



Safeguarding Adults Review

CASE E

Multi Agency Action Plan

Norfolk Safeguarding Adults Board – Version 1 | 12-12-2018

SAR CASE E | Action Plan

Recommendation	Owner	Timescale	Progress/evidence
<p>7.3.1 Issue guidance on communications between the police, adult social care, CCGs, NCC, QA, district councils, GPs and CQC, when concerns that are raised by third parties with any of these agencies about care standards or health and safety in care homes; (TF category: Discussion and information sharing)</p> <p>7.3.5 Adopt formal triggers for scrutiny of property-based risk in care homes, and issue guidance and staff briefings on the potential significance of such risk for the safeguarding of residents (TF category: Ownership, accountability and management grip)</p>	Quality Assurance Manager – NCC	End February 2019	<p>Detailed flowchart to be developed giving information pathways and responsible bodies who need to receive information who are responsible for taking actions in different circumstances, health and safety, safeguarding</p> <p>Flowchart will include part 1: soft intelligence sharing, part 2: information flow to responsible bodies, part 3: how responsible bodies share information with each other and, part 4: how information is disseminated back to agencies. Alongside the proposed flowchart partners would understand that, at times, an event/issue which falls outside the MoU (2015) arrangements would be supported by a strategy type meeting to appraise, update and drive required actions</p>
<p>7.3.2 Ensure that all IT systems used in the adult MASH (Liquidlogic, Athena, SystmOne) are able to log concerns about care standards or health and safety in care homes where these are not related to a named individual (TF category: Ownership, accountability and management grip)</p>	Police	End November 2018	<p>NCC-QQQ system are capable of doing this but currently only includes care homes, not other care providers.</p> <p>APP system used by QA team can already be accessed in MASH. SystmOne is not used in MASH, but NHS safeguarding keep their own database. The police can use search tools within Athena to bring back all incidents relating to a specific care home (or group of homes).</p>

SAR CASE E | Action Plan

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<p>7.3.3 Ensure that the adult MASH IT systems are able to link and cumulatively monitor lower level concerns about care standards, health and safety or safeguarding in care homes that do not individually meet safeguarding thresholds in order to identify locations in which clusters of events or cumulative events should be subject to further scrutiny (TF category: Ownership, accountability and management grip)</p>	<p>Quality Assurance Manager – NCC</p>	<p>End January 2019</p>	<p>To include this in existing work being undertaken using SharePoint, and an outcome that information sharing of this nature is enabled</p>
<p>7.3.4 Liaise with EEAST and NCC to identify how EEAST’s high user address monitoring can contribute to the identification of property-based risk in care homes (TF category: Discussion and information sharing)</p>	<p>CCG Adult Safeguarding Lead</p>	<p>End January 2019</p>	<p>EEAST are able to participate in the above information sharing via SharePoint</p>
<p>7.3.6 ASC and the police within the adult MASH to ensure that the National Crime Reporting Standards are met where single agency safeguarding investigations are carried out by an agency other than the police (TF category: Ownership, accountability and management grip)</p>	<p>Team Manager – MASH Senior police officer in MASH</p>	<p>End January 2019</p>	<p>To consider a potential communication to raise awareness of national crime reporting thresholds and when it should be referred back to police colleagues</p>
<p>7.3.7 Norfolk CCGs to formulate and roll out a system-based approach to GP practices to enable their clinicians to collate and see any emerging picture of concerns based around any particular care or nursing home (TF category:</p>	<p>CCG Adult Safeguarding Lead</p>	<p>End January 2019</p>	<p>NHS safeguarding team supporting and training primary care as to how to do this, through appropriate communications</p>

SAR CASE E | Action Plan

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Ownership, accountability and management grip)			
<p>7.3.8 NCC, as part of its work to support contingency planning by care homes (to cover significant interruptions in the supply or quality of care through predictable interruption risks such as fire, flood, power outage, disease outbreak and environmental problems such as boiler breakdown), to ensure that care homes provide evidence of such contingency plans and that those plans are periodically sampled for review (TF: Ownership, accountability and management grip)</p>	<p>Head of Quality Assurance and market development – NCC</p>	<p>End January 2019</p>	<p>This will be evidenced by the outcomes of the public health team carrying out a care home resilience pilot. This will produce a report identifying any gaps in planning</p>
<p>7.3.9 NCC to consider setting a threshold for the number of safeguarding referrals relating to a care home that would trigger a review of that home</p>	<p>Head of Safeguarding – NCC</p>	<p>End March 2019</p>	<p>This would be set as a maximum number; it should not mean a review is not carried out for fewer of more serious concerns. Whilst a number will be set as a trigger point, the system should not override professional judgement and curiosity. This should ensure that a cumulative picture relating to the provider is considered on each assessment</p> <p>08/11/2018: QA team will run monthly report and any providers with more than five safeguarding referrals in a six-month period will be highlighted. Safeguarding team, QA, team managers and ASSD integrated management team will be informed. Team manager and locality SAPCs will be able to</p>

