5. WORKING WITH CARE AND SUPPORT PROVIDERS

5.1 Introduction

Safeguarding is everyone's business. This section considers a range of issues about quality and safety, positive practice, safeguarding concerns and managing large scale enquiries. Partnerships between safeguarding and commissioning functions, and their interdependent roles and responsibilities towards providers are explored. It is essential to know what works well to support a positive culture of co-operation and information sharing with joint accountability for risk and benefits. It identifies the role and responsibilities of the five groups that influence quality:

- **Professionals and staff**
- **Commissioners and funders** (Local authorities, CCG and NHS England)
- **Regulators** (CQC, Trust Development Agency, Monitor)
- **The public**, including adults who use services, their families and care
- **Providers** - A provider for the purposes of this policy and procedure is any care or health provider who delivers support and care to a group of individuals. This would include but is not exclusive to the following:
  - Domiciliary Care Providers
  - Residential Care Homes
  - Nursing Homes
  - Supported Living
  - Private hospitals
  - NHS provision
  - Day Care/Opportunities Providers
  - Rehabilitation Units for people who misuse drugs or alcohol
  - Voluntary agencies
  - Respite provision
  - Hospices

By working in partnership these groups can assist early identification if providers are at risk of falling standards that might lead to wider concerns and the need for safeguarding intervention. There is a clear responsibility on commissioners and providers to ensure safe, quality services that will reduce the need for safeguarding interventions.

This section is relevant to all providers not just those in the CQC inspection regime. The CQC are responsible for inspecting and monitoring providers registered under the Health and Social Care Act 2008[lxxxix]. It has statutory powers to inspect how well services are performing against 'Fundamental Standards' of quality and safety, and can take proportionate enforcement action to ensure providers improve where there is poor care.

This section explores work with providers as a means for responding to potential business failure (contracts and commissioning responsibilities) and details how allegations of organisational abuse are managed where safeguarding concerns are identified as serious matters within an organisation as opposed to single concerns that may be addressed under Section 42 (safeguarding responsibilities). Safeguarding concerns in this sense relate to patterns of reported abuse or neglect, about one provider, or where a single concern indicates a serious matter that warrants closer inspection under adult safeguarding processes. In some

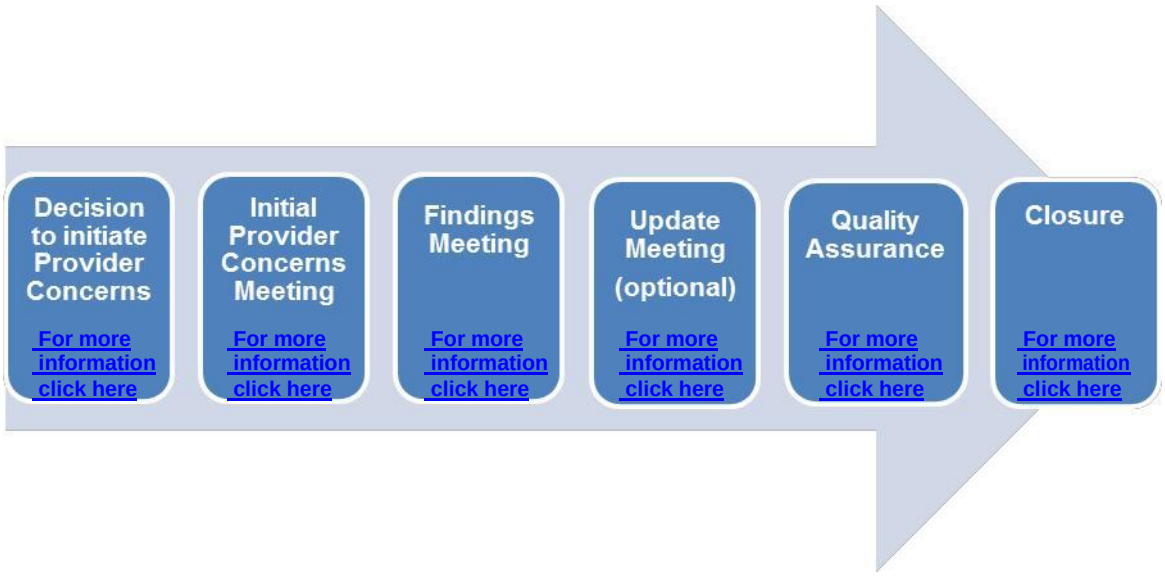
instances, safeguarding action may be initiated following a Safeguarding Adult Review, or run in parallel to one.

The focus of this section is on prevention, in particular actions that might be taken in response to concerns about quality issues, to reduce the risk of escalation to safety and safeguarding issues.

Finally, this section aims to ensure that people have a voice in influencing how services are delivered and where there are concerns, and how their views and experiences lay at the heart of improvements.

5.2 Six Step Process

The procedures section follows a Six Step Process based on standards set by ADASS. The exact process followed in each local area may differ. Please refer to your local team for more information.



5.3 Who does this procedure apply to?

The procedure applies to all care and support provision, whether directly commissioned or not by a Local Authority or Clinical Commissioning Group (CCG) or NHS England; and irrespective of whether or not it is included in the CQC market oversight regime. Services managed by the Local Authority or NHS are subject to the same level of scrutiny as independent care providers.

Risk Matrix

This guidance should be considered in parallel to Risk Matrices. Within the NHS, The National Quality Board has implemented guidance on the Risk Summit process. The risk matrix process can be implemented if any part of the local, regional or national system has concerns that there may be serious quality failures within a provider organisation and which cannot be addressed through established and routine operational systems. This includes where there are significant safeguarding breaches and breakdown in systems which compromise the safety of individual with care and support needs. The Risk Matrix can be an effective and non-prejudicial method for facilitating the rapid sharing of information and intelligence across different organisations, and for initiating remedial actions where it is required to safeguard or improve quality. Risk Matrices can both inform and be

informed of quality concerns arising at Care Quality or Care Governance Boards. Where a Risk Matrix notes safeguarding concerns these should be managed through local adult safeguarding arrangements.

