

Hertfordshire's Safety and Improvement Process

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Prevention
and
partnership
working to
improve
standards
of services
and
outcomes

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Introduction

The Care Act 2014 recognised that high quality, personalised care and support can only be achieved where there is a vibrant, responsive market of service providers. The role of the Local Authority in collaboration with key Partners is critical to achieving this, through its commissioning (joint or sole) services to meet needs, mindful of its overarching duties to facilitate and promote a dynamic market that benefits the wider system and people.

The Care Act 2014 places duties on local authorities to facilitate and shape their market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support, regardless of who funds the care. Local authorities are further expected to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support care providers, continuously improving quality and choice and delivering better, innovative and cost effective outcomes that promote the wellbeing of people who need care and support.

Partners will work alongside the care providers and regulators to monitor and review individual and overarching care delivered that is compliant with contractual, safeguarding, quality and clinical practice. Care providers enter into contracts with Partners undertaking delegated responsibilities for the care and welfare of people and this, therefore, has to be of the highest standard. In undertaking these responsibilities, care providers will notify Partners at the earliest opportunity of any actual or potential failures to deliver safe, effective care and support. Where the care provider fails to meet expected standards of quality care, Partners will enact informal and formal processes to ensure rapid and sustainable improvements.

The Care Act 2014 sets out the requirements that statutory bodies such as local authorities and clinical commissioning groups (CCGs) should have in place to safeguard adults at risk ensuring that safeguarding adults is at the centre of every part of the commissioning cycle. Our responsibility is to safeguard and protect vulnerable people from risk or harm regardless of how and who commissioned the care provider services. Therefore, where appropriate people who pay for their own care will be contacted and offered assessment and care planning, including specialist health services as if their care was commissioned by ACS (See Appendix Eight).

Organisational abuse can occur in any setting providing health, care or support services. It occurs when the routines, systems and leadership of an establishment / service result in poor or inadequate care or practice, which affects the whole establishment / service and results in or puts adults at significant risk of abuse or neglect.

This Process has, at its heart, the wellbeing of people that access a range of services across Hertfordshire. This Process will link in with, and use information from, individual safeguarding concerns and enquiries, organisations that monitor, inspect or assess quality of services, the work of statutory or commissioned service delivery. The Process has changed since its last iteration to put greater focus on transparency, setting out clear requirements of the process itself, as well as clear roles and responsibilities for all organisations and setting out a clear multi-agency approach. No one organisation has the resources or expertise, and so decision making will need to be devolved and shared as appropriate.

It should be noted that a Safety and Improvement Process does not replace individual safeguarding adult investigations. There should be an individual safeguarding investigation for each separate adult at risk incident that reaches the threshold for an enquiry to be made.

The oversight for these relationships, their effectiveness and ability to deliver high quality standards sits with the Hertfordshire Strategic Quality Improvement Group (SQIG). This group will take a system wide approach, covering all elements of health and social care, to ensure all Partners and organisations are delivering in line with this policy and to have oversight of overall performance. SQIG will report into both the Hertfordshire Safeguarding Adult Board (HSAB) and the Market Shaping and Resilience Programme Board.

The specific areas that need to be explored in further detail and responded to as a system, given the variance between and across sectors are as follows:

- i) Involvement and information
- ii) Suitability of staffing, and appropriate training offered
- iii) Quality of management

A key objective of the HSAB is to promote, implement and maintain high quality Multi-agency Safeguarding Adult at Risk practice across Hertfordshire. This includes the commitment of all Partner organisations to ensure that all adults at risk are cared for in a safe environment and protected from avoidable harm. This is irrespective of how and where their care and support is funded and delivered.

All organisations represented on the HSAB are expected to contribute to the Safety and Improvement process, including providing additional staff and resources to support the action plan to protect adults at risk of abuse. However, each organisation reserves the right to undertake unilateral action based on their own constitution and duty to safeguard service users and residents of Hertfordshire.

This Process formalises roles and responsibilities of different Partners. The Process has been produced to ensure clarity of each Partner's roles and responsibilities, promoting consistency and fairness in approach and work in Partnership with care providers. The desire is to shift the focus to prevention and work with social care and health services to help raise and improve standards, while also ensuring that our customers receive high quality services that meet their needs and improve outcomes. Therefore the purpose of the policy is to:

- i) Establish an approach for collective decision making
- ii) Ensure a standardised response to all circumstances in which performance and enforcement measures are being escalated
- iii) Identify responsibility for co-ordinating the response
- iv) Agree a process which is meaningful and has measurable outcomes
- v) Arrangements for managing quality issues

The following sections of this procedure describe a planned and unscheduled framework to secure immediate improvements in care and health provision and also to respond to intermediate or longer

term issues or concerns (see Appendix One). It is expected that most cases can be dealt with in the prevention or quality assurance stages. This procedure is set out in three sections.

