

Out of Area Reviews

Best Practice Guide

The West of Berkshire Safeguarding Adults Partnership Board (SAB), through its safeguarding adult reviews (SARs) have identified that there have been missed opportunities in identifying and responding to risks when undertaking reviews of care packages, when the care is being provided outside of the commissioning authorities area.

The aim of this guide is to provide best practice guidance to staff when they are carrying out reviews for people who are placed in out of area supported living, residential or nursing home care. This is to ensure that the quality of the service is of a safe and satisfactory standard and is fully addressing all of the individual's needs.

The guide is broken down into four parts: preparation for the review, what needs to be covered in the review, outcome of the review, key points to consider.

This guide has been created to support best practice in reviews, your organisation will have a review procedure that you must follow.

Preparation for the review

An out of area review is a time-consuming event and generally involves a member of staff travelling some distance to carry out this important task. It is likely that there will only be a few hours available to you to make sure that the individual being reviewed is safe, appropriately placed and having their needs met. The review must cover both the quality of the service the provider is delivering to the individual as well as addressing the specific needs of the individual. It is therefore very important to do the required preparatory work to ensure that best use is made of the time when the review takes place. Before a review the reviewer should:

- a. Read the case records including previous assessments, reviews and any relevant recording (i.e., safeguarding concerns or other incidents) and note anything of significance for discussion.
- b. Consider and make suitable preparation to ensure compliance with the Mental Capacity Act.
- c. Check that there has been a full MDT assessment of the individual within the last 3 years. If this has not happened then plan to do so involving the resident local health team, the provider and the family/advocate at the very least.
- d. Ensure that they are clear on what service is being commissioned in order to make an informed decision on whether this service is being delivered. To be prepared to ask questions about whether the individual is receiving the services being commissioned.
- e. Arrange the review with relevant stakeholders in advance. This includes the care provider, family/friends, advocates, lasting power of attorney (LPA), other professionals (GP etc.). Seek feedback from people if they are not able to meet with them during the review. Where possible ensure that they speak with the individual alone, it is ok to ask people to leave if the individual consents to this. If others refuse to leave the individual alone the reviewer must discuss this with their line manager to consider if any further action is required.
- f. Consider independent advocacy if there are no appropriate family/friends who can contribute to the review.
- g. Contact the host local authority area to ask if there are any concerns about the quality of care being delivered by the provider. Make a specific request for information on safeguarding concerns and any that are relevant to the individual being reviewed, do not assume the all safeguarding concerns have been reported to the commissioning authority.
- h. Check if the Safeguarding and Contracts teams are aware of any concerns about the provider.
- i. Read the providers most recent CQC report <http://www.cqc.org.uk/> consider if there are any issues identified in this report that may impact on the wellbeing of the individual being reviewed in order to ask the appropriate assurance questions during the review.
- j. Consider if there are any quality themes which require a closer look at during the review.
- k. Make sure they have the necessary information prepared to take to the review.

What needs to be covered in the review?

The review is not just a meeting but is an event to ensure that the individual being reviewed is happy with the support being provided, in a safe environment, having their needs met and experiencing a good quality of life. This means the review will have to plan sufficient time to meet the individual, see the individual's bedroom and the communal facilities, read the provider documentation for that individual as well as have the review meeting. To achieve this the reviewer must demonstrate that they have:

