East Riding Safeguarding Adults Board

Provider Support, Quality Improvement and Organisational Safeguarding Procedure(s):

Pathway, Procedure and Toolkit.

For the management and improvement of performance; provider support; escalation of safeguarding and organisational abuse concerns, within residential and nursing care homes, domiciliary care providers and other commissioned health and social care providers in the East Riding of Yorkshire.

Status: Approved

Version: 0.6

Nov 2020

East Riding Safeguarding Adults Board version control template

All documents produced by the East Riding Safeguarding Adults Board support function, whether electronic or hard copy will be uniquely identifiable. In many instances, it is necessary to track the changes that occur to a document throughout the document's development and subsequent revision(s). Version Control is the management of multiple revisions of documents via the use of a Document Control Sheet and Version Numbering incorporated into each document name.

The Version numbering system to be used by the East Riding Safeguarding Adults Board is the system that is based on the use of version numbers with points to reflect major and minor changes to a document.

The version number of a document in a draft format will start at 0.1 reflecting its draft status and then progress through revision by incrementing the number to the right of the point. The version number will convert to 01.0 upon the document/record receiving all required approvals, and deemed ready for publishing.

When the document has been approved and authorised ready for publishing the version number will start at 01.0, and the number will only be modified after the first minor amendment to become 01.1. A major revision to the document will result in the number to the left of the point incrementing by one and the number to the right of the dot point will return to zero e.g. 02.0.

Revision History:

Version	Date	Record of Changes	Approved
Version 0.1	11/09/2019	First Draft to gain approval for T&F group to complete	BIG
Version 0.2	06/11/2019	Second draft developed by Task and Finish group	BIG
Version 0.3	Jan to June 2020	Third draft ERYC ASC/BMC consultation and further drafting	BIG
Version 0.4	July 2020	Fourth draft consultation with Board	SAB
Version 0.5	August to October 2020	Fifth draft task and finish	SAB
Final version	November 2020	ERSAB Approval	SAB

Contents:

1. Introduction

1.1.1 This procedure provides operational guidance for the management of, roles, responsibilities and processes regarding whole service provision quality and safeguarding concerns, identified in care homes and independent providers within the East Riding of Yorkshire. The procedure covers commissioned health and social care services alongside formal quality arrangements for non-contracted services such as Independent Supported Living (ISL), day time opportunities, organisations or individuals providing direct payments. Providers of care from the voluntary, community sector should also refer to relevant governing procedures, e.g. the Charities Commission safeguarding procedures.

1.1.2 The procedure provides an end to end process covering early detection, quality intervention and prevention, management of organisational safeguarding concerns, decommissioning and care home closure. The procedure collates the formal and coordinated response to provider support, quality improvements and organisational safeguarding concerns in relation to residential and nursing care homes, domiciliary care provider and other commissioned health and care providers (e.g. day time opportunities, supported living services, NHS commissioned services etc.) for all adult at risk of harms in the East Riding of Yorkshire. The focus is to work across the health and care sector to help raise and improve standards towards preventative models of enquiry and sustainability and effective service delivery.

1.1.3 The procedure should be read in conjunction with the East Riding Safeguarding Adults Board (ERSAB) Multi-Agency Policy and Procedures for Safeguarding Adults and the East Riding of Yorkshire Council (ERYC) Quality Monitoring, Assurance, Contract and Commissioning processes for residential and nursing care homes.

1.1.4 This procedure becomes relevant when failings have been identified across health and social care commissioned services, including when a health or care provider continues to fall short of their duty of care despite increased advice and intervention by various measures including the Commissioning and Quality Assurance Team (C&QA) and the Care Quality Commission (CQC).

1.1.5 This procedure aims to shift the focus on to prevention and works with health and social care providers to help raise and improve standards, whilst ensuring that adults receive high quality services which meet their needs and improve outcomes. Equally important, is the need to protect individual service users and collective

groups of vulnerable people where abuse and neglect and/or inadequate quality is apparent and causing cause for concerns.

1.2 Legislative and Policy Context

1.2.1 The Care Act (2014) which designates Safeguarding Adults Boards with the responsibility for protecting adults with care and support needs from abuse and / or neglect underpins this procedure.

1.2.2 The 6 principles of Safeguarding outlined in the Care Act (2014), (which can be found in the ERSAB Multi-agency Procedure for the Safeguarding of Adults with Care and Support needs) are a fundamental part of this procedure and underpin any actions and accountability relating to the use of this procedure.

1.2.3 Additionally, in accordance with the NHS England guidance on managing care home closures, demonstrating how Clinical Commissioning Groups (CCGs), acute and community providers can support Local Authorities. This procedure is intrinsically linked to the NHS CCG Care Home's contracts, quality assurance and safeguarding processes.

1.2.4 Making Safeguarding Personal (MSP) also underpins this procedure as identified in the Care and Support Statutory Guidance ensuring that the safeguarding response is person-led, outcomes focused and engages the person in a conversation about how best to respond to their safeguarding situation. This encourages the health and well-being of residents through involvement, choice and control as well as improving quality of life, wellbeing and safety. In the context of organisational safeguarding and provider quality concerns, MSP principles need to be followed with a number of individuals on a collective basis in order to consider a service/provider as a whole.

1.2.5 When this procedure is being used it does not negate the need for individual concerns to be raised ensuring MSP is fully implemented as part of the procedure. Full MSP should not be compromised by the Provider Support, Quality Improvement and Organisational Safeguarding enquiry.

1.2.6 The principles of the Mental Capacity Act (MCA) (2005) and associated Code of Practice underpin this procedure in relation to adults who may lack capacity.

1.2.7 The CQC has a regulatory responsibility to register and report on all registered health and social care providers including inspecting and taking action where services are failing to meet Fundamental Standards of Quality and Safety and to achieve positive outcomes for users.
CQC Quick Guide to Fundamental Standards of Quality & Safety

1.2.8 This procedure is also written in accordance with NHS England guidance on managing care home closures.

2. Collating Concerns and Sharing Information

2.1 What are Organisational Safeguarding Concerns?

2.1.1 Organisational safeguarding concerns in this document refers to actual or potential abuse or neglect of more than one adult within a regulated health or social care setting. This includes registered residential and nursing care homes, domiciliary care provider and other commissioned health and care providers (e.g. day time opportunities, supported living services, NHS commissioned services etc.). This may lead to allegations or concerns of potential organisational abuse. Definitions of Organisational abuse can be found on the ERSAB website. Organisational Abuse Definitions ERSAB website

2.1.3 Individual safeguarding concerns for each adult involved in the potential organisational abuse or neglect must continue to be addressed via the individual safeguarding process, to ensure that adults at risk of harm receive the ongoing care and support required for them in their safeguarding response.

2.2 Who might Identify Concerns?

2.2.1 Concerns may be identified through a number of routes including but not limited to:

- Complaints or disclosures directly from service users, their families, friends, or advocates
- Statutory agencies involved in regulating or purchasing services, including National Guardians Office, CQC who have a statutory duty, commissioners, routine monitoring and / or inspection for instance:
  CQC as an executive non-departmental public **body** established under the Health and Social Care Act 2008, which has a **statutory** duty to monitor use of the Mental Health Act 1983 and the Mental Capacity Act 2007
- Visiting professionals including environmental health, social care, health staff
- Visiting lay people including members of Health Watch
- Speaking Up (Whistle blowing) from current or ex-employees

- The severity of an individual safeguarding concern may identify wider implications for organisational abuse concerns
- The volume / series of adult safeguarding concerns from one provider or organisation may identify wider implications for organisational abuse

2.3 How are Concerns Reported?

2.3.1 Concerns are reported following the reporting procedures on www.ersab.org.uk where the East Riding Multi-Agency Adult at Risk Concern Form should be completed either online or paper based via the ERSAB website and sent to the East Riding Safeguarding Adults Team via email to safeguardingadultsteam@eastriding.gov.uk

2.3.2 An Organisational Safeguarding Enquiry could be triggered where there are significant concerns and/or a high level of safeguarding activity in relation to adults at risk or where there is a complex concern regarding a number of adults at risk that requires a multi-agency response.

2.4 Sharing information and duty to share Information about Concerns

2.4.1 East Riding of Yorkshire Council (ERYC) has a duty to share information about concerns with CQC regulator, whilst concerns related to nursing or clinical care must be shared with East Riding of Yorkshire CCG and any other relevant statutory bodies, even if this means disclosing personal information about service users.

2.4.2 Where criminal activity is suspected concerns must also be shared with the Police.

2.4.3 The Care Act 2014 legislation allows us to share information between agencies in order to keep people safe.

2.4.4 All agencies receiving safeguarding concerns need to consider the possibility of more than one adult at risk of harm who may potentially be at risk. It is essential that collaborative working and appropriate sharing of information across agencies takes place to identify information of any previous enquiries and allegations involving any named individuals or the organisation.

2.4.5 When a service is leading on a support, quality or safeguarding concern and the lead service changes, the need to transfer and share work already undertaken is paramount e.g. sharing of findings between the Contract & Quality Assurance Team in the Business Management Unit and Safeguarding Adults Team or partner organisations.

2.4.6 Safeguarding against organisational abuse applies to all settings responsible for care of adults at risk of harms and this procedure is specifically for the Commissioned Health and Social Care Market alongside formal quality arrangements for non- contracted services such as Independent Supported Living (ISL), day time opportunities, organisations or individuals providing direct payments. In addition, there are other reporting mechanisms that can safeguard against organisational abuse and sit alongside this procedure. For example, health agencies which solely involve NHS hospitals and NHS health settings including GPs and Dentists use different mechanisms for dealing with support, quality and organisational safeguarding concerns, within their own organisation. However, where there is a clear cross over between commissioned health, social care and NHS health agencies this may trigger an organisational safeguarding enquiry where this procedure would be used, for example, in a case where NHS hospitals which have numerous incidents of inappropriate discharge may need an organisational safeguarding enquiry.

2.4.7 Responding to organisational safeguarding enquiries sees the creation of the Operational Enquiry Team (OET) and Strategic Enquiry Team (SET) which consists of an appropriate level of seniority of staff proportionate to the scale of the Safeguarding concern. An example terms of reference for these enquiry teams can be found in Appendix 1 and an example of agenda and minute templates can be found in Appendix 2 & 3.

2.4.8 The **Strategic Enquiry Team (SET)** key roles and functions will be:

- Provide strategic level representatives from relevant partner organisations including the Police, the CQC Inspector, the Local Authority and Health Safeguarding Teams.
- One dedicated senior manager to lead and chair the Strategic Enquiry Team and to engage with the key multi agency partners.
- One dedicated ‘liaison officer’ or ‘Enquiry lead’ to interface between the OET and the SET.
- To receive outcomes from the above investigatory work of the OET and have oversight, decision making, resourcing and evaluation of the OET work and findings
- To have responsibility of the communication plan including press office
- Identify appropriate themes from concerns that are part of the enquiry, for example, recording, care planning, medication, tissue viability, staff attitudes, resources and environmental factors
- Invoking a multi-agency, safe and proportionate response
- Ensuring maintenance and security of appropriate records and relevant follow up

- To agree and monitor timescales and recording of information sharing through a dedicated resource/database if available.
- To report enquiry outcome findings and lessons learnt to ERSAB

2.4.9 The **Operational Enquiry Team (OET)** key roles and functions will be:

- To provide a dedicated operational enquiry team
- Provide experienced representatives from relevant partner organisations including the Police, the Local Authority and Health Safeguarding Teams.
- A named Lead Enquiry Officer to oversee the enquiry on behalf of the Local Authority.
- To agree how the current and new concerns; as agreed by the SET, would be investigated either thematically, or individually.
- Ensuring maintenance and security of appropriate records and relevant follow up;
- To liaise with the provider to ensure compliance with safeguarding plans ensuring the principles of MSP are adhered to and how individuals will be involved

2.4.10 System Leadership Group

- On occasions organisational safeguarding enquiries may be very high profile or particularly complex, and as such needs senior leadership direction which requires the deployment of a System Leadership Group to be established.
- This escalated response is when organisational safeguarding enquiries are 'significant in nature and concerns are not being addressed in an appropriate timely manner, resulting in the risk and impact to individual residents causing concern being major.
- This would therefore require increased accountability and oversight of risks from the key senior managers, where there is also reputational risk to the safeguarding partnership and where media coverage is possible.
- This increased accountability and oversight provided by a System Leadership Group would be made up of senior leadership managers from the local authority including the Head of Business Management and Commissioning and the Head of Adult Services in addition to the East Riding of Yorkshire CCG Director of Quality & Governance & Exec Nurse.
- If the Senior Leadership Group is required the chair of the SET would report directly to this group in order to provide ongoing monitoring of the Organisational Safeguarding Enquiry.
- This group would ensure direct accountability for the outcomes of the enquiry and establish assurance that lessons are learnt and actions put in place to mitigate organisational safeguarding instances reoccurring within the East Riding of Yorkshire.

