

## Rutland County Council

Catmose, Oakham, Rutland, LE15 6HP

Telephone 01572 722577 Email [governance@rutland.gov.uk](mailto:governance@rutland.gov.uk)

Ladies and Gentlemen,

A meeting of the **STRATEGIC OVERVIEW AND SCRUTINY COMMITTEE** will be held in the Council Chamber, Catmose, Oakham, Rutland LE15 6HP on **Thursday, 20th April, 2023** commencing at **7.00 pm** when it is hoped you will be able to attend.

Yours faithfully

Mark Andrews  
**Chief Executive**

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Although social distancing requirements have been lifted there is still limited available seating for members of the public. If you would like to reserve a seat, please contact the Governance Team at [governance@rutland.gov.uk](mailto:governance@rutland.gov.uk). The meeting will also be available for listening live on Zoom using the following link: <https://us06web.zoom.us/j/85918039419>

### **A G E N D A**

**1) WELCOME AND APOLOGIES RECEIVED**

**2) RECORD OF MEETING**

To confirm the record of the meeting of the Strategic Overview and Scrutiny Committee held on the 23<sup>rd</sup> March 2023.  
(Pages 5 - 16)

**3) ACTIONS ARISING**

There were no actions from the previous meeting.

**4) DECLARATIONS OF INTEREST**

In accordance with the Regulations, Members are invited to declare any personal or prejudicial interests they may have and the nature of those interests in respect of items on this Agenda and/or indicate if Section 106 of the Local Government Finance Act 1992 applies to them.

**5) PETITIONS, DEPUTATIONS AND QUESTIONS**

To receive any petitions, deputations and questions received from Members of the Public in accordance with the provisions of [Procedure Rules 25 and 159](#).

The total time allowed for this item shall be 30 minutes. Petitions, declarations and questions shall be dealt with in the order in which they are received. Questions may also be submitted at short notice by giving a written copy to the Committee Administrator 15 minutes before the start of the meeting.

The total time allowed for questions at short notice is 15 minutes out of the total time of 30 minutes. Any petitions, deputations and questions that have been submitted with prior formal notice will take precedence over questions submitted at short notice. Any questions that are not considered within the time limit shall receive a written response after the meeting and be the subject of a report to the next meeting.

**6) QUESTIONS WITH NOTICE FROM MEMBERS**

To consider any questions with notice from Members received in accordance with the provisions of [Procedure Rule No 161 and 162](#).

**7) NOTICES OF MOTION FROM MEMBERS**

To consider any Notices of Motion from Members submitted in accordance with the provisions of [Procedure Rule No 163](#).

**8) CONSIDERATION OF ANY MATTER REFERRED TO THE COMMITTEE IN RELATION TO THE CALL-IN OF A DECISION**

To consider any matter referred to the Committee for a decision in relation to call in of a decision in accordance with [Procedure Rule 149](#).

**9) MINERALS AUTHORITY CONTRACT: UPDATE REPORT**

To receive Report No. 66/2023 from Councillor R Powell, Deputy Leader and Portfolio Holder for Planning, Highways and Transport and Penny Sharp, Strategic Director of Places.  
(Pages 17 - 28)

**10) CQC INSPECTION FRAMEWORK**

To receive a verbal update from Kelly McAleese, Adult Social Care Principal Social Worker and Quality Lead.

**11) MICARE CQC INSPECTION: OUTCOME**

To receive a verbal briefing from Emma Jane Hollands, Head of Community Care Services.  
(Pages 29 - 52)

**12) GROUP AND PANEL UPDATES**

A. ECONOMIC STRATEGY TASK AND FINISH GROUP

To receive an update from Councillor A Brown

**13) REVIEW OF THE FORWARD PLAN AND THE DRAFT ANNUAL WORK PLAN FOR 2023-2024**

To consider the current Forward Plan and identify any relevant items for inclusion in the Strategic Overview and Scrutiny Committee's DRAFT Annual Work Plan for 2023-2024 or to request further information.

The Forward Plan is available on the website at:

<https://rutlandcounty.moderngov.co.uk/mgListPlans.aspx?RPIId=133&RD=0>

(Pages 53 - 56)

**14) ANY URGENT BUSINESS**

To receive any items of urgent business, which have been previously notified to the person presiding.

**15) DATE OF NEXT MEETING**

Thursday, 15<sup>th</sup> June 2022 at 7 pm (TBC)

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**TO: ELECTED MEMBERS OF THE STRATEGIC OVERVIEW AND SCRUTINY COMMITTEE**

Name	
1.	Councillor G Waller (Chair)
2.	Councillor P Ainsley
3.	Councillor E Baines
4.	Councillor N Begy (Vice Chair)
5.	Councillor K Bool
6.	Councillor A Brown
7.	Councillor S Lambert
8.	Councillor L Toseland
9.	Councillor R Wilson

**STATUTORY CO-OPTED MEMBERS – EDUCATION REPRESENTATIVE:**

<b>Name</b>		<b>Title</b>
10.	Peter French	Diocesan Deputy Director of Education, Dioceses of Peterborough
11.	Andreas Menzies	Roman Catholic Diocese
12.	Sian Armstrong	Parent Governor
13.	Sarah Stickland	Parent Governor

**PORTFOLIO HOLDER:**

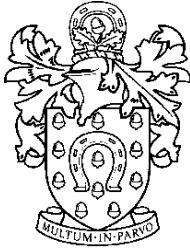
<b>Name</b>		<b>Title</b>
14.	Councillor L Stephenson	Leader and Portfolio Holder for Policy, Strategy, Partnerships and Economy
15.	Councillor R Powell	Deputy Leader and Portfolio Holder for Planning, Highways and Transport
16.	Councillor S Harvey	Portfolio Holder for Health, Wellbeing and Adult Care
17.	Councillor K Payne	Portfolio Holder for Finance, Governance and Performance, Change and Transformation
18.	Councillor D Wilby	Portfolio Holder for Education and Children's Services

**OFFICERS:**

<b>Name</b>		<b>Title</b>
19.	Mark Andrews	Chief Executive
20.	Angela Wakefield	Strategic Director of Law and Governance
21.	Dawn Godfrey	Strategic Director of Children and Families
22.	Kim Sorsky	Strategic Director of Adults and Health
23.	Kirsty Nutton	Strategic Director of Resources S151 Officer
24.	Penny Sharp	Strategic Director of Places
25.	Jane Narey (Clerk)	Scrutiny Officer

**FOR INFORMATION:**

<b>Name</b>		<b>Title</b>
26.	Angela Hillery	Chief Executive, Leicestershire Partnership NHS Trust
27.	Peter Cantley	Diocesan Director of Education, Diocese of Peterborough



# Rutland County Council

Catmose Oakham Rutland LE15 6HP

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Minutes of the **MEETING of the STRATEGIC OVERVIEW AND SCRUTINY COMMITTEE** held in the Council Chamber, Catmose, Oakham, Rutland, LE15 6HP on Thursday, 23rd March, 2023 at 7.00 pm.

**PRESENT** Councillor A Brown (Acting Chair)  
Councillor P Ainsley  
Councillor R Wilson  
Councillor G Brown (representing Councillor N Begy)  
Councillor P Browne (representing Councillor S Lambert)  
Councillor R Payne (representing Councillor G Waller)

**APOLOGIES** Councillor G Waller (Chair)  
Councillor E Baines  
Councillor N Begy (Vice Chair)  
Councillor K Bool  
Councillor S Lambert  
Councillor L Toseland

## **STATUTORY CO-OPTED MEMBERS – EDUCATION REPRESENTATIVES**

### **PRESENT**

Andreas Menzies Roman Catholic Diocese

### **PORTFOLIO HOLDERS PRESENT**

Councillor L Stephenson Leader and Portfolio Holder for Policy, Strategy, Partnerships and Economy  
Councillor R Powell Deputy Leader and Portfolio Holder for Planning, Highways and Transport  
Councillor S Harvey Portfolio Holder for Health, Wellbeing and Adult Care  
Councillor D Wilby Portfolio Holder for Education and Children's Services

### **OFFICERS PRESENT**

Mark Andrews Chief Executive  
Angela Wakefield Strategic Director of Law and Governance  
Dawn Godfrey Strategic Director of Children and Families  
Kirsty Nutton Strategic Director Resources S151 Officer  
Penny Sharp Strategic Director of Places  
Jane Narey (Clerk) Scrutiny Officer

## **1 WELCOME AND APOLOGIES RECEIVED**

Angela Wakefield, Strategic Director of Law and Governance welcomed members to the meeting and informed them that apologies had been received from the Chair

(Councillor Gale Waller) and the Vice Chair (Councillor Nick Begy). The Committee would therefore be required to vote for an Acting Chair as per Procedure Rule 155.

It was moved by Councillor P Ainsley and seconded by Councillor G Brown that Councillor A Brown should be nominated as the Acting Chair for the meeting. Upon being put to the vote, with 5 votes in favour and 1 abstention, the motion was carried.

## **RESOLVED**

- a) That Councillor A Brown was approved as the Acting Chair for the meeting of the Strategic Overview and Scrutiny Committee held on the 23 March 2023.

The Acting Chair welcomed everyone to the meeting. Apologies were received from Councillor Gale Waller (Chair), Councillor Nick Begy (Vice-Chair), Councillor Kenneth Bool, Councillor Leah Toseland, Councillor Stephen Lambert and Councillor Edward Baines. Councillor Raymond Payne, Councillor Gordon Brown and Councillor Paul Browne attended the meeting as the representatives for Councillors Waller, Begy and Lambert respectively.

## **2 RECORD OF MEETING**

The minutes of the meetings of the Strategic Overview and Scrutiny Committee held on the 26<sup>th</sup> January and the 9<sup>th</sup> February 2023 were approved as an accurate record.

## **3 ACTIONS ARISING**

### **Actions from the meeting held on the 26<sup>th</sup> January 2023**

#### Action 1

*The Deputy Leader and Portfolio Holder for Planning, Highways and Transport to send Councillor Begy the details regarding the post removed within the Development Control team.*

Councillor R Powell confirmed that the action had been completed.