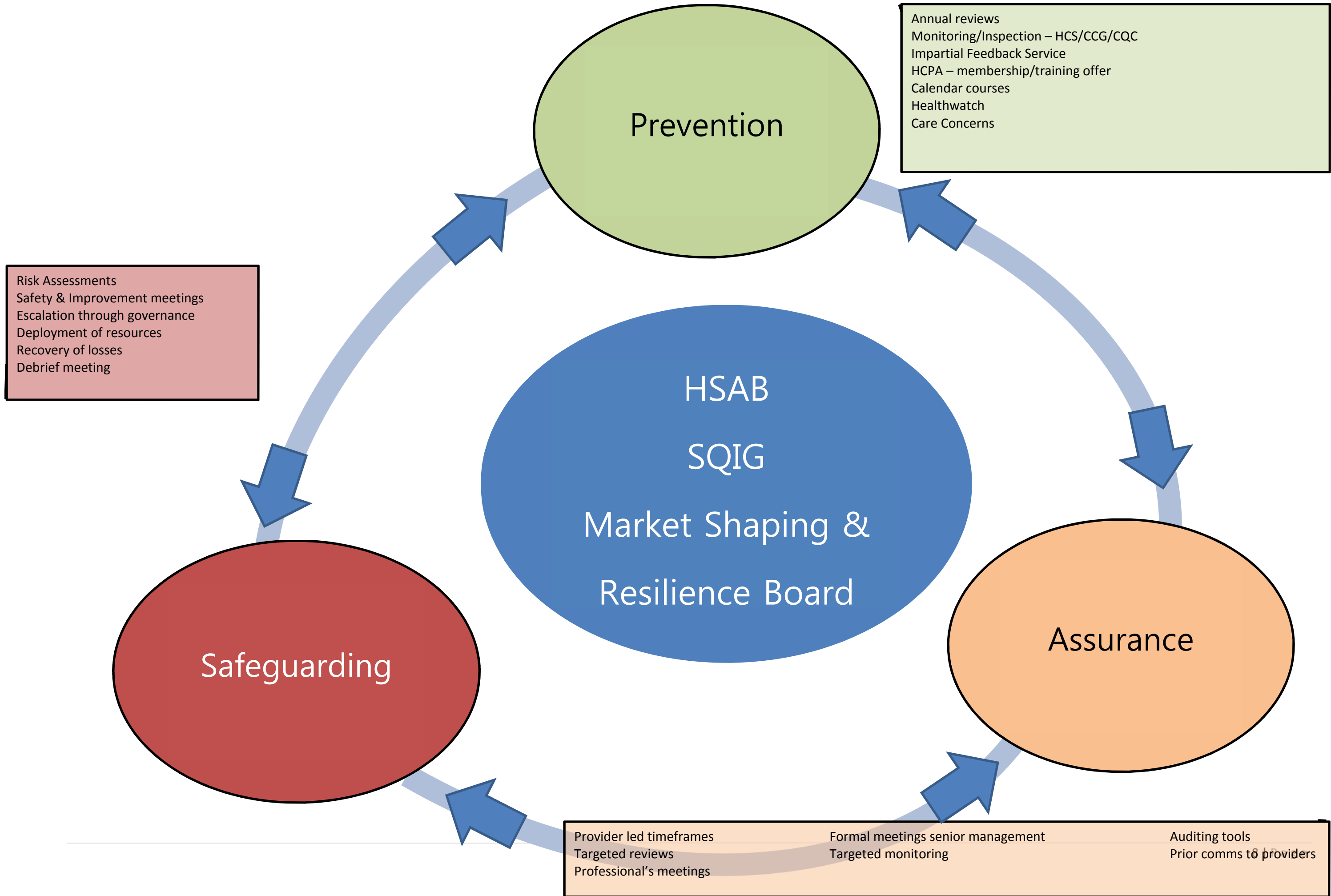
- Stage 1: Prevention
- Stage 2: Quality Assurance
- Stage 3: Safeguarding

Integral to the effectiveness of managing a Safety and Improvement Process is the need for all Partners to work in a transparent and open way with care providers. It is not the intention of this procedure to be punitive in its dealings with care providers but to implement the Safeguarding Principles by supporting and providing guidance when concerns arise, to assist care providers in improving the standards of care that are sustainable. A shared goal should always be that people can expect and receive a safe, quality standard of care and support.

Empowerment	People are encouraged to make their own decisions and are provided with support and information
Prevention	Strategies are developed to prevent abuse and neglect that promotes resilience and self-determination
Proportionate	Proportionate and least intrusive/restricted response is made with people appropriate to the level of risk
Protection	People are offered ways to protect themselves, and there is a co-ordinated response to safeguarding concerns – protect people from harm
Partnership	Local solutions through services working with their communities
Accountability	Accountability and transparency in delivering safeguarding

Through this, care providers are aided to achieve and maintain the high standards of care expected from the organisations.

The following diagram sets out the processes described.



1. Context

Commissioners of health and social care have systems and processes in place to monitor quality and contract compliance and to support care provider improvement.

Improving the quality of care needs to be addressed on four fronts.

- i) Personalisation: to ensure care is delivered with regard to people's choice and wellbeing
- ii) Prevention: Developing a care and support market economy that delivers care to required standards
- iii) Quality assurance: Supporting improvements and raising standards through identifying and tackling emerging concerns in the quality of care and support
- iv) Safeguarding: Collaborative and assertive approaches to managing concerns when the care provided by a service to adults who are at risk of harm is causing them to experience, or be at risk of, abuse or neglect. This must include seeking the view of the individuals concerned at all times where possible.

2. Scope of the Safety and Improvement Process

When safeguarding concerns have been identified which cannot be addressed through the quality monitoring and/ contract monitoring processes. They will be managed through a formal process known as the Safety and Improvement Process.

The Process applies to both health and social care provision; it includes concerns about NHS providers, independent hospitals, and services directly delivered by HCC.

A Safety and Improvement Process will usually be triggered when the actions taken at prevention, quality assurance and safeguarding stages have failed to either address individual or overarching concerns about the delivery of safe effective care, which may be having an adverse impact on peoples care/ support and wellbeing.