2.5 Responsibility for collecting and collating Safeguarding Concerns

2.5.1 **SAT** - Safeguarding Adults Team

- The Safeguarding Adults Team is a single point of contact for all concerns and enquiries regarding the safeguarding adults at risk of harm within the East Riding of Yorkshire. The team initially screens the concerns and enquiries to decide whether to progress the concerns to a safeguarding adults enquiry or signpost to other appropriate agencies.

- The team works in close partnership with the Contract & Quality Assurance Team, Community Wellbeing Teams, Police, CQC, and Health agencies, voluntary and private agencies in order to prevent and respond to issues of abuse towards adults at risk of harm. The team also work very closely with the Safeguarding Adults Board (ERSAB)

2.5.2 **ERSAB** – East Riding Safeguarding Adults Board

- A multi-agency organisation responsible for ensuring the protection and safety of the most vulnerable adults at risk of harm in the East Riding. Its role is to ensure that all agencies that deliver services within the East Riding of Yorkshire work together, to minimise the risk of abuse to adults at risk and to protect those subject to abuse.

- The membership of the Board includes statutory partners in health and social care and promotes effective joint partnership working that improves outcomes and the quality of the care market.

2.5.3 The Care Provider Professional Group

- This group is essential for sharing information on quality and safeguarding, strengthening the relationship and knowledge sources from commissioning, safeguarding, CQC, CCG and front-line practitioners to assist in driving up standards. This formal mechanism for sharing information between agencies is helpful to determine risk levels and the most proportionate response.

- The purpose of such mechanisms is to ensure both soft and hard intelligence from available agencies is brought together in an effective and cohesive manner to facilitate timely action. It is important that this meeting is robust and has the ability to reduce the need for safeguarding under Organisational Safeguarding Enquiry procedures. This is achieved through early warning systems which enhance the standards of care and support by sharing early warning signs with providers; target resources effectively to reduce

duplication; support prevention strategies and support continuous service improvements.

3. Levels of Enquiry and Timescales

3.1 Quality Procedure

There are many ways in which the quality of care provided or commissioned by Local Authorities and the NHS through CCGs can be influenced. Examples include: specific contractual conditions, routine monitoring of care and health providers against standards specified in contracts, ensuring that providers have a Speaking Up (whistle blowing) policy and checking that staff know how to use it, supporting the provision of training for health and care staff; encouraging advocacy services and ensuring that service users and their families are aware of their rights and how to complain.

3.2 Indicative Levels

3.2.1 This procedure outlines both a **Proactive** and **Reactive** Framework.

- Both these approaches help to secure both immediate improvements in care and health provision, whilst also responding to intermediate or longer term issues or concerns.

The aim of the **Proactive** response is to, wherever possible, prevent what might be avoidable closure of services and disruption for adults and customers with care and support needs, and as a result manage most concerns between levels 1, 2 and 3 (see The 5 Levels of Enquiry Flowchart page 12).

- The focus is therefore in prevention, and what particular actions may need to be taken in response to concerns about quality issues, to reduce the risk of escalation to a safeguarding and safety response.

- Generally speaking, all services have room for further improvement, and health and social care providers may be asked by Commissioners and contract compliance officers to make developmental quality improvements following self-audit, routine monitoring, or a complaint.

- Where evidence of progress shows improvements are on track, no further action, or follow up action may be required. This type of improvement falls outside the scope of this procedure.

- This approach therefore ensures work with providers as a means for responding to potential business failure (Contracts or commissioning), and how allegations of organisational abuse are managed as opposed to single safeguarding concerns addressed under Section 42 of the Care Act (2014).

3.2.2 The 5 Tier Levels

Level 1
Provider support and intelligence with routine monitoring if necessary.

Level 2
Enhanced Monitoring undertaken via Community Wellbeing Team care reviews and add Reviewing Team reviews, pro-active Quality Assurance visits etc.

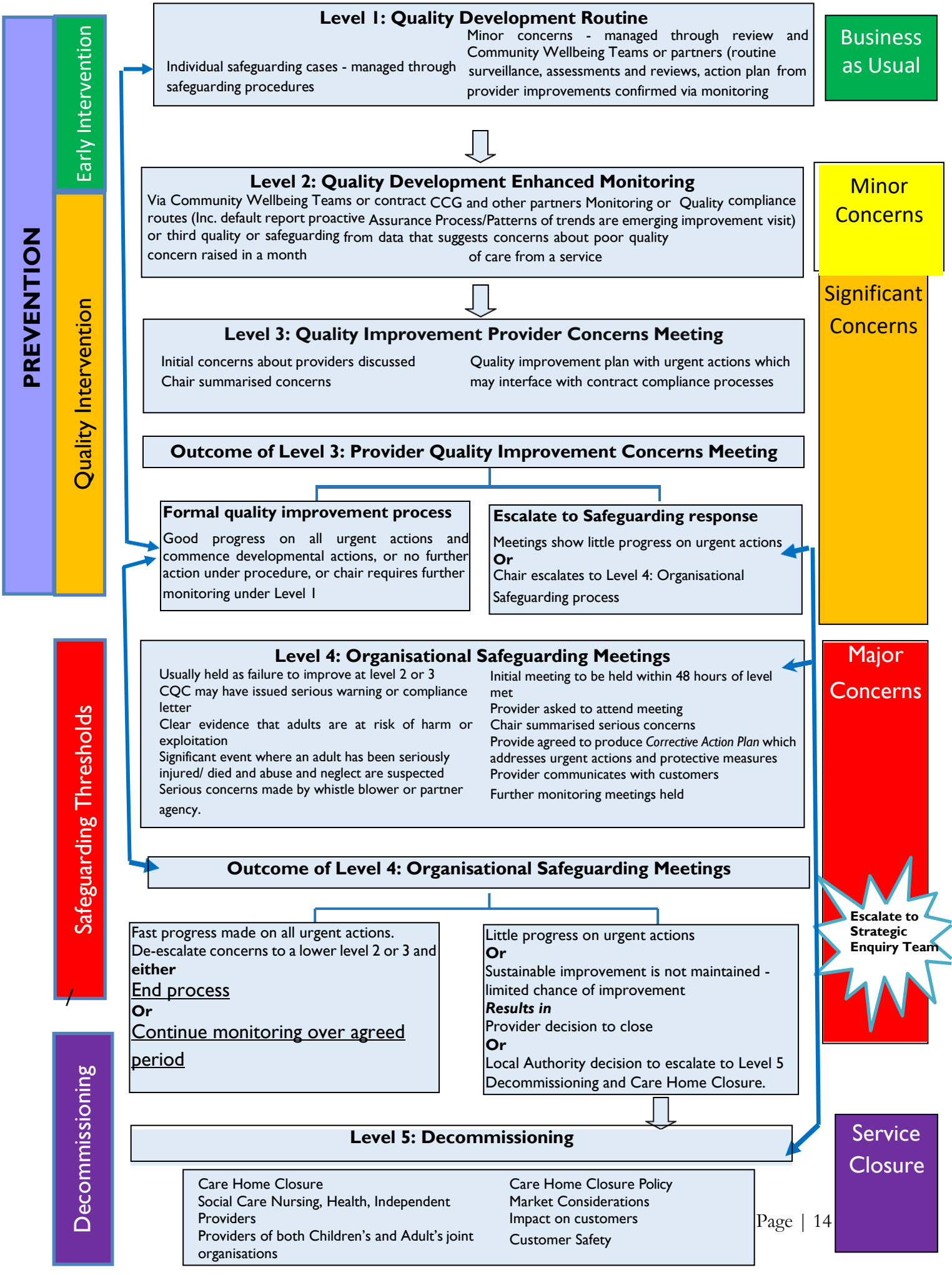
Level 3
Provider Quality and Performance Review meetings and plans (which are related to quality aspects of contract compliance

Level 4
Organisational Safeguarding Procedures. Meetings by the Strategic & Operational Enquiry Team and Corrective Action Plans

Level 5
Decommissioning, (this section primarily covers social care including nursing care provided in nursing care homes – An example of a Decommissioning and home closure process can be found in Appendix 8)

Each level includes a list of key headings in the introductory section and also lists the appendices that relate to the section. See flowchart below.

3.2.3 The 5 Levels of Enquiry Flowchart



3.3 Quality to Safeguarding Actions and Control Measures Table Guidance

Quality to Safeguarding Threshold Level		Characteristics Note: A Quality Improvement to safeguarding Threshold Level does not necessarily have all, but is likely to have a combination of some of these characteristics.	
1	Business as Usual	• Overall CQC rating is "Good" or "No Rating" • Levels of safeguarding concerns are as you would expect for a service of its size and nature • Little or no quality concerns / feedback is generally positive	Routine Management via adults services teams / Quality Development/partners
2	Minor Concerns	• Overall CQC rating not worse than "Requires Improvement" • Levels of safeguarding concerns are broadly what you would expect for a service of its size and nature • Minor and relatively isolated quality concerns • Provider is generally delivering service improvement to timescales • Provider is willing to engage with Commissioner to improve the quality of service provision • Quality Improvement support considered • Provider Self-Assessment Form/Service Improvement plan (if requested) demonstrates self-awareness and does not give rise to additional concerns	
3	Significant Concerns	• CQC rating is "Requires Improvement" in multiple areas or rated "Requires improvement" in consecutive inspections • CQC Warning Notices / Compliance Actions • Repeated safeguarding / quality concerns, levels that are outside what you would expect for a service of its size and nature, but whole service safeguarding thresholds not met • Quality concerns are more widespread and/or more serious in nature • Timescales for delivering service improvements not achieved • Contract default notice served • a suspension of placement or Formal Improvement Notice issued • Provider unwilling to engage and/or appears to be using deflective tactics and/or lack of cooperation with Commissioners • Quality Improvement support may be offered at the discretion of Commissioners • Provider Self-Assessment Form/Service improvement plans demonstrates a lack of self-awareness and/or gives rise to additional concerns	Quality Improvement / Safeguarding
4	Major Concerns	• Overall CQC rating is "Inadequate", "Requires Improvement" in <u>all</u> areas or rated as "Requires Improvement" or worse in 3 or more consecutive inspections • CQC Notices of Proposal / Decision to Cancel Registration • Invoking the Service Closure procedure is being considered • Repeated safeguarding / quality concerns, levels that are outside what you would expect for a service of its size and nature. • Further contract default notice(s) served in the event of timescales for delivering service improvements not being achieved • a suspension of placement or Formal Improvement Notice has been in place for >3 months • Provider remains unwilling to engage and/or appears to be using deflective tactics and/or lack of cooperation with Commissioners • There is clear evidence that despite CQC compliance review action planning there has been insufficient evidence of improvements within the service which is resulting in residents/clients being placed at risk of harm or exploitation. • There is clear evidence that despite contract monitoring Direct Quality Improvement involvement there has been insufficient evidence of improvements within the service which is resulting in residents/clients being placed at risk of harm or exploitation. • clear evidence that adults are at risk of harm or exploitation; and/or significant event where an adult has been seriously injured/died and abuse and neglect are suspected as contributing factors • A number of adults have been allegedly abused; and/or substantiated concerns about abuse by the same perpetrator, by a group of perpetrators, in the same setting • significant event where an adult has been seriously injured/died and abuse and neglect are suspected as contributing factors	
5	Service Closure	• Service Closure procedure invoked • Serious or persistent contract default notice served	

Quality to Safeguarding Threshold Level		Control Measures	
1	Business as Usual	• No control measures • Provider may apply for information and advice from Quality Improvement or from adult services teams	Routine Management via adults services teams / Quality Development/partners
2	Minor Concerns	• Provider meeting involving local operational manager(s) and possibly Quality Improvement to discuss concerns, held at the service location or local office • Quality Improvement support considered: Direct 1:1 Support. Themed Support. Information, Advice and Resources Tools • Provider Self-Assessment Form/service improvement plan requested at the discretion of Commissioners • Reported to local care provider meeting and low level support actions taken • Routine monitoring through adults services visits, assessment md reviews and partners visits	
3	Significant Concerns	• Provider Quality Improvement Planning Meeting / Progress Meeting(s) to discuss concerns and review progress, held at local office • Contract default notice served in the event of timescales for delivering service improvements not being achieved • a suspension of placement or Formal Improvement Notice issued at the discretion of Commissioners • Direct Quality Improvement support offered at the discretion of Commissioners • Provider Self-Assessment Form/service improvement plan automatically requested • Reported to Senior Leadership Group, local Care Provider meeting	Quality Improvement Safeguarding
4	Major Concerns	• Strategic Enquiry Team Meeting / Progress Meeting(s) to discuss concerns and review progress with provider • Operational Enquiry Team actioned • Initial Safeguarding protection plan actioned and Additional Enquires and fact finding actioned and reviewed. • Additional Monitoring and assurance resources considered • Provider Quality Improvement Planning Meeting / Progress Meeting(s) to discuss concerns and review progress with provider • Invoking the Service Closure procedure might be considered • Automatic contract default notice served. Further contract default notice(s) issued in the event of timescales for delivering service improvements not being achieved • Automatic suspension of placement or Formal Improvement Notice • Direct 1:1 Quality Improvement support mandated at the discretion of Commissioners • Communication with service users / relatives considered • Updated Provider Self-Assessment/Service Improvement Plan Form automatically requested • Reported to Senior Leadership Group, local Care Provider meeting, NHS England North Regional, CQC	
5	Service Closure	• Service Closure procedure invoked • Automatic serious or persistent contract default notice issued • Termination of contracts • Reported to Senior Leadership Group, local Care Provider meeting, NHS England North Regional, CQC	

3.4 Timescales

<table>
<tr><td rowspan="3">24 hour response.</td><td colspan="2">Concern, information gathering and decision making stage.</td></tr>
<tr><td colspan="2">↓</td></tr>
<tr><td colspan="2">Where it is suspected that a crime has been committed the Police must be contacted to agree how to proceed before further action is taken.</td></tr>
<tr><td></td><td colspan="2">The decision to proceed to the Provider Support, Quality Improvement and Organisational Safeguarding Procedure should be made within 24 hours of the information gathering stage.</td></tr>
<tr><td></td><td colspan="2">↓</td></tr>
<tr><td>To be held within 7 days.</td><td colspan="2">First Strategic Enquiry Team Meeting (SET).</td></tr>
<tr><td></td><td colspan="2">↓</td></tr>
<tr><td>To commence within
2 working days
of SET meeting.</td><td colspan="2">The Operational Enquiry Team (OET).</td></tr>
<tr><td></td><td colspan="2">↓</td></tr>
<tr><td>To be held within 28 days of commencement of the enquiry.</td><td colspan="2">Second Strategic Enquiry Team Meeting (SET).</td></tr>
<tr><td rowspan="5">Expected that the provider will produce an improvement plan within a week and that there will be evidence that this is making a measurable difference within 4 weeks.

