

Health Scrutiny Committee 20.10.16

Report; Homecare, Safeguarding and Quality Assurance

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1. Introduction

This report will provide information to the Committee in relation to how citizens in receipt of Homecare services both from the in house services and independent sector are responded to when they have concerns regarding the quality of the care they receive or where there are Safeguarding concerns. It will also explain how the Directorate applies its Early Intervention strategy to this area.

2. Legal context

The Care Act 2014 became law in April 2015. This piece of legislation replaced the guidance document 'No Secrets'. It requires local authorities to make enquiries into all safeguarding adults concerns or allows us to ask other agencies to make those enquiries on our behalf. The act included Duty of Candour where all agencies have to be open and transparent in their dealing with citizens even when things go wrong.

Making Safeguarding Personal is at the heart of the Act where we as an authority have to ensure we have consulted with the citizen about their wishes and what outcomes they would like. If they are not able to tell us we should liaise with an advocate.

3. Quality Assurance

The Directorate places quality assurance very highly on the agenda and information sharing regarding concerns, complaints and safeguarding concerns is a key factor in monitoring homecare provision. There are a number of systems we have in place to ensure information is shared with key agencies in order to proactively intervene where homecare agencies are showing indicators of failing standards

3.1 Complaints

Complaints about commissioned homecare may be brought to the Social Care complaints Team or complainants may prefer to complain directly to the homecare agency. Where a complainant complains direct to the agency the Complaints Team and the council will usually be unaware of any complaint, unless the Complaints Team has been copied into the complaint. Instead, the complaint will be processed by the agency using its own complaints procedure, which should be analogous to the statutory complaints process.

Where a complainant makes a complaint directly to the Complaints Team or to Adult Social Care, the Complaints Team will customarily process the complaint by sending it to the relevant homecare agency; Social Care complaints ask the agency to respond to the complainant in writing within 20 working days and monitor the complaint and log the response. The team also ensure the complainant is advised of their right to take their complaint to the Local Government Ombudsman, i.e. where the complainant remains

dissatisfied; and Adult Safeguarding are informed where aspects of the complaint may relate to potential safeguarding concerns.

Depending upon the nature of the complaint, the Complaints Team may also ask Adult Social Care to consider whether the citizen's eligible needs are being met – for example, where carers are allegedly failing to turn up to care for the citizen at agreed times. In such circumstances Adult Social Care will be asked to consider whether the citizen's needs are being met appropriately and whether the council is fulfilling its legal duty to ensure a person's eligible needs are being met.

Where the Ombudsman investigates a complaint about commissioned homecare the Complaints Team or Adult Social Care may both be involved in ensuring that the homecare agency supplies all the documents that the Ombudsman has requested in order to undertake her investigation.

Complaints about homecare where the citizen self-funds their care cannot be dealt with under the statutory complaints procedure; instead the Complaints Team advises citizens how to raise their complaint with the Ombudsman because she does have the power to investigate complaints from self-funders.

3.2 Councillor Enquiries

Where Citizens raise concerns to their local Councillor, this is passed to the Senior Leadership Team via the Councillor Casework system. Such concerns are screened by a Head of Service and action will be decided upon dependent upon the basis of the complaint. This will usually be either through the existing Adult Social Care worker directly picking up the issue with the Citizen and Care provider, through initiating a Safeguarding Enquiry or referring the case to the Social Care complaints Team.

3.3 Safeguarding Enquiries

When a Safeguarding concerns is referred to Adult Social Care, a Safeguarding Enquiry will be considered. Should the case meet the criteria for intervention, the case will be investigated by the appropriate team. When the allegation is against a regulated provider, this is recorded in Liquid Logic Electronic Social Care system. This means that data can be gathered on patterns of Safeguarding interventions against Regulated Providers. Information is regularly shared with the Care Quality Commission and the NCC Quality Monitoring team.

3.4 Quality Information sharing Meeting (QUIF)

The function of the monthly meeting is for representatives from across Nottingham involved in the regulation, monitoring and Safeguarding processes relating to regulated care providers to share information about the status of providers in the city and coordinate what action is required as a partnership. It is attended by NCC, CCG, Citycare, CQC and Healthwatch.