The Safety and Improvement Process provides an overarching framework which will ensure a coordinated response with:

- All aspects of the investigation planned;
- Organisations and individual professionals clear about their respective roles and responsibilities.

There may be cases where Partners including the regulator, through enquires, investigations and inspections, identify concerns which are judged to place people at risk of harm. In such circumstance Partners could trigger a formal process.

This Process can be used for services that are regulated by the CQC and for care and support services that are not regulated but provide a service, where adults could potentially be at risk of harm, for example day services or where personal assistants (PA's) are involved.

3. Prevention

A care provider's contractual obligation is to have systems and processes in place to assure itself that the relevant checks and balances are in place to ensure safe delivery of services. This can range from staff supervision, delivery of training/ mentoring (and measuring impact) and governance structures and processes. Care providers are expected to have undertaken a baseline of their own quality performance to assure itself it is meeting various compliance requirements; this should be done through regular auditing with evidence of mitigating actions in place to minimise any risks identified. For those care providers that are Hertfordshire Care Providers Association (HCPA) members, this MUST be through the Impartial Feedback Service (IFS).

i) Quality Assurance processes

To measure this, all care providers will be subject to an annual review process, from which all Partners will use and share relevant information across all care groups. The Care Quality Commission (CQC) has set up an information sharing protocol with Partners and individual reviews and themes from CQC will be used to work together to build a picture to assure the Partnership of quality (see Appendix Two).

Partnerships have also been setup with Healthwatch to ensure information and themes from 'Enter and View' visits are factored in any intelligence considered. Partners from across the system will use an observational tool and key professional's coming in and out of services will use this to feed back to the wider partnership. This may also include the police and their work through Police Community Support Officer's (PCSO) engaging with care homes as part of their 'beat'. The care concerns email system will also be used and receive completed observational tools (see Appendix Three).

ii) Quality Monitoring processes

Hertfordshire County Council (HCC), Clinical Commissioning Group's (CCG) and Hertfordshire Partnership Foundation Trust (HPFT) use East of England Provider Assessment Market Monitoring System (PAMMS) tool, process and rationale. Monitoring visits are carried out jointly with the CCGs and experts by experience wherever possible. To provide evidence of contractual and clinical compliance, CCG's will work with local authority officers to provide any relevant and appropriate support to the process of care homes that are not registered for nursing. Visits are prioritised based on the previous years' scores, and other risk data. HPFT also has a role in monitoring services under their delegated secondary commissioning responsibility. On the understanding that safeguarding adults at risk is everybody's business, any person visiting care homes or home care agencies as part of their work has a responsibility to highlight issues relating to service delivery. This work contributes to, and is delivered in partnership where necessary, the wider collection of intelligence.

iii) Governance/Business Continuity

It is the care provider's responsibility to ensure that they are able to respond to and mitigate against factors that may have a direct impact on their ability to deliver a satisfactory quality of care. The contingency plan needs to be able to respond to

staffing and/or leadership issues and should be used to identify key risks across the system and to support services to maintain quality throughout various 'disaster' scenarios that could impact on the care of vulnerable people.

iv) Role of HCPA

Hertfordshire Care Providers Association can provide support in a number of ways, including, but not limited to:

- Training – covering a range of support, from activity programmes for services, train the trainer and formal qualifications
- Quality improvement – working with services experiencing issues by addressing key issues such as leadership and management, recruitment etc.
- Impartial feedback service – an innovative service that allows care services to seek anonymous feedback on their services, which is collated by HCPA and delivers an action plan for a service to follow

It is imperative that baselines by individual services make reference to and include HCPA, to ensure quality and continuity plans are robust. There is considerable value in asking independent third party partners to provide a critical friend role, even if it is to 'accredit' in-house training, or to be aware of good practice across the County. In addition, services can be signposted to other areas of support, such as the 'Learning and Development Calendar' of courses produced by the HCC's Workforce Development and Partnership Team. To request a copy contact pvi.learning@hertfordshire.gov.uk

v) Contract Compliance

The vast majority of care providers deliver care under contract to HCC and/or one or both of the CCG's. These contracts stipulate the minimum terms and service quality objectives that all services are required to meet. The quality objectives are measured through the 5 key domains under the PAMMS tool:

1. Involvement and Information
2. Personalised care and support
3. Safeguarding and safety
4. Suitability of staffing
5. Quality of management

Commissioners will utilise the contract to ensure quality and performance remain high.

vi) Duty of candour

In order to maintain the highest quality standards across Hertfordshire, there will be trust and transparency across all processes on quality improvement. The Partnership will be open with all levels of management within a service about any evidence we have, what is expected to remedy it and by when. In return, services should work with the Partnership in the spirit of quality improvement. This may mean highlighting issues

before they develop into something more serious or significant, raising appropriate alerts (Regulation 16 and/or 18) to HCC and delivering sustained quality. In addition, there would be expectation that services were open and honest with their service users and families.

vii) Workforce Development

A key factor in delivering high quality services is through effective recruitment, retention, training and Continuing Professional Development (CPD). Through HCC and HCPA, there are a number and range of opportunities for services and staff. Through HCPA's recruitment portal and range of training opportunities and HCC's 'Learning and Development Calendar' courses, we will be working with care providers to ensure all support is offered to ensure quality standards are raised.

