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 Trade Mark 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 Service has applied and completed their self-evaluation form then their application will be taken to the Purple Star Strategy steering committee for prioritisation for work to commence.

In the meantime the service should

 **A. Identify a learning disability champion** within their service. This should ideally be a senior member of the staff team as their role is to take the lead for the service in:-

* ensuring compliance with the strategy standards
* supports the staff team in the collection of the evidence on the recording forms
* oversees staffs training needs and liaises both in house and with their link nurse
* Promotes 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.

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

**D. Supply your link nurse or Purple Star Nurse with a list of Service Providers who use your service.** They will be asked for feedback about your service and this will be built into your action plan**.**

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

**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 visit and meet with the Learning Disability Champion from that health service provider, and any other key staff members.

At this meeting they will discuss the whole purple star process, the action plan, the training requirements, the staff team’s current attitude etc.

If the service wishes to progress they will be asked to sign the agreement and will be given their purple star strategy folder.

**3. Accreditation Action Plan** –

The Purple Star Strategy team and the allocated community learning disability link nurse will work with the services Learning disability champion, other key staff members and potentially carer and learning disability service user’s representatives 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 and give advice on service improvement from the perspective of someone with a learning disability.

The Actions required to meet the base line standard for accreditation will be recorded on **The Accreditation Report – Actions for Accreditation** Document. This will form the basis of the evidence of achievement for each criteria 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.

This should be recorded on

* The Purple Star Strategy Recording Log for reasonable adjustments to be made on a individual basis - This should NOT contain personal information but should evidence what reasonable adjustments were made, and why and what the outcome was because of those adjustments. This form should also be used to record if a purple folder has been advised to someone without one or if safeguarding concerns were identified and reported on or evidence of Mental capacity and best interest decisions to treat and not to treat.

The Steering committee will require at least 10 individualised pieces of evidence – 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 training unless otherwise agreed and recorded on their promise criteria evidence log.

A record of who has been trained will need to be kept. Training information is in the strategy folder so the Learning Disability Champion will be able to give a training overview to any new staff starting, to ensure they understand the principles of the accredited service that they are joining. This does not replace the full training session. The Learning disability champion will need to liaise with the purple star strategy team for further training sessions if required, due to staff turnover or if they consider staffs approach is not in line with the accreditation standard and a refresher is required.

**5. Assessing Accreditation standard** –

Once the base line standard for accreditation have been achieved and evidenced in **The Accreditation Report – Actions for Accreditation** completed by the purple star team then 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 / supports reps
* Advocacy service reps
* Social Work Rep
* Strategic Lead Nurse
* Strategic Liaison Nurse
* Independent health care service rep
* Community learning disability nurses

Once the service has been approved by the steering committee, then an award ceremony can be planned. The service can make this as big or small as they like. You can invite the mayor and local press and celebrate with a big bang, or we can simply deliver your award certificate and star to you.

**6. Following Accreditation** -

The service MUST:-

* Maintain staff training record to ensure they stay within the baseline requirement of 50% across all disciplines
* Maintain 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 / customers with a learning disability and / or their carers. Feedback forms and pre-stamped return envelopes will be provided by the purple star team.
* Accept that they may receive a telephone call from a secret scoper to individually assess their attitude and approach to adults with a learning disability.
* Accept that they will be monitored by their link nurse who will visit at least twice a year. 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.

Your Steps Towards the Purple Star

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **S:\STEVENAGE\ACS\LDMH CLDT\CLDT\ALL\Health Liaison Team\Purple Star Strategy Project\eQUALITY_logo_Star only.jpg** |  |  | **Ongoing monitoring & annual reviews** |
|  | Image result for Purple stick man |  |  |  |  |  | Awarding the Purple Star  |
|  |  |  |  |  |  | Assessing Accreditation Standard and reporting to Steering Committee |
|  |  |  |  |  | Training the Staff Team  |
|  |  |  |  | Building up the evidence in the recording logs  |
|  |  |  | Developing an Action Plan and working towards accreditation as a service |
|  |  | Initial meeting with the Purple Star Strategy Team – signing the agreement  |
|  | Identifying your Learning Disability Champion and start considering what changes your service could make  |
| **Completing the Application and self-evaluation forms** |

 Examples of How the Purple Star Steering Committee would Like Anecdotal Evidence of Reasonable adjustments Made

Rather than multiple pieces of minimal evidence which

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 indicated 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 minibus 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.