent to which the voice of the person is shining through, and the practitioner has used strengths-based language (please see Recommendation 1).

I heard some lovely examples of how practice has changed and the difference this has made to people's lives - for instance a worker described that two people who were boyfriend and girlfriend had never been supported to go on a date-night. Through finding out what was important to them, they were supported to go to a beauty salon to prepare for the date, and to book a restaurant. A real improvement in people's lives was described, the reward that this had for those working with them, and that for some people this meant that they didn't need to use formal services that may have previously been provided.

During the focus group the teams spoke really positively about the use of huddles, and these seem extremely well developed across the whole organisation, and are also being innovatively used for different purposes as described below:

- Case Huddles - where team discuss the people they are working with, receive challenge, suggestions, ideas about what's available within the community and ensuring the worker is exploring all options before Conversation 3.
- Wellbeing Huddles - this was described to me by the Cotswold Team and was a focus on staff wellbeing and resilience.
- Themed Practice Huddles - facilitated by Senior Social Workers, huddles take place based on practice themes such as Mental Capacity, CHC and Carers

The 'Know Your Patch' events were also highly appreciated within the focus groups, both by ASC staff and the Carers Hub. These all sound like really great information sharing and networking opportunities that I imagine will continue to flourish as society and services open up more and more.

Also, the 'Enablement service' was very highly valued; described succinctly by one participant as "with reablement you learn to do what you could do before. In the enablement service you learn something new". This team appeared to blend practical assessment skills with community connecting, teaching life skills, small one-off interventions, signposting and much more.

<u>Timeliness of response</u>

It is impressive that GCC reports that it has become much more responsive to people's requests for support, especially when seen within the context of the pandemic. I was

informed by a strategic leader that data across all the localities demonstrates that no team are operating a 'pending list' (waiting list), people are contacted on the same day of a referral and teams are able to 'stick like glue' to provide support when a person is in crisis.

Equally impressive was the Carers Hub, who reported that there is no wait for initial contact and that the average time from referral to completion of a Care Act compliant assessment is 17 days. They also operate no waiting list at all.

This responsiveness was also demonstrated and highly valued within the feedback of people with care and support needs and their carers:

"[my social care worker] was always on the end of an email for advice about anything, always responded when I needed her to." Carer 1

"…very responsive when we found ourselves in a crisis…She was quick to respond." Carer 2

"The social worker saw us quickly after we called the council and I think the prompt and good help we received shows that she really listened to us…" Carer 5.

Collaboration across Adult Social Care

There seemed to be lots of opportunities for workers to come together and share practice wisdom across the organisation at many different levels and this was seen as valued by the focus groups. For example, I heard about:

- Champions system- with different themes (Mental Capacity, Dementia, CHC, Carers, Autism etc) which started in 2018 in the Make the Difference innovation sites and has grown now across the organisation.
- Senior Social Work Group
- Monthly Legal Meetings
- Social Work CPD Group
- DSCM and ISCM Meetings
- Employee Voice Groups

There also seemed to be a strong organisational focus on recognising and valuing good practice which I saw in the following ways:

- Compliments discussed in huddles and team meetings and in some cases weekly team email. The Head of ASC Operations stated he sees all compliments and contacts each employee to personally thank them.
- Staff Annual Awards evening
- Make the Difference Champion postcards
- Stories of Difference
- Token of Appreciation cards (moved to email this year which was apparently less valued)
- Feedback during supervision and appraisals

- ‘What’s Happening in Adult Social Care’ Newsletter

When undertaking an assessment, are practitioners gathering a full picture from a range of evidence, including medical evidence and opinion, to inform eligibility and a rich understanding of how the person’s needs impact on their wellbeing?

The evidence from this review is that practitioners are gathering good information during their assessments and the practitioners, and their supervisors felt confident that workers do contact health and other professionals if there is a need for this to inform their assessments.

This was also evidenced within feedback:

Did the worker talk to people who are important in your life (such as your family, your doctor, other professionals that help you)?