There are regional Care Governance Groups established in the South East to bring together different parts of health and care economies to routinely share information and intelligence to safeguard the quality of care individuals receive. (Structures and Organisations Appendix 4)

5.4 Working in partnership with providers

A shared goal between all parties is that adults can expect to receive a safe, quality service. Integral to the effectiveness of partnerships is the need to work in a transparent and open way. It is not the intention of this policy and procedures to be punitive in its dealings with providers but to implement quality and safeguarding principles by supporting and giving a helpful steer when concerns arise, to assist providers in getting back on track. Open dialogue can only be achieved where there is trust and a willingness on all parties to work together.

The rules of natural justice should be observed, and where there are organisational concerns enquiries or investigations should be based on evidence and a thorough assessment.

Providers should underpin their own policies and procedures with the six safeguarding principles. They should empower adults to fully participate in how services are run by creating a culture of dignity and respect. Providers' policies should comply with the overarching Pan Berkshire Policy and Procedures.

Providers are accountable to adults using their services and commissioners for meeting the expected standard of care agreed in individual care plans, contracts and commissions. They are expected to have a robust quality assurance framework in place that evidences commitment to prevention and early intervention. Such commitments are about recognising potential abuse and learning from past situations to inform better practice. Undertaking regular staff training, supervision and appraisals, self-audits and making changes as a result, reduces the risk of matters escalating to safeguarding action. Providers should publish an open and transparent complaint procedure with the assurance of no retribution; and offer ways of gaining customer feedback supports empowerment and quality assurance. Independent advocacy and regular service user/carer/patient led meetings are equally important to ensuring that services are influenced by adults who use them. The Local Government Association resources[xci] gives guidance for providers to audit the quality and safety of their services.

Providers have a duty of care to protect adults at risk and meet safeguarding standards; this can be evidenced where there is a clear commitment to protection in their policy and procedures that is observed in practice.

Action taken in response to safeguarding should always be proportionate with the least intrusive response that will effectively manage risk.

5.4.1 Commissioning support to Providers

In turn commissioning organisations should offer support and guidance where it is asked for or identified through constructive dialogue. Provider Forums are a constructive mechanism for sharing best practice, and identifying areas of risk. Transparency and information sharing, as per the following example Care Provider Forums | Central Bedfordshire Council[xcii] demonstrates effective partnership working and mutual benefits.

5.4.2 Multiple Care Provision

Where providers support adults in or from a number of different establishments within the same locality, care should be taken that one establishment is not seen in isolation. This is to ensure that any failings are not endemic and embedded in corporate cultures and systems. This may impact on the capacity and capability of the provider to implement agreed improvements, but ensures that improvements are made on firm, sustainable foundations.

5.4.3 Duty of Candour[xciii]

The Francis Report recommended the development of a culture of openness, transparency and candour in all organisations providing care and support. Since October 2014, NHS providers are required to comply with the duty of candour. Meaning providers must be open and transparent with service users about their care and treatment, including when it goes wrong. (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20)

The duty is part of the fundamental standard requirements for all providers. It applies to all NHS trusts, foundation trusts and special health authorities from October 2014 and for all other service providers or registered managers, from April 2015.

5.4.4 Natural Justice

The principles of natural justice concern procedural fairness and ensure a fair decision is reached by objective decision making. Where there are concerns about quality or safety these should be evidenced, and parties provided with information and opportunity to take action to address concerns.

5.4.5 Workers who raise concerns within their organisations

Each organisation must have its own whistleblowing policy and provide staff with protection from victimisation or detriment when genuine concerns have been raised about malpractice.

5.4.6 Allegations against people in a position of trust - See Procedures section

5.4.7 Criminal investigations - See Procedures section

5.4.8 Suspension of staff pending enquiry outcomes

In the event that staff are suspended, adult safeguarding processes should consider how it can dovetail any agreed disciplinary processes. It should be borne in mind that a provider concerns process may feed into HR processes, but the provider concerns process in itself cannot determine outcomes for staff under employment laws. There must be a robust procedure for managing the re-

integration of staff into the workplace.

5.4.9 People who fund their own care

People, who arrange their own care and support, may not be known to either the Local Authority or its partners. In order to safeguard them and meet the duty of care to offer protection to all people who are in need of care and support, and unable to protect themselves (the majority of people living in a care setting), providers are required to work with the Local Authority and its partners, to ensure that information and advice is readily available, and that information is shared when requested.

5.4.10 Adults at risk who cause harm

Where the person alleged to cause harm is also an adult at risk, the safety and wellbeing of both the individual subject to possible abuse, and the person alleged to have caused harm needs to be addressed separately. In most cases, this can be considered through the application of Section 42 enquiries as appropriate. The least intrusive action should be taken to support adults using the service. The provider is responsible for ensuring that actions are taken that support the person alleged to have caused harm in consultation and collaboration with commissioners, and the safety and wellbeing of other adults using the service. Commissioners are responsible for ensuring that the service meets the assessed needs of adults and that regular reviews are carried out to ensure this.

5.5 Commissioning for Quality

The Care Act 2014 puts emphasis on greater integration of services provided by the Local Authority and its relevant partners to:

- Create a service market of diverse and quality services;
- Foster continuous improvements in the quality and effectiveness of provider services; and
- Foster a workforce whose members are able to ensure the delivery of high quality services.

Quality services are those that place the health and welfare of people who use services as paramount and deliver positive outcomes. These are evidenced in the characteristics of the service through policy, procedures, standards, and structures for overseeing and maintaining service delivery to the requirements set by the Regulator (CQC) and/or by robust contract monitoring. In some instances, a Local Authority may not contract with a provider; neither may the provider be subject to the CQC inspection regime. Providers, who fall under this category, will still need to maintain health and safety standards and where it delivers care and support through regulated activity, it should still have quality and safeguarding measures in place. Click here for more information on regulated activity[xciii].

Commissioners should set out clear expectations of providers within contracts and monitor compliance. Commissioners have a responsibility to ensure that commissioned services:

- Know about and adhere to relevant provider registration requirements and guidance.

- Meet the CQC, legal or contract standards.
- Ensure that all documents such as service specifications, invitations to tender, service contracts and service-level agreements adhere to safeguarding principles and standards.

Effective and strong commissioning under the Commissioning for Better Outcomes Framework[xciv] supports prevention strategies and sets out the key criteria commissioners are seeking from providers to evidence their commitment to delivering high quality, safe services. The domains stress that services should be:

- Person-centred and outcomes-focused
- Inclusive
- Well-led
- Promote a sustainable and diverse market place

Standards developed by health organisations for example National Institute for Health Excellence https://www.nice.org.uk/guidance[xcv] offers NHS providers guidance on standards.

