



Inspection report

Service inspection of adult social care: **Essex County Council**

Focus of inspection:

Safeguarding adults
Improving health and wellbeing for older people
Improved quality of life for older people

Date of inspection: March 2010

Date of publication: June 2010

About the Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care services in England. We also protect the interests of people whose rights are restricted under the Mental Health Act.

Whether services are provided by the NHS, local authorities, private companies or voluntary organisations, we make sure that people get better care. We do this by:

- Driving improvement across health and adult social care.
- Putting people first and championing their rights.
- Acting swiftly to remedy bad practice.
- Gathering and using knowledge and expertise, and working with others.

Inspection of adult social care

Essex County Council

March 2010

Service Inspection Team

Lead Inspector: Rob Assall

Team Inspector: Chrisandra Harris

Expert by Experience: Penny Wright
Supported by: Age Concern and Help the Aged

Project Assistant: Reena Sharma

This report is available to download from our website on www.cqc.org.uk

Please contact us if you would like a summary of this report in other formats or languages. Phone our helpline on 03000 616161 or Email: enquiries@cqc.org.uk

Acknowledgement

The inspectors would like to thank all the staff, service users, carers and everyone else who participated in the inspection.

© Care Quality Commission 2010

This publication may be reproduced in whole or in part in any format or medium for non-commercial purposes, provided that it is reproduced accurately and not used in a derogatory manner or in a misleading context. The source should be acknowledged, by showing the publication title and © Care Quality Commission 2010.

Contents

Introduction	3
Summary of how well Essex was performing	4
What Essex was doing well to support outcomes	5
Recommendations for improving outcomes in Essex	6
What Essex was doing well to ensure its capacity to improve	7
Recommendations for improving capacity in Essex	8
Context	9
Key findings:	10
Safeguarding adults	10
Improved health and wellbeing for older people	16
Improved quality of life for older people	20
Capacity to improve	24
Appendix A: Summary of recommendations (referenced)	31
Appendix B: Methodology	33

Introduction

An inspection team from the Care Quality Commission visited Essex County Council in March 2010 to find out how well the council was delivering social care.

To do this, the inspection team looked at how well Essex was:

- Safeguarding adults whose circumstances made them vulnerable;
- Delivering improved health and wellbeing for older people; and
- Delivering improved quality of life of older people.

Before visiting Essex, the inspection team reviewed a range of key documents supplied by the council and assessed other information about how the council was delivering and managing outcomes for people. This included, crucially, the council's own assessment of their overall performance. The team then refined the focus of the inspection to cover those areas where further evidence was required to ensure that there was a clear and accurate picture of how the council was performing. During their visit, the team met with people who used services and their carers, staff and managers from the council and representatives of other organisations.

This report is intended to be of interest to the general public, and in particular for people who use services in Essex. It will support the council and partner organisations in Essex in working together to improve people's lives and meet their needs.

Reading the report

The next few pages summarise our findings from the inspection. They set out what we found the council was doing well and areas for development where we make recommendations for improvements.

We then provide a page of general information about the council area under 'Context'.

The rest of the report describes our more detailed key findings looking at each area in turn. Each section starts with a shaded box in which we set out the national performance outcome which the council should aim to achieve. Below that and on succeeding pages are several 'performance characteristics'. These are set out in bold type and are the more detailed achievements the council should aim to meet. Under each of these we report our findings on how well the council was meeting them.

We set out detailed recommendations, again separately in Appendix A linking these for ease of reference to the numbered pages of the report which have prompted each recommendation. We finish by summarising our inspection activities in Appendix B.

Summary of how well Essex was performing

Supporting outcomes

The Care Quality Commission judges the performance of councils using the following four grades: 'performing poorly', 'performing adequately', 'performing well' and 'performing excellently'.

Safeguarding adults:

We concluded that Essex was performing excellently in safeguarding adults.

Improved health and wellbeing for older people:

We concluded that Essex was performing well in supporting the improved health and wellbeing for older people.

Improved quality of life for older people:

We concluded that Essex was performing excellently in supporting the improved quality of life for older people.

Capacity to improve

The Care Quality Commission rates a council's capacity to improve its performance using the following four grades: 'poor', 'uncertain', 'promising' and 'excellent'.

We concluded that the capacity to improve in Essex was excellent.

What Essex was doing well to support outcomes

Safeguarding adults

The council:

- Effectively engaged partner agencies to develop safeguarding adults practice.
- Had developed preventative community safety initiatives that promoted the safety of vulnerable adults in their homes.
- Ensured that robust recording systems were in place, management oversight was evident and staff were appropriately supported.
- Effectively used advocacy services and independent mental capacity advisors to empower vulnerable adults to make an informed choice.
- Provided good quality training to staff in the council and partner agencies.

Improved health and wellbeing for older people

The council:

- Worked proactively with partner agencies to promote the health and wellbeing of older people and their family carers.
- Had developed reablement services to maximise older people's independence and prevent them from entering hospital or residential care.
- Supported older people to have a range of choices and culturally appropriate food according to their needs.

Improved quality of life for older people

The council:

- Was working effectively with partner agencies to provide a wide range of preventative services to older people and their carers.
- Provided a range of advice and information to older people and their carers in accessible formats.
- Involved most older people in their assessments, which were holistic and person centred.
- Provided a good range of assistive technology to older people and their carers.
- Appropriately sign posted older people to a range of non care managed services without the need for a formal assessment.

Recommendations for improving outcomes in Essex

Safeguarding adults

The council should:

- Continue with information and publicity campaigns to ensure that all citizens are provided with accessible information to empower them to keep safe and raise a safeguarding adult's referral.
- Continue to develop advocacy services to meet the needs of all individuals and communities.
- Should continue to develop ways to receive feedback from people who have been subject to safeguarding enquiries.
- Ensure that partner agencies are communicated with regarding the outcomes of safeguarding adult's investigations.

Improved health and wellbeing for older people

The council should:

- Ensure that older people and their carers are provided with information and support when they are discharged from hospital.
- Continue to develop services and improve training for staff to support older people at the end of their life.
- Ensure that older people's carers are provided with health advice to support them in their caring role.