“Yes, she did all that and Dr has been in touch with me as well” Carer 9

“Yes, she did ask out consent to talk to our GP… and to refer [wife’s name] to occupational therapy” Carer 6

“I would say yes; Funnily enough my GP rang me today as well to check everything was alright…it’s nice to know people check on you.” Carer 3

It seems that connections with other professionals maybe stronger in some teams than in others, for instance the Learning Disability service and Transition Team spoke about their links with the Community Learning Disability Team (CLDT) and the Cotswolds described strong links with their Community Nursing Teams, which wasn’t felt across all of the service where some teams spoke about this engagement being very dependent on individual worker relationships and that safeguarding really helped to get professional engagement. There may be opportunities for adult social care to think about how they develop these professional links, perhaps in huddles (please see Recommendation 2).

A view was expressed that the Assessment paperwork did not adequately capture a person’s health, emotional or psychological needs and how these impacted on their care and support needs. Workers did not express a concern that colleagues were not considering medical opinion or people’s health needs, rather that the paperwork did not prompt them to do so, or contain a section where this information should obviously be recorded (please see Recommendation 3)

Having read a sample of assessments, I have observed that the clear focus on strengths-based practice that was spoken about within the focus groups did not always translate into strengths-based recordings. I noticed heavy use of needs-led, deficit-based language, professional language and acronyms, and words I’d imagine were ‘banned’ during the innovation stages of implementing the new model, such as ‘respite’ (value laden that the cared for person is a burden). This wasn’t reflected in the language people were using when talking about their work, and so my assumption is that the form leads people to use these

terms because of its heavy reliance on the language of the Care Act. As an example, one support plan had a description of a domiciliary care service tasks as:

"1 carer, x45 minutes. Care worker to assist with: personal hygiene, shower, being appropriately clothed…"

I totally understand that this is accurate language in terms of the Care Act eligibility outcomes- but not many of us describe our morning routines in these ways, so when reading this it doesn't sound as though it is a plan that has been co-produced with the person who will be receiving the care. (Please see Recommendation 1)

During the focus groups I heard some lovely examples of how Make the Difference had enabled workers to get to know the people receiving an assessment much better than they previously had, and that this had led to workers also understanding their communication needs much better. This has led to using creative methods to communicate including picture boards, apps on iPads and this was also evidenced within the Case File audit that I observed. This seems to be a particular strength within the Learning Disability Team, and it would be great if this approach could be shared widely to enable all teams to develop skills and confidence around this (please see Recommendation 4).

During the review of the assessments and support plans, I also noticed a lack of recording that referenced whether a Mental Capacity Assessment had been completed and whether the subsequent assessment and support plan decisions had been made in the person's best interests. I would like to see more reference to this within the assessment: how the person's been supported to engage in the process and how their wishes and feelings have been considered and which support plan outcomes have been decided in the person's best interests. (Please see Recommendation 3)

The Support plan also doesn't have the person's Personal Budget recorded within it, which is a statutory requirement (please see Recommendation 3).

The assessment and support plan when read together, contain a lot of repetition of information and contain information which I imagine is important for the worker or managers but less meaningful for the person, their family, and the care provider. In most cases the contingency section in the support plans could be strengthened. Workers spoke to me about how much better the process is than the previous 'FACE' assessments, but there could potentially be further improvements that may make the paperwork more person-centred, intuitive, support professional defensible decision making and be more reader friendly. (Please see Recommendation 3)

The review found good oversight of practice through the process of huddle discussions, supervision, and management scrutiny in terms of ISCM Huddles to agree packages of care. Workers spoke about the Caseload Summary tool which is used quite differently across different teams. Some are using it as a weekly planning and update tool that both workers and managers find useful, others described it more as a contingency tool for if computer systems go down, and other teams only use it when workers go on leave. One team has

stopped using them altogether preferring to use the 'work tray' in LAS. Workers felt there were many options of places they could go to discuss their work including Senior Social Workers, the Champions and their Hub leads, DSCMs and ISCMs. Workers also valued the support of the Practice Development Team, who are now attending team huddles, and their practice guidance and training events were clearly valued by teams.

During assessments and reviews are practitioners taking a 'Whole Family' approach including how the person's care and support needs impact on their wider family or others in their support network?