Additionally the Safeguarding Adults: The Role of NHS Commissioners[xcvi] provides helpful advice for NHS commissioners to identify quality services.

5.6 Business Failure and Service Interruptions - Impact for Safeguarding

Local Authorities should have knowledge of market vulnerabilities in order to respond effectively to service interruptions[xcvii]. Where there is a danger of a provider going into liquidation, commissioners should be informed so adequate safeguards can be put in place for adults currently using the service. Periodic market analysis (market shaping) to assess capacity and viability of services is helpful to ensure that in the event that additional resources might be needed local needs can be met. Local Authorities rely on providers to be open and transparent.

The CQC is charged with the responsibility for market oversight of adult social care in England. This is a statutory scheme through which the CQC assesses the financial sustainability of those care organisations that Local Authorities would find difficult to replace (due to their size, specialism or concentration in the market) should they fail and become unable to carry on delivering a service. The CQC must give Local Authorities an early warning of likely failure affecting adults receiving care in their areas, so that Local Authorities can make contingency plans to enable them to meet their statutory duty to ensure continuity of care.

Most service interruptions are relatively small scale and low risk and are therefore easily managed, but those on a larger scale have much greater potential impact. A key learning point from major commercial failures in recent years was that few Local Authorities could respond effectively without working with their partners, including other providers.

Where the continued provision of care and support to those receiving services is at major risk and there is no likelihood of returning to a ‘business as usual’ situation in the immediate future, adults may have urgent needs which must be met, including safeguarding.

5.6.1 Contingency planning

The aim should be that contingency planning sits alongside other emergency planning activities. Not all situations where a service has been interrupted or closed will warrant Local Authority/CCG involvement because not all cases will have the same risks associated with safeguarding. For example, if a care home closes and residents have agreed to the provider's plans to move to a nearby care home that the provider also owns, the level of risk or the need to invoke safeguarding will be lessened. The aim is to return to 'Business As Usual', wherever possible, and with the least disruption to adults who use the service.

5.7 Safeguarding - Provider Concerns

Provider Concerns refer to issues that affect a group of people, for example adults living in a care setting. Where safeguarding concerns are raised about an individual these should be progressed under Section 42 enquiry (See procedures). The outcome of any individual Section 42 enquiry related to a provider where there is a Provider Concerns process in place, should be fed back to the Provider Concerns process.

The provider concerns process should only be invoked where there are patterns of safeguarding and care quality concerns that indicate that the provider has not made any changes to reduce the number of incidents surrounding the same or similar situations and there is concern that the provider is unable to provide care and support in a safe environment that respects the human rights of people in receipt of that care.

5.7.1 Organisational Abuse

Organisational abuse (or organisational safeguarding) is a broad concept and is not just applicable to high profile cases, for example Winterbourne. It is an umbrella term defined as, 'the mistreatment or abuse or neglect of an adult at risk by a regime or individuals within settings and services that adults at risk live in or use, that violate the person's dignity, resulting in lack of respect for their human rights.' (Care and Support statutory guidance, 2014[ii])

Organisational abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affects the whole setting and denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of adults at risk. Organisational abuse can occur in any setting providing health and social care. A number of inquiries into care in residential settings have highlighted that Organisational abuse is most likely to occur when staff:

- Receive little support from management;
- Are inadequately trained;
- Are poorly supervised and poorly supported in their work; and
- Receive inadequate guidance.

Early identification

Hull University (Abuse in Care Project, 2012 [xcviii]), identified over ninety individual indicators or warning signs for concern. A summary of factors which can increase the likelihood of abuse occurring within provider settings are drawn from these indicators:

- Management and leadership
- Staff skills, knowledge and practice
- Residents' behaviours and wellbeing
- The service resisting the involvement of external people and isolating individuals
- The way services are planned and delivered
- The quality of basic care and the environment

Where there is proof or suspicion of organisational abuse by commission, for example the abuse and neglect highlighted in the Winterbourne View[xcix] report; or omission to provide care and support that puts adults at risk, action will be channelled through the Provider Concerns process.

Principles

- The safety and wellbeing of adults using the service is paramount;
- Strong partnerships that acknowledge the expertise of others;
- Openness and transparency to achieve positive outcomes;
- Joint accountability for risk between commissioners, safeguarding leads, providers, the police, the Local Authority, the CCG and other stakeholders who may be involved;
- Prudent targeted use of resources;
- Information shared responsibly between all agencies, including the provider;
- Co-operation between agencies;
- Natural justice.

How concerns are addressed depends on level of risk and the impact on people using the service. There are no hard and fast rules, and each case should be considered on its own merit. The process can challenge capacity of one service/organisation therefore it is important that there is a shared approach, breaking down barriers between services and organisations to provide a joined up, one team approach.

5.7.2 Roles and Responsibilities

Host Authority – The Local Authority and CCG's in the area where abuse or neglect has occurred.

The host authority is responsible for:

- Liaising with the regulator if any concerns are identified about a registered Provider.

- Determining if any other authorities are making placements, alerting them and liaising with them over the issues in question/under investigation.
- Co-ordinating action under safeguarding and has the overall responsibility to ensure that appropriate action is taken and monitoring the quality of the service provided.
- Ensuring that advocacy arrangements are in place where needed, and care management responsibilities are clearly defined and agreed with placing authorities.
- Ensuring that there is a Chair and the administration of meetings, and provides a clear audit trail of agreements, responsible leads for particular actions and timescales.
- Taking on the lead commissioner role in relation to monitoring the quality of the service provision.

Placing Authority – The Local Authority (or CCG) that has commissioned the service for an individual(s) delivered by a Provider where there is a Provider Concerns.

The placing authority is responsible for:

- Duty of care to people it has placed that their needs continue to be met.
- Contribute to safeguarding activities as requested by the host authority, and maintain overall responsibility for the individual they have placed
- Ensure that the Provider, in service specifications, has arrangements in place for safeguarding.
- The placement continues to meet the individual's needs
- Undertaking specific mental capacity assessments, or best interest decisions for, individuals they have placed
- Reviewing the contract specification, monitoring the service provided and negotiating changes to the care plan in a robust and timely way
- All usual care management responsibilities
- Assessments under the Deprivation of Liberty Safeguards
- Keeping the host authority informed of any changes in individual needs and/or service provision

The Care Quality Commission (CQC)

The CQC [c] acts independently and is a valued partner in the process of information sharing and working to tackle areas of concern. Their expertise in working with providers and standard setting may support safeguarding processes.

