

# PURPLE STAR ACCREDITATION

Contents	Page
The Purple Star Strategy	1
The Purple Star application process	2-5
Examples of anecdotal evidence of reasonable adjustments	6
The Purple Star 15 Criteria to accreditation	7-12
Application form	13

## The Purple Star Strategy



The Purple Star brand was developed in 2014 by the Hertfordshire Community Learning Disability Services through the Health Liaison Team [Herts County Council] in partnership with service users, carers and the University of Hertfordshire Business School.

The Purple Star is a Trademark which is accredited to health services who demonstrate the delivery of high quality, reasonably adjusted services to adults with learning disabilities across Hertfordshire, in line with the requirements of the Equality Act 2010.

Like a "kite mark" the presence of a Purple Star at a health service provider indicates that a defined set of standards, as set out in the Purple Star Promise, have been achieved by that health service provider and are consistently being maintained.

## **The Purple Star Process**

### **1. Application –**

Once a GP practice has implemented a good annual health check process by working alongside our health equality nurse (HEN), then our HEN will share all the good practice information with the Purple Star nurse who will then be in touch to help gather information and offer support, for the final elements of the 15 Criteria (please see page – 15 criteria)

To help speed up your accreditation, in the meantime, the service should:

**A. Identify a learning disability champion** within their service, their role is to take the lead for the service in:

- ensuring compliance with the strategy standards
- supporting the staff team in the collection of the evidence on the recording forms
- overseeing staff training needs and liaising with their link nurse
- Promoting constant service development and improvements in line with changing legislation and good practice.

**B. Start considering what reasonable adjustments** they already offer to adults with a learning disability and what areas they could improve on. Try and jot down somewhere the good examples to share with the Purple Star nurse.

**C. Identify individual carer's of and patients / service users with a learning disability** who may be able to support them in identifying ways they could improve their service delivery

**D. Gather as much feedback as possible from care providers, carers, family members of and patients with a learning disability, using the feedback online smart survey and/or printable version.**

**E. Have a look at the Actions for Accreditation (on the Accreditation Report)** and start keeping a record of any of the criteria you are currently achieving that you already have evidence of.

**REMEMBER: This is a WHOLE SERVICE award. Please include your full staff team in all you do**

## **2. First Meeting –**

Once the Purple Star Strategy team have capacity to start working with the service, they will arrange to meet with the Learning Disability Champion and any other key staff members.

At this meeting they will discuss the whole purple star process, the action plan, the training requirements and staffs previous experience and outlook on working with people with a learning disability.

If the service wishes to progress, they will be asked to sign the agreement (*please see application form at bottom of document*) and will be given their purple star strategy handbook.

## **3. Accreditation Action Plan –**

The Purple Star Strategy team and the community learning disability link nurses will work with the services Learning Disability Champion and other key staff members to establish what the service is already offering, in line with the promise criteria, and what additional things they need to achieve.

During this stage the community learning disability services ‘expert by experience’ will also visit the service to scope or make a secret scope telephone call. This is purely to be able to experience the service first-hand and give advice on service improvement from the perspective of someone with a learning disability.

The Actions required to meet the standard for accreditation will be recorded on **The Accreditation Report**. This will form the basis of the evidence of achievement for each criterion and as an action plan of outstanding actions.

The service should also start recording their evidence of good practice and reasonable adjustments that they have made for specific individuals.

- The service would need to keep a record of all reasonable adjustments made on an individual basis - This should NOT contain personal information but should evidence what reasonable adjustments were made, why they were made and what the outcome was.

The Steering committee will require at least 8 anecdotal examples of reasonable adjustments made for people – see examples of evidence at the bottom of this document.

#### 4. Training –

Training sessions will need to be organised to ensure an absolute minimum of 50% of each discipline of the staff team have received the purple star strategy learning disability awareness training. We can design and deliver this in whatever way works best for your practice. The 3 areas that need to be covered are

1. **Admin staff training** on LD awareness and the impact they can have on delaying or enabling access to healthcare
2. **Clinician training** on LD awareness and using mental capacity and best interest decision to avoid delays in investigations, how to make reasonable adjustments and effective communication.
3. **Annual Health Check Training** – for all involved in the collaborative AHC process

The purple star handbook has been designed to be a workbook and includes various links and videos to aid training. This can be used as part of your initial induction to new staff or as refresher training, however, it is not intended to replace learning disability awareness training sessions and the learning disability champion will need to liaise with the purple star strategy team for further training sessions due to staff turnover or if they consider refresher training is required.

#### 5. Assessing Accreditation standard –

Once the standard for accreditation has been achieved and evidenced in **The Accreditation Report** we will take the evidence to the purple star strategy steering committee for approval for accreditation.