The focus group members were able to describe a good understanding of what a whole family approach meant, and that this was taken into account during assessment conversations. Staff acknowledged the work of the Principal Social Worker in clarifying expectations around the whole family approach, with guidance that staff have found useful. Some really nice examples were provided where staff had been creative in providing care and support for the person at times that would also enable the carer or parent to also be able to spend time with other children within the family, and this was also witnessed in the case file audit where short breaks were provided at weekends so that the person's mum could spend time with their other young child when they were not at school.

Front-line workers did describe that sometimes it can be difficult working across teams, and the authorising managers spoke about some tensions that can occasionally come up when being asked to provide information by children's services, such as commenting on parenting ability, which they felt was not always an appropriate request. Again, there was a view that joint working can be good sometimes, but this can be dependent on individual workers. (Please see Recommendation 2).

A team who seemed to be achieving this particularly well was the Transitions Team, who seemed to have good relationships with children's services and other teams, through regular joint working.

When a carer is identified, are practitioners offering Carers Assessments and taking their needs, outcomes, wishes and views into account during the cared for person's support planning as well as the impact that providing care has on the carer and their ability to achieve their outcomes?

GCC are currently delegating the assessments of carers to Gloucestershire Adult Carers Hub (run by People Plus). The benefits of this approach appear to be that People Plus are providing a very responsive service (as stated above) and they are fully focused on the needs of the carer. Carers may well value that there is a service that is independent of GCC that they can seek support from. A Strategic Manager commented that this frees up GCC Adult Social Care capacity to be able to concentrate on the cared-for person. The representatives I met from the Carers Hub appeared to be passionate about supporting carers and they described a broad range of different support options that the hub can either provide or connect people to including:

- Carers Emergency Card Scheme

- They have a Health & Wellbeing Worker
- Counselling
- Training for carers
- Seated Samba
- Support groups
- Information sessions and more.

They also described that they could provide some services which provide carers with a break, which could be termed as replacement care, which are non-chargeable to the cared for person. These included:

- Day Centre
- Sitting Service
- Befriending

They use 4 providers, who were CQC registered and the replacement care service that can be provided is usually for up to 3 hours per week.

Because of the scope of the contract with People Plus there is a limit placed on what can be commissioned. There is a risk that this may lead to a service-led response that may mean that carers cannot meet all their eligible outcomes. If a key worker identifies that a carer may benefit from a Direct Payment, this is referred back to GCC to complete.

The Ombudsman has requested that the council "reminds staff to incorporate the findings of carers' assessments in care and support plans (for the cared for) in line with the Care Act." This is currently not being achieved because the completed Carers Assessments are not routinely shared with the assessing worker who is writing the cared for person's care and support plan. GCC workers are taking into account carers' views and referring them for carers assessments to the Carers Hub. They are also considering the sustainability of their caring role during support planning, and a lot of the care provided may also benefit the carer in terms of providing opportunities for them to take a break. This is evidenced through the feedback received:
"There was a thorough exploration with my dad about the help he needs to help my mum and also the help he needs just for himself." Daughter of Person 5.

This review would recommend that GCC review this process to improve the way that carers assessments and needs are integrated within care and support planning. This could be done with increased joint working, shared records, GCC staff undertaking Carers Assessments or Joint Assessments, or there may be other solutions. (Please see Recommendation 5)

GCC do not currently have a facility for completing Combined Assessments with a Cared for Person and their Carer, which is set out within the Care Act, Care and Support Statutory Guidance. (Please see Recommendation 6)

Following the Focus Group, it occurred to me that where the cared for person may not have capacity to decide about receiving the above services, it wasn't clear who would make the Mental Capacity Assessment (MCA) and best interest decision about providing this service.

The Carers Lead for GCC was able to inform me after the session that the Carers Hub should refer to GCC to complete the MCA. It is difficult to evidence this within the Carers Assessments and support plans that were provided. Within the scope and timescales of this review it was not possible to explore this in more depth but would be worthy of more follow-up. (Please see Recommendation 7).

