



Safeguarding Adults Review (Mr C)

Action Plan

| No. | Recommendation | Action | Who | Time frame |
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| 1- On Making Safeguarding personal | 1.A. Agencies should ensure that all their assessments include 'Person Centred Care' as a specific consideration and include a check list of considerations to ensure compliance with this. The following agencies are asked to reflect on this recommendation and take appropriate action. The placing authority, the placing authority local NHS trust and the placing authority local NHS and Partnership Trust. | 1.A. Agencies to undertake audits and give assurance to RBG of compliance with policies and procedures regarding personalisation of support and Person Centred Care. | Placing local authority Local NHS Trust Local NHS and Partnership Trust | |
| | | There are many assessments that are completed by the acute trust on a daily basis. We do consider making safeguarding personal when the occasion arises (should there be sufficient concerns to suggest that the trust needs to make a safeguarding referral). It is not appropriate to consider making safeguarding personal in all assessments that take place within the acute trust. Assessments are person centred regarding the specific need and assessment. The Trust has a Safeguarding Vulnerable Adults Policy | Local NHS Trust | In place |
| | | Care plans are client centred and outcome focused, which incorporates Making Safeguarding Personal. Making Safeguarding Personal is embedded into policy and training. Sample Audit will be completed to evidence compliance. | Local NHS partnership trust | March 2020 |
| | | New MSP leaflets and online forms have been updated and a Making Safeguarding Personal launch will be taking place in the next few months where we will be highlighting our new updated documents and reinforcing the person- centred approach. | Placing local authority | Completed 01/01/2020 |

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| | | <p>As an ongoing practice audit in June 2019. Staff representatives from operational divisions audited Safeguarding Enquiries (20 in total) randomly selected. The audit followed on from an initial audit on 14/09/18 and review on 26/2/19.</p> <p>Good practice was highlighted in June audit and consideration of individuals (MSP) was evidenced in all service areas and particularly noted within the LD sample. It has been agreed quarterly reviews would be held.</p> | | Completed June 2019 |
| | <p>1.B. Agencies should ensure that when dealing with vulnerable adults and completing assessment consideration should be given to an assessment under the Mental Capacity Act. This should then ensure that services such as advocates and interpreters are considered for support.</p> <p>The following agencies are asked to reflect on this recommendation and take appropriate action. The placing authority, the placing authority local NHS trust and the placing authority local NHS and Partnership Trust.</p> | <p>1.B. Agencies to undertake audits and give assurance to RBG of compliance with policies and procedures in terms of:</p> <ul style="list-style-type: none"> • Mental Capacity Assessment, where required • advocacy service, where required • interpreting service, where required | Placing local authority Local NHS Trust Local NHS and Partnership Trust | |
| | | <p>The Acute Trust does have regular interpreting services whether this is with a face to face interpreter or dial in appointment. Since the review period the uptake of this service has considerably improved. These services are used numerous times on a daily basis. The Trust has a policy on Translation and Interpreting.</p> <p>Implementing the Mental Capacity Act 2005 has improved considerably since the review period. It is mandatory for all staff within the Acute Trust to complete the training so that they have a greater understanding of the act and how and when to use it. The Trust has a MCA policy. MCA was made mandatory for all staff from April 2019, compliance stands at 70.8%</p> <p>The Acute Trust will refer to advocacy when a patient lacks capacity and is unbefriend, where family members are supporting the patient the acute trust would not routinely referred to advocacy. Advocacy contacts are on the Trust intranet.</p> | Local NHS trust | Completed |