The CQC have the authority to take appropriate enforcement action where providers are found to be slipping, but have not yet breached the requirement.

This supports CQC's approach to inspection and enforcement which is based less around compliance of set outcomes, and instead focuses on five key questions about care:

- Is it safe?
- Is it effective?

- Is it responsive?
- Is it caring?
- Is it well-led?

Where there has been a recent inspection it may be helpful for providers to share pre-publicised reports, to support the principle of openness and transparency. In some instances providers may be addressing issues identified by inspections and adult safeguarding and it makes sense to address both through agreed joint processes.

Lead Agency

The lead agency will be responsible for chairing and co-ordinating the enquiry. The Chair in this instance takes on the responsibilities of a safeguarding manager. The co-ordinator is the appointed member of staff who co-ordinates and undertakes actions and is responsible for documenting and recording. The chair should be a person of seniority with adult safeguarding experience including commissioners.

Local Authority

In most cases, the Local Authority will lead on safeguarding action in consultation with partners and in particular Regulators. The principle on who is best to lead on an enquiry should always be determined by the issue, who the lead commissioner is and the knowledge and expertise required.

CCG

The CCG may also lead on the enquiry, especially where the concern is about health provision, as their clinical knowledge and expertise is likely to be needed.

Police

As with all criminal matters the police are the leads and must be consulted about any additional proposed action.

Front line workers

Throughout the safeguarding processes a number of tasks and actions will be identified. The table below are suggested roles, although action should always be determined on a case by case basis and the best qualified person to assess or assure the issue assigned. A system whereby professional knowledge and skills complement each other is the most effective way to safeguard people.

AGENCY / INDIVIDUAL	SUGGESTED TASKS
Social workers/managers Care managers Reviewing officers Contract monitoring officers Commissioners	Review care plans and risk assessments Analyse staff rotas Check incident/accident reports Review policy and procedures Mental capacity and DoLS audits
Nurses Occupational therapists	Infection control Review nursing and treatment plans

Physiotherapists Behavioural therapists Pharmacists	Manual handling assessments Safety and use of equipment e.g. hoists Falls policies and strategies to reduce falls Medicine management
General Practitioners	Raising safeguarding concerns Maintaining a programme for monitoring individual patient care plans
Police Service Community Safety Unit	Criminal investigations Wilful neglect Provide expertise on investigative practice Crime prevention visits
Legal Services	Advice where there are legal challenges to safeguarding or contractual matters Advice on decommissioning decisions
Adults who use services	Raising concerns and complaints Monitoring improvements
Advocates Family/friends Visitors	Supported decision making Best interest decisions Raising concerns, monitoring improvements

Adults who use services/advocates/ carers

As with Section 42 enquiries it is essential that adults using the service are spoken to; encouraged and supported to raise complaints and concerns, questioning when care is not provided according to care plans; or care is not delivered when expected; or care is not provided with dignity and respect. Where there are patterns of complaints and concerns these may indicate poor quality service or a safeguarding concern.

Differentiating between poor care and potential safeguarding issues

Poor care

- A one-off medication error (although this could of course have had very serious consequences)
- An incident of under-staffing, resulting in a person's incontinence pad being unchanged all day
- Poor quality, unappetising food
- One missed visit by a Care Worker from a Home Care Agency

Potential causes for concern

- A series of medication errors
- An increase in the number of visits to A&E, especially if the same injuries happen more than once
- Changes in the behaviour and demeanour of adults with care and support needs
- Nutritionally inadequate food
- Signs of neglect such as clothes being dirty

- Repeated missed visits by a Home Care Agency
- An increase in the number of complaints received about the service
- An increase in the use of agency or bank staff
- A pattern of missed GP or dental appointments
- An unusually high or unusually low number of safeguarding alerts

There should be careful analysis to understand what intentional and unintentional harm is. However, where there is unintentional harm due to lack of guidance for staff this may also constitute organisational abuse.

THRESHOLDS				
Example Thresholds for Provider Concerns process	**Level of Risk**	**Impact on People Using the Service**	**Potential Action**	**Lead**
• A death related to a safeguarding concern • Concern related to serious abuse or neglect • CQC enforcements related to quality of care • Criminal proceedings relating to poor care	**Major**	People who use the service are not protected from unsafe or inappropriate care. The provision of care does not meet quality & safety standards	Immediate suspension of new placements. Contact with the Police Possible SAR. Increased monitoring activity Formal meeting with provider following police advice	Commissioning in consultation with the police and safeguarding Contracts Safeguarding Commissioning
• Information linking concerns about the manager or responsible person High use of agency staff, poor induction and training	**Moderate**	People who use the service are generally safe, but there is a risk to their health and wellbeing. Provision of care is inconsistent and may not always meet quality & safety standards.	Suspension or 'place with caution' Consultation with the Police Increased monitoring activity Formal meeting with provider following Police advice	Commissioning Consultation with Police and Safeguarding Contracts Care Reviews Commissioning Safeguarding
• A disproportionate number of low level concerns identified, from contract monitoring, CCG, or Community Care Reviews	**Minor**	People who use the service are safe, but care provision may not always meet safety and quality standards.	Monitoring visit. Formal meeting with provider if necessary	Contracts Commissioning Contracts Manager