4. Assurance

A care provider will retain any and all responsibility about the quality of its own service. The Partnership's role, once concerns have been identified, and have been raised within the service for improvement and their success evaluated, are to escalate ongoing or unresolved concerns to the senior management/leadership within the service.

i) Care Provider led Improvements

The care provider will be responsible for setting the pace of improvements that are required. This should cover all appropriate levels within the service or across services. The role of the Partnership is to constructively challenge the care provider's proposed actions plans, milestones and timescales, as well as proposed evidence for completion, to ensure improvements are deliverable and sustainable.

ii) Quality Assurance Meetings

Concerns that have not yet been remedied to the satisfaction of the Partnership will be escalated to the care provider's senior management team and be discussed at a Quality Assurance Meeting (QAM). This level of management will be the tier that sits above the Registered Manager and has accountability for the Registered Business. It can include, but is not limited to, Quality Leads, Care Auditors, Finance Leads, Operational Leads/Directors, CEOs or Owners. These meetings will be time limited with the aim of ensuring service improvements in an effective and timely manner and to prevent concerns from escalating. There will be a minimum of two QAMs; the first to share and discuss the concerns ahead of agreeing an action plan and the second to close the process down following subsequent remedy of the concerns. The time between the two meetings will be dependent on the agreed timeframes as part of the action plan. Further QAMs may be required in some circumstances but this should be not the norm and in agreement between a care provider and the Partnership.

iii) QAM tools

a) Audits

Once concerns have been escalated to a QAM, the Partnership will request a care provider's support in compiling a full as possible audit of the service to understand

risks, exposure to risks and liabilities, and whether these are shared across the Partnership and care provider. This will also include historical quality issues. This will be shared with the care provider during or after the QAM.

b) Targeted interventions

At the QAM, key targeted interventions by the Partnership will be agreed with a care provider, to ensure progress is checked in real time and that work can be adapted as things develop. This is to ensure an effective preventative response that delivers sustained improvements. The targeted interventions agreed will be delivered and supported by key professionals assigned by the Partnership.

iv) Communications

a) The Partnership will inform the senior management team of the decision to convene a QAM at least 2 weeks before any proposed dates, and will outline the quality issues that have not been remedied following preventative advice and support, and quantify the approaches taken and their success.

b) A care provider will develop an action plan ahead of the QAM based on these concerns and will share these with the Partnership no later than 48 hours before the QAM. A care provider will then share their approach with the Partnership at the QAM.

c) Agreed actions and timescales will be communicated by the Partnership to a care provider no later than one week following any QAM.

v) Multi-agency Decision Making Meeting

Concerns that have not yet been remedied, as agreed by a care provider's senior management team at the QAM, to the satisfaction of the Partnership will be escalated to a Multi-agency Decision Making Meeting (MDMM). It will be the role of this meeting to gather all intelligence gathered throughout the preventative and assurance processes, to decide whether the concerns should be further escalated to a Safety and Improvement Process or whether they should continue to be managed within QAM.

5. Safety and Improvement Process

i) Introduction

There are five key stages in the Safety and Improvement Process when preventative and quality assurance have failed:

- 1) Drawing together information to include multi-agency discussion and decision taken as to whether the concerns meet the safety and improvement threshold
- 2) Safety and Improvement Process meeting takes place, agreeing timescales
- 3) Reconvened Safety and Improvement Process meeting

- 4) Closing the Safety and Improvement Process - placing emphasis on quality assurance and preventative measures and processes
- 5) Reflection and Learning
(See Appendix Four)

ii) Purpose of the multi-agency decision making meeting (Replaces Professionals meeting & process)

The purpose of the MDMM is to share intelligence to decide whether to proceed to the Safety and Improvement Process or whether the concerns should be managed within existing quality and/or contracting processes. It is also an opportunity to determine the level of risk to people receiving care and support and where necessary further develop the recovery actions. The expectation of the action plan is that they lead to tangible, measurable improvements in the quality of care.

All decisions must reflect a multi-agency approach, which is proportionate and based on the views of the professionals in attendance. The roles and responsibilities of all participants should be agreed with the chair and documented within the minutes. A risk template must be used at every professionals meeting to record the issues, risks, action plan and subsequent actions.
(See Appendix Five).

If the **threshold is not met** to initiate the Safety and Improvement Process then quality monitoring arrangements will be led by commissioners and any further meetings arranged will be known as QAM; the findings of which will be shared with Partners via the Strategic Quality Improvement Group.

If it is decided that the **threshold** for a Safety and Improvement Process **is met**, the concerns, risk evaluation, discussion and decision must be documented. Planning and actions agreed for the investigation must also be documented. A formal notification (see Appendix Six) will be sent to the care provider outlining the reasons for triggering the process and the interim actions required to report on measures taken to assure Partners that people are being safeguarded and protected.

Where there are issues for safeguarding open dialogue and agreed actions for improvements can only be achieved where there is trust and willingness on all parties to work together.

iii) What constitutes multi-agency decision making meeting (Replaces Professionals meeting & process)

The responsibility for convening, chairing and minute-taking of the MDMM lies with Adult Care Services (ACS) or HPFT; this is considered part of their lead responsibility under the Care Act 2014 to make or cause others to make safeguarding enquiries.

The Chair of the Safety and Improvement Process meeting must be a Head of Service with delegated responsibility from the respective statutory Partners; to enable a decision to be made the following need to be present:

- ACS – Head of Service (Commissioning)
- ACS – Head of Operations (OPPD and CLDT)
- CCG – Head of Adult Safeguarding
- HPFT – Service Line Lead/ Consultant Nurse

The relevant GP practice(s) must be notified by the CCG and ACS when a MDMM is taking place (see Appendix Seven); and the GP will be invited to contribute to the process and provide relevant information.