Improved quality of life for older people

The council should:

- Ensure that carers are offered a carers assessment and subsequent review of their needs.
- Ensure that all assessment and care planning processes consider older people's personal aspirations.
- Ensure that older people who receive domiciliary care are provided with support to meet their holistic needs.

What Essex was doing well to ensure their capacity to improve

Providing leadership

The council:

- Had an ambitious and clear vision to transform services for vulnerable adults, older people and their carers.
- Had strong and robust leadership from senior managers and politicians.
- Had made excellent progress in developing self directed support services.
- Effectively managed the Essex Safeguarding Adults Board underpinned by strong governance arrangements and a robust performance management framework.
- Gave high priority to the performance management and development of staff in the council.

Commissioning and use of resources

The council:

- Effectively used the Joint Strategic Needs Assessment (JSNA) to influence commissioning priorities.
- Worked effectively with partner agencies to encourage them to diversify their services to meet the personalisation agenda.
- Ring fenced finance to ensure improved outcomes for specific communities.
- Took robust action against providers of regulated care services rated poor.

Recommendations for improving capacity in Essex

Providing leadership

The council should:

- Ensure that the outcomes from various safeguarding adult's projects across the county are used effectively to influence future safeguarding adults practice.

Commissioning and use of resources

The council should:

- Continue to strengthen joint commissioning practice with health partners to secure improved outcomes for vulnerable adults, older people and their carers.
- Improve communication with third sector and independent sector and address their concerns raised regarding contracting processes.
- Ensure that all people who use services are provided with an opportunity to give feedback on the quality of services they receive.
- Engage older people who identify as lesbian, gay, bisexual and transgender to develop services to meet their needs.

Context

Essex is situated in the East of England and located to the North East of London. Essex County Council shares its functions with twelve district councils. It was a Conservative controlled council and arrangements were centred in a 'Cabinet and Leader' model. An overview and scrutiny function supports and challenges the work of the council and assists with driving up improvements across public services.

Essex is a large county which borders Southend, Thurrock, East London, Hertfordshire, Cambridgeshire and Suffolk. The county has urban, rural and coastal communities, ranging from densely populated areas such as Chelmsford, Basildon, Colchester and Harlow, to countryside and coastal villages. Health services in Essex are provided by five Primary Care Trusts (PCT's), five acute hospitals and two mental health trusts.

Essex is the second most heavily populated county in England with a population of nearly 1.4 million. It is expected that the population will increase over the next 20 years. The proportion of older people is predicted to grow significantly over the next ten years. The proportion of people from groups other than white British is approximately 9.7 percent, which is lower than the national average which is 15.8 percent. The largest communities other than White British in Essex are Asian, Asian British, Black, Black British and Chinese. Essex also has an established gypsy and travelling community.

In 2007 Essex was ranked 120th out of 150 councils in its indices of deprivation (first being the most deprived). Despite pockets of deprivation and health inequalities, citizens in Essex experience good health, above average earning and low unemployment, although skills and qualifications levels remain low in some parts of the county.

The council was judged by the Audit Commission to be performing adequately in 2009. The council achieved two out of four for their overall performance and three out of four for their use of resources. The Audit Commission acknowledged that the council delivers many quality services that meet local needs and manages its finances well. However, Children's Services were not performing adequately, particularly in the area of keeping children safe. In December 2009, adult social care services were judged by the Care Quality Commission to be performing well.

Services for older people were provided through the adults, health and community wellbeing directorate. This service was led by the deputy chief executive, who was also the executive director of adult social services. The deputy executive director led adult social care operational services including older people services, and this was one of six senior management posts in the directorate that reported to the deputy chief executive.

Key findings

Safeguarding

People who use services and their carers are free from discrimination or harassment in their living environments and neighbourhoods. 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.

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.

The council had robust and effective arrangements in place to ensure that people who used services and their carers were free from discrimination and harassment when they used services. The adults, health and community wellbeing directorate had strong relationships with partner agencies to develop the wider community safety agenda.

Information from the Home Office identified that crime levels in Essex had reduced by five percent in 2008/2009. It was anticipated that crime levels would reduce further year on year. The safety of citizens was firmly embedded in the council's corporate plan and local area agreement. In consultation with citizens the council's priorities were to reduce levels of domestic violence, tackle anti-social behaviour, increase citizen's feelings of safety, reduce assaults and reduce re-offending behaviour. Priorities were delivered by effective partnership working between the council, police and twelve county-wide Crime and Disorder Reduction Partnerships (CDRPs).

The needs of vulnerable adults were clearly reflected in the Joint Strategic Needs Assessment (JSNA). The Essex community safety agreement identified each agency's responsibilities and priorities.

There were a number of well established community safety initiatives that helped to reduce the risk of people being exploited and increased people's feelings of safety in their own homes and neighbourhoods. Proactive work had taken place to raise the profile of anti-bullying and harassment of adults with a learning disability. The learning disability 'People's Parliament' and learning disability partnership board identified that feeling safe was a priority for adults with a learning disability. This led to the creation of the project 'Achieving Choice and Control, Managing Risks for People with a Learning Disability in Essex'.

The project identified that: community learning disability teams required restructuring, it also established four community groups to promote the safety of people with a learning disability. The project commissioned two advocacy agencies to develop accessible information on keeping safe and implemented home office guidance on keeping safe. This information ensured that adults with a learning disability could

understand issues re safeguarding and the process to raise any concerns. The council had also developed library services and had trained staff to support adults with a learning disability to raise a safeguarding concern. This empowered adults with a learning disability to protect themselves and seek appropriate support.

Adults with a learning disability were also empowered to engage in educational sessions with student police officers to assist them in understanding their needs. The student police officers developed a greater understanding of the needs and issues that affect people with a learning disability. People with a learning disability reported that they would feel more confident to approach the police if they had any concerns. The council and police had produced an 'autism card'. This card enabled the person with autism to identify their needs, preventing the police from confusing autistic behaviour with any other form of behaviour.