**The steering committee** is a group who provide strategic governance for the implementation of the purple star strategy. It comprises:

- Experts by Experience
- Carers / support representatives
- Advocacy service representatives
- Social Work Representatives
- Strategic Lead Nurse
- Strategic Liaison Nurse
- Independent health care service representatives

- Community learning disability nurses

Once the service has been approved by the steering committee, then the practice can plan their award ceremony. The service can make this as big or small as they like. The mayor and local press can be invited to celebrate with a big bang, or we can deliver the award certificate and star in person or via email.

## 6. Following Accreditation -

The service **MUST**:

Maintain staff training to ensure they stay within the baseline requirement of 50% across all disciplines

- Maintain a recording log of *evidence of service of excellence* offered to adults with a learning disability
- Continue to work on their ongoing actions
- Demonstrate Continued compliance with all the promise criteria
- Continue to gather feedback from patients / service users with a learning disability and / or those who support them.
- Accept that they will receive a secret scope telephone call or visit from an expert by experience to individually assess their attitude and approach to adults with a learning disability.
- Engage with the learning disability nursing service and Purple Star nursing for the needs of their patients with a learning disability and continued service improvement
- Accept that local care providers who may use their service will be asked to provide feedback on the service they receive.

## 7. Re-accreditation –

After one-year post-accreditation, all of the above will be fed to the steering committee for consideration for a reaccreditation. Following the first year of reaccreditation, accreditation will be on a bi-annual basis. Failure to maintain the accredited standard or provide evidence may result in not being reaccredited.

The Purple Star remains the property of Herts County Council and therefore can be removed at any point.

## Management of non-compliance

- If there are non-compliance concerns, then the services link nurse will work with them to draw up a remedial action plan to support service improvement.

- If there is no improvement within the agreed timeframe, then this would be reported to the Steering Committee and the Purple Star may be suspended until improvements are evident.
- If there are any significant incidents / safeguarding concerns indicating that an accredited service does not offer a service of excellence, then the Steering committee may suspend or even withdraw the purple star. This process will be transparent and collaborative and will always aim to support the service to achieve the accreditation standard.

## Examples of Anecdotal Evidence of reasonable adjustments

Rather than multiple pieces of minimal evidence, we would like the full story including health outcomes of 8-10 examples a year. If you are not able to record this level of detail, please use your Purple Star Strategy Handbook Pages to make a brief note to act as an aide memoire and the Link nurse can gather the full story from you verbally on her visits.

### **EG Dental Service:**

Instead of 'fed biscuits while treating'

We would like-

*'Service user would not sit in chair or accept any investigations. Was very anxious and displaying behaviour which indicated potential pain but wasn't identifiable where the pain was. Fed them biscuits and played music to calm them enough to get a glimpse in the mouth to be able to identify significant tooth decay and possible abscess. This was enough information to be able to make a best interest decision to put them under GA to investigate and treat. Without the time taken, biscuits and music this glimpse would not have been possible and a best interest decision to give a GA with no evidence of dental concerns would have not been possible until we had more evidence the pain was dental related. The person had a GA, dental issues all addressed and they behaviours they exhibited that indicated they were in pain have stopped.'*

### **EG – GP Example:**

Instead of 'saw in car'

We would like-

*Person came in anxious and with behaviours indicating they had abdominal pain, they were not going to accept any physical examination. The carer said they had been calm in the minibus with their headphones on, so they returned them to the mini-bus, and they calmed. The GP was then able to do enough of a physical examination to diagnose potential constipation. Without moving them to an environment they were calm in, this diagnosis would have been delayed.*

## The 15 Criteria for Purple Star Accreditation for Hertfordshire GP Practices

<b>Criteria</b>
<b>1.Learning Disability Register</b>  Keep Learning Patient List updated – It is believed that between 1%-1.5% of patients have a learning disability.  <b>What percent of your full patient list are flagged as having a learning disability?</b>  What is the population Ethnic demographic and does the LD register reflect a similar percentage of people from each ethnic background?  The CCG target is that all practices are at least <b>0.5%</b>  <b>Promote ‘preparing for a healthy adulthood’ to anyone on the register under the age of 18.</b>
<b>2.Learning Disability Champion</b>  Do you have a <b>Learning Disability Champion</b> in your practice? Do they, or does someone have knowledge of the people on your LD register [We have a format they can use to ensure they have recorded all their nuggets of expertise in each person]  Do they link with the Carers Champion to ensure a holistic care approach is achieved and issues are identified early which may impact the health and wellbeing of the other?  Does the Champion have a LD discussion slot at the team meeting to gather examples of good practice and hear of issues in practice that may be worth reporting back to PSS to help overcome?  LD Leads / Coordinators will be expected to have a Teams meeting with the experts by experience every 18 months to discuss any environmental or reasonable adjustment or communication concerns or adaptations to practice.
<b>3.Reasonable Adjustments / TEACH</b>  Do all your staff know about the legal requirement for <b>reasonable adjustments</b> (and have evidence of examples) and the impact they can have on health outcomes? Do you have each patient with an LD’s known reasonable adjustments flagged? Do these include adjustments the admin team will need to make as they are the gateway to accessing your service?  We use the acronym <b>TEACH</b> to help embed this in everyone’s everyday practice. <b>T</b> IME, <b>E</b> NVIRONMENT, <b>A</b> TTITUDE, <b>C</b> OMMUNICATION and <b>H</b> ELP