Care Governance Boards

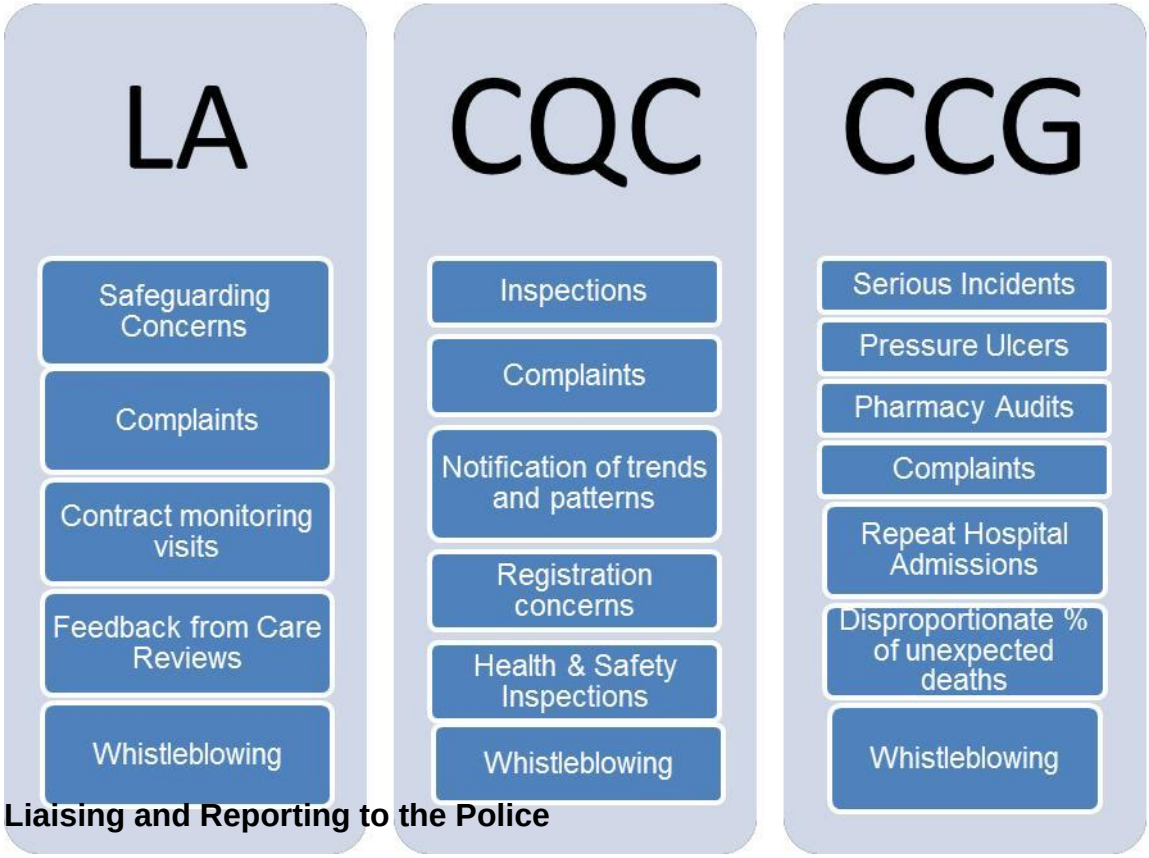
Sharing information on quality and safeguarding, strengthening the relationship and knowledge sources from commissioning, safeguarding, CQC, CCG and front line practitioners assists in driving up standards. Formal mechanisms for sharing information between agencies are helpful to determine risk levels and the most proportionate response. The purpose of such mechanisms is to ensure both soft and hard intelligence, available agencies is brought together in an effective and cohesive manner to facilitate timely action.

Most Local Authorities have implemented a formal information sharing meeting, with key partners from the CQC and the CCG. These Care Governance Boards have the ability to:

- Reduce the need for safeguarding under Provider Concerns procedures
- Enhance the standards of care and support by sharing early warning signs with providers
- Target resources effectively to reduce duplication
- Support prevention strategies
- Support continuous service improvements

Establishing Care Governance Boards will be locally determined. Please refer to your local team for advice.

The illustration below represents the core organisations and the information that they may hold. Other organisations that might be involved, may include, South Central Ambulance Service, local HealthWatch, and Community Nursing Services.



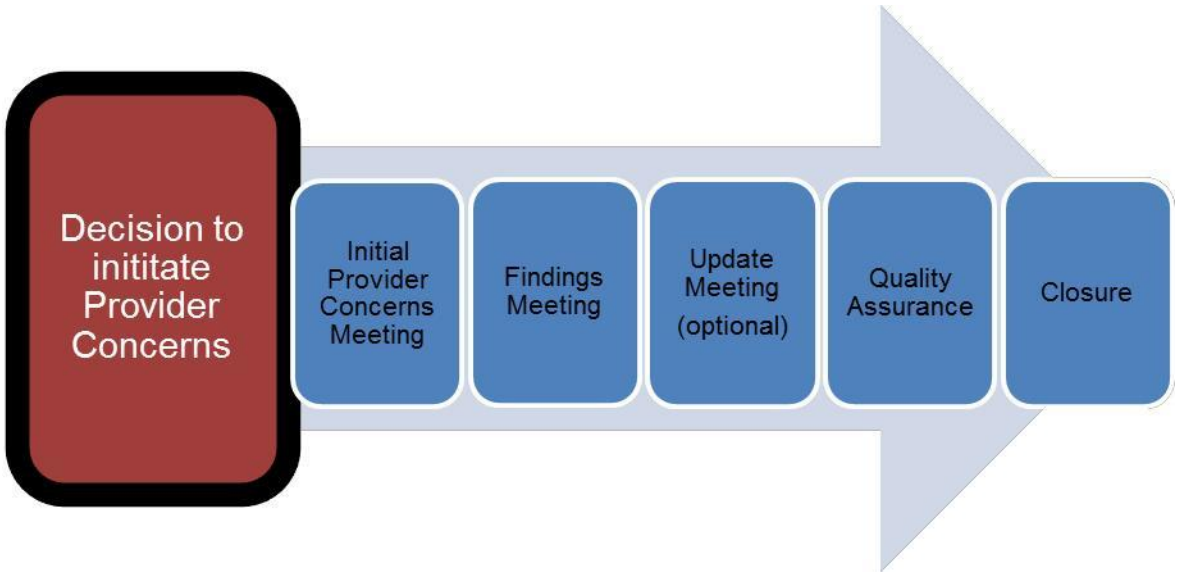
Liaising and Reporting to the Police

Information arising from these meetings should always be provided to the Police

where there is an indication of possible crime. It may also be prudent to have Police presence at such meetings, so that they can make an early assessment. Local protocols will determine how information is shared with the police.

5.8 Organisational Procedures

The steps outlined in this procedure will be determined locally. Please refer to your local team for further information.



Step 1: Decision to Initiate Provider Concerns

The decision to initiate a Provider Concerns process may be the outcome of a Quality and Safeguarding meeting, or considered through other means for example, consequence of a SAR or a serious concern that meets agreed threshold criteria.