In partnership with trading standards the council had developed a 'buy with confidence' scheme that enabled vulnerable adults to purchase services from Criminal Records Bureau (CRB)¹ checked traders. This scheme targeted trades where people may have been at risk of exploitation, including plumbers, electricians and aerial companies. The council gave high priority to preventing illegal cold calling, and had recovered £87,000 for citizens who had been exploited. The council had also taken legal action against a trader who deliberately targeted older people. Nineteen new no cold calling zones had been set up taking the total to 58. In Basildon twenty covert cameras had been fitted to the homes of older people to provide evidence of rogue traders.

The council had developed hate crime panels to ensure that all communities and individuals received appropriate levels of support. An example of proactive support was how the council had engaged effectively with people from gypsy and traveller communities and had been able to provide services and support quickly when necessary. A dedicated corporate council team had been set up to support these communities, support was also provided from teams located in the adults, health and community wellbeing directorate. Support included on-site information regarding fire safety, easy read information, mobile libraries, support accessing GP and council services and a visiting bus providing health check-ups. This support enabled social workers to break down barriers of communication and ensure that older people from gypsy and traveller communities had been supported with individual packages of support such as domiciliary care.

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

Safeguarding adults issues had a high priority in Essex. Most citizens who were subject to safeguarding adults enquiries received a prompt response and were effectively protected.

The Essex Safeguarding Adults Board (ESAB) was effectively managed by the council and had representation from key partner agencies. It had clear links to the

¹ Executive agency of the Home Office set-up to help organisations make safer recruitment decisions.

work of the safeguarding children board. The board received funding from the council, the police, NHS bodies and district and borough councils. Plans were in place to externally recruit an independent chair of the board. The independent chair would be able to offer a greater degree of oversight and challenge to the work of the ESAB. The board met frequently and governance arrangements were robust. Four local safeguarding boards and subgroups supported the work of the ESAB. A safeguarding management committee that had representatives from senior managers from a range of partner agencies, including the council, provided strategic direction to safeguarding adults work.

In 2007 the council created a dedicated Adults Safeguarding Unit (ASU). Staff in the council and partner agencies reported that the unit was very effective in providing advice and support. Staff in the ASU took a lead on managing complex safeguarding adult investigations, chairing strategy meetings, developing policy and delivering bespoke safeguarding adults training to a range of partner agencies. The ASU had identified that a higher number of safeguarding referrals regarding institutional abuse were received from North East Essex. In response to this concern the council developed a 'SAFE team' in North East Essex. This team provided support primarily to vulnerable adults who once lived in large institutions during the 1980's. The team was initially set up for a year and funding had been agreed for another year to continue until April 2011. The SAFE team was starting to provide support to other areas in Essex.

The council in Partnership with Southend council and Thurrock council had implemented a set of safeguarding procedures. The multi-agency Southend, Essex and Thurrock (SET) safeguarding adults procedures were robust and supported staff to undertake their job role effectively. The SET procedures had recently been reviewed and a staff reported that new processes assisted them to manage safeguarding work more effectively. For example, staff told us that the new processes clarified what steps and timescales needed to be achieved to safeguard adults more effectively. Some partner agencies told us that the council had failed to communicate the outcome of safeguarding investigations which made it difficult for them to support the vulnerable person subject to the safeguarding investigation. The council acknowledged this concern and had made improvements to the safeguarding process to ensure partner agencies were advised of the outcome. However, not all partner agencies were aware of this or were confident that they would receive notification of the outcome of the safeguarding investigation from the council.

A good range of Safeguarding adults training was provided by the council to council staff and staff in partner agencies. A safeguarding adults training strategy had been in place since 2008. Training equipped multi-agency staff with the knowledge and skills required to effectively protect vulnerable adults. Training was competency based to ensure that it was targeted to appropriate staff dependent on their specific job role and level of knowledge. The council's e-learning for basic safeguarding adult's awareness, Deprivation of Liberty safeguards and Mental Capacity Act

² MAPPA – Forum in place for agencies to manage the risks posed by dangerous offenders in the community.

³ MARAC – Forum in place to share multi-agency information with the aim to increase safety and support to vulnerable citizens including those at risk from domestic violence.

training was provided free to staff in partner agencies. Specific tailored training was provided to operational team managers and service managers to support them to effectively manage safeguarding practice and understand the process of the newly formed risk enablement panel and policy. Elected members were also provided with safeguarding adults training as part of their induction.

The council had robust quality assurance systems in place to ensure vulnerable adults were appropriately protected and offered appropriate support. We read a number of safeguarding files and found that management oversight was evident in most cases. We found good examples of how staff empowered and protected vulnerable adults and promoted their dignity. The quality of case recording was good. Further work was required to ensure that staff and managers recorded ad hoc decisions that were outside of the supervision process to ensure that it was clear how key decisions had been arrived at. One case we examined had not been dealt with in an appropriate timescale due to an administration error. Positively the council had developed systems to reduce the likelihood of an incident of this nature re-occurring. The council had developed a culture of integrating quality assurance processes into operational practice such as regular audits of safeguarding adult's case files.

The council had been very proactive in raising the profile of safeguarding adults and a wide range of information was available. Information was available via leaflets posters, a dedicated safeguarding adults website linked to the councils website, radio advertisements and information made available at arrange of public events. Information was available in a range of community languages and in easy-read. In June 2009 the council and partner agencies set up the innovative 'AskSal' helpline. The helpline was staffed to provide any citizen or partner agency with advice and support regarding a potential safeguarding matter. However, despite these positive developments some people we met told us that they were not aware of how to raise a safeguarding referral and that they had not seen any leaflets or posters. Some people in contact with adult social care services also reported staff members had not discussed with them what to do if they had a safeguarding adults concern.

Effective Multi Agency Public Protection Arrangements (MAPPA)² and the Multi Agency Risk Assessment Conference (MARAC)³ were in place to safeguard citizens.

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

The council had a robust set of arrangements in place that supported vulnerable adults' dignity, privacy and promoted personal preference. To improve outcomes for vulnerable adults and to raise awareness of dignity issues the council had implemented a dignity campaign which was supported by the older people's planning group. The campaign was highlighted in safeguarding adults training sessions, staff and citizen road shows and events, contracting and commissioning processes. Dignity cards, leaflets and promotional displays had been specifically designed to raise awareness and the chief executive of the council had promoted the dignity campaign in her weekly blog to staff.