SAR CASE E | Action Plan

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			<p>review this. A discussion will be triggered about providers that have hit threshold, between locality SAPC, QA officer and locality management team to make a decision about whether strategy meeting should be convened about provider. This will take into account level of risk associated with each referral. The discussion will be recorded on a referral form and added to provider's OSAS record. NCC to ensure safeguarding team are clear about process and begin to implement when first spreadsheet received from QA team. The head of safeguarding confirmed that there was support for this new approach at the SMIT meeting on 26/11/2018.</p>
<p>7.3.10 NCC and Norfolk CCGs to review their contracts with care homes to specify that supervision is provided to care home managers, and to monitor compliance (TF category: Ownership, accountability and management grip)</p>	<p>CCG Adult Safeguarding Lead and Quality Assurance Manager – NCC</p>	<p>End March 2019</p>	<p>The requirement included will need to be proportionate to the experience and delegated responsibility from the owner (linked to 7.3.13)</p>
<p>7.3.11 NCC to communicate with care homes about the importance of efficient and timely arrangements for securing residents' medication, and appropriate guidance for care home staff (TF category: Ownership, accountability and management grip)</p>	<p>Quality Assurance Manager – NCC</p>	<p>End January 2019</p>	<p>This will be achieved by drawing reference to the relevant part of the SAR in the NCC QA newsletter</p>

SAR CASE E | Action Plan

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<p>7.3.12 In their inspections of care homes' compliance with care home regulations, CQC to include explicit monitoring of:</p> <ul style="list-style-type: none"> • Arrangements for obtaining residents' medication (regulation 17) • Essential facilities maintenance contracts (regulation 17) • Provision of supervision to care home managers (regulation 18) <p>(TF category: Ownership, accountability and management grip)</p>	CQC	End January 2019	The board will seek appropriate assurance from the CQC.
<p>7.3.13 The Department of Health to be requested to review regulation 18 to ensure that it includes specific mention of supervision and support for care home managers (TF category: Ownership, accountability and management grip)</p>	CQC	End January 2019	The board will seek appropriate assurance from the CQC. A communication should be sent from the board highlighting the importance of supervision of care home managers. Link to 7.3.10
<p>7.3.14 CQC and NCC to ensure robust communications between them about any concerns relating to business continuity, staff supervision, essential facilities and final viability of a care home, with a clear plan about which agency is supporting and monitoring progress in cases where improvements are required (TF category: Discussion and information sharing)</p>	CQC and Quality Assurance Manager – NCC	End January 2019	That this is facilitated by regular meetings being arranged between CQC and NCC, on a locality basis where appropriate, to ensure good professional links and understanding, and clear agreement on decision making and actions. The director of adult social services and CQC senior lead to liaise regarding CQC attendance at strategy meetings. Link to 7.3.10.

SAR CASE E | Action Plan

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<p>7.3.15 CQC to review its guidance for inspectors on factors to take into account when determining whether to attend safeguarding strategy meetings, in order to ensure the robust exercise of discretion about attendance (TF category: Discussion and information sharing)</p>	CQC	End January 2019	The board will seek appropriate assurance from the CQC
<p>7.3.16 NCC to consider the flow of information from its quarterly meetings with CQC, CCGs and Healthwatch, specifically whether information can be shared with others, such as GPs and health providers, to ensure higher levels of awareness about improvements to care standards or health and safety that are being sought (TF category: Discussion and information sharing)</p>	Quality Assurance Manager – NCC	End February 2019	Links to the flowchart for 7.3.1, effectively this will be the final part of the flowchart, how appropriate risk information is disseminated back to appropriate agencies, in line with this recommendation.
<p>7.3.17 NSAB to clarify in guidance how agencies can raise lower level concerns that do not (in the agency’s view) warrant a safeguarding referral but where, nonetheless, information should be shared. Possible mechanisms include:</p> <ul style="list-style-type: none"> • Adult social care engagement in early help hubs • Involvement of adult health workers in the adult MASH <p>(TF category: Discussion and information sharing)</p>	Quality Assurance Manager – NCC	End February 2019	This will be a first section of the flowchart at 7.3.1, of how and where low-level intelligence information can be shared.