Further actions to be determined dependant on the above.

During and Ongoing</td><td colspan="2">Suspension of Services due to Organisational Safeguarding Concerns.</td></tr>
<tr><td colspan="2">Provider Support, Quality Improvement and Organisational Safeguarding Action Plan Monitoring and outcome leading to either.</td></tr>
<tr><td colspan="2">↓</td></tr>
<tr><td>Provider Support, Quality Improvement and Organisational Safeguarding process review.</td><td>Provider Support, Quality Improvement and Organisational Safeguarding process closure</td></tr>
<tr><td colspan="2">Reporting to ERSAB</td></tr>
</table>

4. Provider Quality Support Process

4.1 Supporting Quality in Independent Care Provision

4.1.1 **This part of the procedure describes levels 1-3** of the Routine Management via adults services teams / Quality Assurance/partners Level 1 and 2 are defined within business as usual and other appropriate operational procedural policies and guidance i.e. ERSAB Multi Agency Policy and Procedures and Contract & Quality Assurance policies and procedures including current formal quality procedure.

4.1.2 In accordance with statutory right of choice and the personalisation agenda, the Local Authority is required to ensure that people assessed as requiring Care Home provision have choice and control as to where they live. This is conditional on their chosen Care Home being affordable and meeting their assessed needs. The Local Authority also has a duty of care to minimise risk to the health, safety and wellbeing of adults at risk of harm. It may therefore be necessary in order to ensure appropriate quality of care that measures are taken by the Local Authority in conjunction with the Care Home to implement and monitor required improvements in practice.

4.1.3 The Provider Support Procedure has been developed to establish a formal and coordinated response to quality concerns in relation to residential and nursing care homes, domiciliary care providers and unregulated care providers (e.g. day services, supported living services etc.) for all adults and older people.

4.1.4 The Provider Quality Procedure establishes a formal means of responding to provider concerns where thresholds for organisational safeguarding enquiry are not met, but where there is a clear need for service improvement to minimise the risks presented to service users by the quality of care being provided.

4.1.5 The purpose of the Provider Quality Procedure is to: -

- Enable remedial actions to take place for the specific areas of concern identified, thus stabilising poor operational performance and subsequently improving and sustaining the standards of care delivered by a provider;
- Coordinate activity across all agencies to enable effective communication, avoid any duplication and minimise involvement to ensure a proportionate response;
- Clearly describe to providers what the Quality Support Threshold levels are, the procedures for escalation and de-escalation between Quality Support Threshold levels and what this means for providers, making it clear how quality concerns will be followed up

4.2 Supporting Quality of Care

4.2.1 In the first instance, and where the concerns are not seen by the Local Authority and the CQC (as relevant) to be seriously impacting on adults at risk of harm, the

Contract

& Quality Assurance Team in the Business Management Unit (BMU) in conjunction with Community Wellbeing Teams, Safeguarding Adults Team (SAT) and Health Professionals, as relevant will support providers in improving the quality of provision.

4.2.2 This support may include the following:

- Visits to the service and work in a supportive way with the manager, owner or senior managers to make the necessary improvements, considering their governance systems, policies, audits, processes, environment, staffing, recruitment, culture, care and care records.
- Discussion and making suggestions or recommendations on making changes to the practices above in order to be more effective.
- This could be in the form of training, supervision, changes with forms and audits, systems and processes, introducing different ways of working and sharing templates for documents that would be useful that the service could personalise for their own use.
- In some circumstances shadowing a shift at the service to provide an objective view and support with alternative ways of working.
- Completion of a report for the Manager to work with and set a time frame for the improvements which will be reviewed regularly.

4.2.3 The responsibility of meeting Regulations and contractual requirements does remain however with the care provider – and the care provider will be asked to provide an Action/Improvement Plan identifying the areas for improvement; how the improvements will be implemented and a timescale for such improvement.

4.2.4 If the care provider does not have their own Action or Improvement Plan the Local Authority can complete one for them to work with and support with using this effectively

4.2.5 As a support measure to the care provider, officers from the BMU, SAT, Community Wellbeing Teams and Health Professionals (as appropriate) will visit with the Home to monitor improvements against the Action/Improvement Plan. This support may include the following:

- Responsive Visit Reports for urgent concerns - usually unannounced visits
- Increased Monitoring Report for ongoing improvements
- Recommendations made may be added in to the service's own Action/Improvement Plan, this is reviewed 4 weekly unless the care home needs to be monitored more closely.
- Increased monitoring by professionals will include both planned & unannounced visits in order to enable a true reflection of the service to be captured.

4.2.6 If the decision has been made that concerns would best be managed by a Provider Support Process then a Provider Quality Support Planning Meeting should be held within 7 working days to consider all relevant facts and evidence before undertaking the following: -

- confirm appointment of the Quality Lead
- confirm attendees
- decide whether Quality Support thresholds have been met
- validate that whole service safeguarding thresholds have not been met;
- agree the resources to be provided by the local authority, NHS and any other relevant partner agency to support improvement in the service;
- define the terms of reference for the Provider Quality Support Process and all roles, responsibilities, actions and timescales;
- decide whether to serve a contract default notice;
- recommend issuing a suspension of placement (voluntary or imposed) or Formal Improvement Notice
- Determine the level of escalation confirm this with the provider along with details of any control measures provide updates to relevant organisations / groups.

4.2.7 Where the care provider does not implement the necessary improvements and/or where the Commissioning Authority has serious concerns as to the ability of the care provider to meet the health, safety and wellbeing of adults at risk of harm, it may be necessary for the Local Authority to consider suspending placements at the care provider. This may be due to serious issues in respect of the quality of care, safeguarding issues or where serious breaches of contract have occurred.

4.2.8 The decision to suspend placements will be made by the Head of Adult Services and or the Head of Business Management and Commissioning. The decision will be based on the recommendations from either a Safeguarding Adults Strategy Meeting or from the recommendations of the Contract & Quality Assurance team following consultation with Strategic Service Managers/Area Managers in conjunction with the Service Manager (Commissioning). Suspension of placements will be implemented as a support measure to the Care Service – in order that the Home can improve its standards - focusing on the existing residents in the Care Service. The intention of the Local Authority will be to work with the care provider via an agreed action plan to improve the quality of service to where it will meet Regulations and contractual requirements. If however, following a QDMO visit, where there is an urgent situation where the safety of residents is a significant concern, an email would be sent to the Head of Service via the strategic manager for commissioning to outline the immediate concerns and recommend a suspension effective immediately

4.2.9 Where the quality of provision is such that there is serious concern as to the health safety and wellbeing of existing service users, then in addition to suspension of new placements, the Local Authority may also re-assess the needs of the existing residents placed at the Home – and where necessary, alternative accommodation may be found for the resident/s. The Local Authority fully respects that the care provider is the individual resident's home – and any decision to move an individual from the Home would not be undertaken without the involvement of the resident; their relative (as appropriate) and any IMCA – and only where it is in the best interests of the resident.

4.2.10 The facility to suspend placements is noted in the contractual arrangement between the East Riding of Yorkshire Council and Individual providers – extract of contract as follows:

4.2.11 Where the Council assesses there is a high or very high risk to the health, safety and wellbeing of Service Users which may include where the CQC rates the Care Home as “Inadequate” or places it in special measures or otherwise takes action against the Service Provider the Council may serve a Suspension of Placements Notice which will prohibit new Individual Placement Agreements.

4.2.12 The Suspension of Placements Notice will state

- The precise manner in which the service provider is deemed to be in default;
- An improvement plan which details outcomes the Council requires the service provider in default to achieve in order to remedy the default;
- The time period within which the default should be remedied.

4.2.13 Where the service provider has not remedied the default by the date given in the Suspension of Placements Notice the Council may:-

- Terminate the Individual Placement Agreement of each service user directly affected by the default.
- Terminate the Agreement in accordance with Clause 19

4.3 Source of Concerns

4.3.1 Information about care providers can be received from a number of sources, including:

- Providers
- Service Users
- Relatives
- Safeguarding Adults Team
- Community Wellbeing Teams
- CQC
- NHS
- Other Directorates within the Council, such as Public Protection
- Community Groups - Healthwatch

4.3.2 Scenarios for Suspension of Placements can include:

- The care provider is deemed as ‘inadequate’ by CQC (in some circumstances the suspension can be lifted ahead of an improvement rating from CQC).

- Care providers where a number of complaints have been received, investigated and upheld by Adult Services.
- Care providers where there are significant safeguarding issues or where a catalogue of safeguarding issues have been investigated and found to be substantiated.

4.3.3 It is acknowledged that the number of issues raised, is not in itself a reason for suspension. In some instances it may be a positive response from the care providers by showing awareness of safeguarding issues. Also, the remedial action taken by the care provider will be taken into consideration.

- Contract compliance issue, which is serious and recurring.
- Combination of any of the above.
- Out of county care providers - a suspension would also be applied where the host local authority for a provider has decided to suspend placements.

4.4 Investigations of Concerns

4.4.1 Safeguarding - Scenario 1 - Potential Need for Quality Development Input

Where a concern has been received which indicates that there is evidence of poor practice on the part of the care providers, but where such practice has not seriously compromised the ongoing health, safety and wellbeing of the individual or other service users:

- In this scenario, it is unlikely that a recommendation to suspend placements will be required; but it is likely that quality development work will be needed. In such a case, the Safeguarding Adults Team would request representation from the Contract & Quality Assurance Team in the Business Management Unit so that they are aware of the outcome of the Safeguarding Strategy meeting in order that appropriate quality development arrangements can be agreed between the Safeguarding Team, Community Wellbeing Team and the Business Management Unit.

4.4.2 Safeguarding - Scenario 2 - Potential Suspension of Placements

Where a concern has been received which raises serious concerns as to the competence and /or capacity of the care providers to continue to meet the health, safety or wellbeing of the service users within their care:

- In this scenario, a representative from the Business Management Unit should be invited to join the Safeguarding Strategy Meeting. The attendees of the meeting can then consider the issues presented, as to whether quality development is sufficient or whether a suspension of placements needs to be considered. Recommendations can then be made by the Contract & Quality Assurance Team in the Business Management Unit to Heads of Service for a suspension of placements at the care provider. The Safeguarding Strategy Meeting will also

consider recommendations to review the care of existing service user/s and/or to remove service user/s to an alternative care provider.

4.5 Points to consider in making appropriate recommendations to suspend placements

- Number of historic/previous Safeguarding Concerns
- Nature/consequence and seriousness of safeguarding allegations
- Potential consequences of the safeguarding allegations in relation to health, safety and wellbeing
- CQC quality ratings and outstanding requirements
- Feedback from Community Wellbeing Team , Business Management and Commissioning and Customer Relations Team
- Feedback in relation to concerns from Health Professionals e.g. District Nurse/Community Mental Health Teams and GPs

NB: CQC will be advised of all safeguarding concerns where the concern is made by other than CQC itself.