There was clear guidance in place for staff managing and sharing confidential information across statutory partner agencies to promote the well-being of individuals. Public information was available on people's rights to privacy and confidentiality. All of the case files we read identified that people had been appropriately asked for permission to share their confidential information, and had signed a document to confirm this.

Advocacy services had been effectively used to enable vulnerable adults to have a say about what mattered to them. The council had invested a significant amount of resources into developing advocacy services and had commissioned an overarching countywide advocacy service. We found that a number of people had been supported appropriately by the use of an advocate. The council had made good progress in developing advocacy services, but further work was required to meet the needs of the diverse communities in Essex. Further work was also required to ensure that all social work staff clearly understood situations when advocacy should be provided. There was a strong focus on ensuring compliance with the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards. We were pleased to see that the council had proactively supported vulnerable adults by promoting the use of independent mental capacity advocates (IMCAs). The IMCAs had been used to empower vulnerable adults who required support to make an informed choice.

The council had developed mechanisms to gain the feedback from adults who had been the subject of a safeguarding enquiry or investigation. The council had recently introduced a service user feedback form to enable them to understand the experiences of people who had been subject to a safeguarding process. However, this practice needed to be embedded and used more systematically to enable the council to learn from these experiences and develop safeguarding services.

The council had developed a risk enablement board. The board enabled staff to manage serious risk issues identified through case management. The board was made up of representatives of senior management and legal and policy teams. It provided advice and oversight to staff and supported them in producing a comprehensive risk assessment and risk management plan. Guidance on 'Dignity and Respect' when sharing risk had been produced for staff to support them in managing complex situations and securing improved outcomes for vulnerable adults.

The council supported people who used self directed support services such as direct payment or personal budget by offering to pay for a criminal records bureau check on the person they recruited as a personal assistant.

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.

The council used regulatory information and CQC inspection reports to influence how they commissioned independent regulated care services. This practice promoted people having choice in the range and quality of services when selecting residential

and domiciliary care. During the inspection we heard about a person who required residential care funded by the council, and was supported to move back to their country of origin to live nearer family. This clearly respected the person's wishes and feelings and enabled them to communicate in their first language which was not English.

During the last year the council provided £2.3 million in quality awards to 130 care providers across Essex to improve the quality of life for residents. The additional payment funded a range of improvements such as developing outside spaces of residential care homes, providing specialist equipment and mini-buses.

The council had invested a significant amount of resource to enable vulnerable people to live in their own homes. Examples of support services provided included assistive technology, home improvement agency schemes, development of volunteering services, funding to Age Concern to support people with shopping and cleaning, fire safety checks and a sign posting service to home maintenance services.

Safeguarding adults disciplinary matters that involved council staff were effectively managed in a timely and robust manner.

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.

People are well informed and advised about physical and mental health and wellbeing. 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.

The majority of older people in Essex experienced good health compared with the national average. However, there was a significant gap in life expectancy for people in prosperous communities compared to older people from deprived areas or the gypsy and traveller communities. Tackling health inequalities was a key priority for the council and partner agencies. The council's commitment to reduce health inequalities was reflected in their key strategies such as the corporate plan Essex Works, the community and wellbeing and health inequality strategy and the local area agreement. In partnership with the director of public health and joint funded health inequalities team the council had adopted a one council approach across all directorates to combat health inequalities of older people.

The council provided a range of information that was specific to promoting the health and wellbeing of older people. The 'Be Smart Be Safe' booklet was targeted to older people and was distributed to over 150,000 older people. It contained useful information on healthy living, falls prevention, staying safe, benefits advice and the buy with confidence scheme. Satisfaction rates were high from older people regarding the quality of the booklet and the information it provided.

The council provided free health and fitness courses to older people. Older people took advantage of this, particularly those from deprived areas. For example, there had been an increase of 76 percent uptake of free swimming from older people from the Tendering area. 'Get back into' subsidised courses had been established to encourage older people to take up sports and physical activities. The 'ever active' website and brochures provided information on the range of activities available. The adult's community learning service provided over 90 courses on healthy eating and cooking and 275 courses in encouraging people to engage in healthier lifestyles. The reach out service targeted services to older people in deprived areas by engaging older people via door knocking and leafleting informing them about the range of health services available. Over 170 older people benefited from a range of support including health promotion advice and welfare benefits advice. The Re-vamp Vange project in Basildon provided a range of services such as health drop-in centres, health MOT's and debt advice.

The council and partner agencies had organised a range of health and wellbeing events to celebrate International Older People's Day. Events included reflexology,

exercise and keep fit and the provision of home safety advice. Building upon the positive feedback from older people from these events the council had recently held a 'Later Life Expo' in Colchester. There was a wide range of exhibitions including services provided by the third sector, advice and information regarding health promotion and wellbeing, gardening and cookery lessons and home safety advice. Essex radio ran a live show from the event which enabled older people across all areas of Essex to hear the messages and information about the range of services available. The council reported that they planned to hold more of these events in different locations to give as many older people as possible the opportunity to attend these events.

The council and PCT jointly funded five GP care advisors who worked across 21 surgeries in Essex. The purpose of this service was to enable citizens including older people to be supported to access social care services. The main areas of support included health promotion and wellbeing advice, benefits advice, and support accessing telecare and occupational therapy services. GP's had reported that they were pleased with the service which resulted in an increase in older people being referred to the council for preventative support.

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.

The council was developing partnership working with the five PCT's, five acute hospitals and neighbouring councils to develop care pathways to avoid admission to hospital and residential care for older people and their carers. We heard a mixed view from older people and their carers regarding their experience of being discharged from hospital. One family carer of an older person told us:

"The support provided by the social worker was outstanding when my aunt was discharged from hospital. The social worker worked late in the evening to ensure that she was found a suitable placement".

However, another older person who was a carer told us:

"When I was discharged from hospital I was not provided with any information or support, no one has ever been in touch".