## 4 Purple Folder

Promote the New 2023 Purple Folder to everyone on the LD register over 18 and contact us at [purplefolder@hertfordshire.gov.uk](mailto:purplefolder@hertfordshire.gov.uk) to get a replacement.

Send out a text to 18yrs+ with the following: 'Forename, Do you have the New 2023 Purple Folder? Contact [purplefolder@hertfordshire.gov.uk](mailto:purplefolder@hertfordshire.gov.uk) to get one or use this link: [www.hertfordshire.gov.uk/purplefold](http://www.hertfordshire.gov.uk/purplefold)'

Purple Folders have had considerable changes so would be advisable for all staff to watch the 15 min training video

[Purple Folder 2023 Guide for GP's](#)

Do you use and promote the use of the **Purple Folder**?

We now have new pages for the **Purple Folder** so can you promote people to switch to the new pages?

We also now have **Purple Cards** available for people who are more independent – can your team promote the use of these?

## 5 Accessible Environment

**How accessible is your environment** for people with learning disabilities?

Do you have **quiet waiting areas** for people who are anxious in busy, noisy places? Or a place they can wait outside maybe?

Do you have reception staff who can be supportive and solution finding if someone arrives anxious?

We have an **Expert by Experience** in the team who can help you see things from the view of someone with a learning disability.

Do you have **easy read information** available?

We also have detailed **webpages** that you can signpost patients and carers to which have a wide range of easy read health information [LDMYHealth](#)

Do you have the option of a **video call** with someone who has speech difficulties or struggles to understand consultations by words only?

As part of the Purple Star, we may check the accessibility of the practice by asking a person with a learning disability to call or visit the practice. We use this to help give you feedback and see what additional help or training support we can give.

## 6 Annual Health Checks (AHC)

What percent of your Learning Disability patients received the full annual health check? And can you evidence how you tried to engage the non- attenders / hard to reach people [and used the LD nursing service where all other attempts failed]

**People who decline an AHC need to have MCA consideration logged (*we have decliners forms to help with this*)**

The **target is 90%, with 100% of these receiving a health action plan (HAP)** at the end. Create a **HAP** for each person using our top tips guide and **Stay Healthy at Home checklist**

Do you use the **approved template** that generates a health check action plan? Are you engaged with our AHC collaborative approach process?

Do you add **Stay Healthy at Home Checklist** actions to everyone's AHC action plan?

Do you use the new **annual health check prep tool**?

Do you ensure these are returned prior to the AHC and plan AHC in line with the information provided?

Have all staff involved in AHC process had the support / training from us and watched the AHC training video?

We can support you in developing systems for improving uptake, using health check actions to transfer the onus to carers and using our nurses to enable better understanding of risks and benefits.

Can you Send Out Link to Feedback after each AHC?

## 7 Vaccines

All people on your learning disability patient list are entitled to the free flu vaccine [via nasal spray if they refuse injections] **What percent have received this?**

**Covid Vaccinations** – what percent have been fully vaccinated including booster programmes?

Can you evidence how you tried to engage with non-responders / attenders and use of LD nursing for support where all attempts from the practice failed to contact the hard-to-reach patients?

**Pneumococcal** – have you checked all eligible LD patients have received this?

**HPV** vaccine – have you checked if they received in school and offered before the age of 25?

## 8 AIS

Do you **flag** the preferred methods of communication for all your learning disability patients?

Is this **shared when referring** on to other services or health professionals?

If not, what steps have you taken to gather this info e.g., have you sent out our easy-read form for patients to complete?

This should include how the person can communicate with the surgery if they need an appointment if they don't have someone to support them?