4.6 Suspension Process

4.6.1 In all instances the care provider management will be requested to attend a meeting with Local Authority representatives and other professionals, as appropriate. The meeting will discuss the concerns that have been investigated by the Local Authority and advise, where required that a recommendation to Heads of Service will be made by the Contract & Quality Assurance Team Business Management and Commissioning to suspend placements at the care provider. The recommendation will also detail whether consideration should be given to reviewing existing placements within the care provider.

- Also, if the care provider is part of a larger organisation, consideration should be given as to whether the issues and concerns may be applicable to other care providers in the organisation.
- If the other care providers in the organisation are located outside of the East Riding of Yorkshire, other local authority or safeguarding adult board procedures which deal with provider support, quality improvement and organisational safeguarding may also need to be followed.

4.6.2 Where Heads of Service agree the recommendation to suspend placements (either local authority or self-funded) a letter will be sent to the care provider advising of the decision and the reasons why the decision has been made. The care providers will be asked to provide an action plan to the Contract & Quality Assurance Team in Business Management and Commissioning to be received one month from the date of the letter. The action plan should advise the Local Authority on how the care provider intends to improve the quality of the service with identified timescales.

4.6.3 The Contract & Quality Assurance Team in Business Management and Commissioning will send out an alert to Community Wellbeing Teams, Emergency Duty Team, Safeguarding Adults Team, Contract & Review Team, CQC, Health Colleagues and Other Local Authorities advising of the suspension of placements.

4.6.4 The care provider will be requested by the local authority to have a responsibility to advise the families of those receiving care through self-funding advising of the suspension of placements

4.6.4 When suspensions of placements exist at a Care Home consideration will also have to be given in relation to respite placements proceeding, if they have been agreed prior to the suspension. This will be considered on a case by case basis.

4.6.5 Once the action plan has been received by the Contract & Quality Assurance Team, they will complete an announced site visit with other relevant Professionals. During the visit an audit of information and observations will be undertaken to monitor the progress the care provider has made in relation to the issues identified in the action plan.

4.7 Appeals

The care provider will be given 28 days to appeal against the decision to suspend placements, with any appeal being made in writing to the Director of Adults, Health & Customer Services Corporate Strategy and Commissioning, for consideration.

4.8 Lifting of a Suspension

4.8.1 While a suspension is in place the care provider will receive regular visits to monitor progress made in relation to the issues identified in the action plan. If it is felt that the care provider has made sufficient improvements and this can be evidenced using the action plan, the Contract & Quality Assurance Team in conjunction with Safeguarding will make a recommendation to lift the suspension of placements to Senior Managers and Heads of Service.

4.8.2 In the majority of cases the lifting of a suspension is done gradually through a phased uplift with agreed timescales and restrictions on the number/category of new placements.

4.8.3 Unannounced monitoring of the care provider will remain in place to support and ensure that the improvements are sustained in the long term.

4.8.4 The care provider will receive written notification that the suspension of placement has been lifted and advised of any caveats that have been made i.e. restricted numbers of new placements.

4.8.5 If the lifting of suspension is not agreed by Heads of Service, the Contract & Quality Assurance Team and other relevant Professionals will continue to support the care provider until the suspension of placements is agreed by Heads of Service.

4.9 Reporting Arrangements

4.9.1 Tight restrictions will be applied to email distribution of any reports on activity associated with the Provider Quality Policy to ensure information governance procedures are adhered to.

4.9.2 Weekly reports for any services where suspension of placements or Formal Improvement Notice, or contract default notices have been issued will be provided to individuals in job roles where immediate access to such information is required e.g. staff in safeguarding, Community Wellbeing Teams .

4.9.3 Monthly summary position statements of provider quality support processes have been aligned with reporting around organisational safeguarding enquiry. Reporting to organisations / groups will follow

- Threshold Level 1 and Threshold Level 2 – reported to the local area Local Authority / NHS / CQC Provider Professional meeting;
- Threshold Level 3 & 4 – reported to strategic Local Authority / NHS / CQC through the Business Implementation Group of the Board and senior leadership Team.

4.9.4 Reports to Adult Care and Health Scrutiny, Adult Care and Health Leadership Team and East Riding Safeguarding Adults Board will be provided upon request.

5. Organisational Safeguarding Process

5.1 Purpose

5.1.1 This process is underpinned by the East Riding Safeguarding Adults Board Multi Agency Policy and Procedures. This process also supersedes the Appendix 4 of the above Policy, which will be revised following adoption of these procedures. It seeks to outline what determines an Organisational Safeguarding Enquiry and provides guidance on the response that is required in such situations.

This procedure is a working document which should be reviewed and amended in the light of experience and lessons learned from undertaking previous large scale enquiries and incorporates the relevant learning from the Care Home Action Plan agreed by the Board on the 30th January 2020

5.1.2 East Riding Council Adult Social Care has the duty to co-ordinate safeguarding enquiries, but is noted that effective outcomes to organisational abuse safeguarding concerns require a multi-agency response. This results in collective responsibility and shared accountability across agencies.

5.1.3 This process does **not** negate the need for individual safeguarding concerns to be addressed via the individual safeguarding concerns process.

5.1.4 It is essential that collaborative working and appropriate sharing of information across agencies takes place to identify information of any previous enquiries and allegations involving any named individuals or the organisation.

5.1.5 As with any safeguarding enquiry the governing principles of safeguarding apply and must be followed as any organisational safeguarding enquiries are undertaken.

5.1.6 As with all aspects of safeguarding enquiries the intervention should be proportionate to the harm or risk of harm, and which has the overall outcome of improving the life of the adult(s) at risk as well as improving the overall quality of the care provided by the organisation under enquiry.

5.2 Definition and Potential Indicators

5.2.1 Whilst neither the Care Act of 2015 nor its statutory guidance specifically defines abuse, it does state that professionals should not limit their view of what constitutes abuse or neglect as it can take many forms and the circumstances of the individual case should always be considered.

5.2.2 The Care Act statutory guidance goes on to provide a detailed definition of each of the ten types of abuse. Further to this, the guidance highlights that incidents of abuse may be one-off or multiple, and affect one person or more. Therefore the professional should look beyond single

incidents or individuals to identify patterns of harm.

5.2.3 Organisational Abuse Definition

Organisational abuse can include one or more of the following:

- A number of adults at risk have allegedly been abused resulting in significant harm or there is potential for significant harm (whether or not the local authority is funding this care). This could include people within a provider service or a group of individuals being allegedly abused by an individual or individuals.

- The receipt of collective concerns in relation to one service setting and/or are of a high volume.

- The concerns are serious in nature i.e. serious crime, media interest, and multi-agency involvement.

- The provider/organisation has failed to engage with the safeguarding process to date resulting in continued harm or continued risk of harm to one or more adult at risk.

- The outcome of an individual safeguarding concern or enquiry has raised significant concerns about the care of others in the same service or within the same organisation.

- A speaking out (whistle blowing)c concern suggesting large scale concerns involving one or more adults at risk and/or more than one suspected cause of risk

- Information received from the CQC and other system partner's, both statutory and non-statutory, which suggests that the practices of an establishment(s) are placing adults at serious risk of harm.

- Information given by professionals or the public suggesting serious concerns within a service.

- Concerns raised where there may be multiple victims and one alleged cause of risk, for example where a staff member is alleged to have abused residents over a long period of time.

5.3 Stages of the Process

5.3.1 The decision to proceed to the organisational safeguarding enquiry process should be made within five days of receipt of the concern. In concerns that are already known to the local authority and partners the decision to undertake and organisational safeguarding enquiry may be determined upon levels of developing risk as a result of ongoing involvement with a particular service. It is noted that although that the response to organisational abuse concerns requires a multi-agency approach the decision to move to an enquiry sits with East Riding of Yorkshire Council and the Safeguarding Adults Team

and it’s direct management structure.

5.3.2 If appropriate providers should be informed that an organisational safeguarding enquiry is taking place. An example letter to providers can be seen in Appendix 4.

5.3.3 Where it is suspected that a crime has been committed the police must be contacted to agree how to proceed before further action is taken.

5.3.4 The process for managing organisational safeguarding enquiries mirrors the processes outlined in the safeguarding policy which covers individual concerns. However organisational safeguarding enquiries have additional actions which may be required and these are outlined in these procedures.

5.4 The concern, information gathering and decision making stage.

5.4.1 The purpose of this stage is to:

- gather necessary information and check the accuracy
- assess and determine the degree of seriousness
- assess and determine the degree of urgency
- agree which agencies need to be involved
- agree whether given all the information the concerns meet the criteria required to trigger escalation into organisational safeguarding abuse enquiry.

All the above actions to be at the direction of the SAT and relevant senior managers.

5.4.2 Consideration needs to be given to the information currently available and additional information to be gathered, such as:

- summary of concerns linked to specific adults at risk
- background checks of any previous concerns and how these were addressed
- background checks of the provider e.g. Business Management Unit, provider data
- previous CQC report and any previous enforcement action, dates and outcomes
- company name and other local homes in the group
- commissioning arrangements and needs of individual adults
- any involvement of Quality Development Monitoring Officers (QDMOs) or procurement contract monitoring concerns.

5.4.3 Key actions required or to be considered at the information gathering and decision-making stage:

- address any immediate safety risks and consider any urgent actions required
- review any information contained from Business Management Unit, provider data, CQC etc.

- consider an initial visit to the service to see the adult(s) at risk to ensure safety
- collate all concerns / disclosures received
- develop a chronology.

5.5 Strategic Enquiry Team (SET) Planning Meeting

5.5.1 The main purpose of the planning meeting is to ensure that immediate actions to protect individuals have been completed or are agreed, plan the enquiry and confirm that all agencies are working together effectively to support the enquiry with the expectations and actions of each role clarified.

5.5.2 Roles and responsibilities in an enquiry can overlap so it is important to be clear who is doing what and by when.

5.5.3 The following checklist should be used to assist in preparation for planning meeting.

- Identify who will be part of the Operational Enquiry Team and allocation of Lead Enquiry Officer. The Lead Officer should be of an appropriate level of Seniority proportionate to the Enquiry meeting and who needs to be invited. The Chair must be a Senior Manager or above and invites should be co-ordinated by the Chair.
- A list of invitees with contact details
- Identify initial information to be requested and initial information to be shared at the meeting.
- Agree the plan with the provider concerned.
- Agree how to engage with the adults at risk, advocates and families, to explain what safeguarding is and the actions proposed.
- If the concern relates to a care provider start to locate relevant contract information to determine if there are any likely breaches of contract and whether the contract needs to be reviewed at this stage.
- Update all relevant information on AIS and any other relevant information systems.
- Consider involvement of agencies required and a plan to secure ongoing commitment of senior representatives. This may include NHS, police, advocates and any wider stakeholders.
- Consider which organisational safeguarding lead needs to be notified in each of the relevant agencies e.g. Council portfolio leads, Heads of Service, Directors, media teams etc.
- Consider whether a joint media statement is required and liaise with ERYC press office.
- Notification to the CQC Inspector if the service is registered (unless already involved).
- Notification to any other commissioners involved such as CCG, NHS England, specialist commissioners or other local authorities. An example of a letter to placing authorities can be found in Appendix 3.

5.6 The organisational safeguarding enquiry meeting should take place within 5 days from when decision made. Any Delays to be recorded.

5.6.1 The following should be considered to be invited to attend (depending on nature/type of incident):

- Relevant staff/managers of the Local Authority
- CQC inspector if the service is registered
- Senior manager within provider setting incident occurred
- Police
- CCG safeguarding lead
- Acute Trust senior safeguarding manager
- Relevant placing authorities

5.6.2 The following should be agreed at the meeting:

5.6.3 Identify/confirm risks to the adults at risk, whether the adult(s) are at continued risk and immediate actions required. Capacity and consent issues to be discussed.

5.6.4 Agree how reviews if applicable will be managed including the multi-agency staff required to complete reviews/assessments e.g. social workers, occupational therapists, continuing healthcare nurses, mental health practitioners.

5.6.5 Timeframe for the enquiry to be discussed with expectation that actions will be completed no longer than 28 days from date of the meeting. If the enquiry is likely to take longer, a review date should be agreed to take place within the 28 days

5.6.6 Agree the terms of reference for the enquiry to consider the level of enquiry required, the proportionality of the response and identify the lead agency. The enquiry required may include:

- interviewing the adult(s) and/or family/carers
- engaging advocacy services for those who do not have capacity and do not have a person to represent them
- health examinations/assessments
- reviewing individual cases and case notes
- Developing a timeline of events/chronology
- liaising with other commissioning authorities
- liaising with other professionals who have access to the service
- Documentation to be used including body maps.
- Review resources and the funding required in order to support the enquiry.
- Agree the communication strategy including how communication will flow between individual and overarching enquiries, any statements for media, families, adult(s) and the provider. Establish how communication between group members will be co-ordinated and agree point of contact for families.

- Agree documentation and systems to be updated such AIS.