Action:

a. Immediate checks on welfare of people using the service
b. Consult Police about whether there are criminal matters
c. Contact placing authorities
d. Agree Chair and lead organisation

e. Appoint Provider Concerns Co-ordinator
f. Convene Provider Concerns meeting
g. Set up meeting with the Provider
h. Map out risk and risk management plan
i. Consider commissioning intentions

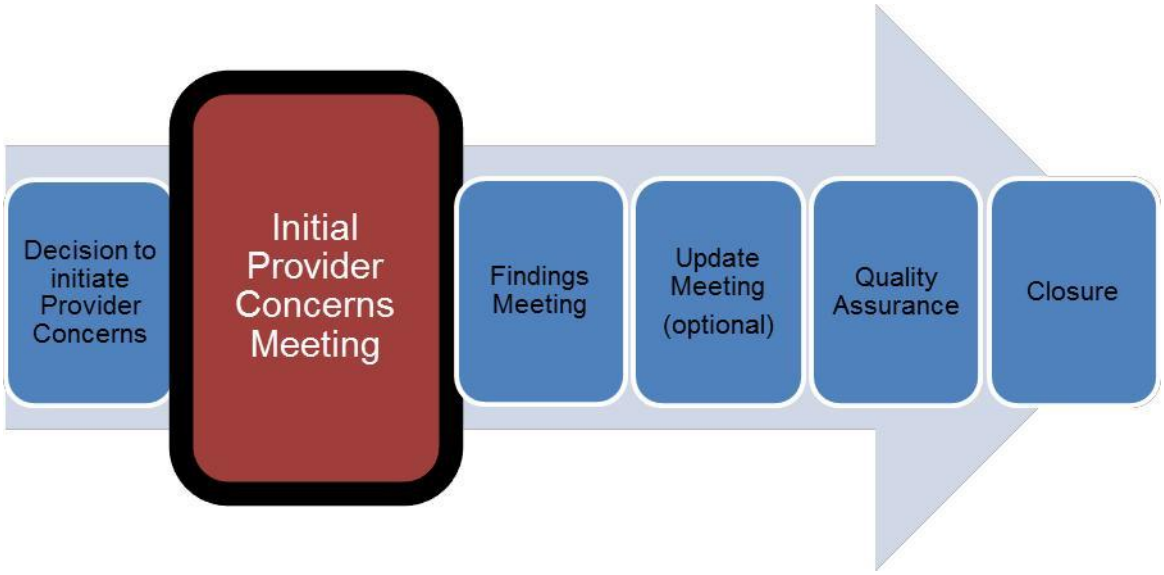
Risk

A risk management plan should be drawn up and updated throughout the process. Where there are high risk concerns, there will be a need to put in place safeguards and agreed triggers to escalate matters. Risk management to be assured that action will be timely and safeguard people on a sustainable basis is essential. Risk will determine commissioning intentions, and be the evidence base upon how decisions are made.

Risk management for commissioning authorities may be additional visits both announced and unannounced. Training support for example, an occupational therapist ensuring the right slings are used to reduce immediate risks of falls.

The level of risk should be shared with the provider and frank discussions about any proposed action that might be taken by commissioners, providing adults are not put at further risk by doing so. Providers should be encouraged to find solutions to mitigate against risk. Actions might include providing additional resources to support improvement planning, resourcing training, and purchasing new equipment.

Timescale: Actions to be completed in line with individual Local Authority processes.



Step 2: Initial Provider Concerns Meeting

The purpose of the meeting is to:

- Identify and clarify concerns
- Devise a communication strategy about how adults using the service will be informed and updated
- Ensure appropriate advocacy and support
- Listen to the views of the provider
- Safeguarding planning to consider the type of enquiries, leads and timescales
- Risk management
- Consider commissioning intentions
- Set date for Findings Meeting

Safeguarding planning

Actions need to be able to support a factual based assessment of the validity and likelihood of concerns, their severity and impact, and identify any new concerns. Intelligence as far as possible should be triangulated and the source of information identified and based on (a) views of adults using the service (b) factual information for example staff rotas and (c) professional assessment of documentation for example care plans and risk assessments. Safeguarding planning will address alleged issues with suggested methodology for enabling decision making about whether improvements are needed or not, and who has the appropriate skills to carry out enquiries.

Communication strategy

The strategy should address both internal and external communications and will depend on the level of risk. A check list for information might include:

- Senior Management - Need to Know

- Information to the provider and how on-going communication will be managed
- If a suspension on admissions is considered how this is communicated to front line staff and other commissioners and the public
- Press release
- Briefing for Chief Executives and /or Elected Members
- Consultation with adults who use services, their families and friends
- How information and advice is provided to include adults who fund their own care

Meetings with the Provider

The Chair will inform the provider that it is subject to the Provider Concerns process and share as much information as possible, without compromising any subsequent lines of enquiry. They will be informed of the process and provisional timescales if available. If there is a criminal investigation, the provider will be informed in accordance with Police advice.

The Chair and Senior Commissioning Officer should establish regular meetings with the provider. The ethos of meetings should be non-adversarial and promote a culture of partnership ensuring a fair and just process.

Communication with adults who use services

Adults who use services should be provided with the opportunity of shaping and influencing the quality of services and be kept central to the process. In a residential setting, service users and their families may become anxious about increased activity, seeing more visiting professionals etc., and have the right to be informed, but care should be taken not to raise anxiety. Information sharing should always include adults who use services and their carers so that they are able to make informed choices and retain their independence.