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| | | <p>On 07/06/18 the SEAP Advocacy Services Manager attended Older Persons Physical Disability Service Good Practice meeting as part of awareness raising around the use of Advocacy.</p> <p>We will be raising awareness around our translator/interpreter service by highlighting this via our Strategic Countywide Adult Safeguarding Group meeting on 14/08/19 and advertising on our intranet</p> | | |
| | <p>1.C. All assessments for adults at risk should include a section that considers (where relevant) the needs and capabilities of any family members who are undertaking any care tasks.</p> <p>The following agencies are asked to reflect on this recommendation and take appropriate action. The placing authority, the placing authority local NHS trust and the placing authority local NHS and Partnership Trust.</p> | <p>1.C. Agencies to undertake audits and give assurance to RBG of compliance with policy and procedures where Carer's assessments need to be undertaken.</p> | <p>Placing local authority Local NHS Trust Local NHS and Partnership Trust</p> | |
| | | <p>The Acute Trust would not be undertaking a carer's assessment but would, when required, refer to the local authority for an assessment to be carried out. This would form part of the assessment when a patient is admitted to hospital, not following an outpatient's appointment. If the patient, family or carers express concerns regarding their ability to cope whilst in the Emergency Department, they would make a referral to the appropriate team within the hospital.</p> <p>On admission to hospital an assessment of daily living is completed that records pre-hospital admission functioning and then current problem that is identified. A core care plan forms part of the documentation. The assessment of daily living looks at areas such as environment, communication, eating and drinking, personal cleansing and dressing, sleeping, mobilising. This identifies the needs of patients and can inform on going care required.</p> | <p>Local NHS trust</p> | <p>In place</p> |
| | | <p>All safeguarding assessments are completed by the Local Authority DSO following an accepted safeguarding alert.</p> <p>Requests for Carer assessments from provider services are via a separate referral form and process.</p> | <p>Local NHS Partnership</p> | <p>In place</p> |

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| | | <p>Referrals for carer's assessment are individual based and do form part of the care plan and needs assessment whether or not there is safeguarding involvement. This is the safest mode in prevent and support.</p> <p>If there is a concern that the cares assessment has not been achieved or the outcome is of concerns, then the formal escalation process can be initiated to challenge decision making with the consent and engagement of the client's carer.</p> | | |
| | | <p>A carer's assessment user and process guide are available for staff to access on the staff intranet.</p> <p>Information around carer's assessments can also be found on the local authority's website. This will be highlighted again via the Strategic Countywide Adult Safeguarding Group 14/08/19.</p> <p>The local authority has delegated responsibility for carer assessments to a 3rd party organisation. Access is via the placing local authority, NHS or other partner organisation or direct to the organisations by the individual. The numbers of carer assessments completed are reviewed regularly as part of contract compliance.</p> | Placing local authority | Completed 14/08/19 |
| 2- Person-centre care | 2. Care Home X must ensure that when accepting new patients that a thorough assessment is completed in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9. This will ensure that all the information available in relation to a person's condition and care is taken into account when conducting their own risk assessments. | <p>Care home X to demonstrate policies and procedures in place in accordance with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9.</p> <p>Care home X to give assurance to RBG Commissioning that:</p> <ul style="list-style-type: none"> • systems and procedures are in place to monitor comprehensive initial assessments • risk assessments are conducted and reviewed and amended as required • care plans are completed accordingly and reflect pertinent information in relations to the service users | Care home X | Completed 11/09/19 |
| | | Advisory letter to be sent to all care homes in the borough in regards to Recommendation 2, assurance of adherence to be sought. | RBG Commissioning | Completed July 2019 |