#### Action 2

*The Committee requested that the report to Council (27th March 2023) on the Levelling Up Fund be clarified to enable full understanding of the government's requirements regarding the capital funding.*

Action completed.

#### Action 3

*The Committee requested that the Portfolio Holder for Health, Wellbeing and Adult Care kept members up to date on any increase in risks/costs regarding Community Support Services and ASC Demand (Table 2 - P10 and P14).*

The Clerk informed attendees that Councillor S Harvey, Portfolio Holder for Health, Wellbeing and Adult Care had confirmed that she would keep members up to date on any increase in risks/costs regarding Community Support Services and ASC Demand.

#### Action 4

*The Strategic Director of Resources to send details to councillors regarding what saving could be made by closing the Council's post room a few days a week and what impact, if any, this would have on services.*

The Clerk confirmed that the action had been completed.

## **Actions from the meeting held on the 9<sup>th</sup> February 2023**

### Action 1

*The Portfolio Holder to ask the Primary Care Network if patients were charged for the call whilst waiting on hold and would notify members of the response.*

The Clerk stated she would contact Councillor Harvey for confirmation.

### Action 2

*The Portfolio Holder to ask the Primary Care Network about the possibility of the GP practices in the future pooling their individual phone services into one combined service and feedback the response to the committee members.*

Mark Andrews, Chief Executive informed members that the Primary Care Network had confirmed that they would be discussing the matter with the Integrated Care Board.

### Action 3

#### **CULTURE / ASSET REVIEW TASK AND FINISH GROUP**

*Councillor E Baines, with the support of Governance, to continue to seek information from educational establishments as to how the culture offer would be of most benefit to students and how they might become more involved.*

The Clerk confirmed that the action was being undertaken.

### Action 4

#### **HOMELESSNESS EVIDENCE PANEL: FINAL REPORT**

*Councillor Waller to meet with the Portfolio Holder to re-word recommendation 6.2 for discussion/approval at the meeting of the scrutiny committee on the 9th March 2023.*

The Clerk confirmed that the action had been completed and was on the agenda for approval.

## **4 DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **5 PETITIONS, DEPUTATIONS AND QUESTIONS**

No petitions, deputations or questions were received.

## **6 QUESTIONS WITH NOTICE FROM MEMBERS**

No questions with notice with notice were received from Members.

## **7 NOTICES OF MOTION FROM MEMBERS**

No notices of motion were received.

## **8 CONSIDERATION OF ANY MATTER REFERRED TO THE COMMITTEE IN RELATION TO THE CALL-IN OF A DECISION**

No call-ins were received.

## **9 PORTFOLIO HOLDERS' UPDATE**

An update was received from Councillor D Wilby, Portfolio Holder for Education and Children's Services covering the Visions Children's Centre, the Childcare Sufficiency

Statement and the Childcare Review. During the discussion, the following points were noted:

- Ofsted inspections had taken place at Ryhall CE Academy, Ketton CofE School, Great Casterton CofE Primary School, [Edith Weston Academy](#), Uppingham Community College, [Catmose Primary](#) and [St Nicholas CE Primary School](#). The three reports received and initial feedback from the other inspections indicated that Rutland schools were 'good.'
- The extension at the Catmose campus was ongoing, the Brightways relocation and internal refurbishment had been finished and the remaining new build project was on-track and on budget.
- The Interview Project would run from the 3<sup>rd</sup> to the 7<sup>th</sup> July 2023. There would be 4 interview offices with 7 interviews held per office per day. Any Member wanting further details or to assist with the Interview Project should contact Councillor D Wilby.
- Part One of the Uppingham Community College Inclusion Project had been completed and work had begun on Part Two of the project.
- Casterton College had been successful in their bid for funding from the Department for Education's School Rebuilding Programme but no details as yet received.
- The Oakham Church of England Primary School was preparing to join the Rutland Learning Trust led by Rob Gooding.
- Over 98% of parents received their first choice of secondary school in the school admission process. Councillor Wilby expressed his thanks to Julie Brown, Admissions Officer at RCC who had done a magnificent job.
- Places for children with SEND (special educational needs and disabilities) continued to be challenging and expensive but good work had been undertaken by Council Officers with the SEND Recovery Plan.
- A focused effort had taken place by Officers to engage with the SEND Parent Collaborative Group and meetings had proved positive.
- A strong Virtual School, for children with a social worker, was in place. This was led by Lee Martin, Head of Virtual School and good work was being done to support children and young people.
- The county currently had 10 unaccompanied asylum seekers and all were doing well and engaging with education.
- The Ukrainian refugees within the county had all been well received and had all settled well into the schools and the area.
- The Children's Centre had been a beacon for the community especially during the Covid lockdown. It remained a vibrant and well run centre with lots of initiative to run family focused groups and activities and was designated as Rutland's first 'Family Hub' in January 2023.
- Councillor Wilby shared two presentations with members of the committee. The first was on the Children's Centre Data Headlines for January 2022 and the second was on the Parent's Voice regarding the Children's Centre – copies attached.
- Education and Children's Services continued to be a challenging area. Additional stresses had been placed on the service by the pandemic, unaccompanied asylum seekers and the war in Ukraine but the Council's Officers were dedicated and had worked very hard to provide the best for the children of Rutland.
- The Chief Executive confirmed that direct payments to Adults carers had ceased but direct payments to those who required care and support had not and would continue.



- Councillor P Browne queried what was being done to help reduce the deficit in the SEND High Needs Block budget. The Strategic Director of Children and Families informed members that a SEND recovery plan was in place and the deficit was covered by a Central Government 'statutory override' until 2026 so would not affect the Council's general fund. The Council was one of 55 Local Authorities who were taking part in the Department for Education's (DfE) 'Delivering Better Value Programme.' This was a long term project which was aimed at stalling the increase in the budget deficit and bringing the Council into a balanced budget. A full update on the programme would be provided once the diagnostic phase had been completed by the end of June 2023.
- Councillor R Payne queried what was being done to help promote the free school meals school holiday programme in secondary schools. The Portfolio Holder for Education and Children's Services informed members that reminders were sent to all schools but confirmed that he would request for a further reminder to be sent. The Strategic Director of Children and Families informed members that targeted work was being done through the Early Help Service to encourage the older age group to attend the programme.
- Councillor G Brown asked if membership of the Youth Council could be promoted to children and young people who lived outside of Oakham and if pupils from the other schools e.g. Oakham School and Uppingham School could be invited to be part of the Rutland Youth Council. The Portfolio Holder for Education and Children's Services confirmed that he would pass on the request to the Young People Services team.

## **10 LEVELLING UP FUND ROUND 2 - ACCEPTANCE OF GRANT FUNDING**

Report No. 50/2023 was received from Cllr Lucy Stephenson, Leader of the Council and Portfolio Holder for Policy, Strategy, Partnerships and Economy and was presented by Penny Sharp, Strategic Director of Places. During the discussion, the following points were noted:

- A decision regarding the Levelling Up Fund (LUF) would be taken by Council on Monday, 27<sup>th</sup> March 2023 so members should have had access to the full Council papers including the exempt reports.
- Round 2 of the LUF was announced in March 2022 and a combined bid between Rutland County Council (RCC) and Melton Borough Council (MBC) was agreed by Cabinet in June 2022, submitted in August 2022 and a decision was received in January 2023.
- There were three key elements to the bid:
  - investment in our health economy via the medi-tech digital innovation centre;
  - investment in our public transport via an integrated transport or 'mobi-hub' and
  - investment in our culture to enhance tourism via the enhanced digital visitor experience.
- The Leader of the Council and Portfolio Holder for Policy, Strategy, Partnerships and Economy informed members that only 1 in 5 of the LUF bids were successful.
- Members were informed that the second item under section 2.17 only referred to women as there was a disparity in wages between men and women. A compelling evidence base had shown that women in Rutland were at a greater disadvantage than men in Rutland and received lower than national wages.

- Members were informed that a very tight governance framework would be put in place through the business plan, as set out in the Memorandum of Understanding (MoU). The Chief Executive informed members that gateway i.e. 'Go, No Go' sections would be clearly identified and any decisions to proceed with the projects would be a full Council decision.
- The Strategic Director of Places confirmed that the Council had an experienced project team but that additional staff would be recruited to support the programme. It was noted that there would be no additional cost to the Council despite the increased amount of work as the provision of the additional staff had already been integrated into the service costs. Additional funding streams would also be accessed in line with the strict LUF regulations.
- Councillor G Brown thanked Officers for the additional documentation and stated that the MoU provided greater clarity and the legal documentation between RCC and MBC was a lot clearer. However, he expressed concern about the revenue costs, the rising capital costs and the capability and time of Officers.
- The Leader of the Council and Portfolio Holder for Policy, Strategy, Partnerships and Economy stated that financial thresholds were determined by the Council's governance rules so might require a Cabinet decision or a full Council decision. The feasibility plan for Rutland Memorial Hospital had been outlined at the [Rutland Health and Wellbeing Board on Tuesday, 21<sup>st</sup> March 2023](#).
- The Strategic Director of Places confirmed that every successful Local Authority had been requested to provide an updated baseline position with the signed MOU due to the rise in costs since the bid submission back in August 2022. She stated that at the moment no fixed local had been identified for the enhanced procedure suite at RMH but that the recent Asset Review had identified other options to maximise the use of land holdings including Jules House, Oakham Medical Practice, etc.
- The Chief Executive confirmed that he had already discussed with Councillor A Brown, Chair of the Scrutiny Committee's Economic Strategy Task and Finish Group, the opportunity for the group to be a 'critical friend' by assisting with monitoring the LUF programme/costs.
- The LUF project had been identified as a 'high risk project' which required Cabinet decisions and a high level of governance support. As such, the LUF Executive Delivery Programme Board would be a joint venture with MBC and the Board's Terms of Reference would be produced by Cabinet. Membership would include RCC's Chief Executive, The Leader of the Council and Portfolio Holder for Policy, Strategy, Partnerships and Economy, the Portfolio Holder for Finance, Governance and Performance, Change and Transformation, the Strategic Director of Places and the Strategic Director of Resources and S151 Officer.
- The Capital funding would allow the Council to re-design services to be more efficient and therefore save money but the transformation would need to be governed so suggestions from the new executive would be welcomed.
- Members were informed that there was no option within the MoU to 'claw back' funds but that although MBC was responsible for its own projects, RCC could stop the necessary funding if sufficiently concerned.