Some partner agencies told us that they were concerned that some older people were discharged from hospital without support. We heard that on occasions older people had returned to their home without electricity on or food provided, they had been discharged without their care package being reinstated and one person had been discharged from hospital with no label on their medication.

The council had recently developed its county-wide reablement service which was being provided by the local authority trading company Essex Cares. The purpose of the reablement service was to provide short term intensive support to maximise a

person's independence. The service was provided free for a period of six weeks. During the last year there had been a 10 percent increase in the numbers of people using the service. This service was successful and 46 percent of people receiving this service regained their independence and did not require the support of any services following completion of the six week programme. A further 12 percent of people using the service were given a reduced package of care because of the progress that they had made. The council had agreed to provide additional resource to this service to build on the success already achieved.

The council and health partners had developed a number of integrated health and social care initiatives in different parts of Essex. In North East Essex progress had been made in partnership working between the council, PCT and acute trust to produce a hospital discharge policy and joint commissioning plans for older people. Plans were in place to develop further integrated community teams to deliver improved health outcomes for older people and their carers. In West Essex rapid assessment clinics had been developed at both St Margaret's hospital and Saffron Walden community hospital. More intermediate care services had also been developed in West Essex to prevent older people from entering hospital and to facilitate an early discharge from hospital.

In South East Essex a joint care of the elderly task group had been set up. Key partners included the council, acute hospital and the PCT, joint commissioning plans for health and social care of older people were being developed. Intermediate care and step down bed facilities had also been increased in South East Essex. In South West Essex the council and PCT had agreed to fund four additional extra care flats for older people. In Mid Essex the council was working closely with Broomfield hospital on developing services for older people when the new-build opens later in 2010. Plans were also in place to develop more integrated community teams and intermediate care services.

We visited the Crystal Centre in Mid Essex. The Crystal Centre had recently opened and was a state of the art facility for older adults with a range of mental health needs including dementia. We were pleased to see the range of services available including day care, in patient facilities and activities of daily living sessions to promote older people's independence. Staff worked in partnership with older people who used the service in terms of providing them with personalised support. Older people and their carers had also been involved in the design and development of the centre.

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.

The standard of meal provision and services was meeting the needs of older people. The council commissioned the WRVS to provide meals services to older people. There were also a number of other providers that provided meals services, including frozen meals. A range of meals were available to enable older people to have choice. Specific dietary needs were also catered for including the availability of meals to meet cultural and health needs such as diabetic meals of soft diet meals.

The council also provided advice and a range of equipment such as adapted plates and crockery to older people with disabilities to enable them to eat and drink in a dignified manner.

Case files we read showed that council staff were proactive in considering the dietary needs of older people when providing services. Older people were given the opportunity to inform staff of their preferences and were asked about any specific needs in relation to eating and drinking, such as related to their religious or health needs. The council's assessment tool prompted staff to ask relevant questions about meeting the dietary and fluid intake needs of older people. When appropriate older people were referred to their GP or dietician for support. One older person we met told us:

"My care worker supports me to go shopping and I have full choice in what I buy, my care worker makes whatever I want to eat when she visits me".

The standard of meals available in care homes that we visited were of good quality and were enjoyed by the people who used the service. The council's quality monitoring team had recently undertaken a survey of 747 older people who live in residential care regarding the quality of meals. Response to the survey revealed that the vast majority of older people were satisfied with the quality of meals provided.

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

Services were developing to support people to die in a place of their choice. The council was working proactively with key health partners. The council was continuing to work with all five PCT's on the development of end of life services, including contributing to the development of PCT strategies. To develop services and improve outcomes for people at the end of their life, each of the four localities had palliative and end of life groups. These groups had representatives from key organisations.

A range of end of life services had been developed in each of the localities such as the development of specialist domiciliary care services, GP facilitator who promoted practice using the gold standard framework, and development of out of hours services. Further multi-agency working was required to develop and enhance services across the county.

We found some examples of assessments where the end of life tool 'preferred priorities of care' had been used to support people at the end of their life to express their wishes and feelings. However, further work was required to ensure that this practice was consistent. Staff across the sector required more training and support to empower them to support people at the end of their life.

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.

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.

Providing effective information and advice was central to the council's prevention strategy and putting Essex people first programme. Initial contact with the council was made through their 'contact Essex and social care direct' service. If necessary the contact Essex team and social care direct service would refer the older person or their family carer to other agencies that could provide support. The Essex in touch service monitored the needs of older people who were referred on to non-care managed services. The council acknowledged that further work was required to ensure that all older people referred on to non-care managed services were contacted at a future point.

People who required a more in depth assessment were referred to the council's social care direct team. A range of services was provided from social care direct including advice and information, rapid referrals for equipment, referrals for meals and referrals to social care teams for further support if required.

We visited the contact Essex and social care direct service and found a busy team that was managed effectively. However, we came across some examples where people had to wait too long on the telephone before getting a response. We received mixed views from older people and their carers about their experiences of contacting the council. One older person told us:

"I have never had a problem contacting the council and I have always been given good advice".

However, another older person told us:

"It is difficult to get hold of the right person. There is no centralised support and I am often passed from pillar to post".

The council had other ways in which people could make contact with the council. Single points of access were available in Chelmsford and Colchester. The Essex Relatives and Residents Association provided advice and guidance to older people and their carers on issues relating to residential care. The council's web based information portal was an excellent resource in providing advice and easy access to

a range of services including health, housing, social care, transport, community safety and locally based services. However, the portal was difficult to find from the Essex website home page. The carers pack was an excellent resource that provided a wide range of information.

The council provided an extensive range of good quality information to older people and their family carers, informing them of the range of services available. Information was available in leaflets, posters, the local press and the council's website. The information was available in a range of accessible formats such as easy read and different community languages. Some older people and their family carers told us that they had not had access to this information. We contacted two GP surgeries and found that they did not have any information available to provide to carers and were not aware of the carers register.

Essex Residents and Relatives Association worked closely with the council to provide free information and support for people regarding residential care and provided feedback to the council from local citizens.