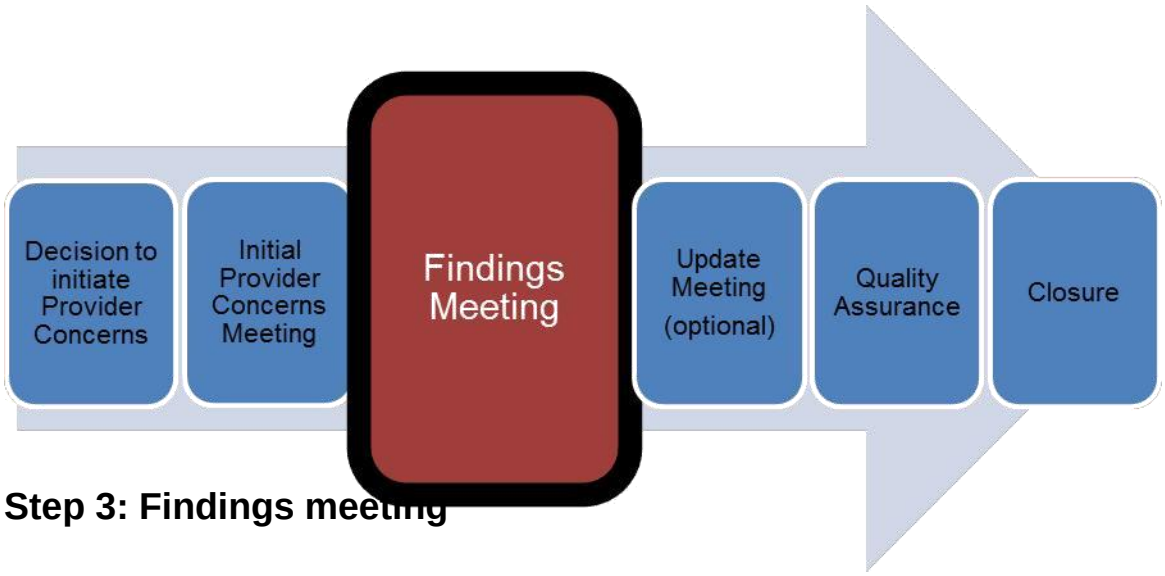
Where there is opportunity for presenting to adults who use the service and carers through a meeting, negotiation with the provider should take place about how this is managed. In those instances where adults receive support at home, as part of the safeguarding plan, care management staff (including Continuing Health Care staff) should make targeted visits to (a) ensure that people are safe and (b) record their views so that they are considered in the organisational risk management plan.

Adults should be provided with the means of sharing their experiences independently of the provider, and if it is deemed necessary a link worker for adults and their families should be identified and a dedicated phone line available to raise issues in confidence.

At the very minimum, checks that the provider has taken action in relation to complaints and acted upon service user surveys should be made.

Timescales: Actions will be determined locally. Please refer to your local area for information. Where the concern is about a large organisation or particularly

complicated, action may take longer. The provider however should be kept informed.



Step 3: Findings meeting

These are held in some areas of Berkshire and may be called a Review Meeting, or may be encompassed in the previous stage. The purpose of the meeting is to:

- Assess and agree the findings from 'Fact Finding' enquiries.
- Draw up issues for a Service Improvement Plan.
- Update the risk management plan and agree safeguarding measures.
- Consider actions to monitor the safety of people and agree triggers to escalate risk, whilst improvements are being made.
- Consider commissioning intentions.
- Preserve information that may be helpful to police investigations.

Where immediate action is needed this should be taken and not be put on hold until the Findings meeting. The Chair should be informed and immediate authorisation for action is made.

Service Improvement Plan

This is the high level plan for measuring the effectiveness of interventions to ensure safety, governance, compliance, clinical effectiveness referencing throughout the experience of adults using the service and their informal network. The Co-ordinator should set out the concerns and risks, which should also include any concerns in relation to mental capacity and the Deprivation of Liberty Safeguards. It is important to distinguish between what is safeguarding and what are quality issues that may impact on safeguarding and prioritise high risk areas.

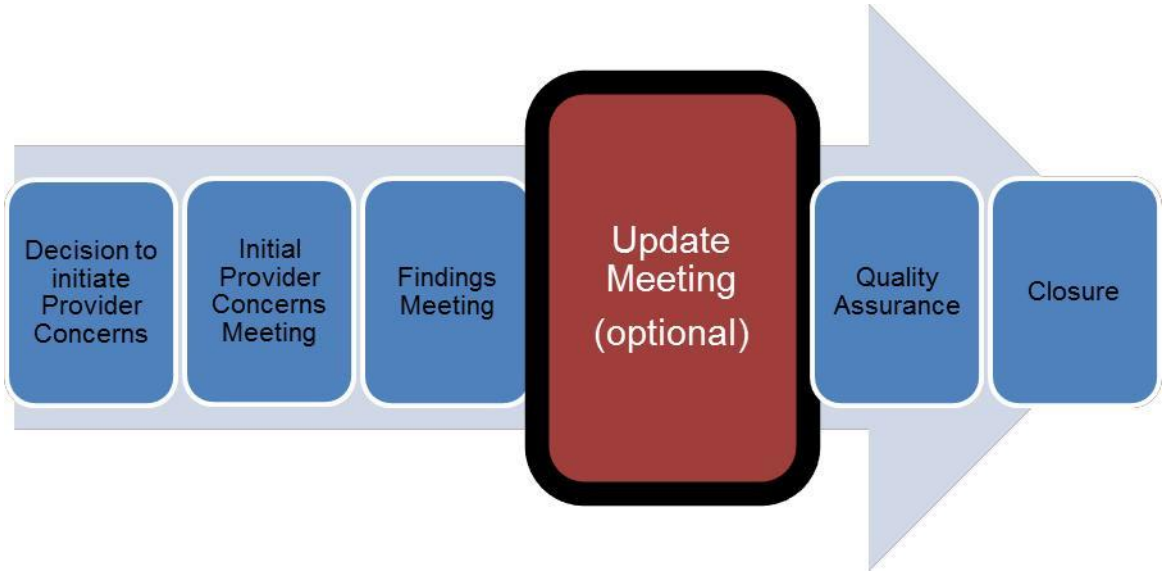
If CQC are already involved, there may already be a service improvement plan in place.

Meetings with the Provider

The chair and lead commissioner (if not the chair) should hold a meeting with the provider as soon after the findings meeting as possible.

The Provider will propose actions, leads, timescales and progress to address the concerns within a specified timescale. The Service Improvement Plan will be the agreed reference point for assessing and monitoring progress and both the co-ordinator and the provider will retain a copy and update it through a series of monitoring meetings. If there is a Contract Monitoring Officer, commissioner or other relevant member of staff they should be part of these meetings.

In the event that the provider advises that they are unable to make the improvements or of possible service failure or interruptions, a further meeting with all stakeholders should be convened to assess risks and impact on service users to determine commissioning based on the risk and safety of adults using the service.

