

SAR E: a summary

The case: E was a generally well lady who was wheelchair user but had full capacity. She was a resident at a Norfolk care home until she went into hospital early on **9 November 2016**, suffering from severe hypothermia and pneumonia. E passed away later that day.

The care home was an old uninsulated building with high ceilings and large rooms. Its heating and hot water ran on two boilers dating back to the 1960s. There were two boilers as one would be unable to take the full load of the output required by the home, therefore the boilers were run alternately for short periods, as the home had been made aware that one wouldn't be sufficient. There had been heating failure within the home since June/July 2016.

The care home closed in May 2017.

Five key things that we have learnt and what we are going to do

1

That we need to be clear with our communications between agencies, such as the police, adult social care, district councils, etc., if any concerns are raised about care standards or health and safety in care homes. *We are developing a detailed flowchart setting out the pathways for information & the people who are responsible for taking actions in the differing circumstances, so that everybody is clear about who does what.*

2

We need to ensure that care homes have contingency plans for risks such as: fire, flood, power outage, disease outbreak and environmental problems (eg boiler breakdown) and to periodically review those plans. *This work is being taken forward by public health team as part of a resilience pilot. This will produce a report identifying any gaps in planning.*

3

Norfolk County Council will consider setting a threshold for the number of safeguarding referrals relating to a care home. Once that number has been received, it will trigger a review of that home. This does not mean that a review should not be carried out for fewer or more serious concerns. *Monthly reports will be run and any providers with more than five safeguarding referrals in a six-month period will be highlighted. A discussion will be triggered about providers that hit the threshold. Any concerns or strategy meetings will be documented.*

4

Norfolk County Council will communicate with care homes about the importance of efficient and timely arrangements for securing residents' medication, and appropriate guidance for care home staff. *This will be achieved by drawing reference to the relevant part of the SAR in Norfolk County Council's QA newsletter*

5

CQC's inspection of care homes will include explicit monitoring of: arrangements for obtaining residents' medication; essential facilities maintenance contracts; provision of supervision to care home managers. *The Norfolk Safeguarding Adults Board (NSAB) will seek appropriate assurance from the CQC*