Angela Wakefield, Director of Law and Governance (Monitoring Officer) confirmed that a motion to Exclude the Press and Public could be moved without notice under Procedure Rule 33 (o).

It was therefore proposed by Councillor P Browne that the public and press be excluded from the meeting in accordance with Section 100(A)(4) of the Local Government Act 1972 as the following item of business was likely to lead to the

disclosure of information relating to the financial or business affairs of any particular person (including the authority holding that information). This was seconded and upon being put to the vote the motion was unanimously carried.

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The Acting Chair closed the public meeting at 8.20 pm.  
The Acting Chair re-opened the public meeting at 8.50 p.m.

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## **RESOLVED**

That the Committee:

- a) **NOTED** that a report would be presented to Council on 27 March 2023 with these proposed draft recommendations:
- A) Approves the Memorandum of Understanding for the Rutland and Melton 'Rural Innovation in Place' Levelling Up Funding (LUF) grant from the Department of Levelling Up, Housing and Communities and delegates authority to the Chief Executive and Director of Resources in consultation with the Portfolio Holder for Policy, Strategy, Partnerships and Economy and Portfolio Holder for Resources to sign the agreement on behalf of Rutland County Council.
  - B) Approves that Rutland County Council acts as the grant administrator (Accountable Body) for the Levelling Up Fund capital grant and delegates authority to the Director of Resources (s151 Officer) to manage the Accountable Body function.
  - C) Delegates authority to the Chief Executive and Director of Places in consultation with the Portfolio Holder for Policy, Strategy, Partnerships and Economy to finalise and enter into a grant agreement between Rutland County Council (as Accountable Body) and Melton Borough Council (as grant recipient) to apportion responsibility for delivering the requirements of the Levelling Up Fund Memorandum of Understanding.
  - D) Approves the use of Developer Contributions to provide £1.2 million match funding to contribute to the Rutland element of the Levelling Up Fund proposition as identified in the indicative allocations previously agreed by Cabinet.
  - E) Delegates to the Director of Resources (Section 151 Officer) and Director of Places the administration and implementation (including project delivery) of the Levelling Up Fund grant requirements and monitoring returns.
- b) **ADVISED** of any additional issues or areas of concerns that Council may need to consider in making an informed decision about the acceptance of the Levelling Up Fund capital grant and Rutland County Council acting as Accountable Body.

## **RECOMMENDATIONS**

The Committee **AGREED** the following recommendations:

1. That clarity be provided to members at Council on Monday evening around the transformation project and the potential change in services resulting in the investment of the LUF and that benefits will be brought forward accordingly.

2. That the Economic Strategy Task and Finish Group be involved in reviewing the new Baseline calculations, timelines and the GO/NO-GO gateways potentially involving Cabinet decisions.
3. That the Transformation Governance Meeting involving Group Leaders be tasked with reviewing the savings achieved by the capital expenditure under 1 above.
4. That clarity be provided to members at Council on Monday evening of the potential of extending the scope of the LUF to provide wider and deeper health provision in Oakham.
5. That Scrutiny Committee consider the LUF Project Board Terms of Reference when it comes to Cabinet later this year in order to consider the implications of whether it should be considered as a 'Very High Risk' project requiring Council approval rather than a 'High Risk' project.
6. That a member visit be considered to a Medi-Hub, similar in style to that proposed, to understand the concept and the opportunities.

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Councillor G Brown left the meeting at 8.52 p.m.

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## 11 GROUP AND PANEL UPDATES

### A) ECONOMIC STRATEGY TASK AND FINISH GROUP

- A verbal update was received from Councillor A Brown regarding the meeting of the Economic Strategy Task and Finish Group held on the 21<sup>st</sup> February 2023 – minutes attached.
- The next meeting would be held on the 12<sup>th</sup> April 2023 and a further update provided at the next meeting of the scrutiny committee.

### B) HIGHWAYS AND SPEEDING

An update was received from Councillor P Browne. During the discussion, the following points were noted:

- Councillor P Browne had engaged with concerned residents in his ward and discussions had been held with various parties regarding possible traffic calming measures and their implementation into our towns and villages.
- He had also surveyed the railway-crossing closing times and liaised with Network Rail on their planned future train usage through Oakham, which had identified the extent of closing times from 2024 to 2030 and its consequential effects on traffic flows.
- Enquires had been made for Members to become involved in the task and finish group but this had been met with no wish for involvement.
- This was attributed to the fact that the elections were only 4 months away and that the timeframe would have restricted the ability for both the compilation of a realistic analysis and for any appropriate recommendations to be considered.
- Councillor R Payne proposed that the group should cease and that the matter should be re-introduced after the May election. This was seconded and being put to the vote was unanimously agreed.

### **RESOLVED**

That the Committee:

- a) **AGREED** that the Highways and Speeding Task and Finish Group should cease.
- b) **AGREED** that, after the elections in May 2023, the Strategic Overview and Scrutiny Committee should consider re-commencing the Highways and Speeding Task and Finish Group.

### C) HOMELESSNESS EVIDENCE PANEL

The Acting Chair presented the amended wording of recommendation 6.2 in the final report for approval by the Committee. During the discussion, the following points were noted:

- The wording had been amended and approved by Councillor Gale Waller, Chair of the Homelessness Evidence Panel and Councillor Sam Harvey, Portfolio Holder for Health, Wellbeing and Adult Care.
- The Strategic Director for Children and Families had requested that the term 'domestic violence' be amended to 'domestic abuse' as this was the correct terminology.

### **RESOLVED**

That the Committee:

- a) **AGREED** that the phrase 'domestic violence' be amended to 'domestic abuse'.
- b) **APPROVED** recommendation 6.2 of the Homelessness Evidence Panel to read as follows:

'That Cabinet, as part of its performance monitoring, review data on rehousing victims of domestic abuse to provide reassurance that the housing provided is suitable for the needs and safety of this cohort of homeless people.'

## **12 REVIEW OF THE FORWARD PLAN AND ANNUAL WORK PLAN**

The Forward Plan and Annual Work Plan were discussed. No changes or amendments were requested.

## **13 ANY URGENT BUSINESS**

There was no urgent business.

## **14 DATE OF NEXT MEETING**

Thursday, 20<sup>th</sup> April 2023 at 7 p.m.

### **FOR INFORMATION ONLY**

## **15 LEICESTERSHIRE, LEICESTER AND RUTLAND INTEGRATED CARE SERVICE: PERFORMANCE REPORT**

- The quarterly performance data report was received from the Leicester, Leicestershire and Rutland Integrated Care System.
- Members were informed that the report was 'For Information Only.'
- If any Member had any questions regarding the report, they should send them to Governance ([governance@rutland.gov.uk](mailto:governance@rutland.gov.uk)) who would collate and forward them on to Kate Allardyce, Senior Performance Manager for a response.

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**The Acting Chair declared the meeting closed at 9.00 pm.**  
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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

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**STRATEGIC OVERVIEW AND SCRUTINY COMMITTEE**

20<sup>th</sup> April 2023

**MINERALS AUTHORITY CONTRACT: UPDATE REPORT**

**Report of the Strategic Director of Places**

Strategic Aim:	A Special Place	
Exempt Information	No	
Cabinet Member(s) Responsible:	Councillor Rosemary Powell Deputy Leader and Portfolio Holder for Planning, Highways and Transport	
Contact Officer(s):	Penny Sharp, Strategic Director of Places	Tel: 01572 758160 psharp@rutland.gov.uk
	Roger Ranson, Planning and Housing Policy Manager	Tel: 01572 758238 rranson@rutland.gov.uk
Ward Councillors	N/A	

**DECISION RECOMMENDATIONS**

That the Committee:

1. Considers the report on the first year of the contract with North Northamptonshire Council for the provision of minerals and waste planning advice to the County Council.

**1 PURPOSE OF THE REPORT**

- 1.1 This report has been produced following a request for the matter of the contract monitoring for the provision of minerals and waste planning advice to be referred to the Scrutiny Committee for its consideration.

**2 BACKGROUND AND MAIN CONSIDERATIONS**

- 2.1 The contract for the provision of minerals and waste planning advice was awarded to North Northamptonshire Council (NNC) on 1<sup>st</sup> February 2022 for a period of 4 years.
- 2.2 The scope of the technical mineral and waste planning services (i.e. professional work, technical assessments and general advice) covers:
  1. Planning policy services to assist in the preparation of all mineral and waste related parts of a new Local Plan for the administrative area of Rutland; including

preparation of evidence base documents, policies and proposals; satisfying the Duty to co-operate; act as critical friend for associated sustainability and environmental assessments; and represent Rutland as technical expert when required.

2. Development management advice and technical assessment services, including regulatory monitoring.

2.3 This matter was considered at the meeting of the Growth, Infrastructure and Resources Committee held on 10<sup>th</sup> February 2022. A copy of the report to that meeting is attached as Appendix 1 to this report. Elected members were provided with a copy of the contract in March 2022.

### **3 CONTRACT MONITORING**

3.1 As outlined in the previous report to the Scrutiny Committee, management of the contract has been undertaken in line with the service specification which sets out the requirements for: a start-up meeting (one during SLA period); project progress meetings (quarterly – four per annum); project team updates (monthly – twelve per annum); and an annual review meeting (one per annum). The contract has been monitored in line with the performance indicators set out in the contract.

3.2 A key issue over the past year has been that since the contract re-commenced in February 2022 there have been staff changes within NNC Planning on both the planning policy and development management sides. This has particularly been the case in development management where the officers that worked on such matters for Rutland both left in the Summer, whilst the officer who then took over the Rutland development management work subsequently also left in December. A replacement officer has since been sourced for Rutland (and other NNC) work and started in January 2023. These staff changes have been unfortunate in that any such changes do interrupt the smooth running of service delivery and in this instance have come after a long period of staff stability at NNC.