The care provider is not invited to this meeting but informed that it has taken place. (See Appendix Six).

It is the expectation that the Safety and Improvement process will last approximately three months, although there may be circumstances where this is managed on a case by case basis.

iv) Thresholds to support the decision making

In making a decision around triggering processes outside of the usual contract; consideration of safeguarding, clinical and nursing practice and regulatory compliance will be given to the following list of indicators of safe, effective care. This is not an exhaustive list rather; it sets out the typical care scenarios that may trigger a formal process under the policy. There may be circumstances in which consideration will be given to overriding factors of public interest which in themselves may be sufficient to trigger a formal process.

Thresholds for convening a meeting include:

- A number of safeguarding concerns and/or referrals indicate that a significant number of adults are at risk of abuse or neglect;
- There is evidence or a credible concern that a number of adults at risk have been abused or neglected;
- There has been a death, serious injury or major impact on the health of an adult at risk and abuse or neglect is a contributory factor;
- Patterns or trends in care delivery where remedial action is not taken or has had no impact and there are indications that a number of adults are at risk of abuse or neglect;
- There has been a significant complaint;
- There has been significant whistleblowing;
- There is evidence from CQC inspection, CCG and /or local authority quality monitoring / contract monitoring visits indicating that a number of adults are at risk of abuse or neglect.

v) Structure of the meeting

The Safety and Improvement Process should last no more than six months, with the first multi-agency meeting with care provider to be arranged within 10 working days of the decision to trigger the Process. If the Process continues longer than six months from when it was triggered then it should be reported to SQIG and HSAB Board.

Meetings should be convened in two parts. The exception to this is when a criminal offence is believed to have occurred and/or where to include the care provider would compromise a police investigation.

Minutes and action points will be taken at the meeting by ACS Business Support Officer and will be circulated to all attendees within 5 working days. Any exception to this must be agreed by the Chair in consultation with the responsible board lead member.

Part one is for reports to be received from Partners around enquiries, investigation and reviews on individual or overarching care quality issues. The care provider is not present at this meeting.

In order to enable effective, timely, evidence-based decisions, organisations are expected to provide written reports to be circulated with the agenda.

These must include, but not limited to:

- A summary of the most recent quality/contract monitoring visits (NHS/ACS/Commissioners);
- CQC inspection report (as published on CQC website);
- A summary of safeguarding alerts/ enquiries/ outcomes and themes (ACS/HPFT investigating teams);
- A summary of themes and trends from professional/ clinical observations/ reviews etc. (all organisations)

It is also to agree on the scope of further actions by the Partners and the agenda for part two of the meeting.

The purpose of part two of the meeting is for care providers to bring action plans to the meeting which should reflect action plans from CQC and PAMMS tool. The meeting should focus on:

- Summary of concerns;
 - Obtaining the care provider response to concerns;
 - Agree any immediate actions needed to protect adults at risk of harm;
 - Agree a service improvement plan with the care provider;
 - Decide whether any contracts should be suspended or terminated due to safeguarding issues;
 - Agree a communications strategy, to include individuals using the service, their families and carers and other stakeholders;
 - Agree a date to reconvene to review the action plan and service improvement plan;
- OR
- Decide that the Safety and Improvement Process can be concluded (this has to be a multi-agency decision).

Care providers will receive minutes for part two of the meeting only.

All other funding authorities must be informed via Commissioning that the Safety and Improvement Process has concluded.

vi) **Safeguarding investigations**

The Process does not exempt services from managing safeguarding adults at risk who are supported by care providers who are subject to single safeguarding concerns from the usual practice. In all cases, single concerns should ensure that there is an outcome to determine whether or not the safeguarding concern was substantiated through robust investigation and an effective protection plan is in place; it is not sufficient to state that the matter will be dealt with through an Safety and Improvement Process.

Where a Safety and Improvement Process is already taking place, the two processes should run in parallel with a possible outcome that the issues in the single concern is being addressed appropriately through the Safety and Improvement Process and there is no need for additional action. At the very least the single alert should be taken through both stage 2 – Referral and stage 3 – Safeguarding strategy discussion meeting and a decision recorded.

Roles and responsibilities in an investigation can overlap. It is important to be clear as to who is doing what within set timescales. This could include, but not limited to:

- Police investigation;
- Reviewing individual cases, including specialist clinical reviews;
- Monitoring visits by commissioners (both announced and unannounced);
- Monitoring visits by the regulator;
- Learning and development support;
- Informing other funding authorities;
- Professional's advocacy.

vii) **Recovering Losses**

Commissioners on rare occasions will terminate individual contracts if people are deemed of imminent risk of harm or if there are not sustainable improvements to care which is resulting in risk or harm. It is important to note that CQC have ultimate jurisdiction and responsibility in removing registration and / or service closure falls outside the remit of this policy and procedure.

There may be resource invested by the Partnership to support a service, to ensure safe care is being delivered and/or providing specific training and/or support and guidance, in order to push the improvement process. In these cases, the Partnership will discuss with the care provider a number of options to ensure this investment doesn't significantly disadvantage the Partnership.

6. Reflection and Learning

This is a multi-agency approach including the care provider as it is important that lessons learnt from each Safety and Improvement Process are identified and used to inform practice.