SAR CASE E | Action Plan

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<p>7.3.18 Develop guidance setting out the respective roles and responsibilities of key partners in relation to concerns about care providers and whole home risk. This should include clarity on the responsibilities of both county and district authorities, as well as those of the CQC (TF categories: Discussion and information-sharing; Collaborative working and decision making)</p>	NSAB LIP Subgroup	End March 2019	To be achieved through the national work around this that LIP could build on
<p>7.3.19 Develop a clear protocol on information sharing and communication pathways. This should include a requirement that all cases involving breaches of health and safety in registered provision within Norfolk are subject to notification between the agencies with regulatory powers, with provisions for discussion (should any agency consider it necessary) about actions to be taken and lead responsibility for those actions. The purpose is to enable full consideration of all potential powers held by all regulators (TF categories: Discussion and information sharing; Collaborative working and decision making)</p>	NSAB LIP Subgroup	End March 2019	Achieved through the national work around this that LIP could build on
<p>7.3.20 Ensure agencies likely to receive complaint/concerns about care homes (QA, CQC, adult MASH) to strengthen triage and risk</p>	All relevant agencies	End February 2019	This will link to the dissemination of the flowchart for 7.3.1

SAR CASE E | Action Plan

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<p>assessment processes by providing guidance and where necessary training to staff on onward routes and timescales for referral (TF category: Professional curiosity)</p>			
<p>7.3.21 Develop a major safeguarding incident response plan involving a ‘risk summit’ early in the process to ensure:</p> <ul style="list-style-type: none"> • Early communications between agencies at point of initial concern • Critical incident pathway, with a lead investigator/coordinator • Clarity on role and enforcement options • Clarity on how and why whom risk management measures are monitored and evaluated <p>(TF category: Collaborative working and decision making)</p>	All relevant agencies	End of February 2019	This will link to the dissemination as set out in the flowchart proposed for 7.3.1
<p>7.3.22 Escalate this review’s findings on implementation of the national Memorandum of Understanding to the Health & Safety Executive, the Local Government Association and the CQC. The circumstances of this case demonstrate that the MoU may not be providing a clear and effective pathway for collaborative responses to matters that affect both care standards and health and safety, and the revised version does not fully address the</p>	National issue to be updated	End January 2019	NSAB will raise with the national agencies concerned

SAR CASE E | Action Plan

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<p>potential difficulties of implementation. The NSAB should request that:</p> <ul style="list-style-type: none"> • Broader and systematic evidence on implementation of the Memorandum is sought by the Health & Safety Executive to inform future review of its operation • Explicit avenues are created for local authority perspectives to inform such review • Consideration is given to whether CQC powers are sufficient to enable improvement notices with financial penalties to be issued and for work to be carried out in default, and to the circumstances in which responsibilities for enforcement should revert to the local authority <p>(TF categories: Collaborative working and decision making; Ownership, accountability and management grip)</p>			
<p>7.3.23 NSAB to review the measures available to it for seeking compliance with section 45, Care Act 2014, where an individual or organisation fails to fulfil their statutory duty to provide information, and to consider requesting that the Department of Health strengthen national guidance on this matter</p>	<p>NSAB legal representative</p>	<p>End January 2019</p>	<p>NSAB will raise with the national agencies concerned</p>

SAR CASE E | Action Plan

Acronyms used in this plan

APP	Authority public protection (database)
ASC	Adult social care
CCGs	Clinical Commissioning Groups
CQC	Care Quality Commission
EEAST	East of England Ambulance Service NHS Trust
GPs	General practitioners
LIP	Learning, improvement and publicity Subgroup
MASH	Multi-agency safeguarding hub
MoU	Memorandum of Understanding
NCC	Norfolk County Council
NSAB	Norfolk Safeguarding Adults Board
QA	Quality assurance (team at Norfolk County Council)
SAPC	Safeguarding adults practice consultant
TF	Thematic framework