3.3 Nevertheless, despite the staffing issues performance has been achieved with respect to almost all indicators, including those relating to determining planning permissions and planning policy. However, one indicator, on site monitoring, has not been met.

3.4 A programme for site monitoring was agreed at the commencement of the contract for 2022/23. The number of site visits has been based upon factors such as:

- the size and nature of the site
- the number and complexity of conditions attached to the consent
- the stage of operations currently at an individual site
- any ongoing or arising matter that needs to be immediately monitored or discussed, and
- the history of compliance demonstrated by the site operator over the previous period.

3.5 Whilst officers were informed at the last quarterly review held in February this year that site monitoring was likely to be on track to be delivered, three site monitoring visits that were due to take place before the end of March have now been delayed until April. These April visits will be additional to the programme for 2023/24.

## **4 RESILIENCE OF THE SERVICE**

- 4.1 Annual and quarterly contract meetings have reviewed the resilience of the service with particular respect to staff turnover and absence cover and it has to be acknowledged that this has been a challenging year for NNC in relation to the former. With respect to this issue, it should be noted that there is a severe national and regional shortage of qualified minerals planning officers that has impacted on smooth handovers from departing officers.
- 4.2 In addition, the Planning service still engages with staff from Peterborough City Council in respect of environmental protection. Development Management staff from Rutland have also taken part in some of the NNC organised site monitoring visits with a view to building up expertise to potentially partly or fully undertake these themselves in the future .

## **5 CONSULTATION**

- 5.1 There is no requirement to consult the public on the monitoring of the minerals and waste planning contract.
- 5.2 However, Officers have regularly attended meetings of the Rutland Quarry Forum to respond to issues raised by that body.

## **6 ALTERNATIVE OPTIONS**

- 6.1 The contract sets out the circumstances whereby either party may terminate the contract. Clauses include the provision that the Council reserves the right to terminate the Contract at will (in whole or in part) at any time with or without notice (except that it will give as much notice as possible in the circumstances) if the service provider shall commit a material or persistent breach of this Contract.
- 6.2 Based on the above, and whilst disappointing, the underperformance on site monitoring does not constitute grounds for contract termination and as noted in paragraph 3.5 arrangements have been made to address this in the first month of 2023/24.
- 6.3 The Council will continue to monitor the contract rigorously.

## **7 FINANCIAL IMPLICATIONS**

- 7.1 The cost of providing the minerals and waste service is covered within existing budgets. Additional funding to support the preparation of evidence on strategic minerals and waste planning was included in the reserve established for the Local Plan, as approved by full Council on 1st September 2021.
- 7.2 Due to the timetable for the production of the Local Plan, the budget proposed for 2023/24 with respect to minerals and waste planning is likely to be sufficient given the scope to draw on the Local Plan reserve evidence base budget.
- 7.3 This will be kept under review as part of monitoring the Local Plan budget reserve.

## **8 LEGAL AND GOVERNANCE CONSIDERATIONS**

8.1 The procurement process has been undertaken in line with the Council's Corporate Procurement Rules.

## **9 DATA PROTECTION IMPLICATIONS**

9.1 There are no Data Protection Impact Assessment implications arising from this report.

## **10 EQUALITY IMPACT ASSESSMENT**

10.1 An Equality Impact Assessment has not been completed as it is not deemed relevant to this report.

## **11 COMMUNITY SAFETY IMPLICATIONS**

11.1 None directly arising from this report.

## **12 HEALTH AND WELLBEING IMPLICATIONS**

12.1 None directly arising from this report.

## **13 ORGANISATIONAL IMPLICATIONS**

13.1 These are set out in the above report.

## **14 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

14.1 The Scrutiny Committee is requested to comment on this report.

## **15 BACKGROUND PAPERS**

15.1 None.

## **16 APPENDICES**

16.1 Appendix 1 – Report on the Minerals and Waste Planning service to the meeting of the Growth, Infrastructure and Resources Committee held on 10<sup>th</sup> February 2022.

**A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577**

## GROWTH, INFRASTRUCTURE AND RESOURCES

### SCRUTINY COMMITTEE

10<sup>th</sup> February 2022

## MINERALS AND WASTE PLANNING ADVICE CONTRACT

Report of the Strategic Director of Places

Strategic Aim:	Sustainable Growth	
Exempt Information	No	
Cabinet Member(s) Responsible:	Mr I Razzell Cabinet Portfolio Holder for Planning, Highways and Transport	
Contact Officer(s):	Penny Sharp, Strategic Director of Places	Tel: 01572 758160 psharp@rutland.gov.uk
	Roger Ranson, Planning and Housing Policy Manager	Tel: 01572 758238 rranson@rutland.gov.uk
Ward Councillors		

### DECISION RECOMMENDATIONS

That the Scrutiny Committee:

- 1.1 Notes the decision that has been made to award the contract to provide minerals and waste planning advice to the Council.
- 1.2 Comments on the arrangements set out in the report as to how the contract will be monitored to achieve the required performance and ensure value for money.

### 1 PURPOSE OF THE REPORT

- 1.1 This report has been produced following a request for the matter of the contract award for the provision of minerals and waste planning advice to be referred to the Scrutiny Committee for its consideration.
- 1.2 The Scrutiny Committee is requested to note that a decision has been made to award this contract in line with the Council's contract procedure rules and taking account of recommendations arising from an Internal Audit report on contract management.
- 1.3 In addition, the Scrutiny Committee is requested to consider comments on the

arrangements set out in the report as to how the contract will be monitored to achieve the required performance and ensure value for money.

## **2 BACKGROUND AND MAIN CONSIDERATIONS**

### **2.1 Background to contract**

- 2.1.1 Rutland County Council has an inter-authority agreement with North Northamptonshire to provide advice related to minerals and waste planning services. This covers both planning policy and development management and is supported by a Service Level Agreement (SLA). This agreement was originally with Northamptonshire County Council and transferred to North Northamptonshire Council following local government reorganisation.
- 2.1.2 The agreement commenced in 2014 and has been extended twice to coincide with delays in bringing forward the submitted and now withdrawn Local Plan.
- 2.1.3 The current agreement is due to cease at the end of January 2022.

### **2.2 Contract monitoring**

- 2.2.1 The agreement monitoring arrangements worked well up to March 2019. At that time, the lead officer in fulfilling the requirements of the SLA from Northamptonshire County Council left the authority to join the Planning Inspectorate. Since that time, whilst most of the requirements of the SLA have continued to be delivered effectively, the service provider has struggled to fulfil a regular programme of site monitoring visits.
- 2.2.2 Coupled with the loss of the lead officer from the service provider, this coincided with a period of extreme pressure for the preparation of the Rutland Local Plan. At that time, the post of Planning and Housing Policy Manager was being undertaken through a shared service arrangement with South Kesteven District Council on the basis of 2 days a week. This post within the County Council was responsible for acting as the primary contact for the SLA.
- 2.2.3 The Cabinet portfolio holder and Director were kept informed of this situation; it was determined that re-procurement of the service would commence when the emerging Local Plan was completed to adoption. Unfortunately, circumstances meant that there were delays in the statutory consultation and subsequent submission of the Local Plan following the decision made by full Council in February 2020 to approve these. The plan was eventually submitted in February 2021 and was then withdrawn following the decision made by full Council in September 2021.
- 2.2.4 One outcome from the decision to withdraw the Local Plan was to enable commencement of the work on the re-tendering of the minerals and waste planning advice, to align with the preparation and timetable for the new Local Plan.

### **2.3 Internal Audit Review**

- 2.3.1 In recognition of the contract management issues set out above, an Internal Audit review was undertaken in Autumn 2021. This was one of four contracts selected for review, with the purpose that the outcome of the review would assist in future procurement of the minerals and waste planning service.

2.3.2 Overall, the outcome of the testing for these four contracts was that the following overall assurance ratings have been given:

- Control environment: Good Assurance
- Compliance with controls: Good Assurance
- Organisational impact: Minor.

2.3.3 Recommendations were made by the auditor regarding the management of the minerals and waste planning service and the future re-procurement of this service; these are set out in Appendix 1. A medium priority was attached by the auditor in relation to their recommendations. These recommendations have been taken into account in the re-procurement of this service and will also be used to ensure future effective contract management.

## 2.4 Contract tendering process

2.4.1 Based on the expected contract value reflecting the current SLA, re-procurement has been undertaken under Rule 11 of the Contract Procedure Rules. Rule 11 requires that at least three written quotations should be obtained.

2.4.2 Six nearby minerals planning authorities were approached to quote against the service specification set in the request for quotations. Nearby authorities were approached due to the need to undertake the site monitoring visits required within the service specification; whereas the planning policy elements of the service specification are capable of being delivered at “arms-length”.

2.4.3 The procurement process was managed through the Welland Partnership to ensure transparency.

2.4.4 Only one tender response was received with respect for tender quotations.

## 2.5 Contract Evaluation and award

2.5.1 Following receipt of this tender, the Council issued a note requesting clarification on several issues.

2.5.2 Following the receipt of the clarifications, the tender response was evaluated by three senior officers against the award criteria and a combined moderated score created.

2.5.3 The scoring methodology against which the bid was assessed contained the following provision, so that if any part of the bid response scored low it could be excluded from further consideration: “*Scoring ‘0-1’ for any response to the method statements would give grounds for excluding the quotation from further consideration. If a quotation is so excluded, the bidders’ price shall also be excluded from the evaluation*”. In this case, no score of 0 or 1 was made against any of the award criteria.

2.5.4 Based on the evaluation of the tender, it was recommended for contract award. This has now been completed and arrangements in hand to commence on the new terms, underpinned by the Council’s standard Contract Terms and Conditions setting out relevant performance monitoring and reporting measures.