Carers' feedback about their experience:

"[The social worker] was very professional, clearly knew her stuff; she listened and would make suggestions of how we could deal differently with things…she was brilliant, I feel so lucky to have had her… told me that if I joined Gloucestershire Carers Hub, I could be entitled to 3 hour sitting service a week- I didn't realise that. She left the information with me, and for me to contact them when I felt I was ready. I've done that now and it's been really helpful. [The Carers Hub Key worker] was really good at recognising I would need support to carry on caring...she thought of things that I hadn't; she was really good." Carer 1

"[the social care worker] talked to me about the Gloucestershire Carers Hub and how I could get support; I haven't been in touch with them yet, but I think I need to as I've not had a holiday for a few years now." Carer 3

There was good evidence of a robust quality assurance process in place in that all completed carers assessments are read by the Carers Lead ISCM, and she can raise concerns either with the GCC Teams or with the Carers Hub if and when they arise. The Carers Assessments I reviewed were detailed, well written and compliant with the Care Act requirements. The paperwork does not seem to marry with the 3 Conversations approach, but I can see the approach that the workers take is strengths-based from the focus group discussions.

When undertaking reviews, are practitioners considering whether a person's care and support needs or circumstances have changed and whether a reassessment is required and carrying this out if necessary, in a timely and proportionate way?

Within the focus groups, staff demonstrated a good understanding of the difference between a review and a reassessment and advised that this was regularly discussed and supported within huddles. There was a high level of practitioner confidence about this across all levels that I spoke to.

An issue was discussed in that because the computer system has been changed fairly recently to LAS, that this is making workers complete reassessments when they may have actually only needed to do a review, to ensure that information is transferred accurately onto the new system, but although potentially time consuming to staff, I cannot identify a risk to people with care and support needs in taking this approach because it's providing a higher than necessary level of service. LAS also reportedly provides a function to complete reviews that the previous database did not have, and this was seen as a real strength of the new system.

Most teams did speak about the impact of high levels of demand including the hospital discharge pressures on carrying out planned (annual) reviews which I believe is in keeping with the national picture, but teams described feeling confident about being able to respond in a timely and proportionate way to unplanned reviews and initial reviews which continue to be prioritised within the team's duty systems. Some teams spoke about the success of having some dedicated reviewing workers within the team, which has meant they are able to continue to complete planned reviews. Other teams also described that Covid 19 gave them an opportunity to think differently about reviews, and they have started to operate whole care home reviews, where one worker is assigned to a care home to reduce the number of visitors, and this has been beneficial.

In terms of training available in support of the Make the Difference approach, the independent training consultant in conjunction with the Practice Development Team have produced videos that are readily available for staff to view which help workers understand the principles, application and stages of the practice model including understanding the difference between review and reassessments, this also built into the Care Act Refresher training underway at the time of this review, with there also being a regular programme of sessions running throughout the year that workers can attend. With Practice Development team members now also joining team's "huddles", this further supports application of a strengths-based approach in practice.

How Teams are Supported

There appears to be a robust procedure in place for policies, procedures, and guidance- there is a policy writer employed within GCC, line managed by the Head of ASC Operations and relevant ASC policies are written, with review every two years, in conjunction with the Principal Social Worker and ASC Legal services before submission and authorisation by the Director. These are transparently recorded on the public-facing website.

There is an internal Staffnet (intranet) which also has an A-Z of practice guidance and there is a programme of review of these by the Principal Social Worker and Policy writer.

Adult Social Care reportedly has a very good induction pack provided by the Practice Development Team, which was spoken highly of, and an ASC Induction session also facilitated through the Practice Development Team. Staff did discuss the challenges of team induction during the pandemic with increased remote working and the impact this was having on staff. This has been mitigated through things like a staff buddy scheme.

The Practice Development Team have also led on supporting the social care teams with their wellbeing at work, and this is something that appears to have been valued by staff, as is the monthly ASC Newsletter "What's happening in Adult Social Care", which gives opportunity for teams to share good practice, good news stories as well as providing updates.

Supervision appears to occur regularly- nearly everyone I met said that they had supervision monthly, one person said every 6 weeks. As already mentioned, there is a lot of what could be seen as informal peer or group supervision through the huddles, lead groups, DSCM

groups, Senior Social Work Groups and ISCM groups. This structure within teams provides a strong degree of oversight and support with practice and decision making, and outside of the team structure through peer group meetings the opportunity for shared learning and support.

There is a 2-day supervision course which supervisors attend, focused on the integrated model of supervision (4x 4x 4).