There was a good use of assistive technology that promoted the safety and well being of older people and their carers in their homes. Extensive marketing campaigns such as road shows and radio adverts had significantly raised awareness and uptake of this resource. Telecare was provided free to older people over 80 years for a year. The service was available to people who lived in private, rented or owner-occupied accommodation. Older people and carers could self refer for this service and did not require a formal assessment.

Staff in the council provided good support to older people and carers from black and minority ethnic communities. We were also told by staff of how they provided appropriate support to older people who identified as lesbian, gay, bisexual and transgender.

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, healthcare, leisure, shops and colleges, adapt services to make them easier to use.

The adults, health and community wellbeing directorate was working effectively with wider council departments and partner agencies to improve the identification and targeting of support to individual, communities and neighbourhoods. The council had made excellent progress in developing a range of mainstream and community based preventative services that secured improved outcomes for older people and their carers.

Mainstream services were made available to older people and their carers. Extra care housing facilities were available and plans were in place to develop more extra care housing in various locations in Essex. Support focussed on maximising older people's independence in their own homes whilst having the security of paid care staff on site to provide personalised support. Library services provided good support

to older people and their carers including those who were housebound. Over 400 volunteers delivered books and DVD's and provided information on services and resources. Books were available in a range of formats including audio and different languages. The service was also available to older people who lived in residential care and nursing homes.

The recently formed village agent project provided support to older people and their carers in rural locations in Essex. The role of the village agent was to become a 'trusted friend' of the community and provide citizens with a range of information and advice regarding services available. We heard that the village agents had supported a number of older people and carers to make referrals to services for personalised support.

The '50 not out' scheme provided support to younger older adults who were unemployed or at risk of unemployment. The service supported the older person to find employment and assisted them to gain the skills to find a job. Of the people who used the service, 91 percent fed back to the council that they were satisfied or very satisfied with the support that they received.

The council had made good progress on supporting older people and their family carers to maximise their income by providing advice on claiming for appropriate welfare benefits. All older people and their carers who were new to the service were offered a visit from specialist financial assessment and benefits advisors. The council had a dedicated welfare benefits service and provided a benefits helpline. The service also hosted 14 road shows throughout the county advising citizens about welfare benefits. Newsletters and targeted support to older people and their carers in deprived areas were also available. A number of the case files we read indicated that older people and their family carers had been advised about how to claim for benefits to maximise their income and enable them to have an improved quality of life.

The council recognised the importance of effective transport services to ensure older people stayed connected with their local communities. However, a number of older people, their carers and partner agencies told us that transport services were limited particularly for older people who lived in rural communities. The council provided concessionary passes to older people and people with disabilities who were eligible. The village agent's scheme also operated rural shopper busses that supported older people to go shopping using local amenities. The service was flexible in terms of pick up points and timings of the buses.

A range of services were available to family carers including carers assessments, access to information and health advice, respite care and an emergency carers planning service. Most carers told us that when they received a service from the council they were satisfied with the quality and range of support provided. However, some carers told us they had not been offered a carers assessment, and some who had been offered an assessment had not been offered a review of their needs. Some carers told us that they did not like having a telephone assessment of their needs. The council always offered carers a face to face assessment if they did not want a telephone assessment. The range and quality of information available to carers was impressive. However, some carers told us that they did not have access to this information.

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.

We found that most older people were involved in their assessment and review. Assessments were holistic, person centred and outcome focussed. The council was in the process of rolling out a new client IT recording system called OSCARS. This system promoted and facilitated improved person centred assessments especially for older people and their carers with complex needs. However, some of the case files we read did not show that the aspirations of older people had been met and care planning tended to focus on meeting basic care needs.

Direct payments and personal budgets were being effectively used to provide personalised support to older people and their carers. One carer told us:

“It was a boon to be able to pay for a sitting service which allowed me to go out and have some time for myself”.

We found that direct payments and personal budgets could be used flexibly by the older person or their carer to meet their holistic needs. They could be used to purchase a range of services or activities such as, gardening services, driving lessons, day trips and leisure and fitness activities. Some people using domiciliary care services told us that they experienced difficulties that impacted upon the quality of support provided. Concerns reported included carers not arriving, arriving late or not staying for the allocated amount of time. One older person told us:

“I am really pleased with the home care support I receive, the carers are very supportive. My only concern is that I regularly have to phone the office because they are late”.

The council had commissioned the Alheimers Society to provide a countywide preventative service to people with dementia who may not be in touch social care services. The service provided a befriender to the person or carer with dementia. The service enabled people to remain as independent as possible and also sign posted people on to other services if required. In partnership with the five PCT's the council jointly funded a range of dementia services and memory clinics across the county.

Capacity to improve

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.

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.

The council had a clear and purposeful vision to transform and improve services for vulnerable adults and older people and their carers. This was clearly detailed in the local area agreement and the 'Essex strategy' which aimed to enhance partnership working and empower local communities through effective engagement. We commend the progress the council and partner agencies have made to develop self directed support services. The council had developed an excellent range of tools to support staff to implement self directed support services.

The community wellbeing and older people partnership was chaired by the jointly funded director of public health and had membership from key stakeholders including older people, health partners and third sector providers. The partnership had responsibility for delivering a number of key strategies including community wellbeing strategy, the later life strategy and prevention strategy. The council had undertaken a large scale consultation with older people to ensure that these strategies met their needs and priorities.

The adults, health and community wellbeing directorate benefited from an effective and talented senior management team. Councillors were fully engaged and supported the work of the council. Scrutiny arrangements were effective and played an important role in supporting and challenging managers and ensuring that developments to transform services were kept on track. Front line staff and managers in the council and partner agencies were assessed as being effective and committed to making improvements for citizens.

The council had developed a number of mechanisms to ensure that citizens, council staff and partner agencies were involved in the development of services. In 2009 the council held an event that involved over 300 partner agencies to develop services for vulnerable adults and older people and their carers. The putting Essex people first programme of work to transform social care services was based on a shared vision from a range of stakeholders including citizens. The council had commissioned the Essex Coalition of Disabled People organisation to support them in developing a putting Essex people first concordat. The council told us that the concordat would develop and sustain a network of third sector and independent providers to support

the council to transform adult social care services.