The purpose is to:

- Celebrate good practice;

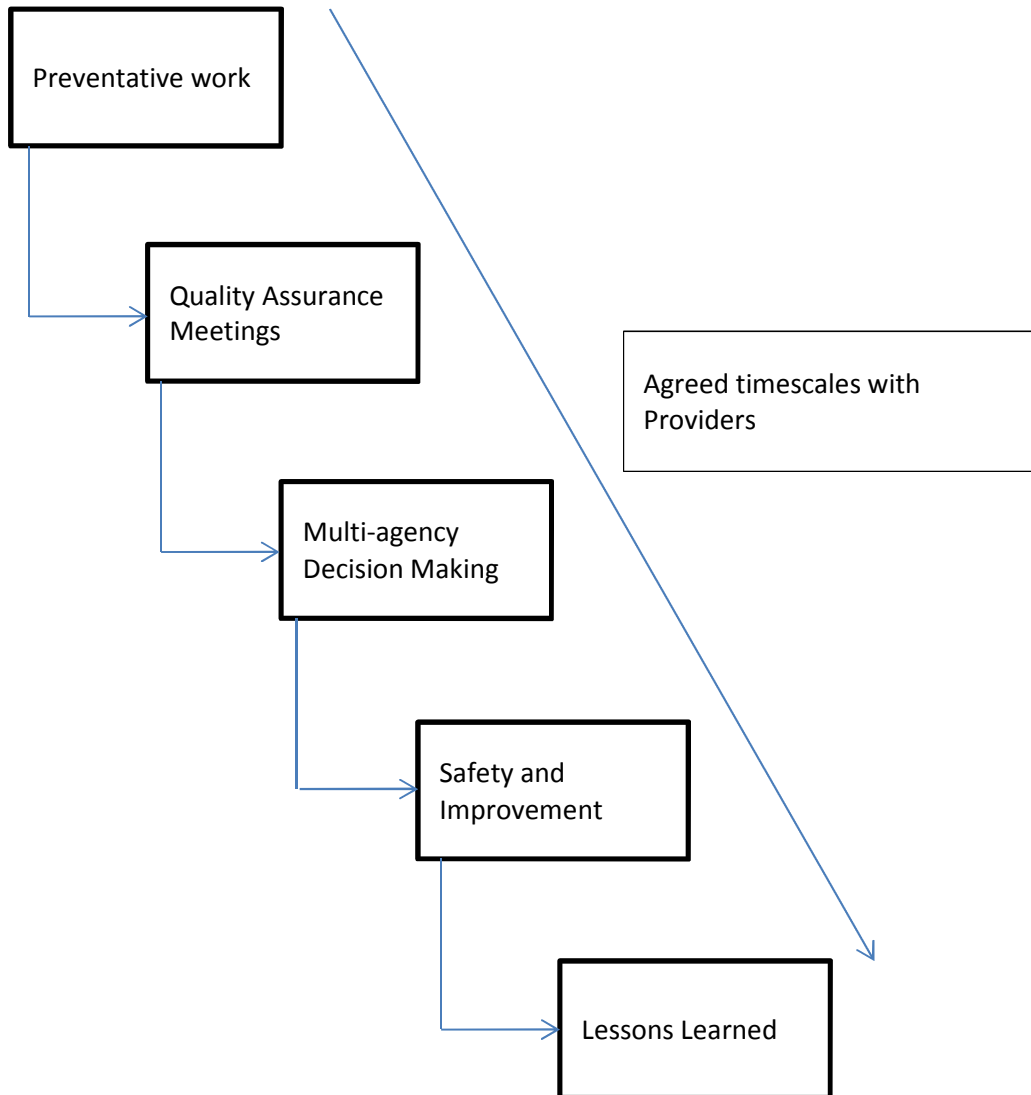
- Recognise areas where development is needed;
- Agree how learning should be disseminated across the Partnership.

The Chair of the Safety and Improvement Process should convene the Reflection and Learning meeting which should be held within one month of the conclusion of the process.

The Chair of the session will not have been the Chair of the Safety and Improvement process and it is recommended that an independent chair is used as this will enable all participants to fully engage in the discussion. It will be concluded by a letter outlining the outcomes.