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| | <p>Compliance in relation to this should be monitored by the host Local Authority and the Care Quality Commission.</p> | <p>The Design and Learning Hub workforce team along with Skills for Care (S4C) ensure appropriate training is offered to Registered Managers. In addition, the Registered Managers Network meetings are held in localities quarterly and monthly newsletters are produced to update Registered Managers on courses including CQC updates. CCG also arrange forums and many other smaller workshops throughout the year within the placing authority's area to improve quality and good practice.</p> <p>Operational teams will also conduct an annual review on each service user in care homes and will identify any issues with a person's care plan/ assessments.</p> <p>On 20/10/19 a Registered Managers Conference was held in the placing authority with 247 attendees from various provider organisations listening to presentations and taking part in workshops. A CQC update evidenced the impact of the work with providers outlining that since April 2019 the percentage of improving adult services within the placing authority area was 22% against a national average of 19%</p> | Placing local authority commissioning | Completed |
| <p>3 & 4- Information sharing</p> | <p>3. When providing services for adults at risk each agency when completing as assessment should make a record of other agencies that are involved in that individuals care, what information has been sought from those agencies, what information has been received from those agencies and what information will be provided to them.</p> <p>The following agencies are asked to reflect on this recommendation and take appropriate action. The placing local authority, the placing</p> | <p>3. Agencies to give assurance of compliance with information sharing protocols:</p> <ul style="list-style-type: none"> • Agencies to audit assessment forms and evidence how involvement of other agencies is recorded. • Agencies to audit and evidence how information is shared with other agencies, and how this is recorded. • Agencies to audit and evidence how information is shared with the family <p>The Acute Trust relies on information that is shared during an appointment or attendance within the Emergency Department and therefore may be unaware as to the extent of all services that are supporting the individual.</p> <p>The Acute Trust will make referrals to other organisation should there be a need. This is recorded in the patient's notes at the</p> | Placing local authority Local NHS Trust Local NHS and Partnership Trust | |
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| | <p>authority NHS Trust and the placing authority local NHS and Social Care Partnership Trust.</p> | <p>time of attendance in the Emergency Department, outpatient's appointment or hospital admission. The process by which this is done is dependent on the organisation that is being referred to. This is not something that the Trust would audit.</p> <p>The Acute Trust does not audit how information is shared with a family. Information is shared by family meetings, meetings with the consultant, best interest meetings. This will be documented in the patient's notes. The Trust provides leaflets on Duty of Candour, as and when necessary, as well as using the Friends and Families test.</p> | | |
| | | <p>Staff will be reminded in Staff Bulletin September 2019 about the practice requirements in recording and sharing information with other agencies.</p> <p>GDPR, Introduction to information Governance, NHS Data Security Awareness Level 1 e- learning course are mandatory courses for social care practitioners.</p> <p>Information sharing protocols are available for staff to access via the staff intranet, they are also available from the host authority. These were updated in 2018 in order to comply with GDPR.</p> <p>Staff also provide an appropriate Privacy Notice to people, also available on the local authority's web site.</p> <p>A new client system is being implemented, this will enable improved recording regarding the assessment and who information is shared with. The new system provides document management and the local authority will not, therefore be reviewing its current assessment document as it will be replaced in October.</p> | Placing Local authority | In place |

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| | | Learning from Mr C's SAR will be added in the form of a case study to Assessment, Eligibility Care and Support planning for Adult Social Care and Health training to commence in September 2019 | | |
| | | At referral stage within community mental health service for older people (CMHSOP) would often contact other agencies as part of information gathering process- this would be recorded on the electronic record. Where practicable and deemed necessary an arranged joint assessment be arranged. CMHSOP will also attend strategy and MAPPA meetings. CMHSOP aim to work jointly with our most complex/high risk patients using a multiagency approach. This will be recorded in the electronic record and the minutes of meetings. Safeguarding referrals, with new referrals if no outcome recovered team leaders will call social care direct for an update. Ongoing safeguarding referrals- CMHSOP team leaders will call social care for an update on a 4-weekly basis. This would be recorded on the electronic record. | | In place |
| 4-Information Sharing | When residents are placed into homes in another borough, the receiving borough should be notified of this as per the policy in place. It is recognised the placing local authority Adult Services have a policy in place in relation to this but staff must be reminded that the policy should be adhered to at all times, even if the placing local | Agencies to give assurance of compliance with "Out of Borough" policies and procedures: Agencies to audit how "Out of borough" cases are recorded, and ensure follow-up | Placing local authority Local NHS Trust Local NHS and Partnership Trust | |
| | | The Acute Trust makes referrals to other health providers and local authorities according to patient's needs. This is recorded in the patient's notes and follows the required pathways of those agencies. The Acute Trust does not audit this. | Local NHS trust | In place |
| | | Out of Borough information is recorded on the client system, a notification letter, attached, is sent by the county placement team. | Placing local authority | Completed July 2019 |