The council had a range of tools in place to ensure that staff were effectively communicated with. Staff that we spoke to reported that senior managers were visible, very approachable and communicated effectively to them. They reported that senior managers were keen to understand about operational practice issues. Staff in the adults, health and community wellbeing directorate received a weekly update 'this week' and a bi-monthly bulletin 'touchstone' from the senior management team, as well as regular corporate newsletters. The newsletters provided information to staff and provided them with an opportunity to share their views and contribute to developing services. A safeguarding adult's newsletter was also produced, updating staff and partner agencies about policy and good practice.

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.

The JSNA and council's strategies and business plans for vulnerable adults, older people and their carers clearly identified how services needed to be developed to further improve outcomes. Effective user engagement was key to all strategic development and service improvement activity. The JSNA for Essex was developed in partnership with the 12 district councils in Essex, the five PCT's and the unitary authorities Southend and Thurrock. A steering group met regularly to ensure that the document remained 'live'. The JSNA was used in conjunction with the local area agreement to set targets to support vulnerable adults and to reduce health inequalities for older people and their carers.

The council's health inequality strategy ensured a 'one Essex' and 'one council' approach to reducing health inequalities. All senior managers and directorates in the council had cross-cutting objectives to reduce health inequalities for all citizens. The jointly funded director of public health provided leadership across the Essex partnership in tackling health inequalities

The council, five PCT's, Southend and Thurrock councils had agreed to develop commissioning opportunities to improve urgent care pathways. Key priorities for development included reablement services, assessment to avoid hospital admissions and end of life care services. The council engaged over 1,200 citizens in the development of the Essex Cares service which operated as a local authority trading company. Essex Cares provided a range of reablement and community inclusion services such as day services, employment and inclusion services and community equipment.

There was a strong corporate approach to promoting equality and diversity for citizens and staff in the council, which was embedded in day-to-day practice. The council had self assessed as level 3 in the equalities framework for local government. The council completed equality impact assessments of relevant service

areas and all processes that impacted and engaged with citizens. The equality impact assessments considered the needs of the diverse communities in Essex.

The social care workforce has capacity, skills and commitment to deliver improved outcomes, and works successfully with key partners.

The adults, health and community wellbeing directorate was developing a robust workforce strategy which linked to the requirements of the transformation agenda for adult social care and the councils overarching people's strategy. The council anticipated that by 2012 there would be a flatter management structure across council directorates and more work would be outsourced to partner agencies. The council's intention was to evolve as a commissioning organisation.

The council had been proactive in recruiting staff and developing recruitment processes. In partnership with jobcentre plus and skills for care a number of recruitment events were held showcasing the range of social care job opportunities to jobcentre plus customers. The council had recruited social work staff from overseas and provided the staff with a three week induction to equip them with the skills and knowledge to practice in Essex. The council also provided funding to domiciliary care providers to provide intensive induction training to staff who had never worked in the field of social care. The domiciliary care providers shared this learning with other colleague providers to ensure good practice could be shared. Following training and support people who used services were involved in all job interviews for potential council staff.

The council had a robust training plan in place that equipped staff in the council and partner agencies with the skills to undertake their specific job role. Both council staff and partner agency staff told us that the quality of training was of a high standard and further enhanced their development. The council gave high priority to developing its managers and career pathways for operational staff. In partnership with Cambridge university the council developed management leadership courses which enabled managers in the adults, health and community wellbeing directorate to develop their skills and future careers.

Each year the adults, health and community wellbeing directorate held a 'celebrating your achievements' event. This event celebrated the achievements and innovative work from council staff and staff in partner agencies. Awards were given to staff members and teams who had developed their practice and had improved outcomes for local citizens. Staff that we spoke to in the council and partner agencies reported that they valued the event.

Performance management sets clear targets for delivering priorities. Progress is monitored systematically and accurately. Innovation and initiative are encouraged and risks are managed.

Performance management systems were well established in the council and were clearly aligned to strategies such as the JSNA and local area agreement. The council had undertaken a review of performance management and as a result recruited a

corporate performance manager to implement the recommendations of the review. The council was developing practice to measure practice against the experience and outcomes for people who used services.

In the adults, health and community wellbeing directorate there was a clear structure for managing performance, activity and resource expenditure. This was overseen and managed by the senior management team. At operational levels managers were engaged in bi-weekly meetings involving performance and finance officers to support them in their role of managing performance and resources. The council also had a corporate risk register in place that enabled them to identify and mitigate against risk such as the flu pandemic.

High priority was given to the management and development of staff in the council. Staff in the council were effectively supervised and supported by their managers. Supervision arrangements were robust and supportive, they challenged and empowered staff to provide quality services to vulnerable adults, older people and their family carers. Staff told us that they valued supervision and that supervision sessions also focussed on promoting their personal development. The council had made progress in reducing staff sickness levels over the past year.

The ESAB was managed effectively and was underpinned by comprehensive governance arrangements and a robust performance management framework. Further work was required to monitor the outcomes from the various safeguarding adult's projects across the county which could then be used to further develop safeguarding adults practice.

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.

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.

The council was proactive in seeking the views of people who use services and partner agencies and was keen to use this information to further improve services. The council was keen to ensure that people who used services were involved in the development of services. A range of mechanisms were in place to ensure that views of people who used services improved outcomes for people and had an influence on commissioning practice.

The council frequently undertook surveys on the quality of services and used this information to develop the service further. Various service user forums and groups were in place to support the council with strategic planning. The older people's planning group was key in supporting council and partner agency staff to improve services for older people. They had been involved in mystery shopping exercises, developing day services, evaluating commissioned providers and co-designing the 'be smart be safe' handbook. The learning disability partnership board and people's parliament had been key in developing safeguarding practice and community safety initiatives. Despite these positive initiatives some people we met told us that they had not been asked to give feedback on the services they receive.

Senior council staff in the adults, health and community wellbeing directorate worked with the participation network forum to enhance the profile of social care with the local involvement networks (LINKs). It was acknowledged that the LINKs initial focus was on developing partnership working with health providers. LINKs staff now meet regularly with the adults, health and community wellbeing directorate senior management team and are represented on the community wellbeing and older people's partnership.