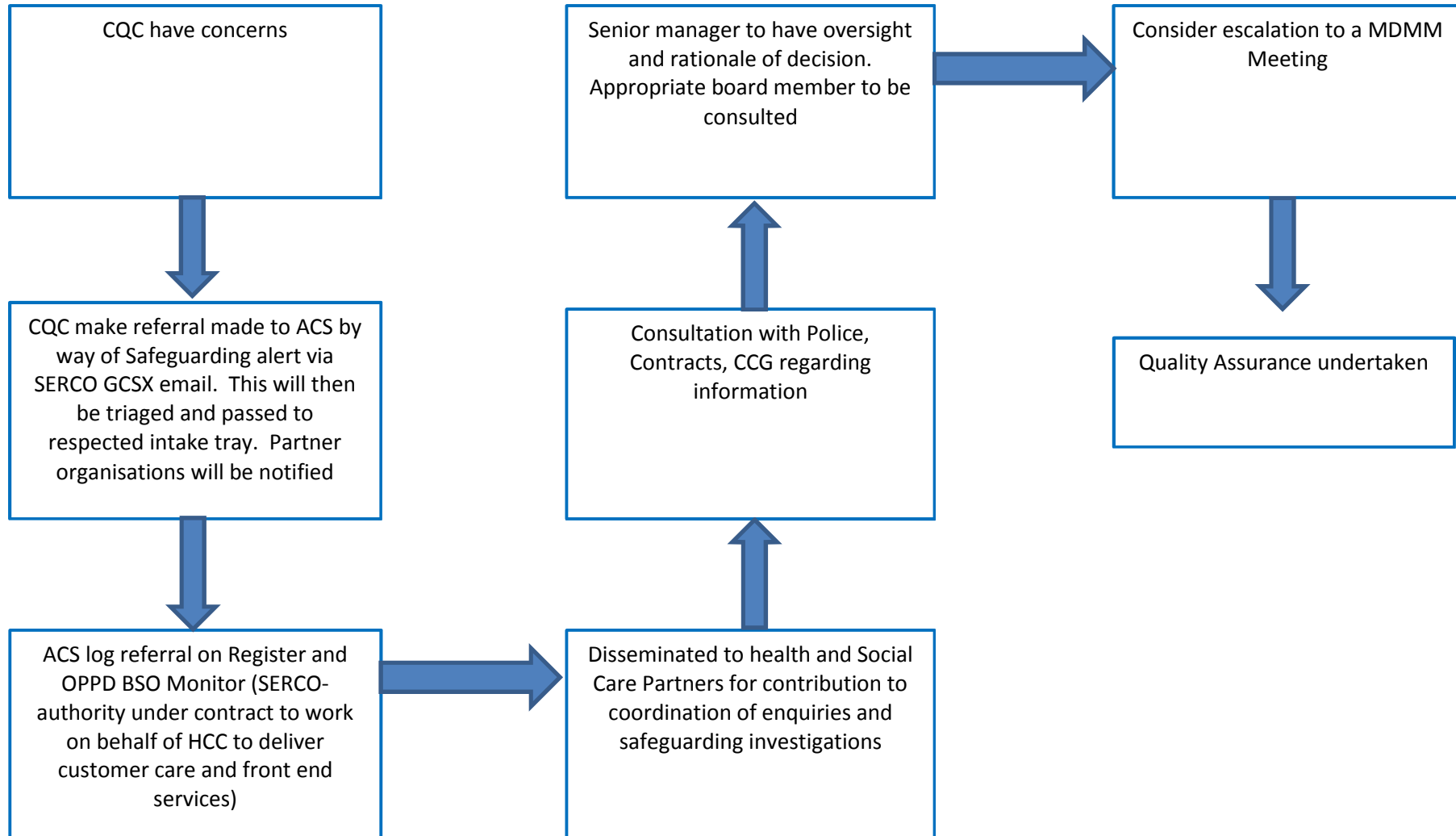
Appendices

Appendix One: Process Map



Also see Diagram on Page 8.

Appendix Two: CQC Information Pathway



Appendix Three: Observational Tool

Results are emailed to careconcerns@hertfordshire.gov.uk

Multi – Agency Observation Sheet

Name of Home

Date of Visit

Visit completed by.....

ENVIRONMENT	YES	NO
What are your initial impressions?		
<u>Action/Comments</u>		
Does the establishment smell fresh and clean?	Yes	No
<u>Action/Comments</u>		
Are the staff aware of the reason for your visit?	Yes	No
<u>Action/Comments</u>		
Are there drinks and snacks in the communal areas for people?	Yes	No
<u>Action/Comments</u>		
Does each person you visit have a drink within reach that they can manage?	Yes	No
<u>Action/Comments</u>		
If you look at a specific person, are fluid charts being completed fully where applicable?	Yes	No
<u>Action/Comments</u>		
When observing an environment from a mental health perspective, is the layout of the furniture being used to restrict movement	Yes	No
<u>Action/Comments</u>		

What is the quality of the information on notice boards especially with providers who cater for people with a functional illness and for EMI homes for families and carers?	Yes	No
<u>Action/Comments</u>		
STAFFING		
Do staff make you welcome when you visit the home and are you asked to sign in?	YES	NO
<u>Action/Comments</u>		
Do the staff know who you are visiting and the reason for your visit?	Yes	No
<u>Action/Comments</u>		
Did staff ask permission to enter the person's room?	Yes	No
<u>Action/Comments</u>		
Do the staff speak to people with respect?	Yes	No
<u>Action/Comments</u>		
Do you hear call bells ringing constantly for long periods of time?	Yes	No
<u>Action/Comments</u>		
Do you hear people calling out for any length of time and not being responded to?	Yes	No
<u>Action/Comments</u>		
If people are sat in the lounges is there staff available to them or doing	Yes	No

any kind of activity with them? Within Care Homes for people with dementia, Care Home Staff should be with them.		
<u>Action/Comments</u>		
MANAGEMENT	YES	NO
Do you know who the Manager is and are they on site?		
<u>Action/Comments</u>		
Are you aware of who is in charge of the shift?	Yes	No
<u>Action/Comments</u>		
Are you asked to see other people when you visit the Care Home?	Yes	No
<u>Action/Comments</u>		
Is there person identifiable information left lying around?	Yes	No
<u>Action/Comments</u>		
Are care records available at your visit?	Yes	No
<u>Action/Comments</u>		
Any other issues you wish to raise?	Yes	No
<u>Action/Comments</u>		

Appendix Four: Checklist of actions to be considered and or taken at meetings

Action to be taken	Yes	No
Senior Management – Need to Know		
Strategy decision on when to discuss matters direct with the Provider		
If a suspension on admissions is considered how this is communicated to front line staff		
Alerting other local authorities who have made placements		
Alerting Health colleagues on any Continuing Care placements		
Information to the Provider		
Press release discussion to Communications Team		
Briefing paper for Chief Executive and or Elected Members, Chair of HSAB		
Consider how to consult with any other stakeholders, e.g. residents and relatives without raising anxiety		
Agree as part of strategy how to include self-funders		
Make recommendation on suspension of admission for contracted services.		
Coordinating service user/patient care reviews and reassessments		
Monitoring care quality delivery		
Offering professional technical support and intervention		
Monitoring service improvement plans		
Agree a multi-agency protection/action plan		