- At the end of the meeting it should be agreed who needs to be involved at the next stage, what further information is required, a programme of dates for future meetings and how relevant placing authorities will be informed and involved

5.6.7 Any Police investigations will take primacy. However, other enquiries (of a health or social care nature) may run along in parallel where appropriate. It should be agreed by all partner agencies the level and scope of all strands of the enquiry.

5.6.8 The adult(s) and their families should be involved at the appropriate level and support for adults at risk will need to be considered to ensure the views of adults are understood and that the outcomes they wish to be achieved are understood. An example of a letter to residents/families can be found in Appendix 5.

5.6.9 For those who do not have the capacity to understand the process and do not have another person to represent them, the person undertaking the enquiry will engage with the advocate to ascertain what the adult would like as an outcome.

5.6.10 The enquiry will need to include clear records of any interviews, information used such as staff rotas, care records, daily charts etc. and there should be some analysis of this.

- Review information gathered since last meeting and the outcomes of enquiries.
- Confirm whether any criminal prosecutions will be progressed.
- Confirm any improvement plan or action plan required and designate responsibilities.

5.6.11 The agreed safeguarding plan will show what is required to be improved, by whom.

5.6.12 The meeting will confirm how the safeguarding plan will be monitored

5.6.13 Organisational safeguarding enquiry review/ conclusion meeting. Purpose of the review/conclusion meeting is to:

- Update on progress against the safeguarding plan in order to hold agencies to account and challenge as required.
- Update the risk Assessment to the adults at Risk
- Decide if the organisational safeguarding enquiry process is still required.
- Decide whether there is a need to maintain an ongoing safeguarding plan with agreed timeframes.

5.6.14 Due to the nature and potential risks of organisational safeguarding enquiries can vary it will be the responsibility of the Chair of the meeting to decide what the most appropriate review arrangements are, and to record this decision.

5.6.15 There may need to be several further review meetings held in order to hold agencies to account and evidence improved care practices until there is no need for any more and the organisational safeguarding enquiry process will close.

5.7 Organisational Safeguarding Enquiry Closure

5.7.1 When the enquiry is closed the following steps need to take place:

- A letter sent to all adult(s), family members, advocates and agencies from the Chair or most appropriate Senior Manager informing them of the outcomes and closure of the enquiry.
- A letter to other commissioning authorities informing them of the closure if this is felt appropriate.
- Consider what ongoing quality monitoring is required, who will hold the lead and how will this be monitored.
- A specific Quality Improvement/action plan will be formulated for the Contract & Quality Assurance Team in Business Management and Commissioning to monitor against.
- Letter to the service provider informing them the enquiry has been closed, the outcomes, and plans for reinstatement of business. This needs to align with contract action as required.
- Feedback to the person raising the concern as appropriate.
- Feedback to relevant organisations e.g. CQC, CCG, NHS England, Healthwatch.

5.8 Reporting the outcome to the Safeguarding Adults Board

5.8.1 Where serious concerns or themes requiring multi-agency strategic oversight have been identified, a summary report should be co-ordinated by the Organisational Abuse Safeguarding enquiry chair or other most appropriate person to be presented to the next routine East Riding Safeguarding Adults Board meeting.

5.8.2 The new Azeus adult social care system will allow greater transparency for reporting to the Board. The report can include themes of incidents, agencies involved, outline of concerns and summary outcomes of enquiries. The focus of the report should, however be on any lessons learnt, practices changed since the incident and any areas of best practice highlighted.

5.8.3 Where it is decided that strategic oversight of the action plan is still required the SAB may request that progress against the action plan continues to be monitored by the SAB until they are satisfied that all actions have concluded in a satisfactory way. This may be necessary in cases where there has been significant media attention or very high profile cases.

5.8.4 There may also be consideration at the outcome stage whether the case meets the criteria for referral for a Safeguarding Adults Review (SAR) to be considered (if this has not already been triggered).

5.8.5 Alternatively the SAB will delegate the responsibility to review progress on the action plan to another group, such as the Business Implementation Group if there are any remaining actions which still require implementation.

5.9. Internal agency governance

5.9.1 Each agency will have its own internal governance structure to monitor the actions identified through the safeguarding process and will be accountable for actions assigned to individual agencies. For example, providers have the responsibility to refer employees to the Disclosure and Barring Service and professional bodies. This should be considered at the conclusion of any disciplinary matters (visit http://www.dbs- gov.org.uk and click referrals tab for more information and guidance). The Disclosure and Barring Service is in existence to prevent unsuitable people from working with adults at risk of harm and children.

5.10 Other issues to consider

5.10.1 Investigation of staff members

Careful consideration should be given to a situation where the practice of operational staff needs to be investigated. This is the responsibility of the employer in line with organisational HR policies and procedures. It is not appropriate for a colleague to investigate a peer. Discussions and advice from HR should be sought of the agency involved to ensure appropriate procedures are followed.

5.10.2 Those alleged to be the cause of risk

The protection of the adult(s) at risk of harm remains paramount, but the sharing of information and confidentiality issues should be treated with due consideration for the person alleged to have caused harm.
Agencies should take appropriate practicable steps to minimise the potential disruption and damage to the private and professional life or the reputation and business of the care provider.
Where allegations are subsequently found to be unfounded, or it can be proven that organisational safeguarding or malicious allegations have been made, the needs of the person alleged to have caused harm should be treated with sensitivity.

5.10.3 Speaking Up **(**Whistle blowing)

Employees are often the first to realise that there may be something wrong within a care setting. The term ‘speaking up’ may be used to describe people who make a ‘qualifying disclosure’ about a concern at work. Whilst each care setting should follow its own Speaking Up (whistle blowing) policy, CQC is one of a number of bodies that

people who speak up can make a qualifying disclosure to, but the CQC have no powers under the Public Interest Disclosure Act and cannot advise on this or any other

legal matter or be involved in or advise on any dispute with an employer resulting from any concerns raised with CQC, or any underlying or other employment issue.

5.10.4 Treatment of people that speak up

People that speak up often take enormous risks in bringing their concerns to regulators and professionals who should take the concerns seriously, provide feedback where possible and have appropriate support mechanisms e.g. an ability to keep the identity of people who speak up confidential. People who have had the courage to speak up will be respected and treated fairly. Where a worker suffers a detriment or is dismissed as a result, then they may have certain employment protections under the Employment Rights Act 1996 (as amended by the Public Interest Disclosure Act 1998, often referred to as 'PIDA'). In practice, this may mean that they can explore claiming unfair dismissal at an employment tribunal.

5.10.6 People that speak up (Whistle-blowers) will be able to seek advice from the following agencies:

- Getting independent advice first, or contact trade unions or professional regulatory body.
- Free, independent and confidential advice from the Whistleblowing Helpline for NHS and Social Care on 08000 724725.
- CQC's full whistleblowing guidance for people who work for providers that are registered with CQC. www.cqc.org.uk/whistleblowing
- Public Concern at Work – the leading independent UK authority on whistleblowing. It provides free, confidential advice to individuals who witness wrongdoing at work and are unsure whether or how to raise a concern Call 020 7404 6609 or go to www.pcaw

5.11 Media handling

5.11.1 The level of media interest in complex organisational abuse safeguarding enquiries should not be under estimated. Having a multi-agency communication strategy in place is vital from the outset. The lead for the co-ordination of all media activity rest with ERYC press office.

UNDER NO CIRCUMSTANCES SHOULD STAFF DEAL DIRECTLY WITH ANY INQUIRIES FROM THE MEDIA.

5.11.2 Sharing and Storage of Information

- All meetings must have formal notes taken which are shared and agreed by all attendees.
- The distribution of the notes of the meeting will be via secure email unless an alternative is agreed at the start of each meeting.

- All information should be stored securely both electronically and or in paper form in line with organisational policies and the General Data Protection Act (GDPR).
- Information shared at safeguarding meetings is for that purpose only and should relate only to the individual(s) / organisation / agency concerned.
- Any requests received for notes to be used for other purposes will need to be considered by Information Governance staff and consent of all concerned would be required and appropriate redaction considered. This includes disciplinary processes.
- Information shared should only be for the legitimate purpose of safeguarding individuals and families.

6. Toolkit and Appendixes

Appendix 1

Terms of Reference

1. Terms of Reference for Multi-Agency Enquiry Investigation (SET & OET)

1.1 Documentation about Service Users

- Does the provider evidence full and effective documentation in relation to their residents?
- Are all adults assessed prior to admission to ensure their needs are understood and service is able to meet them?
- Are all adults matched and what is the process for matching – what evidence exists.
- When the needs of adults cannot be met, does the service act in a timely manner to ensure reassessment and additional support from the appropriate services?
- When additional services are sought (for example 1 to 1 staffing) is the provider ensuring that these are provided and used effectively to safeguard adults whilst promoting their independence.
- Are all adults supported to access specialist services and support and what is provided within the provision?
- Is there evidence of risk assessment and care planning for all adults and is it effective in ensuring safe and appropriate care both in the home and when accessing the community?
- Are care plans up to date and what is the frequency of review- including arrangements for notifying the commissioner's authority of changes?
- Are all adults encouraged to be as independent as possible?
- Are all adults consulted & given choice in how their care is provided in order to meet their needs & preferences?
- Is there evidence that positive risk taking is being supported by the service?
- Are risks to the safety and wellbeing of all adults recognised and recorded?
- Does the service take appropriate action to keep them safe?
- Is there evidence of recording being consistently completed and reflecting any changes in service users wellbeing/behaviours and are these provided to the commissioner of the services?
- When adults present behaviours that challenge, does the service respond appropriately to keep them and others safe?
- When adults' present behaviours that challenge, does the service respond appropriately to keep them and others safe, make appropriate efforts to behaviour support plan and reduce risks in the immediacy, medium and long-term.
- Are there appropriate arrangements with adequate training, policy guidance and registration to be providing control medication within the placement?

- Is the provider able to evidence adherence to the 2005 Mental Capacity Act?
- Does the service have a working knowledge of MCA/Court of Protection/ Deprivation of Liberty safeguards? Is this knowledge applied in practice by the staff?
- When a person aged 16 years or over lacks mental capacity to consent to care and support, is this recognised by the service and does the service take required steps to ensure the persons rights are protected as adults (i.e. Court of Protection versa DOLS)?
- When a person has fluctuating capacity what provision is in place to ensure advanced discussion making is in place?
- When a person lacks capacity, does the Service act in their Best Interests?
- Is there consultation and involvement of family, advocates or other representatives for adults and LPA?

1.2 How care and support is provided

- Are adults effectively safeguarding from abuse?
- What is the evidence to demonstrate that the service has adequate procedures in place to ensure adults are protected from abuse and bad practice?
- What is the evidence to demonstrate that incidents are recorded and dealt with in a robust manner to safeguard adults?
- What is the evidence that residents living within this home can be confident that they can raise complaints/concerns without fear of reprisals?
- What is the evidence that concerns raised by the Local Authority, parents and commissioning services are addressed in a timely manner and outcomes measured?
- What do the adults say, do they feel safe?
- What is the evidence that staffs have the appropriate levels of competence and knowledge base in relation to safeguarding adults and escalate concerns in respect to the care provided to clients within their organisation (policy)?
- Do staff receive timely and appropriate safeguarding adult including any updates?
- Is there a Speaking Out (Whistle blowing) policy?
- What arrangements/ processes are in place to ensure effective communication with the Local Authority including notifications in relation to incidents/ actions taken, increased risk and care plan changes?
- What is the evidence that the commissioning service is notified for movement of adults within the provider's service and the introduction of new adults who present a risk to the current residence?
- Is the provider able to evidence full and effective documentation in relation to client finances?
- Does the service have adequate policies and procedures in place to safely manage all and adults' finances and protect them from financial abuse?
- Are there any indicators of financial impropriety?

1.3 General management of the service

- Does the service have safe and effective leadership?
- Is there a culture of zero tolerance to any forms of abuse?
- Is the service well-led and well-run?
- Does the service store adults date safely?
- Are staff supported?
- Does the organisation have safer recruitment practices in place?

1.4 Health, Medication management and administration

- Did the service take appropriate steps to ensure that adults received the help that they needed to access health care in a timely way?
- When adults needs change or raise concern, did the service act in a timely manner to ensure referral, reassessment and additional support by statutory services?
- Do adults receive the help and support they need to access health care in a timely manner?
- Were changes in adults' condition observed, recorded and responded to appropriately?
- Were the adults receiving appropriate care and treatment from the organisation?
- Establish if medication was administered as prescribed and in a time specific way.
- Are adults helped to receive their medication safely?
- Is there an effective medicines management policy in place that is understood and followed by staff?
- Are controlled drugs kept and administered correctly

1.5 Staffing

- Are care staff trained, supported and in sufficient numbers to manage the needs of the adults?
- What process is in place to ensure staff are safely recruited and have the skills required to meet the needs of the adults for whom they provide care and support to?
- What evidence is there to demonstrate that staff have an awareness of individual's wellbeing and how is this managed?
- Have staff received adequate training to be able to meet the needs of all adults?
- What is the evidence that staff have access to good communication systems?
- Are all adults able to access help and support from staff when they need it promptly at all times day and night?
- Are staff appropriately trained, supported and in sufficient numbers to manage adults changing needs?