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| | <p>authority is not the agency that arranges the placement but it subsequently come to their notice.</p> | <p>A reminder to the use the 'Out of Borough' letter was included in a Staff Bulletin Issue 25 sent on 26th July 2019 to all staff in the Adult Social Care and Health [ASCH] Directorate.</p> | | |
| | | <p>In terms of sharing information Care coordinator or clinician would always try and do a face to face handover in person including handing over relevant clinical documentation. If this isn't possible we would make telephone contact or try to arrange a teleconferencing call if there was the facility.</p> <p>Any relevant notes would be labelled and posted. From a health perspective we would also contact the local CMHSOPS if a transfer is needed.</p> <p>A face to face hand over meeting with all services and agencies would always be the preferred option but not always possible.</p> | Local NHS and Partnership Trust | In place |
| <p>5 - Risk Assessments</p> | <p>5. Where risk assessments are undertaken these should record actions that mitigate the risk and the contingencies that should be put into place should these actions fail or not be available. Risk assessments should also have a time frame for review and record what other factors may trigger a review.</p> <p>The following agencies are asked to reflect on this recommendation and take appropriate action. The placing local authority, the placing authority NHS Trust and the placing</p> | <p>Agencies to give assurance of compliance with policies and procedures by conducting audits and revising:</p> <ul style="list-style-type: none"> • If risk assessments are thorough and comprehensive. • If risk reducing measures are put in place • What are the reviewing arrangements and contingency measures? | Placing local authority Local NHS Trust Local NHS and Partnership Trust | |
| | | <p>The Acute Trust carries out many risk assessments according to the need of the patient. These are carried out in accordance to the various trust policies, procedures or pathways. These form part of the audit programme that the Trust carries out on a regular basis. This also forms part of the expected compliance of regulatory bodies.</p> <p>The Trust acute reviews policies and procedures to ensure that risks are reduced.</p> <p>The Acute Trust regularly reviews through various committees which include Governance, Trust Board, Quality & Safety,</p> | Local NHS trust | In Place |

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| | authority NHS and Social Care Partnership Trust. | Patient Safety, Root Cause Analysis and Serious Incident reviews. | | |
| | | Local authority's Assessment policy and procedures are available to all staff via the council's Intranet and integral to Practice Assurance Process. The currently policy is being updated to include review of risks and more management oversight. A new Policy will be launched to all Adult social care staff to be published by February 2020 | Placing local authority | 01/02/2020 |
| | | Gap and CLIQ Check are completed within community mental health service for older people (CMHSOP). These checks enable an audit of the notes to ensure that assessments have been completed. Gap checks –check initial assessment has been completed CLIQ checks-check that risk assessments have been updates 6 monthly. Last performance report indicated that CMHSOPS are 97.4% with updating 6 monthly care plans. There are also 'RED board 'meeting three times a week at CMHSOP, this is where clients who are currently an inpatient or clients who have been recently discharged or whose condition is relapsing and require a more intensive approach are discussed. During these meetings the risk assessment and care plan are updated and remain on the board until the risk is reduced and the clinical documentation is updated. | Local NHS and Partnership Trust | In place and the GAP/CLIQ checks are ongoing. In place and 'Red board' meetings part of ongoing process. |
| 6- Risk assessments | 6. Alongside standard risk assessments agencies should ensure | There is a robust process for placements in place within the local authority, this includes a Practice Assurance Panel, guidelines | Placing local authority | 01/02/2020 |