Appendix Five: Risk Assessment template

MDMM Risk Assessment					
Provider:					
Date of Meeting:					
MDMM Risk Assessment					
Date Agreed	Issues	Risks	Action Plan/ Actions Reviewed	Date Reviewed	Sign Off
e.g. 01/10/2017	Number of safeguarding issues	Residents mobilising without carers and falling	Review team to go out and complete review of care plans and identify risk assessments Reviews completed. Action for Home to update care plans	01/11/2017	Chair signature

Appendix Six: Notification template



**Adult Care Services
East and North Area Team OP
SFAR215
Second Floor
Farnham House
Six Hills Way
Stevenage, SG1 2FQ**

Area Manager: NAME

Telephone: 0300 123 4042

Date: DATE

Dear OWNER,

RE: Safety and Improvement Process Meeting

I am writing to inform you that Hertfordshire County Council would like to invite you to a multi-agency meeting to discuss how best to address some ongoing contractual and safeguarding concerns which have emerged from a number of residential homes registered to your organisation. These homes include; INSERT CARE HOMES.

The reasons why the decision was made to initiate this process, as well as the date of the meeting are detailed below. You may already be aware of and in the process of combating these concerns which have been noted by CQC, HCC operational safeguarding team and HCC contractual monitoring team.

Given the risk to the services being provided to the residents of the homes, we would want to prevent further deterioration and seek a speedy resolution to ensure improvements to the quality of your services. An overview of the concerns can be seen below:

Reasons for initiating the Safety and Improvement Process:

On DATE the Care Quality Commission (CQC) made an unannounced inspection in response to concerns that one or more of the essential standards of quality and safety were not being met. During this inspection they found that CARE HOME was non compliant in the following areas:

- On the DATE the council received a Safeguarding concern pertaining to a resident that was potentially at risk. Following receipt of the SAFA concern, representatives from the council visited the home on DATE. The concerns noted at this visit included:

•

Date of Safety and Improvement Meeting

The Safety and Improvement meeting will be held on DATE at TIME at PLACE.

I would be grateful if you could please confirm your attendance at this meeting, and also inform me of any other attendees you may bring with you.

To confirm your attendance please contact NAME OF BSO at EMAIL, or alternatively via telephone on NUMBER.

Yours Sincerely,

Appendix Seven: GP Notification letters



**Adult Care Services
East and North Area Team OP**
SFAR215
Second Floor
Farnham House
Six Hills Way
Stevenage, SG1 2FQ

Area Manager: NAME

Telephone: 0300 123 4042

Date: DATE

Dear Practice Manager

Re: (CARE HOME)

According to the CCG records you are the practice providing medical services to NAME Care Home.

The County Council's Adult Care Services (ACS) together with multi agency Partners has recently held a high level meeting through the Hertfordshire Safeguarding Adult Board Multi Agency Safeguarding Adult Procedures with the provider to discuss concerns regarding this home. These concerns relate to:

Our aim is to engage with the care home provider to ensure improvements and changes are made to care practices within the home.

In the course of the work you do within the Care Home please can you share any concerns with CARE HOME that you may have that will inform the improvement required.

The officer coordinating communication for this work is: NAME, TITLE

If you would like further information on the concerns ACS currently have at the home, please contact: NAME, Business Support Officer – Safeguarding on EMAIL AND PHONE

(These contact details are for the use of professionals only and must not be given out to members of the general public).

Your sincerely

Business Support Officer

Letter to self-funder



**Adult Care Services
East and North Area Team OP**
SFAR215
Second Floor
Farnham House
Six Hills Way
Stevenage, SG1 2FQ

Area Manager: NAME

Telephone: 0300 123 4042

Date: DATE

Dear NAME,

RE: Your right to an assessment of your social care needs, including your residential care placement.

I have been given your name by NAME, Manager of CARE HOME. I am taking this opportunity to inform you that you have a right under law to have an assessment of your needs undertaken by a social care practitioner on behalf of the County Council.

This assessment (which is free of charge) will help to ensure that you are receiving the appropriate support for your care needs and make recommendations about any appropriate alternatives. It will also be able to identify if you are entitled to any financial support from the County Council.

If you would like to take up the offer of an assessment please contact NAME on 0300 1234042, who will be able to assist arrange this.

Whilst writing I would like to take this opportunity to remind you that you can check and see how the Care Quality Commission rates local care home provision by visiting www.cqc.org.uk.

Yours sincerely

Appendix Eight: NHS Legislative Framework

Protecting patients from avoidable harm and ensuring safe care is a requirement of all NHS organisations. National policies are in place which require all NHS organisations to have clinical governance processes in place including serious incident and never event reporting. These set out clearly defined processes and procedures, including root cause analysis to ensure learning from these incidents and to prevent reoccurrences.

<http://www.nrls.npsa.nhs.uk/resources/?entryid45=75173>

<http://www.nrls.npsa.nhs.uk/resources/collections/never-events/>

In Hertfordshire each NHS- commissioned organisation has a serious incident policy which includes reporting to the commissioning organisation. In addition the NHS has a risk summit procedure which will be followed when the concerns relate to NHS provider trusts.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212820/How-to-Organise-and-Run-a-Risk-Summit.pdf