1.6 Safe working practices

- Do adults receive the help they need in order to maintain respect and dignity?
- Are adults who are supported by this organisation treated with respect?
- Does this service have adequate procedures in place to ensure adults are protected from abuse and bad practice?
- Is the home safeguarding adults from abuse?
- Are incidents involving staff recorded and dealt with in a robust manner to safeguard residents?
- Can adults be confident that they can raise complaints/concerns without fear of reprisals?
- Do adults feel safe?
- Do adults receive the help and support they need to minimise the risk of them experiencing skin damage?
- Do service users experience effective, safe and appropriate care, treatment and support that meet their pressure care needs?
- Are adults supported to manage aspects of personal care in a dignified, safe, and lawful manner?
- Do adults receive adequate nutrition and hydration to maintain physical wellbeing?
- If weight loss is noted or other concerns, are appropriate actions being taken to manage this in a timely manner?
- Are adults moved and handled safely?
- Do service users experience effective, safe and appropriate care, treatment and support that meet their moving and handling needs?
- Does the service have adequate policies and procedures in place to safely manage residents' finances and protect them from financial abuse? Are there any indicators of financial impropriety?
- Does the service have relevant policies and procedures in place regarding the use of restraint and are these being followed – do these met national standards?
- Have concerns been documented in carers' notes, which need referral to or treatment by a Health Professional?
- Do you need to take any actions to make this client safe?
- Are adults enabled to take part in a balanced and fulfilling activity programme that promotes their physical and emotional health and wellbeing

1.7 Premises and Equipment

- Are there Environmental concerns in relation to the building and garden that place adults at risk?
- Are there environmental health concerns at the premises?
- Is equipment safe and regularly checked?
- Is equipment used 'needs' appropriate and individually assessed?

1.8 Making Safeguarding personal

- Are the views of the adults taken into account?

- What are the views of the adults who are supported by the organisation? Do they feel able to voice their worries or anxieties to staff?
- How does the provider capture the views of the adults and demonstrate that these have been actioned?
- Do the adults know who can they talk to about concerns and do they know who they can approach for help and support?

2 Definitions and indicators of Quality to Poor Care, Neglect and Organisational Abuse

2.1 Poor Care, Neglect and Acts of Omission Indicators

- Ignoring medical, emotional or physical care needs
- Failure to provide access to appropriate health, social care or vocational services
- Withholding of the necessities of life such as medication, adequate nutrition and heating
- Failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves
- Isolated incidents or pervasive ill treatment and gross misconduct.

Repeated instances of poor care may be an indicator of more serious problems.

Neglect can be intentional or unintentional.

2.3 Organisational Abuse Indicators

- Neglect and poor care practices within an institution or specific care setting such as a hospital, care home, in relation to care provided within one's own home, joint children's and adults provision such as children's homes, residential schools, day time and other types of specialist provision
- One off incidents or on-going ill-treatment
- Collective concerns in relation to one setting
- High volume of concerns in relation to one service
- Incorrect and/or excessive use of restraint
- Inappropriate use of other techniques such as isolation, unauthorised deprivation of Liberty
- Failure to establish a well-managed culture of care leading to issues such as Adult on Adult abuse
- Lack of individualised care plans, poor record keeping and missing documents
- No flexibility, lack of choice
- Routines which are engineered for the benefit of the organisation
- Lack of personal clothing and possessions

- Communal use of personal items in residential settings
- Concerns regarding premises and equipment including run-down or overcrowded establishment
- Poor moving and handling practices
- Inadequate staffing levels and staff not completing tasks
- People being hungry or dehydrated
- Lack of adequate processes and procedures
- Few social, recreational and educational activities
- Public discussion of personal matters by care staff
- Lack of management overview and support
- Unnecessary or inappropriate rules and regulations
- Authoritarian management or rigid regimes
- Insufficient staff or high turnover resulting in poor quality of care
- Abusive and disrespectful attitudes towards people using the service
- Lack of respect for dignity and privacy
- Failure to manage abusive behaviour and report safeguarding concerns
- Medication errors, omissions or inappropriate administration
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints
- Concerns about management and leadership and/or supervision
- Concerns about the service resisting the involvement of external people and isolating individuals (absence of visitors in residential settings)
- Concerns about staff skills, knowledge and practice
- Concerns being serious in nature, for example serious crime, media interest, concerns requiring multi-agency involvement
- Where a single concern stating a number of other adults with care and support needs are also at risk
- An individual concern or enquiry raising significant concerns about the care of others in the same service or within the same organisation
- Failure of a provider to engage with a safeguarding process resulting in continued harm or risk of harm to one or more adult at risk
- Where an adult has died in relation to or as a result of the harm and abuse identified within an individual safeguarding concern (consideration must be given as to whether the criteria has been met for a Safeguarding Adults Review SAR)
- Whistle blowing concerns suggesting whole service concerns involving one or more adults at risk and / or more than one suspected perpetrator
- Information received from CQC suggesting that the service / organisation is placing adults at serious risk of harm
- Information received from other services or agencies suggesting adults are at risk of serious harm, including Quality Development and Monitoring, CCG and other health agencies, the Police, Healthwatch or other service or organisation who are able to share concerns about safeguarding adults

- Information received from professionals or the public suggesting serious concerns within a service or organisation
- Service provider administration or home closure risk
- Multiple victims and one alleged perpetrator over a long period of time
- Neglect or poor professional practice, and inadequate standards of care as a result of structure, policies, processes and practices, routines, systems and regimes within an organisation. This can affect the whole setting and deny, restrict or curtail: dignity, privacy, choice, independence and the fulfilment for Adults with care and support needs

Organisational abuse violates the person's dignity and represents a lack of respect for their human rights.

Organisational abuse does not have to involve deliberately causing harm, and can include the failure to provide care or treatment that causes, or is likely to cause, harm.

This list is not exhaustive – professional judgement should always be used to determine the most appropriate response to concerns.

3 Repeat Concerns / Referrals

Adults Safeguarding should pay particular attention to services and establishments where there are repeat referrals concerning a range of different staff as this may indicate a culture of organisational abuse, tolerance of abuse or neglect, or repeated failure to prevent abuse or neglect within a service.

3.1 Concerns about individual staff

Safeguarding concerns within a service relating solely to the behaviour of an individual staff member or volunteer *without* wider concerns about the culture, practice, or management would not on their own usually be seen as organisational abuse.

Appendix 2

Example **Meeting Agenda** Organisational Abuse Safeguarding Enquiry

Organisational Abuse Safeguarding Enquiry

Meeting Agenda

Confidentiality
All information exchanged in this meeting is for the express use of safeguarding the individual adult/s concerned and for the prevention of further abuse or neglect and must not be used for any other purpose. Information should not be shared except as part of the action plan or with the agreement of the Chair.

Organisational Abuse Safeguarding Enquiry Meeting

1. Introductions and Apologies;

2. East Riding's Council's Confidentiality Statement;

3. Purpose of the organisational abuse safeguarding enquiry meeting: to review evidence and consider whether what is being presented meets the thresholds for organisational abuse safeguarding as defined in section three of this procedure document;

4. Summarise the safeguarding concerns leading to the Organisational Abuse Safeguarding Enquiry meeting;

5. Consider outcomes of any individual safeguarding enquiries which may indicate further concerns;

6. Consider any views/wishes of adult at risk or their representative/independent advocate;

7. Enquire with attendees as to detail of any additional factual evidence of concerns;

8. Summarise any tabled reports evidencing concerns;

9. Invite attendees to report on any risk assessments taken within the service;

10. Feedback from any regulator activity and outcomes;

11. Feedback from the Contract & Quality Assurance Team involvement with the service to date;

12. Feedback from contract action plan monitoring detail;

13. Feedback from other funding authorities;

14. Any incident reporting to be considered;

15. Threshold decision making: has threshold level for organisational abuse safeguarding been met as defined within Section 4 of this procedure?

16. If consensus that organisational abuse safeguarding thresholds levels have NOT been met: meeting to consider and agree what quality and improvement actions with appropriate agencies need to be undertaken. Case then closed to organisational abuse safeguarding

17. If consensus that organisational abuse safeguarding thresholds levels ARE met: next steps as below are to be taken;

18. Agree and summarise identified areas of risk;

19. Legal considerations: MCA, MHA, DOLS, Care Act, Police involvement;

20. Agree lead agency for further detailed action or investigation;

21. Agree how the organisational abuse safeguarding enquiry will be carried out, consideration to be given to the terms of reference for the investigation;

22. Consideration of individual needs in relation to race, culture, age, gender, sexuality, religion and disability;

23. Communication – inter agency, legal owner/director, at risk adults/family/representatives/advocates, media, internal;

24 .Agree safeguarding action plan / protection plan, ensuring immediate risk is identified and addressed, timescales, who is responsible for completing action;

25. Consideration as to whether a suspension of placement or Formal Improvement Notice is required;

26. Any other business;

27. Date of next meeting;

Appendix 3 - Example Template of **Minutes Organisational Safeguarding Enquiry Meeting**

East Riding Safeguarding Adults Board

Template to be used to record minutes of an organisational safeguarding strategy meeting

Notes

These minutes are strictly confidential and must not be photocopied. Permission must be obtained from the Chair of the meeting before they are shown to other people.

PLEASE NOTE: Requests for amendments to these Minutes should be forwarded in writing to the Chair of the meeting, within seven days of the circulation date, otherwise they will be taken as an accurate record.

Confidentiality - This report is confidential and may only be used in relation to the safeguarding investigation. This report cannot be reproduced fully or in part or disclosed to any other party with out the express written permission of the safeguarding team manager.

This template can be used for any strategy meeting at which an organisational safeguarding enquiry is being discussed, either at the beginning, middle or end of an enquiry. The adult at risk or their advocate should be invited to attend strategy meetings if this is felt appropriate.

Details of the adult:

Name of the adult : DOB: Address: Postcode:

Tel.No: PID or NHS Number:

Details of the alleged Perpetrator:

To be completed if known

Name of Alleged Perpetrator: Date of Birth: Address: Occupation (if relevant to the case):

Date and Time of Strategy Meeting

Date	Time	Venue

Attendees/Apologies

Name	Agency	Attended/ Apologies	Minutes to

1. Reason for strategy meeting – Summary by Chair

2.

This box to be used if an enquiry has been completed

3. Outcome of Safeguarding Adults Adult Enquiry – Summary of investigator(s) report and recommendations. N.B. A copy of any report provided to the conference should be attached to the minutes.

4. Views of all Agencies Present Regarding Future Risk – Summary of the contribution made by each participating agency. Reports provided to the conference should be attached to the minutes.

5. Views of the adult or their advocate – Summary of any contribution made to the strategy meeting directly and/or on behalf of the vulnerable adult concerned.
6. Views of Family Members or Other Significant Persons – Summary of any contributions made to the strategy meeting directly or indirectly.
7. Overall Assessment of Risk by meeting participants – Summary of the reasons for the overall decision(s) made at this conference, ie if to continue or to close at this stage. Record any dissenting views where a decision is not unanimous.

7. Details of the Action Plan:		
Action Agreed:	Person/Agency Responsible	Timescale

8. Recommendation/Action plan Checklist	Already in place	Required	Not appropriate	To be Reviewed
Mental Capacity Assessment				
Referral IMCA				
Re-assessment of needs				
Adult Support Plan				
Best Interest Meeting				
Request for DoL Authorisation				
Carer's Assessment				
Carers' Support Plan				
Staff disciplinary procedures (suspension/dismissal/ISA referral)				
Financial Issues				
Criminal justice involvement				
Referral to CQC				
Suspension of Placements				
Continuing Health check list				

Further strategy meeting needed				

If further meeting required date, time and venue required.

Date of next strategy :	***Venue:***

Appendix 4

Example **Letter to placing authorities**

EAST RIDING OF YORKSHIRE COUNCIL

Dear «Title» «Last Name»

Re: «First Name» «Last Name»

We are currently undertaking a Safeguarding enquiry in relation to allegations of abuse against a number of residents placed in «Name of Home», of which «First Name» «Last Name» is one.

We are fulfilling our obligations in relation to Safeguarding Adults as the 'host' authority.

Our role is defined as:

• Take the initial lead on responding to the referral

• Co-ordinate initial information gathering, background checks and ensure a prompt notification to the 'placing authority' and other relevant agencies

• Co-ordinate and undertake any safeguarding enquiry's

The placing authority is responsible for providing support to the adult at risk and planning their future care needs, either as an adult at risk or an adult alleged to be causing harm. The placing authority should nominate a link person for liaison purposes during the safeguarding enquiry. They will be invited to attend any Safeguarding Adults Strategy meeting and/or may be required to submit a written report. I am writing to suggest that you satisfy yourself that:

• Representation has been provided at strategy meetings.