## 2.6 Conclusions

- 2.6.1 It is recognised by all involved that the minerals and waste contract has not been managed effectively in recent years, particularly with regard to site monitoring. This is confirmed by the internal audit review which set out recommendations about re-procurement of the service and future contract management.
- 2.6.2 These recommendations have been taken into account in re-procuring the service and will be used in future contract management. Further details are set out below.
- 2.7 Contract management arrangements: the Planning and Housing Policy Manager is now employed by the Council on a full-time basis enabling more time to be devoted to establishing robust management arrangements, with the support of colleagues. In particular, the service specification sets out the requirements for: a start-up meeting (one during SLA period); project progress meetings (quarterly – four per annum); project team updates (monthly – twelve per annum); and an annual review meeting (one per annum). These will be rigorously followed.
- 2.8 Performance indicators: in line with the internal audit recommendations, the performance of the contract will be monitored through specific SMART indicators related to the timely processing of all minerals planning applications in an effective way; the undertaking of an agreed programme of minerals site monitoring visits as determined at the inception of the contract and by annual review; the timely provision of information and advice on strategic minerals planning issues to meet the intended programme for the production of a new Local Plan for Rutland; and the expected response times to deal with emails and complaints.
- 2.9 Site monitoring: the contractor is required to commit to delivering a monitoring schedule to be agreed by annual review which would assess each site at the start of each programme year and determine the number of visits that site will receive over the forthcoming 12-month period. The number of site visits will be based upon factors such as:
- the size and nature of the site
  - the number and complexity of conditions attached to the consent
  - the stage of operations currently at an individual site
  - any ongoing or arising matter that needs to be immediately monitored or discussed, and
  - the history of compliance demonstrated by the site operator over the previous period.
- 2.10 Resilience of the service: annual and quarterly contract meetings will review the resilience of the service associated with staff turnover and absence cover, taking account of responses made to the request for further clarification. In addition, it is proposed to continue to engage with Peterborough regarding site environmental issues and also seek to train Development Management staff in matters related to site monitoring and the enforcement of conditions.
- 2.11 Contract termination: the contract sets out the circumstances whereby either party may terminate the contract. Clauses include the provision that the Council reserves the right to terminate the Contract at will (in whole or in part) at any time with or without notice (except that it will give as much notice as possible in the circumstances) if the service provider shall commit a material or persistent breach of this Contract.



### **3 CONSULTATION**

- 3.1 There is no requirement to consult the public on the re-procurement of the provision of minerals and waste planning advice.

### **4 ALTERNATIVE OPTIONS**

- 4.1 The contract award has been made following the Council's procedures and the evaluation of the response received in line with the contract award criteria. This decision has been made, and so it is not for Scrutiny to re-consider, the role of Scrutiny now is to consider how the contract will be monitored to achieve the required performance and ensure value for money.
- 4.2 For the benefit of members of the Scrutiny Committee, the following options for procuring this service were considered prior to the award of the contract.
- 4.3 One option would have been to approach the private sector to tender for this service. The contractual arrangements have previously been based on an inter-authority agreement. In practice, whilst there are private sector companies able to provide minerals advice, the vast majority of their clients are site operators and developers. There is a lack of expertise and relevant experience in the private sector regarding strategic minerals plan making, including Minerals Local Plan production and adoption. This option would therefore create a risk to the preparation of the Local Plan. In addition, whilst this option has not been market tested, it is expected to be more expensive and so not offer value for money. Any private sector organisation is also likely to need a local presence in order to deliver site monitoring on a cost neutral basis.
- 4.4 A second option, taking account of the above, would have been to split the service specification into two contracts; one to cover planning policy and the other to deal with all development management matters. This would create an additional burden on staff to manage two contracts and would also lose the synergies and continuity of having a single service provider.
- 4.5 A further alternative would have been for the Council to employ directly or through an agency the staff required to deliver the service specification. This is unlikely to be a cost-effective arrangement given the range of functions required to be undertaken. It would also not offer service resilience.
- 4.6 The final option considered was to re-tender the contract, requesting quotations from a wider base of local authorities. Given the national shortage of minerals planners and the response rate received to the procurement process, there is no guarantee that this was result in a greater number of responses able to deliver the specification. Also, seeking responses from authorities more geographically distant would create a risk of the service provider not delivering site monitoring on a cost neutral basis.

### **5 FINANCIAL IMPLICATIONS**

- 5.1 The cost of providing the minerals and waste service is likely to be greater than the current budget provision. Additional funding to support the preparation of evidence on strategic minerals and waste planning is included in the reserve established for the Local Plan, as approved by full Council on 1<sup>st</sup> September 2021.

5.2 Due to the timetable for the production of the Local Plan, the budget proposed for 2022/23 with respect to minerals and waste planning is likely to be sufficient given the scope to draw on the Local Plan reserve evidence base budget.

5.3 This will be kept under review as part of monitoring the Local Plan budget reserve.

## **6 LEGAL AND GOVERNANCE CONSIDERATIONS**

6.1 The procurement process has been undertaken in line with the Council's Corporate Procurement Rules.

## **7 DATA PROTECTION IMPLICATIONS**

7.1 There are no Data Protection Impact Assessment implications arising from this report.

## **8 EQUALITY IMPACT ASSESSMENT**

8.1 An Equality Impact Assessment has not been completed as it is not deemed relevant to this report.

## **9 COMMUNITY SAFETY IMPLICATIONS**

9.1 None directly arising from this report.

## **10 HEALTH AND WELLBEING IMPLICATIONS**

10.1 None directly arising from this report.

## **11 ORGANISATIONAL IMPLICATIONS**

11.1 These are set out in the above report.

## **12 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

12.1 The Scrutiny Committee is requested to comment on this report.

## **13 BACKGROUND PAPERS**

13.1 None

## **14 APPENDICES**

14.1 Appendix 1 – Recommendation of the Internal Audit Review on contract management and how this has been considered through re-procurement and future contract management

**A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.**

## Appendix 1 – Recommendation of the Internal Audit Review on contract management and how this has been considered through re-procurement and future contract management

ISSUE	RECOMMENDATION	Priority	HOW THIS HAS BEEN CONSIDERED THROUGH RE-PROCUREMENT AND FUTURE CONTRACT MANAGEMENT
<p>The minerals and waste agreement does not include sufficient performance indicators or targets to support effective performance management. In addition, staff changes at the supplier authority have led to a deterioration of the service, lack of performance monitoring reports and cessation of contract monitoring meetings. The situation has been tolerated pending a decision on the Local Plan. Now that the plan has been withdrawn the service is due to be re-procured when the current contract expires in January 2022. This should be taken as an opportunity to address these issues and to consider how staff availability risks can be mitigated in future.</p>	<p>On re-procurement of the minerals and waste contract, ensure that the following matters are taken into account:</p> <p>a) that the procurement strategy and evaluation of potential service providers takes account of risks in relation to service resilience associated with staff turnover and absence cover.</p> <p>b) the contract should include an appropriate range of SMART performance indicators and targets to support effective performance monitoring for both planning policy and development management work. This could include completion of quarry monitoring visits at agreed intervals and specified turnaround times for planning policy and development management responsive work.</p> <p>c) that regular progress and performance review meetings and receipt of associated performance reports are reinstated with all meetings being fully minuted.</p> <p>d) that arrangements for periodic price review and approval are clearly set out in the contract or agreement; and</p> <p>e) that fully itemised invoices showing the amount of time spent on each activity are received on a quarterly basis to support effective financial control and budget monitoring.</p>	<p>Medium</p>	<p>a) The issue of staff competencies was set out in the service specification and formed part of the contract award criteria. Following the one response received to the request for quotations, clarifications were sought from the potential service provider as to how they would seek to fill a vacant post and also deliver the contract in the event of vacancies. The scoring of the response took the response to clarifications into account in making the assessment against the award criteria. It is intended to manage robustly the contract on a quarterly and annual basis, including issues related to staff turnover and absence cover.</p> <p>b) SMART performance indicators and targets are included in the contract to support effective performance monitoring for both planning policy and development management work. These include quarry monitoring visits as well as the timely delivery of planning policy and development management responsive work</p> <p>c) The service specification and contract require a start-up meeting (one during SLA period); project progress meetings (quarterly – four per annum); project team updates (monthly – twelve per annum); and an annual review meeting (one per annum). These will be rigorously followed. Meetings will be minuted.</p> <p>d) The quotation response is based on a fixed price for the planning policy element of the service specification with any variations arising to the service specification being charged at an hourly rate. With respect to development management the tender response proposes that costs will be charged at hourly rates on a time and material basis, i.e. for work undertaken only. The tender response notes the requirement in the service specification that site monitoring would be undertaken on a cost neutral basis for Rutland, i.e. that the proposed tenderer would be paid the fee that Rutland receives</p>

			<p>from the site operator for the monitoring of minerals and waste sites. Hourly rates will be revised to reflect inflationary salary changes.</p> <p>e) Taking account of responses to clarifications, it is proposed that fully itemised invoices showing the amount of time separately on planning policy and development management are received on a quarterly basis to support effective financial control and budget monitoring.</p>
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Rutland County Council

# Community Support Services Micare

## Inspection summary

CQC carried out an inspection of this care service on 12 January 2023. This is a summary of what we found.

<b>Overall rating for this service</b>	<b>Outstanding</b> ☆
Is the service safe?	<b>Good</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Outstanding</b> ☆
Is the service well-led?	<b>Outstanding</b> ☆

### About the service

Community Support Services Micare is a short-term integrated health and social care service, consisting of reablement, crisis response, discharge to assess, safety net, complex care support and end of life pathway with the aim of supporting people through a crisis or supporting individuals back to independence. The service provides care for people who need immediate support to live independently in their own home. This may be because of a crisis, illness, following discharge from hospital or to identify if people require a permanent care provider to meet their long-term care needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection all 14 people using the service were receiving help with personal care

### People's experience of using this service and what we found

People were at the heart of the service and received exceptionally responsive, person-centred care which enabled them to live a life of their choosing. A person had given feedback to the provider, "[The staff] were kind and efficient and very helpful. The team were instrumental to my recovery."

