

Governance, management and sustainability

Score: 3

3 - Evidence shows a good standard

The local authority commitment

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

Governance, accountability and risk management

The local authority's governance arrangement for delivery of Care Act duties evidenced a clear structure of responsibility. There was also an internal governance framework which provided a mechanism for senior management as well as those at operational level, to have a clear understanding and oversight of each other's expectations, objectives, performance, risks and reporting requirements.

To sustain quality across practice and minimise risk to delivery of Care Act outcomes the local authority had a robust quality assurance process in place. This included internal service areas as well as contracted services. For example, the external OT provider had requests for equipment authorised at every stage. Internal quality assurance process had been measured using the ADASS tool, where 27 cases were selected each month to ensure quality of practice. Local authority leaders provided assurance that themes and trends that had been identified following the audit evaluations were used to improve practice.

Local authority leaders told us they had identified a gap in delivery of the OT service both strategically and operationally. The local authority was able to identify the impact on quality and sustainability of the OT service and to minimise risk to delivery. In May 2024 they appointed a Principal Occupational Therapist.

There was a stable adult social care leadership team with clear roles, responsibilities and accountabilities. The Director of Adult Social Care (DASS) also acted as the Deputy Chief Executive and Bi-Borough Executive Director of Adult Social Care and Health. Senior leaders talked positively about the workforce and the developments made in improving experiences for staff.

Frontline teams across the service spoke highly about the leadership and found them approachable and supportive. Staff felt they were trusted to make decisions and told us they did not feel there was a sense of hierarchy within the local authority. The senior leadership team created a working culture based on trust and autonomy and this was evidenced in the small number of panels for decision making. In our conversations with teams, it was evident the leaders were visible, capable and compassionate.

Frontline teams described the management teams as accessible and provided examples where managers had resolved concerns out of hours to put emergency support in place for people. They felt it was an open-door policy and felt heard. They spoke positively about monthly supervisions with managers and the support for both work and personal concerns.

Frontline teams felt leaders listened to their concerns and acted upon them. They provided an example of the creation of the Direct Payments team. This was following feedback from staff that this was an area of difficulty. This approach demonstrated that senior leaders listened to their workforce and made improvements that had a positive impact on peoples care and support experiences and outcomes.

Senior leaders told us they worked closely as a leadership team and there was a strong supportive culture to drive best practice and a passion to support the wellbeing of the workforce. Staff we spoke with also told us they had achieved a good work life balance working for the local authority. This was reflected in the workforce turnover rates for 2023/24, which was 5.3%, significantly lower than the London rate of 13%. Reliance on agency staff remains low at 8% compared to the London average of 13%.

We received positive feedback from partners about the leadership team. An example shared was around the leadership's guidance and support in building opportunities to recruit social work students. Another partner shared the local people knew the leadership by their names as they personally visited the homes. The Local Account Group also talked highly about the leadership presence and support provided.

Lead members described positive relationships with the local authority leadership team and felt strongly they could influence adult social care. Lead members noted there had been a good response to case work, through the use of a spreadsheet to monitor outstanding actions. Adult social care held a spreadsheet which tracked members casework and response time which they reviewed regularly. There was evidence the local authority political and executive leaders were well informed about the potential risks facing adult social care as lead members met with the senior leadership team regularly to review targets, priorities, and projections for the following year. A lead member we spoke to described the senior leadership team as committed, hardworking, passionate, and approachable.

The local authority had clear departmental risk registers which considered decisions across the wider council. The Senior management team agreed which risks to report on the Corporate Risk Register in discussion with the Executive Leadership Team and the Corporate Performance Team.

Local authority leaders told us they were keen on exploring the reasons why people had turned down support from adult social care. The Quality Assurance team had a process of calling people after a few months to see if they had changed their minds. Varying reasons were ascertained as part of this feedback process. Some of the feedback included lack of trust and other people were signposted to partner organisations as an alternative, for example when people required low level shopping services. This showed the local authority's proactive approach to strength-based practice and utilising community assets, identifying gaps for improvements, and understanding and removing barriers to accessing care and support.

The Principal Social Worker and Strategic Lead for Workforce and Service Development worked closely together to deliver workforce concerns and training needs. The Principal Social Worker worked closely with the senior leadership team and was able to influence practice towards improving outcomes for staff, people and unpaid carers.

Strategic planning

The local authority used information about risks, performance, inequalities and outcomes to inform its strategies for Adults Social Care and Health. The local authority focused on person-centred and strength-based approaches to work with people and unpaid carers to access the right care and support at the right time. The plan set out priorities on co-production, promoting independence and wellbeing and looking at innovative digital solutions to meet needs.

Adult Social Care and Health's objectives, directorate vision and Care Act duties were clearly reflected in the Council's corporate Fairer Westminster vision and strategy. Health partners felt there was a strong relationship between adult social care and public health. They provided an example of how well-situated public health was within adult social care with the Director of Public Health deputising for the DASS.

In May 2022, when Westminster became a Labour-led council, partners shared the change in political leadership had allowed stronger relationships and co-production between the local authority and the VCS. The local authority had recognised the power of empowerment and was open to listen to people and community groups. The most recent Health and Wellbeing Strategy and Carers Strategy were strong examples of consultation with the community.

The Overview and Scrutiny Committee had confidence in the scrutiny role and its relationship to the DASS. There was good cross-party working in the Committee, and they were able to scrutinise and challenge the local authorities work and its plans and strategies. The Committee was provided with briefings and information from the officers on key topics, so they understood the issues and knew that they were asking the right questions to give appropriate and relevant challenge. Partners told us the local authority had a strong political commitment to safeguarding and that council members scrutinised the Safeguarding Adults Board Annual Report each year.

To deliver the actions needed to improve care and support outcomes for people and local communities, the local authority held meetings monthly with partners, Health and Voluntary Sector Organisations. This was an opportunity for partners to report on staffing levels, occupancy and capacity, safeguarding referrals, accidents and incidents and any relevant issues.

Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records, and data management systems. The local authority had information sharing protocols with people who used the services and partner agencies. The privacy notices had been regularly updated and signed off by the Data Protection Officer and Caldicott Guardian. A Caldicott Guardian is the senior person responsible for protecting the confidentiality of people's health and care information. Staff used secure systems to share information with relevant partners where required.

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