- a) Met the individual on their own and/or with an advocate where required and find out if they have any concerns, unmet needs and their views on the quality of service.
- b) Thorough in checking the providers documentation: safeguarding alerts that have been made about the individual either as a victim or a perpetrator, communication book, daily record, MAR sheets, appointments records, any risk assessments and /or guidelines for the individual (by an MDT), provider's care plan, activity programme, menus, incident reports, any complaints by or about the individual.
- c) Been compliant with the Mental Capacity Act.
- d) Understood what health services the individual requires and confirmed that they are being delivered.
- e) Considered Continuing Healthcare Checklist (CHC) eligibility.
- f) Checked providers safeguarding procedures are suitable and sought assurance that staff that they understand these procedures.
- g) Checked the staffing rota and considered if the staffing levels and use of agency staff is suitable.
- h) Checked individual's bedroom and the communal areas.
- i) Any concerns identified are raised immediately with the manager on duty and assurance is sought that these are responded to appropriately.
- j) Ask the manager if there are any outstanding complaints about the service and if there have been any recent CQC unannounced visits.
- k) Checked the home's financial records for the individual to ensure that income and expenditure for the individual is being accurately recorded and that any spend is related to their needs and reasonable in amount. This is particularly important if there are no relatives involved and the provider is the financial appointee.
- l) Checked current family and social networks and note frequency and quality of the contacts.
- m) Enquired about contact the individual has with the local community and what the provider is doing to support and encourage this.
- n) If applicable, understand what employment opportunities are available or can be offered to the individual in the local area and again how the provider helps them to access this and supports them.
- o) Understanding of what daily activities are in place in the home or could be set up to maximize independence skills e.g. cooking, shopping etc.
- p) Understanding of the training the staff of the home undertake, whether it is up to date and ask if particular training in working with this individual is given.
- q) Check the current cost of the placement and assess whether the staffing level and input being provided matches the cost being paid. (If not, consider involving the Contracts team).
- r) Assess the quality of care being delivered, the care planning and the recording. Is it person centered and focused on meeting the needs of the individual rather than fitting the individual into the preferences of the staff/organisation?
- s) Is the individual at risk of pressure sores? Are there suitable risk management plans in place are these being followed? For example is pressure care equipment being used and is on the correct setting.
- t) Does the provider have suitable risk management plans in place for example: does the individual have the ability to recognise and respond to an emergency e.g. fire? If not is there a clear plan in place?

Outcomes of the review

Each review needs to agree a set of specific outcomes for the individual. These must specify:

- a. What they want to happen;
- b. What needs to be done;
- c. By whom;
- d. By when;
- e. How it needs to be achieved, taking into account the individual's preferences;
- f. How it will be known that it has been achieved.

The reviewer will also need to consider whether this placement and level of service is the most appropriate way of meeting the individual's needs or have their needs changed to the point where other factors need to be considered such as CHC and/or change in service.

Make sure that the record of the review is written up, authorised by a manager and sent to the provider as soon as possible so that outcomes and actions are not forgotten. Ensure that there are plans in place to monitor the actions set.

Key Points to Consider

Advocacy Local Authorities (LA's) have a duty under the Care Act 2014 to provide independent advocacy, when someone lacks capacity or has substantial difficulty being involved in the process of care and does not have an appropriate individual to support them.

Direct Payments/Personal Budgets LA's remain accountable for recognising and responding to unmet need when a Direct Payment is in place.

'Was not Brought' There can be lots of reasons why vulnerable people do not attend appointments and professional curiosity should be applied to understand the reasons for this. More information on 'Was not Brought' can be found in this short [video](#).

Quality Assurance If a review identifies that the quality of service provision does not meet the expectations set out in the care plan, then this must be shared with the contracts team and if appropriate a safeguarding concern should be raised.

Professional curiosity Is the capacity and communication skill to explore and understand what is happening within a situation rather than making assumptions or accepting things at face value.

- Professionals should ensure that they receive a detailed handover when allocated a new case.
- Professionals should spend time reviewing documentation in order to ensure a better understanding of the case.
- Questions should be asked of those that are supporting the vulnerable person, to validate information.
- A professional's duty is to the vulnerable person not to their family. Professionals who feel intimidated by a vulnerable person and/or their family, should speak to their line manager for support on how to manage the case.

Out of Area Placements Out of area placements make it more challenging to identify emerging safeguarding concerns and to provide an effective response. In order to improve this a person centred approach is required, in addition to a greater level of multi-agency working.

Trauma Informed Approach SARs have identified missed opportunities in using a trauma informed approach to understanding why individuals and/or their loved ones have certain views on their health and wellbeing which may mean they are putting themselves at risk. Understanding the reasons why the individual may have developed these views may help in identifying more appropriate risk management strategies.

Thankyou for taking the time to read this best practice guide. If you would like to provide any feedback or have any questions regarding the Board please contact: Lynne.Mason@Reading.gov.uk