People and their relatives gave us very positive feedback about the service. We found the service to be exceptionally well-led. Staff and the registered managers had implemented systems and processes to create innovative solutions to help people to remain independent and living at home for as long as possible.

Staff and the registered managers spoke with passion and pride about their roles. Staff had been supported to develop and grow within their roles which gave them purpose. Systems and processes were implemented to make people's experience as positive as possible. Staff went over and above to support people to re-integrate into their communities.

There were systems and processes in place to protect people from the risk of abuse. When things went wrong there were effective methods to learn and implement improvements. Staff completed training about safeguarding and knew how to report abuse. Risks to people were fully assessed and measures were put in place to reduce them. Assessments contained enough information for staff to provide safe care. Staffing was assessed on a daily basis and packages of care were only supported when there were sufficient staff to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs, and choices were fully assessed before they received a care package. The care plans we looked at were detailed and holistic, focusing on how people were supported to regain as much independence as possible.

Safe infection control procedures were followed. There were enough supplies of personal protective equipment (PPE) for staff.

There were enough staff to meet the needs of people using the service. The necessary recruitment checks were completed for all new staff. Staff received an induction and ongoing training which enabled them to build on their skills and knowledge to provide safe, effective care.

People were supported with their medicines and staff had been trained in the safe administration of medicines. People were supported to eat and drink enough to meet their dietary needs and staff provided support to assist people to regain independence with eating and drinking.

People were supported to live healthier lives and staff worked with a wide range of health and social care professionals to ensure good outcomes for people.

People and their relatives told us they were treated with kindness and compassion; their privacy was respected, and their independence was promoted. People knew how to make a complaint or raise a concern.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support,

Right Care, Right Culture, as it is registered as a specialist service for this population group.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 20 July 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

**You can ask your care service for the full report, or find it on our website at [www.cqc.org.uk](http://www.cqc.org.uk) or by telephoning **03000 616161****

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Rutland County Council

# Community Support Services Micare

## Inspection report

Suite 7, Unit 16a  
Oakham Enterprise Park, Ashwell Road  
Oakham  
LE15 7TU

Date of inspection visit:  
12 January 2023

Date of publication:  
31 March 2023

### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Community Support Services Micare is a short-term integrated health and social care service, consisting of reablement, crisis response, discharge to assess, safety net, complex care support and end of life pathway with the aim of supporting people through a crisis or supporting individuals back to independence. The service provides care for people who need immediate support to live independently in their own home. This may be because of a crisis, illness, following discharge from hospital or to identify if people require a permanent care provider to meet their long-term care needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection all 14 people using the service were receiving help with personal care

### People's experience of using this service and what we found

People were at the heart of the service and received exceptionally responsive, person-centred care which enabled them to live a life of their choosing. A person had given feedback to the provider, "[The staff] were kind and efficient and very helpful. The team were instrumental to my recovery."

People and their relatives gave us very positive feedback about the service. We found the service to be exceptionally well-led. Staff and the registered managers had implemented systems and processes to create innovative solutions to help people to remain independent and living at home for as long as possible.

Staff and the registered managers spoke with passion and pride about their roles. Staff had been supported to develop and grow within their roles which gave them purpose. Systems and processes were implemented to make people's experience as positive as possible. Staff went over and above to support people to re-integrate into their communities.

There were systems and processes in place to protect people from the risk of abuse. When things went wrong there were effective methods to learn and implement improvements. Staff completed training about safeguarding and knew how to report abuse. Risks to people were fully assessed and measures were put in place to reduce them. Assessments contained enough information for staff to provide safe care. Staffing was assessed on a daily basis and packages of care were only supported when there were sufficient staff to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs, and choices were fully assessed before they received a care package. The care plans we

looked at were detailed and holistic, focusing on how people were supported to regain as much independence as possible.

Safe infection control procedures were followed. There were enough supplies of personal protective equipment (PPE) for staff.

There were enough staff to meet the needs of people using the service. The necessary recruitment checks were completed for all new staff. Staff received an induction and ongoing training which enabled them to build on their skills and knowledge to provide safe, effective care.

People were supported with their medicines and staff had been trained in the safe administration of medicines. People were supported to eat and drink enough to meet their dietary needs and staff provided support to assist people to regain independence with eating and drinking.

People were supported to live healthier lives and staff worked with a wide range of health and social care professionals to ensure good outcomes for people.

People and their relatives told us they were treated with kindness and compassion; their privacy was respected, and their independence was promoted. People knew how to make a complaint or raise a concern.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 20 July 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# Community Support Services Micare

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 2 registered managers in post.

#### Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that a registered manager would be available to support the inspection.

The inspection activity started on 11 January 2023. We visited the registered location office on 12 January 2023 and finished making telephone calls to people using the service and relatives on 6 February 2023. The inspection ended on 6 February 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 2 people using the service. We received feedback from 8 staff and spoke with 5 external professionals that work with the service. We spoke with the 2 registered managers. We also spoke to 3 relatives about their experience of the care provided and looked at care records, recruitment information and quality assurance information.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Assessing risk, safety monitoring and management

- The provider used comprehensive risk assessments and care plans to ensure people with complex health needs were supported consistently and safely. These were reviewed regularly, this meant people received safe care.
- Relatives and people told us they received the support they needed from staff that knew them well and ensured their safety. One relative told us that staff had alerted them as they could not access their relative's property one day. They arrived and found their relative had fallen over and could not get up. Staff called an ambulance for them and stayed with them until the ambulance had arrived.
- Supportive work was undertaken by staff to support people to increase their awareness, knowledge, and safety skills. For example, a relative told us how staff had showed them how to check their relative's skin for signs of developing pressure sores to reduce pain and infection.
- Care co-ordinator's undertook work with people to assess risks and monitor their safety. One staff member told us, "We are going to help people. Everyone has the right to try."

### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them.
- People received information about safeguarding via the service's handbook. This informed people how staff could support them if they felt they or others were at risk of harm.
- Staff received training in safeguarding and information and guidance on safeguarding was accessible to staff in the staff handbook. Staff were knowledgeable about identifying signs of abuse and how to report any safeguarding concerns.
- The registered managers understood their responsibility to report safeguarding matters. Records showed safeguarding incidents had been responded to in line with the safeguarding policy and the registered managers worked with the relevant safeguarding teams to investigate the concerns.

### Staffing and recruitment

- Robust recruitment processes ensured staff were recruited safely.
- People told us they were very happy with the staff who came to support them.
- Staff responded promptly to changing situations and worked as a team. One relative told us, "[My relative] has found the care team really easy to work with. [My relative is] happy with [the staff]. [My relative] is a very difficult at times, but [the staff] have achieved very much."
- Staff were recruited safely. Pre employment checks such as references and Disclosure and Barring Service (DBS) checks were completed prior to staff taking up employment. DBS checks provide information

including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- There were enough suitably qualified, experienced, and skilled staff to provide people with safe care and support.

#### Using medicines safely

- Medicines were managed safely by suitably trained staff. People had a detailed medicines assessment to support them to take any medicine safely in the way they preferred where needed. This included supporting people to progress towards goals to administer their own medicines as their confidence and skills grew.
- Staff received training in the safe administration of medicines and their competency to administer medicines was assessed. We saw the medicines administration records (MAR) were accurately completed and medicines audits took place.

#### Preventing and controlling infection

- People were protected from the spread of infection. The service had effective infection prevention and control measures to keep people safe.
- Staff understood their responsibilities for keeping people safe from the risk of infection. They had infection control training, which included the correct use of personal protective equipment (PPE).
- People confirmed that staff observed good infection control practices when providing their care. Staff had enough supplies of PPE.
- Policies and procedures were in place regarding infection control practices, including COVID-19, to ensure staff worked safely and in line with best practice guidance.

#### Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents. The registered managers and provider took on board learning from incidents. They fully embedded this and ensured staff were aware of the actions to be taken in future. For example, we saw evidence that the management team completed debriefs with staff following an incident, in order to offer them post-incident support.
- There was an effective system in place to ensure all accidents and incidents were thoroughly investigated and when needed with the support of healthcare professionals involved in people's cases. There was an open culture around reporting accidents, incidents and near misses.
- The management team continually worked to seek guidance and share information to ensure every opportunity to review, share and follow best practice was taken.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service to help ensure their needs and expectations could be met. The assessments followed a holistic approach, covering health conditions, people's preferences and social circumstances, communication and lifestyle needs.
- A relative told us, "We were aware at the beginning it was a short-term care agreement. We know now, if longer term care is needed, we know what support is available."
- The provider had purchased all-in-one telehealth cases so staff could measure people's vital signs, perform multiple assessments using these to help identify if a person was deteriorating with the aim of carrying out early interventions to prevent hospital admissions.
- Other health and social care professionals were involved where necessary in people's care and this supported people to access the care they needed at the right time and improved their quality of their life. For example, staff received an out of hours call following concerns for a person deteriorating in the community. Community nurses had recommended the person be readmitted to hospital due to the complex nature of their medical condition, however the person did not want to leave their partner. Staff arranged for a local doctor to attend the care call together and encouraged the person to go into hospital to prevent any further deterioration of their health. Staff then put support in place for the partner.
- People's needs in relation to equality, diversity and protected characteristics were considered during the assessment and care planning process, to support people to work towards independence and their future quality of life. A relative said, "[The staff] are always trying new ways or finding what works [for my relative]." And "[The staff] accept [my relative] for being [them]."

Staff support: induction, training, skills and experience

- People were supported by staff who had the knowledge and skills to meet their needs.
- Staff received an induction period when they started in post and felt well supported. Staff completed training which enabled them to deliver high-quality care and support to people with a range of needs which at times were complex or challenging.
- Staff were supported through regular supervision with their line manager, where their own development and training was discussed as well as arising issues. Staff had 24/7 access to clinical psychology support, so they could receive support with their own mental health if they needed this.
- The service had not experienced any staffing issues throughout COVID-19. Staff told us this was because they were so well supported in their role and so invested in the service. Some staff have worked for the employer over 15 years.

Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed at the beginning of the care package to identify the level of support required to maintain a healthy balanced diet. Staff supported people who were required to follow specialist diets if appropriate to them.
- People were encouraged to prepare meals for themselves as part of their reablement plan. Staff supported people when necessary. Some people had family members providing meals for them. A relative told us, "[Staff] would encourage [my relative] to drink [their] tea."

Staff working with other agencies to provide consistent, effective, timely care

- Community Support Services Micare is a short term integrated health and social care service. It works together with other health and social care professionals to ensure people got the support they needed to reach their goals via 5 care pathways.
- The integrated health and social care is delivered by community-based nursing, therapy and staff to support people and their relatives when there is a change in need. This meant people received effective care from specialist staff in a multiple disciplinary team.
- The service was available 24 hours a day, 7 days a week with Community Support Services Micare staff working alongside health colleagues offering an integrated response within 2 hours (for crisis response cases only) or a same day response (where required).
- People had access to therapists including Occupational Therapists and Physiotherapists.
- Relatives were supported to access information and other community services, to look at the longer-term support people may need to remain as independent as possible in their own homes.

Supporting people to live healthier lives, access healthcare services and support

- People were well supported to live healthier lives and encouraged to make their own choices to achieve this. Outcomes for people were positive, consistent and often exceeded expectations, which had a positive impact on their quality of life.
- A relative told us, "By the time [our relative] was finished with the care last time, [staff] would of supported and encouraged [them] back to their baseline, before [they] became unwell."
- Staff provided encouraging care which supported people to overcome long held anxieties to achieve better health outcomes. For example, staff helped one person to attend a medical appointment when they had previously had negative experiences in the past.
- Staff worked with external professionals to adapt care to meet people's individual need. For example, staff spoke with other professionals to find out if they could make changes to a person's medical appointment, so they could consider how to support a successful blood test.
- A relative told us staff had arranged a meeting with the local doctor to address access issues they were having with attending the doctor's surgery for regular appointments. The relative told us this resolved their issue.
- Where people required specialist assessment regarding their mobility this was arranged promptly. For example, a referral to the Occupational Therapists team was made when one person was identified as being at heightened risk of falling over. Advice from the team was recorded in their care plan and followed at all times. People's care records evidenced this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's mental capacity had been considered in line with guidance for relevant decision-making processes. People and relatives confirmed the staff always asked for consent before they provided any personal care or undertaking any other tasks.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion. A relative said, "[Staff] are brilliant. They always say to [our relative] we will do what you want us to do. We will help you where you want us to help you. They are really very good. Very professional and very friendly and a very competent team. Very cheerful."
- Staff demonstrated a good understanding of the people they supported, including their personal preferences, likes and dislikes. One person told us, "[Staff] told us they did and asked us what we needed. They were kind. The care was very good."
- A professional told us, "When people leave the service they tell us how much they will miss [the service and staff]. [They] don't want to leave the care. It's a really big compliment the whole staff team." A relative said, "I knew [my relative] was happy as I could tell on [their] face and through [their] interactions with the care staff."

Supporting people to express their views and be involved in making decisions about their care

- Staff and were proactive and skilled at identifying and sourcing support and opportunities for people based on their views, needs and wishes. This supported people to lead fulfilling lives and achieve their goals.
- People were supported to make decisions about their care and support. People were involved in the development of their care and support plans, and these were amended and updated as people's experiences, preferences and choices changed over time.
- Professionals who worked with people using the service provided positive feedback about the service. One professional told us, "The [staff] go above and beyond." Another said, "This team of people are just so dedicated and determined to help people with what they need and when they need it. They always respond when we need them too, which is vital with when someone is in a hospital bed and no longer needs to be there."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. The assessment process focussed on what people could do for themselves. A registered manager told us, "We go in slowly and gentle with people. We start building trust and sharing information with other professionals [where we have permission to do so]." One relative said, "[The staff] encourage [my relative] to wash [themselves], be involved and participate."
- People's privacy and dignity was promoted and protected. A relative said, "It's very helpful, I always remain the [child] rather than have to do the intimate personal care of my [parent]. [Care staff] do a great job and are always dignified."
- Staff supported people to maintain and regain their independence. One relative told us, "[Staff] encourage [our relative] to do as much as [they] can for [themselves]."

- Staff respected confidentiality and ensured all records relating to people's care were stored securely.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider went to considerable lengths to ensure people received personalised care that was transformative and empowering for people. Enhanced staff flexibility within the care delivery, meant staff responded appropriately, adapting to circumstances and the needs of people as they arose. The registered manager and staff told us about the diversity of calls the care co-ordinators responded to as part of their crisis response service. For example, urgent care was required for 1 person who had a live in care worker. The care worker requested help as the person had physically deteriorated rapidly and they could not manage to complete personal care and change position for the person single handed. The provider put in urgent support that evening and the next night, allowing time for the person's longer term needs to be assessed, whilst the person's physical and mental needs were supported.
- Staff knew how to meet people's preferences and were innovative in suggesting additional ideas that people or relatives themselves had not considered. For example, the registered manager told us about a person who walked to a local club every day. They had done so for many years and visited their friends there. However, the person's family became concerned when they were diagnosed with dementia. The staff introduced the idea of using a pendant alarm so the person could call their family to let them know they were ok, but also use it to request for help if they needed it. The person was happy to wear this and their family could be reassured. The person was able to continue to have their freedom at this time and independence whilst remaining safe, for as long as possible.
- As a result of the provider's principled commitment to maintaining staffing continuity, staff had a deep understanding of people's individual needs and preferences. Staff used this knowledge to provide exceptionally responsive, person-centred care. Staff told us about 1 person, the person's support was transferred to another care company as part of their planned long term care. Unfortunately, the new arrangement did not work out, putting the person and their relative in crisis again. The person's support returned to the service. Staff who had previously worked with the person, stepped in and delivered the care and support. This meant the person was able to engage in their daily routine again that gave them pleasure as they felt they were achieving again, with staff they trusted and felt respected them. The relative told us, "[Community Support services Micare] are really good. We had care previously from the service, and it has been the most beneficial [to our relative]."
- The registered manager told us about another example, whereby a person required a gradual/flexible introduction to support. Staff had worked with 1 person to first gain their trust. Whilst the person was waiting to return home from a hospital stay, the staff helped tidy up their home. We were told that from the moment the person walked back through their front door, they felt a weight lift off their shoulders. The staff had motivated the person and given them the confidence to do things and that they were very grateful for

the help and no longer felt ashamed of their home. The registered manager said there was an amazing change in the person from having had the support from the staff.

- Staff demonstrated the importance of involving people and their family, friends and other health and social care staff in their care and support plans, so that they felt consulted, empowered, listened to and valued. For example, 1 person was able to choose their own care staff following a return to their home after a long term stay in hospital. Staff held discussions with the person, their family and health care professionals who knew them well. Staff had taken into account what the person needed to make them feel safe. This meant the person was able to maximise their independence by resettling in the community positively, as their needs and wishes had been met.
- People received a person-centred bespoke service that met their needs, which enabled them to live a life of their own choosing. We saw one of many compliments, that had been emailed to the provider from health professionals, complimenting the staff on how they had supported people during a difficult time. One professional said they had observed the way staff had interacted with a person. They went on to tell the provider how pivotal the skill of the staff was in the reason why the person then went on to accept and engage in the support. They added further, that 'Staff had shown initiative, personalisation with how they engaged with the person, where other professionals had experienced difficulties.' They praised staff for how highly they valued respecting the person's views and wishes on the way they wanted to live their life.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered during the initial assessment process and in the ongoing care reviews. Care plans included information about peoples' preferred communication methods. One relative told us, "[Staff] leave information in a care book. [Staff] record notes [about our relative] in a diary as we are not computer illiterate."
- Technology supported people's communication abilities and needs. For example, staff had used an app to help them communicate with one person who was heard of hearing. The app captured speech and sound, so the person was able to read the text on screen, allowing them to understand better what the staff were saying to them and reducing their frustration during their care calls.
- Staff involved family, friends, professionals like speech and language therapists to assess and develop plans communication to outline how best to support people with their communication.

#### Improving care quality in response to complaints or concerns

- The principles of the organisation's vision, values and behaviours were embraced and embedded throughout the service. The impact was that the service had received many compliments and a lot of positive feedback from people, their relatives and stakeholders. One example we saw, the person gave feedback, 'The staff were kind and efficient and very helpful. The team were instrumental to my recovery'.
- People and relatives had regular communication with staff and knew how to contact the management team if there was anything, they were unhappy with. A complaints policy was available for people using the service and their relatives. A relative told us, "We have the [service] telephone number in [our relative's] care folder in our home. The number is right across the front of the folder."
- The provider took complaints seriously and these were responded to in line with their policy and procedures. For example, we saw on the service's monthly quality questionnaire, that a person had feedback that staff hadn't given them information there were waiting on. Staff looked into this and found

out that they were on the waiting list for specialist equipment. Staff contacted the person to remind them this was still the case and made sure they had the equipment supplier's contact details so they could stay connected with them, so they could understand the timeframes involved.