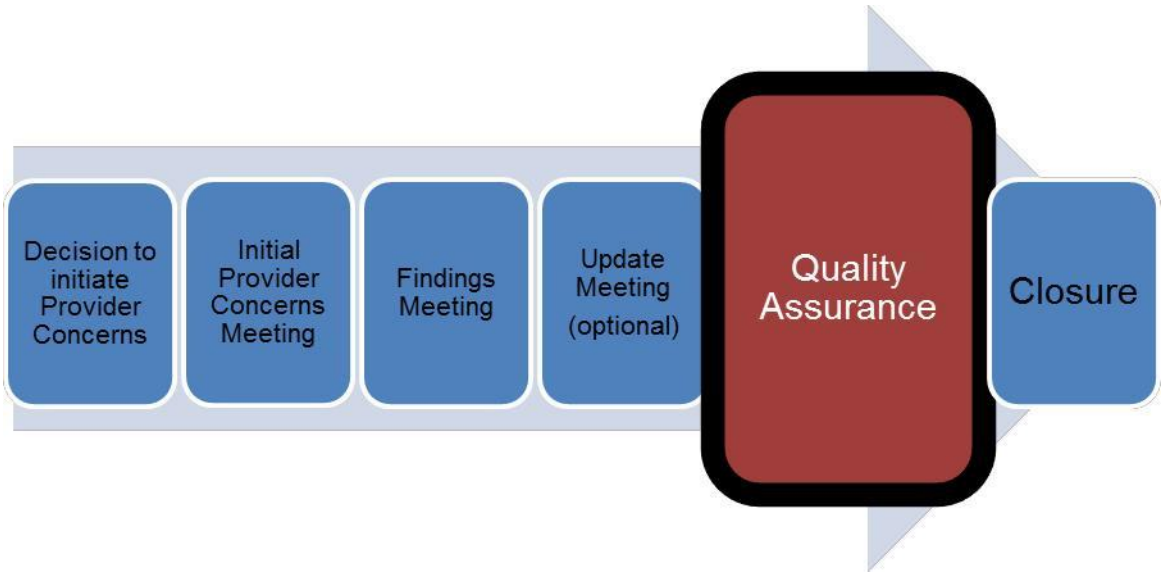


Step 4: Update Meeting (optional)

Further meetings to update stakeholders will be made if and when necessary. Where there are wide reaching, complex concerns, and there is high risk, it is likely that update meetings are needed more frequently. Where there are serious delays by the provider to implement improvements, a further meeting should always be held to consider the level of risk and appropriate action. Focus should be on risk and the impact on adults using the service. It is important to distinguish between what is safeguarding and what are commissioning responsibilities and if further incidents have occurred.

Where there is a high risk and likely need to source alternative provision, commissioners should hold a specific contingency meeting. The chair and the Co-ordinator should be invited.

Timescales for further safeguarding meetings are dependent upon progress of the Service Improvement Plan and the level of risk.



Step 5: Quality Assurance

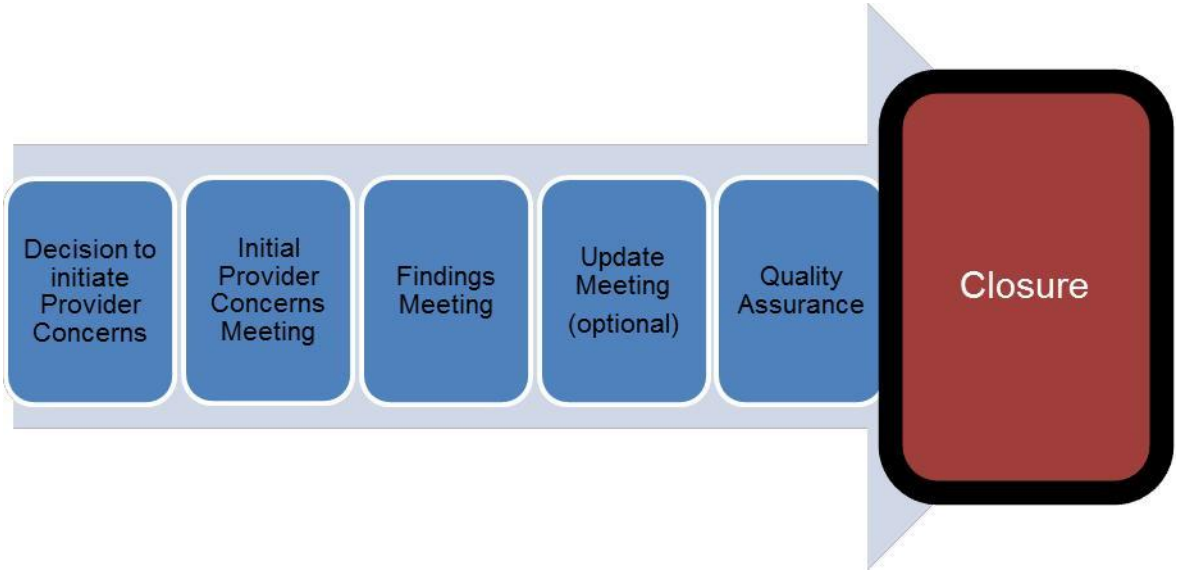
A quality assurance process should be agreed that will rigorously test whether improvements have been attained and can be sustained. This may involve a range of staff with the right knowledge, skills and experience to assess the viability of the improvements and might be the same staff involved in fact finding so that they can provide a comparative narrative.

Quality assurance activities may include testing an on-call emergency out of hour's system by calling at the evening and weekend; assessing the impact of training by competency testing staff; making both announced and unannounced visits.

Feedback from adults and carers will act as a control measure to assess whether there has been any noted difference in the service delivery. This may be obtained from holding a follow up meeting with adults in care settings or from a sample of telephone calls to those adults who said that they had experienced a poor service, to see if their view has changed.

Feedback from other agencies such as CQC may provide additional expertise if required. Support from local Healthwatch may be appropriate, or other locally managed groups for example, Quality Checkers to add an independent view.

Appropriate timescales to complete the quality assurance process should be factored into the strategy



Step 6: Closing the Provider Concerns process

Following evidence based improvement, the process will formally come to an end and the relevant parties including the provider and the CQC will be notified in writing by the chair.

In some instances a 'lessons learnt' process with stakeholders and representatives from all stakeholders should be held. Feedback from the provider, adults and carers will be collated by the co-ordinator. This feedback may be reported to the SAB together with a summary report detailing the concerns, actions, risk management, outcomes and the effectiveness of safeguarding.

Assurances should be made that adults and carers know how to raise any further concerns. It may also be helpful to agree a reviewing and escalation process.