• The continued placement is safe, meeting the needs of the individual and is in their best interests.

• The relatives or advocates of the individual have been kept informed of the enquiry and the process your staff have put in place to inform them of the outcome.

The ongoing placement for «First Name» «Last Name» is a matter for your Commissioning Manager to decide and not something we as the 'host' authority can decide or advise upon.

I hope you find this letter helpful in clarifying the current position.

Yours sincerely «First Name» «Last Name»

Appendix 5 **Example Provider Letter**

EAST RIDING OF YORKSHIRE COUNCIL

Dear

The Care Act 2014 Section 42 requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect.
The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken and, if so, what and by whom.

East Riding of Yorkshire Local Authority will undertake an organisational abuse safeguarding enquiry due to significant concerns in nature and frequency raised at …….which could indicate organisational abuse.

The purpose of an organisational abuse safeguarding enquiry is to decide what action in needed to help and protect the adult. Its aims are to:

- Establish the facts about incidents or allegations;
- Ascertain the adult's views and wishes on what they want as an outcome from the enquiry;
- Assess the needs of the adults for protection, support and redress and how they might be met;
- Protect the adults from the abuse and neglect, as the adult's wishes;
- Establish if any other person is at risk of harm;
- Make decisions as to what follow-up actions should be taken with regard to the person or organisation responsible for the abuse or neglect
- Enable the adults to achieve resolution and recovery.

The enquiry will involve a range of activities. It will include consultations with residents and staff. It will also involve reviewing records or policies and procedures. If people are being interviewed they can have someone sit in with them for support if they find that helpful. If anyone has particular communication needs these will be provided for.

The findings of the enquiry will be reviewed and a decision made as to whether there is evidence, on the balance of probabilities, as to whether abuse or neglect has occurred. Throughout the organisational abuse safeguarding enquiry, decisions will need to be made as to whether any actions are needed to keep adult/s at risk safe.

These decisions will to be reviewed once the enquiry is completed and a finding report will be produced and shared which will inform the safeguarding plan.

Care will be taken to make sure the organisational abuse safeguarding enquiry is conducted in a way that is fair to all concerned. The enquiry will be carried out impartially and will be undertaken with an open mind as to what has or has not happened. The enquiry will base its findings on the established facts and if concerns have been raised about a person's actions then they will have a chance to respond to these allegations.

It is our intention to work in partnership with you to ensure timely action is taken to any concerns raised.

If you have any further queries please feel free to contact …….

Yours Sincerely

Appendix 6

Example Resident/Relatives Letter

EAST RIDING OF YORKSHIRE COUNCIL

Dear Resident/Relatives name

Re: «Name of Home»

I am writing to inform you that due to a number of safeguarding concerns relating to the care provided at the ‘’Name of Service’’, the East Riding of Yorkshire council safeguarding team and adult services are currently undertaking further enquires and have stopped making any further placements at the home.

Adult Services are monitoring the situation and plans are in place to ensure that each service users individual care needs are being appropriately met. If you have any questions relating to the above or to someone who is placed at the «Name of Service», please contact «First Name» «Last Name», «Position», «Section”, on «Telephone» or if the issue is a contractual one «First Name» «Last Name» on «Telephone».

Please be assured we are working hard alongside the provider to improve the services at «Name of Service».

Yours sincerely

Appendix 7

Triggers of Potential Failure

Potential signs that a Care Home could be at risk of failing include:

Market Issues

- Over reliance on local authority contracts as only business
- Competition from new care developments
- Traditional service e.g. Learning Disability Care Home provision

Financial Indicators

- Annual accounts, or lack of them
- Issue re insurance cover / increase in insurance rates
- Credit scoring
- Wages / bills not being paid
- Requesting early payment

Occupancy /Capacity Issues

- Size of Care Home / bed vacancy levels and comparators / percentage of bed vacancy over time
- Duration of vacancies
- Length of stay / high turnover of service users – particularly in non-elderly provision
- Suspended or embargoed placements
- Difficulty is recruiting staff

Feedback

- “Why pick this Care Home?”
- Choice of Care Home survey ratings
- Service User survey feedback
- Complaints – high number / none
- Complaints about quality / quantity of food / environment

Regulatory and Safeguarding

- Non-compliance with council contracts
- Not meeting requirements of CQC regulations
- Safeguarding – high number of alerts vs no alerts
- CQC reports / feedback

Workforce

- Staff / family / carer survey feedback
- Staff levels reducing significantly / senior manager turnover / high staff turnover
- Indications that proper checks on immigration and employment status have not been undertaken

Quality

- Lack of activities
- Poor cleanliness
- Lack of maintenance to physical assets
- Insufficient training and supervision

Management Issues

- Change of ownership / operator occurs or partnership breaks up for any reason
- Size of organisation? Number of Care Homes, regional / national, expansions – over stretched
- Poor invoicing – vulnerable to cash flow issues

Appendix 8

Example of Decommissioning Care Home closure Process

Decommissioning and Home Closure Process

This process is relevant for care providers and homes that have closed due to the fact that the provider has reached the Threshold Level 5 and been served with a Service Closure procedure or invoked a serious or persistent contract default notice has been served.

1 Supporting People when their Care setting is closing

1.1.1 Objective

To ensure that the rights and interests of people affected by the forthcoming closure of a care setting or Care Home are protected.

1.1.2 Legislation

Decommissioning should be undertaken within the following legislative frameworks:

- Care Act 2014
- Mental Capacity Act 2005
- Health & Social Care Act 2008 (Regulated Activities) Regulations 2010
- Care Quality Commission (Registration) Regulations 2009
- Mental Capacity Act 2005
- See also “Managing care home closures”, CQC et al July 2016
- And “Care and Continuity – Contingency Planning for Provider Failure”, Local Government Information Unit (Available on the SCIE Website www.scie.org.uk) , 2015

1.1.3 Status of Decommissioning Procedures

Decommissioning procedures apply to all independent sector Care Homes in the East Riding. Where people are placed in a Care Home that is Out of County, the host Local Authority will have the lead in managing that closure; although parts of this procedure, in respect of identifying the people affected; ensuring appropriate re-provision of their care and accommodation needs will be relevant. Key learning points can be shared to non-commissioned care sector in a similar closure of provision in order that the people and provision affected have care and needs met.

1.2 Decommissioning Introduction

1.2.1 Care Homes may face closure for a range of reasons which can include financial difficulties or enforcement action taken by the Care Quality Commission. The Care Home may be a small independent organisation affecting a small number of people or a large regional/national organisation where the failure of the business may affect many more individuals.

1.2.2 The closure or threatened closure of a Care Home can be a traumatic experience for people who use the services and their relatives. The role of the local authority is to

provide sensitive and timely support and advice in order to ensure that those using the service remain safe and well cared for during transition and that any moves are sensitively planned and managed. Support must be provided not only for those using the service whose care is the responsibility of the local authority but also for individuals who are funding their own care if there is no one else to provide this support; the local authority must also liaise with other local authorities where they have placed individuals in a Care Home in the East Riding.

1.2.3 These procedures apply specifically to independent Care Homes; however these would also apply should a local authority home be closing; as good practice principles of support to those using the provider and their relatives should apply across all care provision.

1.3 Decommissioning Planning Meeting

1.3.1 As soon as the local authority becomes aware of a potential Care Home closure within the area, a planning meeting should be held as soon as possible and ideally within 2 working days. (Trigger signs for potential failure are listed at Appendix 6). The meeting should be called by the Head of the Business Management and Commissioning & the Head of Adult Services with attendance by these Heads of Service or their delegated officers; representatives should also be invited, from Legal Services, Human Resources, Accountancy, Press Office and the Care Quality Commission as relevant. Where a Clinical Commissioning Group or other local authority is funding a person/s in the failing Care Home, then that other authority /Trust should also be invited to attend.

1.3.2 The Chair/s of the meeting should have as much information as possible available about the intentions of the Care Home in respect of the impending closure. It is important to have clear information about the number of people using the service and their funding status.

1.3.3 The meeting should consider immediate priorities with these being determined by the proposed date of closure. **All items on Checklist 1 at (page 41) must be considered.**

1.3.4 The meeting should also agree frequency of further meetings, relevant attendance and initial identification of any longer term issues. A plan of what needs to be done, by when and by who should be agreed, with a lead person identified and a list of agencies and individuals who need to be involved.

1.3.5 A key outcome of the planning meeting should be the decision as to how the ongoing and future needs of the people using the service will be met during and subsequent to the period of closure. Information on vacancies in Care Homes will be provided by Contract and Reviewing Team and frequency of updates should be agreed. As part of our duty of care, it is essential that we work with the Care Home wherever possible to minimise stress to those affected and to promote a seamless transfer of care. Should the contract be terminated by the organisation with immediate effect then the local authority may as a temporary measure take over responsibility for the management of the service as an alternative to moving people before appropriate assessments have been made. Where the Care Home provides nursing care

Continuing Health Care/CCG officers must also be involved in the management of the closure/care re-provision

1.4 Notification of closure

Regulation 15 of the Care Quality Commission (Registration) Regulations 2009 requires the owner/manager of the Care Home to give reasonable notice of closure. In accordance with the Standard Terms of Business, the Care Home should provide as much notice as possible; however this may not be possible. Ideally the notice period should be long enough for people to be found alternative care that best meets their needs. Where reasonable notice is not given, then other arrangements must be considered, such as the local authority managing the service in the short term. The local authority will need to work with the Care Home to ensure smooth transitions.

1.5 Provision of Information

1.5.1 The Service Manager (Commissioning) will contact the Care Home owner/manager to advise as to the reason for closure; what information if any has been given to staff and those using the service; and for a full list of people using the service, their funding stream and detail of any family / friends involvement. A date for meeting with those using the service and their relevant relative/friend should be agreed and the Care Home should be asked to invite the relatives/friends to the meeting to advice of the forthcoming closure. The Care Home should lead in these arrangements and lead at the meeting. Any letter / e mail advising of the closure should be copied to the Service Manager (Commissioning).

1.5.2 To ensure people are informed as to their rights, copies of the leaflet “Care Home Closure”; together with up to date information about vacancies in alternative Care Homes should be made available at the Care Home and given to relatives/friends at the meeting / in subsequent assessment meetings with the individual people.

1.5.3 Information should also be provided to other relevant bodies such as neighbouring local authorities / CCGs (if they are funding people at the Care Home); elected members.

1.5.4 MPs local to the Care Home should be informed as to the forthcoming closure and kept up to date with the re-provision of care by the Director/Head of Service. The Press Office should be informed and a press release drafted.

1.6 Community Well-Being Team Role, Assessment and Support Planning

1.6.1 Sufficient Community Well-Being Team staff should be available to provide support and take on the practical tasks associated with arranging alternative domiciliary care, and relocating and supporting service users through change. Additional social workers and care coordinators may need to be drafted in from other teams. In order to maintain continuity for service users and their family’s local Community Wellbeing staff should remain involved with them and drafted-in Community Wellbeing staff will focus on day to day care management team work with service users not affected by provider failure. Each service user and their carer(s) should have details of their named Community Wellbeing Team worker. It is essential that local authority staff work in

partnership with the Care Home, service users, carers, and relatives as relevant. Community Wellbeing Team staff will need extra support during this period which may be stressful and demanding.

1.6.2 Generally service users will not be reassessed or given new care and support plans unless felt necessary by their allocated Community Wellbeing Team worker or family of those receiving self-funded care. Specialist assessments may be required e.g. moving and handling, risk assessments depending on the individual and the proposed moves. Financial assessments must be current and any potential additional payment issues addressed as they arise.

1.6.3 The Care Home should be encouraged to ensure all records including medication, service user plans and other documentation are up to date in order to facilitate a smooth transfer.

1.7 Visits, Decision Making and Moves

1.7.1 It is important to note that there is often a feeling of urgency, partly because owners/ managers of Care Homes want to close and move people on, partly because relatives may panic and take the first available vacancy. Although this may be outside of local authority control, Community Wellbeing staff should follow good practice to ensure that moves are planned, are suitable, that the person has been involved and consulted in decision making, and that assessments have been done where necessary. Consideration must be given to the application of the Mental Capacity Act 2005 for those residents without capacity which may include a Best Interest decision or meeting. An Independent Mental Capacity Advocate must be appointed where the individual has no relevant family or friend. People with cognitive impairment will need particular attention paying to their needs.

1.7.2 Up to date vacancy positions should be obtained on a daily basis from the Contract and Review Team to facilitate decision making about moves. Vacancies could be increased to meet the needs of this vulnerable group through the use of delayed hospital discharges and use of cottage hospital/step down beds in consultation with relevant health agencies.