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| | <p>that they have in place a dynamic risk assessment process that includes an escalation policy in order to ensure that decisions are being made by the relevant people in order to mitigate risk.</p> <p>The following agencies are asked to reflect on this recommendation and take appropriate action. The placing local authority.</p> | <p>attached updated on 31/05/19 to be reviewed by February 2020. The authorisation and placement form, attached, also reminds staff of the necessity to apply MCA. These are both checked by senior managers prior to placement.</p> | | |
| 7- Funding | <p>7.A. Local authorities should ensure that they use their powers under section 19(3) of the Care Act, which provides a power to meet urgent needs prior to a needs assessment or a financial assessment. This is a key element of making safeguarding personal as it then enables the adult to be the focus and not the process itself. Funding decisions should be based on the relevant risk assessments from all agencies involved in an individual's care.</p> <p>The following agencies are asked to reflect on this recommendation and take appropriate action. The placing local authority.</p> | <p>A new working model has been in place since September 2018. This enables new cases to be triaged and prioritised by a team consisting of OTs and the area referral management team. If there is an urgent need, case will be immediately passed to a practitioner in the Promoting Independence team who would be able to make the emergency arrangements.</p> <p>A new process is in place to ensure that additional care can be provided to an existing placement, such as 1:1 care and that this is monitored and reviewed.</p> <p><i>A1.3 A person who is ordinarily resident in another local authority area may become in urgent need of accommodation whilst they are temporary in Kent. The person's local authority of ordinary residence has a duty to meet the person's eligible needs. If this is not practical, the LA will exercise their power to meet the urgent needs and provide the necessary accommodation, even if only on a temporary basis. (See Ordinary Residence Practice Guidance for more details).</i></p> | Placing local authority | In place |
| | <p>7.B. Health authorities should ensure that they make use of the</p> | <p>7.B. Agencies to give assurance of compliance with Continuing Health Care policies and procedures :</p> | Placing local authority Local NHS Trust | |

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| <p>guidance under Continuing Health Care and that procedures are put into place to ensure that the Continuing Health Care framework is considering when Health Service staff are carrying out assessments. The following agencies are asked to reflect on this recommendation and take appropriate action. The placing authority NHS Trust and the placing authority NHS and Partnership Trust.</p> | <p>Agencies to audit and evidence the use of Continuing Care Checklist, where care and health needs meet the threshold for appropriate support</p> | Local NHS and Partnership Trust | |
| | <p>The acute trust regularly assesses as to whether a patient meets the criteria for Continuing Health Care. This is completed during hospital admission when it has been identified that there is a change in medical condition or need. This is something that all inpatient wards are familiar with. Due to the detail required it is not common practice for this to be completed as an outpatient or whilst attending the emergency department.</p> | Local NHS trust | In place |
| | <p>A recent update for staff on the completion of Continuing Care Assessments with Health colleagues was provided to all staff in Adult Social Care and Health within the council in a Staff Bulletin number 25 on 26th July sent. The agreed process and importance of providing social care perspective to the assessment was highlighted.</p> <p>In addition, Senior Practitioners and Team Managers attend the CHC panels on a rota's basis.</p> <p>New processes are in place and multi-lateral agreements have been made ensuring there are no gaps in funding between Social Care and Health</p> <p>Throughout the month staff in the CHC team will sit in local operation teams to offer a clinic -based service and assist with advice and guidance. CHC workshops are held quarterly.</p> | Placing local authority | In place |

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| | | <p>To complete a sample survey of KMPT staff to ensure that they know how to access the continuing application form and refer to the commissioning body.</p> <p>To complete a sample survey to ensure that staff know who to sign post the family too if they do not agree with the outcome and that staff are aware how to sign post families who wish to self-refer.</p> <p>Communication to be sent out highlighting how staff can access/complete continuing health care forms to send to commissioning body and advise where to sign post families to for self-referral</p> | <p>Local NHS and Partnership Trust (Clinical service managers/matrons. Locality managers and team leaders)</p> | <p>March 2020</p> |
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