The Principal Social Worker has completed a supervision audit which reported that staff were getting monthly supervision for 1 ½ hours minimum. It identified that there was a strong focus on caseload and not a strong focus on reflection, which was borne out in the focus group discussions. The current supervision tool is very weighted towards the management quadrant of supervision and makes no mention of employee wellbeing or strengths-based practice. In response the Principal Social Worker has revised the Supervision Policy and a new supervision tool is currently in the process of being approved. Staff also have access to the ASC Legal and Litigation team as the need arises, with additional monthly surgeries offered to discuss specific issues arising; this forum enables dissemination of learning across teams through its' regular representation from teams.

Currently some registered workers are being supervised by unregistered workers. Standard 5 of The Employers Standards for Social Workers states that employers should provide additional professional supervision by a registered social worker for practitioners whose line manager is not a social worker, and this is also detailed in the Supervision Policy. Currently this is not consistently in place. (Please see Recommendation 8).

Impact of working during Covid 19

As stated, before the pressure on people has been intense during the last nearly two years and this has impacted on people with care and support needs, their carers and the staff who support them. The Head of ASC commented,

> "Staff have been there through it all, working face-to-face, operational, still needing to go out where necessary. Teams are tired it's been hard. I'm really proud of them- still get lots of compliments, people going the extra mile and thinking outside the box. Really proud."

The Carers Hub described that they have only returned to face-to-face visits if needed during the last 3 months. Whilst nearly everyone that provided feedback was very positive, one carer commented,

> "The carers hub are useless - everything is online and that's no good to me. Once when I called to ask for help with shopping they called me back to tell me the local Co-op could deliver to me, but when I called the Co-op back, they told me they can only deliver within 3 miles of the town the Co-op is in." Carer 8.

As this review has shown, the Carers Hub provides a wide range of varied support to carers, and it is such a shame that trying to access support virtually in this way has not enabled this

carer to receive support that has met their needs. I shared this feedback because I thought it demonstrated the frustration that a carer feels when they do find a few minutes to reach out for help, and it is unsuccessful, particularly if they are someone who maybe digitally excluded.

A son of a carer also gave feedback (on the whole social care experience not specifically the Carers Hub) about remote assessments:

> "we should consider how we contact and support carers; no complaint to make just an observation. Interaction over the telephone is always sub-optimal - need to make allowances for the fact that carers are often ageing themselves, under a lot of stress, [she] provides a lot of care to her husband and dealing with professionals largely by phone relies on her recalling and retaining information, and she may not relay fully how the situation is affecting her as his carer- she is likely to downplay it and accept what she does as being 'normal'; her mind is often full dealing with several things at once. So contact by telephone isn't always helpful and relies too much on her giving you information, rather than you seeing it for yourself." Carer 2.

Workers described using a risk assessment before deciding whether a home visit is needed, and it is important that this remains a person-centred decision based upon whether it's possible to achieve the outcomes you need to (whether that's an assessment or a review) virtually. We know that virtual and telephone assessments are convenient for some people, but this feedback shows it is important that these decisions are person-centred, and that people are given different options about how to engage with staff.

Because of their different way of working the Learning Disability Service were able to make regular calls to the people they work with and their carers during the pandemic to monitor how they were coping and offer support to people if needed. This is because they get very few new referrals and have long-standing relationships with the people who use their service. Across the wider service, all teams were asked to contact anyone whose service may have been closed due to the pandemic to offer similar support and monitoring such as those attending lunch clubs, day centres, short break centres. I was very impressed with this approach, and it's focus on prevention.

Staff also described the Enablement Team becoming involved to support people who were at risk of becoming isolated when day services or memory cafés and so on had closed.

Role of Occupational Therapy

The focus groups discussed the positive influence that OTs have had, particularly in relation to Make the Difference. GCC seem to employ a relatively small number of OTs in comparison to other Local Authorities, and this maybe something that is worthy of review. There also don't appear to be any OTs within the Leadership of Adult Social Care (Social Care Lead upwards). (Please see Recommendation 9).

Feedback

Within adult social care there isn't currently a process in place to proactively seek feedback from people who have care and support needs and their carers, although there does seem to be a good process in place where workers receive unsolicited feedback and lovely acknowledgement of compliments within teams and shared within the ASC Newsletter.