1.7.3 Unless positively agreed as being detrimental to the service user, they should be able to visit proposed new Care Homes and be consulted on their views. Relatives must also be involved and staff should offer to transport service users to visit another Care Home if they have no one else to do this for them. If the service user is considering a move, they should be encouraged to spend time in the proposed Care Home before making a decision. Receiving Care Homes should be encouraged to meet the prospective service user either in their existing or proposed Care Home to ensure that they can effectively meet their assessed needs. The Care Home due to close should be involved with this but encouraged to take things at the service user's own pace. Care managers should ensure choices reflect service users' wishes and consideration should be given to existing relationships e.g. do service users want to remain together or do they want to live near certain relatives?

Refer to checklist 3 (page 45) for each service user at all stages

1.8 Transitions/Move

1.8.1 These can be difficult –Care Home staff may leave prior to the closure /transfer date, emptying of rooms may commence as soon as the service user leaves etc. Again, this is outside of local authority control, but the Community Wellbeing team should encourage the organisation to keep their staff if they can, to keep furniture in rooms etc. and should provide/commission care workers if care staff leave faster than service users are moving out.

1.8.2 Service Users should move only when they are ready and when the new provision is ready to receive them – there should be sufficient information; any specialist equipment needs to be in place; there should be someone to move with the service user; and transport should be arranged if necessary. Staff from the Community Wellbeing Team and the closing organisation should provide support as necessary and negotiate e.g. arrange transport, ensure person does not move alone, ensure all paperwork is ready, fees and contributions agreed and contracts signed. As a minimum, a week's supply of medication should go with the service user to the new Care Home. Community Wellbeing Team staff should check that the new Care Home knows enough about the new service user and that there will be a dedicated member of staff wherever possible to meet the needs of the service user. It is important that the service user is shown around their new Home.

1.8.3 Community Wellbeing teams should keep the Contracts & Review Team updated so that they can raise the necessary paperwork terminating the individual contracts with the previous Care Home and raising the new contract with the receiving Care Home.

1.9 Paperwork and records

Case records need to be completed and be up to date both within the Care Home and within the local authority. Case files need to include records of contact, advice offered, copies of assessments (existing or new), signed support plans (updated if necessary), completed and signed contracts and any assessments/decisions taken in line with the Mental Capacity Act 2005. Service user records must be up to date and transferred to the receiving Care Home on or before the date of the move

1.10 Settling in

Depending on family support and the needs of the person, the amount of contact between service user and Community Wellbeing staff will vary. As a minimum Care Management staff should check within the first few days of change of care provider that the service user is settling and that any problems are being sorted out. Ideally Community Wellbeing Team should visit the service user in their new Care Home, or where this is not possible, should speak with the service user and care staff by telephone contact. If the service user has no family to support them, contact will need to be more frequent. The local authority should monitor that the placement is suitable and alternatives should be explored if it is not. Generally further moves are not advisable but in some cases where the service user has made a hasty and unsuitable choice of move, this might be necessary for the long term welfare of the individual.

There should be a statutory review within 3 months of the placement and the service user should have been visited at least once prior to the statutory review.

Where residents are not to be moved checklist 4 (page 46) should be used

1.11 Where there is insufficient local capacity to arrange new care

If the Care Home is large or there are a number of Care Homes giving notice of closure, it may not be possible to arrange a move for the service user within the locality; in such case, a vacancy may need to be considered in neighbouring authorities depending on the location of a care home and placing authorities).

Full consideration of options should be made, to include: importing a local authority management team into the failing service in the short term (which could only be done after the Care Home has terminated the contract or the local authority terminates it if they are in breach).

1.12 In-house management team support

1.12.1 In the immediate short term, where there is insufficient capacity with existing Care Homes, a decision to take over the care provision and its existing staff may be taken in consultation with the Care Home owners and receivers - if the business has gone Into Administration. This will involve having ERYC staff available from provider and/or Community Wellbeing teams to be able to give the required support. Consideration should be given to seconding appropriate managers and senior care staff or employing retired workers on a short team contract, either to manage the Care Home or fill-in for seconded staff. Human Resources should be consulted about potential TUPE issues if it is proposed that local authority managers take over the management role within the Care Home.

1.12.2 Contracts will need to be changed to reflect changes in management/ownership as they occur. Service Users not funded by East Riding of Yorkshire Council will need involvement from their own funding bodies including CCG where appropriate.

1.13 Care Home – Possible Actions

Depending on decisions made by the Care Home and/or Receiver where relevant, the Receiver may look for another organisation to provide the care in the short or long term.

1.14 Checklist 1: Planning Meeting

	Issue for discussion	Decision/Discussion	Action: who and when
1	Immediate safety of service users – safeguarding, CQC considerations		SAT, CMT, BMCU
2	Information about situation – details of Care Home/ planned closure date/ involvement of liquidators/CQC actions etc.		SM (C)
3	Information about service users – numbers, status (ERYC, other LA, self-funding)		CRT
4	Contract information – who are we paying for and for what services?		CRT
5	Up to date vacancies in local area		CRT
6	Make decision as to whether: relocating service users; or supporting Care Home to continue providing care & accommodation		SM (C) / CWT
7	Develop action plan to specify overall plan, key personnel to be involved, agencies to be included, dates of future meetings. Nominate lead manager		SL/SM(C)
8	Consider Community Well-Being Team capacity to		SL/SM

	support service users in move or continuity of care if not moving		
9	Consider in-house provider capacity if decision made to keep Care Home open		BMCU
10	Consider external Care Home management capacity if decision made to keep Care Home open		BMCU
11	Communication strategy to include: Member and CMT update; Press release; information to service users and carers; any others		SM (C)
12	Health care considerations and role of CCG		CCG/BMCU
13	If relocating service users go to checklists 2 & 3, if not moving them go to checklist 4		

1.15 <u>Checklist 2: To be used when plan is to relocate service users</u>

	Item to be covered	**Discussion/decision**	**Action – who, when etc.**
1.	Negotiate closure date with Care Home and date service users to be moved		SM (C)
2.	Develop action plan (from Planning Meeting) with targets, dates etc. Set future meetings		SL/SM (C)
3.	Agree which other local authorities need to be involved and for which service users		CWT /BMCU
4.	Agreement with relevant health agencies about their role and involvement		SL/BMCU/CCG

	including possible delayed discharges and use of community beds in short term		
5.	Responsibility for up to date vacancy information in local area (incl ERYC, Hull, NE & N Lincs)		CRT
6.	Bring in care management cover to take over work of care management staff allocated to service users affected by closure		SL/AM
7.	Allocation of care management worker to each service user & set up checklist 3 for each person		Team Leader
8.	Obtain information on all service users re status, capacity, potential issues or problems.		CWT
9.	If capacity issues determined allocate appropriate care management staff to undertake MCA and BI assessments and refer to IMCA service		CWT
10.	Ensure assessments and support plans are up to date, reassess only where necessary		CWT
11.	Agree meeting date with Care Home – for meeting with service users and carers (to be coordinated by Care Home)		SM (C) /CWT
12.	Ensure letters have been sent to service users and/or carers by Care Home giving appropriate information.		CWT /SM (C)
13.	Ensure that a member of care management staff has arranged to meet with individuals and/or carers as appropriate		CWT

14.	Ensure all actions taken are recorded on AIS, individual's checklist and reported back to lead manager		CWT
15.	Plan for continuity of care in transition if required as Care Home staff may leave before service users' care has been re-provided		BMCU/CWT
16.	Ensure Care Home has all relevant records including medication, risk assessment etc. up to date to move with service user		CWT
17.	Keep Members and CMT (and local MPs if appropriate) informed of decisions and progress		H of Ss
18.	Issue Press Release if appropriate		H of Ss
19	Ensure appropriate contractual documentation is in place with new Care Home		SM (C) /CRT

Key - Acronyms

AM – Area Manager

BMCU – Business Management and Commissioning Unit

CRT – Contract & Review Team

CWT – Community Wellbeing Team

ERYC – East Riding of Yorkshire Council

H of Ss – Head of Adults Services

LA – Local Authority

SAT - Safeguarding Adults Team

SL – Strategic Lead

SM (C) – Service Manager

1.16 Checklist 3: to be completed for EACH SERVICE USER if moving to new Care Home

Name:	**AIS No:**
Checklist Item – to be carried out by care management worker unless indicated otherwise	**✓ when done + by who**
Abacus report obtained	
Allocation of care management team worker	
Service User seen by care management worker	
Carer/family seen by care management if service user is incapacitated	
Information leaflet “Care Home Closure” given to service user and/or relatives as relevant  Leaflet - Care Home Closure 25.08.16 v5.pub	
If support declined by service user (if capacity) or carer (if incapacitated) and no safeguarding issues, record on AIS – rest of checklist may be Not Applicable	
Capacity decision (may require specialist worker)	
Best Interest Decision (may require specialist worker)	
Referral to IMCA service	
Information on vacancies given to service user and/or carers where Care Home closure	
Actively manage change of Care Home if service user does not have capacity and has no relative/friend able to help. Liaise with IMCA	
Decide whether or not reassessment required and carry out if it is	
Develop new support plan if necessary	
Where a New Care Home has been agreed following: visit by service user and/or relative as appropriate; short stay if appropriate; approval of funding including additional payments if applicable	
Moving date agreed by service user, carers, new Care Home	
For Care Home change - Assistance with move, packing etc offered and arranged if necessary	
New contract set up via Business Management Unit if ERYC commissioning (including additional payments where relevant)	
Terminate contract to old Care Home	
Letter to Care Home advising of payment to last date in residence (Planning and Procurement)	
Service User moves with belongings, records and as a minimum, one week’s supply of medicines	

Follow up within one week of move via telephone contact and ideally by visiting service user. Contact relative and new Care Home separately to monitor how service user is settling in.	
Further follow ups on a weekly basis if first visit identifies problems until problems resolved	
Review within 3 months of move.	

1.17 Checklist 4: Checklist to be used if a Care Home is to remain open

	Item to be covered	Discussion/decision	Action – who, when etc.
1.	Negotiations with existing Care Home		BMCU
2.	Contract/fee/rent considerations and amendments		BMCU
3.	Decisions re in-house management or re-provision of care		Hs of S, SL
4.	Identification of in house management team to move to Care Home and back fill		Hs of S, BMCU
5.	DR for agreement to step outside of procurement regulations & decision record if provision of care needed (under emergency procurement procedures)		SM (C)
6.	Tender & procurement of provider		SM (C)
7.	Longer term placing strategy agreed – when to move service users and support those that remain until all moved. Checklist 3 to be applied on an individual basis		BMCU, CWT

Appendix 9

Template to be used for Provider Quality Support Planning Meeting

Template to be used for Provider Quality Support Planning Meeting

Notes

These minutes are strictly confidential and must not be photocopied. Permission must be obtained from the Chair of the meeting before they are shown to other people.

PLEASE NOTE: Requests for amendments to these Minutes should be forwarded in writing to the Chair of the meeting, within seven days of the circulation date, otherwise they will be taken as an accurate record.

If the decision has been made that concerns would best be managed by a Provider Support Process then a Provider Quality Support Planning Meeting should be held within 7 working days to consider all relevant facts and evidence before undertaking the following: -

- confirm appointment of the Quality Lead
- confirm attendees
- decide whether Quality Support thresholds have been met
- validate that whole service safeguarding thresholds have not been met;
- agree the resources to be provided by the local authority, NHS and any other relevant partner agency to support improvement in the service;
- define the terms of reference for the Provider Quality Support Process and all roles, responsibilities, actions and timescales;
- decide whether to serve a contract default notice;
- recommend issuing a suspension of placement or Formal Improvement Notice;
- Determine the level of escalation confirm this with the provider along with details of any control measures provide updates to relevant organisations / groups.

Date and Time of Provider Quality Support Planning Meeting

Date	Time	Venue

Attendees/Apologies

Name	Agency	Attended/ Apologies	Minutes to

1.Reason for Provider Quality Support Planning meeting – Summary by Chair
2. Outcome of Safeguarding Adults Adult Enquiry – Summary of investigator(s) report and recommendations.

3. Views of all Agencies Present Regarding Future Risk – Summary of the contribution made by each participating agency.
4. **Views of any service users or their advocate**
5. Views of Family Members or Other Significant Persons
6. Overall Assessment of Risk by meeting participants – Summary of the reasons for the overall decision(s) made at this conference, ie if to continue or to close at this stage. Record any dissenting views where a decision is not unanimous.

7. Details of the Action Plan:		
Action Agreed:	Person/Agency Responsible	Timescale

8. Recommendation/Action plan Checklist	**Already in place**	**Required**	**Not appropriate**	**To be Reviewed**
Mental Capacity Assessment				
Referral IMCA				
Re-assessment of needs				
Adult Support Plan				
Best Interest Meeting				
Request for DoL Authorisation				
Carer's Assessment				
Carers' Support Plan				
Staff disciplinary procedures (suspension/dismissal/ISA referral)				
Financial Issues				
Criminal justice involvement				

Referral to CQC				
Formal Improvement Notice				
Suspension of Placements				
Continuing Health check list				
Further Provider Quality Support Planning meeting needed				

If further meeting required date, time and venue required.

Date of next Provider Quality Support Meeting:	***Venue:***