#### End of life care and support

- People received continued care and support at the end of their life. We saw detailed care plans were available to guide conversations and care planning if people wished to discuss any aspect of their end of life preferences at any time.
- Staff had completed end of life training. A staff member told us, "We work with people usually for a short amount of time. It is best they have the same staff with them during this time. It can be the little things." Another staff member told us, "Being invited to a person's funeral is an extension of their end of life. Such a privilege."
- The registered manager told us, "Building a trusting relationship is vital to both the person and their relatives, so they don't have to explain all the details to new staff. We know at times this might not be possible, but on the whole, we strive to keep a consistent staff team." Feedback from relatives we saw confirmed this was the case and how much they very much appreciated this from the service. Staff told us they understood that their highest priority was to maintain as much dignity as possible, by being consistent for the person and for their family and friends.
- The management team valued staff being involved in debrief discussions following each end of life experience so they felt supported, but to also allow the opportunity to address any learning points for people or their relatives.
- Records reviewed showed us one example where staff supported 1 person to be more comfortable as they approached their end of life. Staff tried to arrange overnight staff, however on this particular night it was impossible, so three members of the team agreed to work together to ensure this person was supported during their last days, so it was dignified, pain free and they were not alone. The person had declined hospice or hospital care. The staff supported the person to advocate their end of life wishes to professionals.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Exceptional efforts were made by staff to support people to achieve excellent outcomes. For example, when a person had become isolated from their community staff worked to re-integrate them supporting them to access groups they had become disconnected from. This reduced their risks of returning to being socially isolated and made the person feel happy once more.
- Staff were able to share countless examples of instances where they supported people to re-gain their confidence and independence which enabled them to stay in their homes. For example, during the holistic assessment process, staff assessed people's wider support networks which included considering any support from friends and family, to ensure support networks were robust enough. For example, a partner was assessed as needing support to enable them to support their partner after hospital discharge. Staff sought the appropriate support to enable both people to remain at home in line with their wishes.
- People, relatives, staff and professionals all told us the way the service was led was exceptional. People and staff told us they felt they were at the heart of the service. Staff and professionals praised the quality of the leadership. All the staff we spoke with were passionate about their roles and improving outcomes for people. One staff member told us, "We have such a great team, we have a great dynamic with other professionals, as we can call them for any advice and they call us as well." They went on to tell us how staff came up with ideas frequently to improve how they cared for people. One example they told us about was having home starter packs made up for people, available in their cars, so they were at hand quickly for people when and if needed when they came out of hospital at short notice so they could feel at ease.
- The registered managers were passionate about people living fulfilled and meaningful lives supported by skilled and dedicated staff. They worked hard to instil a culture of care and good teamwork in which staff supported carers and everyone valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. The management celebrated people and their successes at team meetings with all staff and completed debriefs with staff following any incident to ensure everyone was supported.
- The staff worked with people and professionals to ensure people identified goals to work towards. These were achievable but also positively challenged people and supported them to have confidence in their abilities to move on to full independence. One professional said, "The staff try all sorts of different ways to help."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- It was clear the registered managers and staff were very passionate about delivering good quality care.

There continued to be clear processes in place to ensure each staff member understood and fulfilled their roles. Managers completed regular checks with staff to ensure the service continued to develop and improve. This was demonstrated by the difference staff had made to people's lives, as managers regularly measured its success through its service outcomes, such as: people being able to remain living at home, people being able to improve their own quality of life and people maintaining control over their own lives for as long as possible.

- The staff team were passionate about ensuring the people they supported received the highest quality care. Each staff member knew their responsibilities and there were clear lines of accountability. Staff identified people who needed support and advocated on their behalf to make sure their lives improved.
- The whole staff team worked well together which facilitated a positive and improvement driven culture. They were happy in their work, were motivated and had confidence in the way the service was managed. All the staff we spoke with described being proud of where they worked. One staff member said, "We are efficient. The most important element is communication. Such a good thing in this team. I love being here and I love my job."
- Staff understood their role and what was expected of them. They were happy in their work, were motivated and had confidence in the way the service was managed. All the staff we spoke with described being proud of where they worked.
- There was a strong focus on quality review, monitoring and accountability. The registered managers used the provider's governance systems effectively to ensure any risks to the quality of the service could be quickly identified and addressed. This was done by identifying themes and trends, referring to best practice guidance, comparing against current research and involvement of people, staff and professionals.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were high levels of satisfaction across all staff. The management team had provided a working environment where staff were motivated and proud of the service. All felt they could build a meaningful career with this provider. Staff were supported and encouraged to work through the structured promotion scheme. Many staff had followed this process and reported significantly high levels of job satisfaction. This led to low staff turnover, consistent care for people and high levels of satisfaction with the care provided for people. Staff told us, "Staff are encouraged and supported to develop."
- People were able to feedback on the service through questionnaires. This feedback was collated by staff and reviewed by the management team. Feedback was positive, and where people had suggested areas for improvements these had been implemented. For example, following feedback, staff continued to check that people were clear about what reablement was and the aim of the service, so their expectations were clear from the start."
- The registered managers instilled an open culture where people, staff and professionals felt valued. The management team listened to and valued the feedback from staff, for example when discussing recruitment with the team, staff told them their job adverts were too corporate. The staff were asked to review the adverts, and these were changed.
- Staff felt the registered managers prioritised their wellbeing and in turn this meant staff felt confident to prioritise people's wellbeing. One staff member said, "We are really well supported and that helps us to do our jobs better, we are a really close and strong team." Another staff member told us, "I have never had a day where I didn't want to do my job. Working together, as one. Things have evolved. Everyone is doing absolutely fantastic jobs. We now have the opportunity to support people in different ways. We are always joint working and have really close links with other external health and social care teams. It is about what we can do as a team, supporting people."
- Rotas were planned in advance. This meant staff knew their future shifts. Staff told us they were able to plan their lives, and this led to them being happier, more relaxed and contributed to the positive

atmosphere. There was a system in place to acknowledge and reward staff. Staff had been nominated by people for national care worker of the month awards. Staff told us this made them feel proud.

#### Continuous learning and improving care

- Exceptional systems were in place to proactively improve the service, this included how staff worked with external stakeholders. For example, the registered managers collaborated with other professionals to proactively identify which areas were causing delays or failed discharges and fed this back to their stakeholders to continue to improve the discharge experience for people. They worked together to look at patterns and trends which caused failed discharges and implemented systems to reduce the risk of these re-occurring. This enabled people to return home with a package of care that met their needs, in a safer and more efficient way. This helped to accelerate people's recovery.
- Comments from people that had completed the provider's feedback questionnaire included, 'We could not have asked for anything better. They were like friends, good friends', and 'Kind and considerate staff. We would like to thank all of the staff for being angels'. And 'Never having been in this situation ever both physical and mentally I found each and every one of the staff fabulous. They helped me more than they realised. Being able to chat and rely on their expertise was exceptional. 'LOVE THEM ALL'.
- There was a strong emphasis on continuous improvement. The registered managers and staff proactively worked with their local Integrated Commissioning Board (ICB) to relieve hospital pressures and support relatives who may not have been able to care for their loved ones.

#### Working in partnership with others

- Community Support Services Micare integrated with health and social care colleagues exceptionally well. Staff provided support in the community in conjunction with health and social care colleagues for example, staff were trained to carry out delegated health tasks from both the community nursing team and GP practice, which reduced the time people had to wait for some health interventions, such as compression stockings and inhalers.
- The reablement support provided by staff to people was therapy led. Occupational therapy and physiotherapy teams supported staff to devise therapeutic reablement goals for people. Joint visits took place between staff and therapists. This meant that skills and knowledge were shared, and the ordering of low level equipment, meant that people did not have to wait for long for therapy.
- An occupational therapist, commented on how professional the whole staff team were, and how the staff used their skills and judgment to get the best possible outcomes for people. They described staff as the 'motivators' of care, as different to traditional home care as it involves the staff standing back and encouraging the promotion of self-care skills for that person that may have been lost following an illness or injury.
- A staff member said, "We work with hospital social work team. We know as early as possible when someone needs support, so we can support free flow, so the hospital is not blocked up and the person can get home.
- A weekly multi-disciplinary team (MDT) took place bringing professionals together to discuss pathways and outcomes for people. Community nurses attended the service's team meetings and provided emotional support to staff following any end of life cases. Debriefs took place which enabled staff to ask questions. This enriched their knowledge and skill set.

#### How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their responsibilities in relation to duty of candour. This is a set of legal requirements that services must follow when things go wrong with care and treatment. They understood when to inform CQC and the local safeguarding team of important events. Notifications had

been submitted in a timely manner.

- The registered managers were open with people, their advocates, professionals and staff when things went wrong and ensured action was taken.
- The registered manager worked in an open and transparent way including when any incidents or accidents occurred. This was in line with their responsibilities under the duty of candour. This meant they were honest when things went wrong.

**Strategic Overview and Scrutiny Committee**  
**DRAFT Work Plan 2023-24**

<b>53</b> <b>Standing Agenda Items for Every Meeting</b>	Welcome and Apologies	
	Record of Meeting	
	Actions Arising	
	Declarations of Interest	
	Petitions, Deputations and Questions	
	Questions with Notice from Members	
	Notices of Motion from Members	
	Consideration of Any Matter Referred to the Committee in Relation to the Call-In of a Decision	
	Portfolio Holder's Update	
	Group and Panel Updates:	
	a) Economic Strategy Task and Finish Group	Councillor A Brown
	Review of the Forward Plan	
	Any Urgent Business	
	Date of Next Meeting	

Meeting Date	Publication Date	Proposed Item	Why	Author
<b>15<sup>th</sup> June 2023</b>	7 <sup>th</sup> June 2023	Election of Vice-Chair	Statutory	
		Confirmation of Co-opted Members	Statutory	
		LLR Joint Health Scrutiny Committee: Confirmation of Representation [TBC]	TBC	TBC
		Annual Work Plan	Statutory	
		Members' Allowances		
		Improvement Plan		
		Culture/Asset Review Task and Finish Group: discussion on the reformation of the group with new Terms of Reference		
		Customer Experience Task and Finish Group: discussion on the reformation of the group with new Terms of Reference		
		Highways and Speeding: discussion on the reformation of the group with new Terms of Reference		
		LLR ICS Performance Data		For Info Only

<b>21<sup>st</sup> September 2023</b>		End of Year Performance & Corporate Plan Progress	Statutory	
		End of Year Finance Management Report	Statutory	Strategic Director of Resources
		Delivering Better Value Programme: Update	Discussion	Strategic Director of Children and Families

<b>23<sup>rd</sup> November 2023</b>		Dental Services Update: Rutland Specific	Report	NHS England - Dental

<b>25<sup>th</sup> January 2024</b>		<u>Scrutiny of the Budget</u> Draft Revenue and Capital Budget 2023/24	Statutory	Strategic Director of Resources
		<u>Scrutiny of the Budget</u>	Statutory	Strategic Director

		Fees and Charges 2023/24		of Resources

<b>21<sup>st</sup> March 2024</b>				

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