People who used services including older people and their carers were represented at senior management team meetings and at programme board meetings. They were also involved in the recruitment process of council staff. The experiences of people who use services were also included in the JSNA.

Further work was required to promote the needs of older people who identified as lesbian, gay, bisexual or transgender and engage them in the development of services.

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.

The JSNA was aligned to and supported the priorities of the local area agreement and the priorities that were identified in the council and health partner service and commissioning strategies. The council had developed effective partnership working relationships with health partners and acknowledged that further work was required to develop commissioning practice and more integrated services for older people and their carers.

The adults, health and community wellbeing directorate had developed an infrastructure to oversee commissioning practice. The commercial and commissioning board provided oversight to ensure that future demand was appropriately understood and that appropriate commissioning strategies were developed to meet this demand. The board considered the wider impact of personalised care services, self-directed support services and how to involve citizens in the development of services.

A dedicated strategic planning and commissioning team provided capacity and expertise in commissioning practice with third sector providers. The team had been successful in securing funding to develop housing developments including extra care housing facilities and five community wellbeing centres. The council also ring fenced funding to support specific community projects such as a Chinese community centre that supported older Chinese people and their carers.

A significant proportion of the council's budget was spent on preventative services for older people and their carers. The council provided funding to a wide range of third sector and independent sector providers to deliver services to older people and their carers. Some third sector and independent sector providers told us that the council did not communicate with them effectively. They also reported problems with contract compliance arrangements and receiving funding on time.

Effective contract compliance arrangements were in place for improving the standard of care provided by independent regulated care providers. The frequency of council monitoring visits to providers was dependent on the quality of service providers. This enabled the council to be more proportionate and poorer providers were monitored more frequently and closely. The council worked closely with the CQC regarding providers when there were concerns. Incidents of institutional abuse and poor standards of care were promptly and robustly addressed.

The council used information provided from CQC to enable them to assess the quality of care providers and to detect any themes of poor standards of care. Placements were not made in poor services and if necessary the council did not renew contracts with poor providers if there were significant concerns. The council provided a range of training to independent sector providers including tailored training packages when additional support was required. The council and CQC regularly met to share information on the quality of regulated care providers.

The council effectively managed its budget and costs were regularly reported on and

appropriately controlled. There was a clear focus on medium term financial planning and on securing improved value for money. Managers at all levels received appropriate support and training to assist them in managing their budgetary responsibilities.

The council and key partner agencies including health, the police and district councils all contributed to the work of the ESAB. This demonstrated that both the council and key partner agencies were committed to developing efficient and effective services for vulnerable adults.

Appendix A: summary of recommendations

Recommendations for improving performance in Essex

Safeguarding adults

The council and partners should:

1. Continue with information and publicity campaigns to ensure that all citizens are provided with accessible information to empower them to keep safe and raise a safeguarding adult's referral.
2. Continue to develop advocacy services to meet the needs of all individuals and communities.
3. Should continue to develop ways to receive feedback from people who have been subject to safeguarding enquiries.
4. Ensure that partner agencies are communicated with regarding the outcomes of safeguarding adult's investigations.

Improved health and wellbeing for older people

The council should:

5. Ensure that older people and their carers are provided with information and support when they are discharged from hospital.
6. Continue to develop services and improve training for staff to support older people at the end of their life.
7. Ensure that older people's carers are provided with health advice to support them in their caring role.

Improved quality of life for older people

The council should:

8. Ensure that carers are offered a carers assessment and subsequent review of their needs.
9. Ensure that all assessment and care planning processes consider older people's personal aspirations.
10. Ensure that older people who receive domiciliary care are provided with support to meet their holistic needs.

Providing leadership

The council should:

11. Ensure that the outcomes from various safeguarding adult's projects across the county are used effectively to influence future safeguarding adults practice.

Commissioning and use of resources

The council should:

12. Continue to strengthen joint commissioning practice with health partners to secure improved outcomes for vulnerable adults, older people and their carers.
13. Improve communication with third sector and independent sector and address their concerns raised regarding contracting processes.
14. Ensure that all people who use services are provided with an opportunity to give feedback on the quality of services they receive.
15. Engage older people who identify as lesbian, gay, bisexual and transgender to develop services to meet their needs.

Appendix B: Methodology

This inspection was one of a number service inspections carried out by the Care Quality Commission (CQC) in 2010.

The assessment framework for the inspection was the commission's outcomes framework for adult social care which is set out in full [on our website](#). The specific areas of the framework used in this inspection are set out in the Key Findings section of this report.

The inspection had an emphasis on improving outcomes for people. The views and experiences of adults who needed social care services and their carers were at the core of this inspection.

The inspection team consisted of two inspectors and an 'expert by experience'. The expert by experience is a member of the public who has had experience of using adult social care services.

We asked the council to provide an assessment of its performance on the areas we intended to inspect before the start of fieldwork. They also provided us with evidence not already sent to us as part of their annual performance assessment.

We reviewed this evidence with evidence from partner agencies, our postal survey of people who used services and elsewhere. We then drew provisional conclusions from this early evidence and fed these back to the council.

We advertised the inspection and asked the local LINKs (Local Involvement Network) to help publicise the inspection among people who used services.

We spent six days in Essex when we met with eight people whose case records we had read and inspected a further eight case records. We also met with approximately 70 people who used services and carers in groups and in an open public forum we held. We sent questionnaires to 150 people who used services and 40 were returned.

We also met with

- Social care fieldworkers
- Senior managers in the council, other statutory agencies and the third sector
- Independent advocacy agencies and providers of social care services
- Organisations which represent people who use services and/or carers
- Councillors.

This report has been published after the council had the opportunity to correct any matters of factual accuracy and to comment on the rated inspection judgements.

Essex will now plan to improve services based on this report and its recommendations.

If you would like any further information about our methodology then please visit the [general service inspection page](#) on our website.

If you would like to see how we have inspected other councils then please visit the [service inspection reports](#) section of our website.