Recently the QUIF was reviewed and our Early Intervention Officers took over chairing. This was part of an intentional shift to focus on early indicators of concern in relation to care providers and to proactively intervene to work with providers to prevent further

deterioration (which has a greater negative impact upon citizens and is more resource intensive). The project will be independently evaluated as the pilot progresses. Below is the type of information that is shared at the meeting;

Name	Safe-guarding	NCC Score	Meds Mgmt Score	CCG Quality Mon Score	Health-watch	CQC	Action agreed
Happy Hands (Fictional name) (Dom Care)	1.Lady hiding medication under tongue 2. Missed calls 4. Carers not wearing uniform and not completing assigned tasks. 8 x safeguarding referrals from March – August 2016	No NCC contract Spot contracts QMV Sept 2014 76.88%	87%	Amber 76% JW visited – not compliant Action plan	----	---	Adult Safeguarding Coordinator to review safeguarding cases CCG Monitoring Officer to follow up action plan Early intervention meeting to be convened

4. CM2000 and Homecare Reviews initiative

All lead and support providers are required to use the monitoring system CM2000. This ensures that the Local Authority is aware of the actual care delivered as carers are required to log in on arriving and log out upon leaving the citizen’s home. A pilot has begun with 2 providers embedding a NCC Senior Community Care Officer within each agency. These colleagues are identifying citizens who require a review by reviewing the CM2000 data and the pattern of care given. Indicators for a review are data such as missed calls, no entry gained or visits taking longer than the commissioned package. The NCC Reviews provide assurance that there is external scrutiny of such cases and appropriate action is taken which may include quality assurance issues that require addressing with the provider. The early indicators from the pilot have been so successful that the intention is to roll this approach out across all lead and support providers.

5. Provider Investigations

A Provider Investigation Procedure has been in place in Adult Social care since 2012. This procedure was established in response to the complex nature of investigations in regulated provider settings, the need for a sophisticated level of coordinating agencies investigating allegations and monitoring of Action plans to ensure that improvements required are

strongly evidenced and sustained. The Adult Safeguarding Coordinators chair these meetings and they are formally minuted. Providers are called to account and required to attend, and citizens and or their advocate or relative are supported to attend should the investigation relate to an individual citizen. Often, cases are escalated to a formal Provider Investigation procedure when information at the QUIF demonstrates that thematic areas of concern are emerging and a partnership approach is required to hold the Provider to account.

6. Making Safeguarding Personal

The Care Act in its Department of Health Guidance emphasises that the citizen should be at the heart of every Safeguarding contact. In order to ensure that Social Workers understand this important duty prior to Care Act Implementation a comprehensive Safeguarding Training programme was rolled out with MSP at the heart of the message.

In order to provide assurance to line managers and the Adult Safeguarding Board, social workers are required to record their conversation with the citizen or advocate in relation to what outcome they want as a result of the Safeguarding intervention. It is reviewed and recorded at the end of the intervention as to whether the citizen or advocate feels their desired outcomes have been achieved.

7. Safeguarding Data

Information relating to all Safeguarding Enquiries and Interventions is collected via the Electronic Social Care system. The Care Act requires Local Authorities to undertake initial enquiries into safeguarding concerns. Although the Care Act did not stipulate a timescale, a 5 day timescale has been implemented in Nottingham. It is common finding that a significant percentage of initial enquires upon screening do not require further intervention or are signposted to other services. Following this screening process, a proportion of cases lead to Safeguarding Interventions when initial findings indicate that the person remains at risk, a multi agency investigation is required or the case requires escalation to a Provider Investigation.

Appendix 1 details activity in relation to Safeguarding allegations made against homecare providers in 2015 – 16.

8. Conclusion

This report has attempted to demonstrate to the Committee the range of interventions, information sharing and partnership work that takes place in order to safeguard some of our most vulnerable, social excluded citizens. It is a fact that such citizens may feel intimidated to raise concerns due to their isolation, dependency upon their homecare provider, or fear of retribution. Therefore it is essential that there are many strands to Safeguarding and quality assurance which provide a 'Safety net' for vulnerable citizens, both through Council activity and strong partnership working. However, there is always room for critical evaluation, and no room for complacency. I would therefore welcome the discussion and comments from the Committee.

Appendix 1

Safeguarding allegations against Homecare providers 2015 -16

Total Enquiries Completed	2404
Approx no. citizens in receipt of Homecare	1600
Total Enquiries against Homecare Provider	286

Age Group of Citizen	
18-64	60
65+	226

Gender of Citizen	
Female	190
Male	96

Ethnicity of Citizen	
Asian / Asian British	7
Black / Black British	25
Mixed	3
No current/valid ethnicity specified	15
White	236

Enquiries Leading to an Intervention:	457
Homecare Provider Interventions	56

Age Group of Citizen	
18-64	14
65+	42

Gender of Citizen	
Female	35
Male	21

Ethnicity of Citizen	
Asian / Asian British	4
Black / Black British	8
Mixed	1
No current/valid ethnicity specified	5
White	38