This contrasts with the Carers Hub where seeking and acting on feedback seems to be a real strength and the Practice Development Team who explained they have a great system in place to seek feedback on Training, and other development activities they facilitate which helps them to adapt and learn. The Carers Hub reported that they complete 1-2 case studies each month and ask for carers comments as part of these to find out what impact the intervention had. They seek feedback through social media, bi-weekly emails, and post-contact feedback telephone calls.

I also asked how equality data is captured as part of feedback to ensure that adult social care is meeting the needs of its whole population, and currently this is not captured outside of the performance statistics gathered for national data. However, Gloucestershire County Council does have a Black Workers Network, Prism (LGBTQ+) and Dignity at Work officers in terms of a focus on equality diversity and inclusion for their workforce.

Developing a feedback system that also captures people's protected characteristics would be worthwhile so that the service can be responsive to the community it serves. (Please see Recommendation 10).

Conclusions

This review has highlighted some areas of really positive practice and I have met dedicated professionals both within GCC Adult Social Care and within the Carers Hub who described creative and strengths-based working and a passion for improving the lives of the people they worked with.

I was asked to consider the following questions:

1. When undertaking an assessment, are practitioners gathering a full picture from a range of evidence, including medical evidence and opinion, to inform eligibility and a rich understanding of how the person's needs impact on their wellbeing?
2. During assessments and reviews are practitioners taking a 'Whole Family' approach including how the person's care and support needs impact on their wider family or others in their support network?
3. When a carer is identified, are practitioners offering Carers Assessments and taking their needs, outcomes, wishes and views into account during the cared for person's support planning as well as the impact that providing care has on the carer and their ability to achieve their outcomes?
4. When undertaking reviews, are practitioners considering whether a person's care and support needs or circumstances have changed and whether a reassessment is required and carrying this out, if necessary, in a timely and proportionate way?

This has revealed that the tools that practitioners use could be further improved to enable workers to complete more holistic assessments that consider both the individual and their carer's needs. The Principal Social Worker has advised this work is already underway.

It has revealed that there has been much progress since the period the Ombudsman's findings relate to, in terms of a new strengths-based approach to social care, a more responsive service to people and their carers, and that staff are better supported through huddles and the other structures of support discussed.

There are of course areas of improvement, that could be identified if you went into any organisation, and it is a real credit to GCC that they have requested this independent review to enable them to continue their journey of improvement and adoption of strengths-based practice within adult social care.

Recommendations

1. Reviewing the use of strengths-based language and Plain English within assessments and care and support plans.
2. Developing stronger working links with other professionals across partner organisations including community health, mental health and children's services possibly through shared huddles.
3. Assessment and support plan paperwork tools are reviewed to ensure staff can include health and psychological needs, consideration of mental capacity and best interest decision making, that there is less repetition within the document and inclusion of the Personal Budget. It would be beneficial if this was done in a working group with an 'expert by experience' (person with care & support needs); practitioners and a provider so the different perspectives of people who see and use the paperwork can be sought.
4. Good practice is shared widely about using tools to support people to be able to communicate effectively.
5. Aligning the work of the assessments of cared for people and carers so that the findings of carers' assessments can be reflected in the care and support plans (for the cared for) in line with the Care Act.
6. GCC develop a process of Combined Assessments between carers and their cared for person in line with the Care Act Statutory Guidance.
7. Joint review to take place between GCC and the Carers Hub to ensure that processes are in place and being used to ensure that the consent of the cared for person is sought when providing services to them to enable their carer to have a break. Where the person's ability to make that decision is doubted that Mental Capacity Assessments are undertaken and the decision about providing these services is made in their best interests and documented accordingly.
8. That arrangements are made so that standard 5.8 of the Employers Standards for Social Workers can be met.
9. That GCC considers increasing the representation of Occupational Therapy within the Adult Social Care Service.

10. A feedback process is developed to understand the views of people in need of care and support and their carers about the service they have received from Adult Social Care. That equality data is collected with this feedback to ensure that take up, satisfaction and outcomes are analysed to ensure any inequalities can be identified and acted upon.