**Add a pop-up for each person on the Learning Disability register (follow the guide)**

Create a link to our Learning Disability web pages on your website

Evidence that when making referrals do you share the reasonable adjustment and communication needs – e.g. District nursing and housebound people when not physically housebound

Are you aware of the digital flag and Have you met the phases of implementation for the digital flag NHS England » The Reasonable Adjustment Digital Flag action checklist: what you need to do to achieve compliance

## 9 Safeguarding

Do all staff understand their role in identifying possible indicators that someone with a learning disability may be at risk? and know **who to report even low-level concerns to?**

[Report a concern](#)

## 10 Mental Capacity

Do all staff know how to 'weigh up' a person's capacity to consent and the importance of evidencing **clinical best interest decisions** to **NOT** carry out investigations/ physical examinations/ screening etc in everyday consultations?

**This is a critical part of reducing delays in diagnosis.**

**People who decline an AHC need to have MCA consideration logged**

*(we have decliners forms to help with this)*

## 11 LeDeR and DNA CPR's

Do all staff know about the need to report all deaths of people on the LD patient list to the **LeDeR mortality review programme**?

Do they know that they need to provide information as every death will be reviewed?  
The outcome of this National review forms the basis of learning for local changes which we will help you to embed in practice.

[LeDeR \(DOCX 197KB\)](#) is the National mortality review of all deaths in people with learning disabilities from the age of 4 up. [Here is the National flyer \(PDF 194KB\)](#) with details of how to report a death in your patient group and information on how Herts are meeting the LeDeR requirements

Have you checked your **DNA CPR's** to be certain that the reason for it clearly identifies why CPR would be medically futile and does not site their learning disability as a reason? Has the MCA [and Best interest if applicable] been properly completed? We can deliver some advisory training/support on this. [DNACPR support guide](#)

## 12 Health Equalities Targets

1. **STOMP** – have you engaged with the STOMP Health equalities Nurse? The **Stopping of the Over medicating of psychotropic medications** in people with Learning Disabilities is a National programme.

We can help by working with the person to fully risk assess any reduction possibilities, overcome barriers or concerns about reducing and create a plan and monitor.

2. Have you engaged with the **Cancer screening Health Equalities Nurse**? - What is your **cancer screening uptake** like for your LD Patients? The cancer screening nurse can help by assessing capacity and overcoming barriers
3. Hard to Reach patients – engagement with Hard-to-Reach Hen
4. Have you run a search and engaged with CLDNs re a **baseline dementia assessment** referral for all people with Downs Syndrome age 30 and over?
5. **Refer all people in need of blood tests, who haven't been able to have despite Reasonable adjustments, to blood test pathway using MCA form**

## 13 Training

Have staff received training on **meeting the health needs of people with Learning Disabilities**?

The **Purple Star Team** can provide this in whatever way works best for your practice  
We can do short sessions in 3 parts:

1. For admin team on LD awareness and the impact they can have on delaying or enabling access to healthcare
2. For Clinicians on reasonable adjustments and making least restrictive best interest decisions and adapting practice
3. For all involved with Annual Health Checks.

**To be Purple Starred a minimum of 50% of each sector of your staff team will need to have been involved in the training** and after that the LD Champion can use the Training Handbook and video clip links as part of induction for new starters.

Use the **training Handbook** [Purple-star-handbook-V6-June-2024](#) and view [the training videos](#) as part of induction and staff development

## 14 GP Link Nurse

Do you utilise your GP **Learning Disability Link Nurse**?

Are **referrals** made to the Community Learning Disability Nursing Service? [Referral Form](#)

We will help you to have better partnership working.

Is there a **designated phone line or email address** for health professionals to use when wanting to discuss a patient, to avoid delays?

## 15 Evidence of good practice via patient and carer feedback

Do you **gather feedback** from your patients with learning disabilities and their carers about the quality of care they receive? [Feedback form](#)

We need this feedback to provide evidence of your excellent work.

Does the PPG have Carer and LD patient representation?

## Purple Star Strategy Application Form

<b>Name and address of Surgery</b>	
<b>Date of Application</b>	
<b>Name of 3 key contacts:</b> <i>(and their role, for example: care co-ordinator, GP, admin)</i>	
<b>Email addresses of key contacts:</b>	
<b>Direct dial number for health professionals</b> <b>Surgery number</b>	
<b>Details of Practice Manager</b>	
<b>Number of people on your learning disability register aged 14 and over</b>	
<b>Number under 14 on LD register</b>	
<b>Number of people on your full register [so we can establish percentage of LD patients]</b>	
<i>(I am aware I will need to provide evidence of providing an equitable healthcare service to people with a learning disability, and that our service will be monitored, which will include a secret scope call at any time.)</i>	

<b>Sign:</b>  <b>Date:</b>	
----------------------------------	--

Return form to: [purplestarstrategy@hertfordshire.gov.uk](mailto:purplestarstrategy@hertfordshire.gov.uk)

or by post to: Farnham House, FAR015, Six Hills Way, Stevenage, Hertfordshire,  
SG1 2FQ