Quality Assurance: Outcomes and Adult Protection:

Project Report – 01/06/2009

Reviews, dignity, respect and safeguarding

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1. Summary

The transformation of social care was signalled in the Department of Health's green paper 'Independence well being and choice' (2005) and reinforced by the White paper 'Our Heath, our care, our say: a new direction for community services' (2006), the 'Putting People First' concordat and the supporting Local Authority circular (2007). The shared aims were to enable people to live their own lives as they wish achieved through high quality personalised and self directed services which promote need for safety, independence, well-being and dignity.

Adult and Community Services can evidence much progress with respect to its willingness and ability to evidence its commitment to ‘Safeguarding’ as a principle. This project was therefore tailored to drill down to the themes of safeguarding, dignity and respect in a time limited and outcome - focussed re-assessment/review exercise over a period of 6 months from November 2008.

The work would be undertaken in respect of people in residential care through a process of a full SAP review. A dignity audit carried out with staff would complement the project as although everyone has a different understanding of what it means to have dignity and it is difficult to capture in specific terms, it is soon apparent when dignity is missing.

'Safeguarding' leads were also assisted to investigate wider themes based on an analysis of 2008 CSCI reports in order to enhance the existing action plans.

From November 2008, a Central Reviewing Team of 6 staff managed by a team leader conducted 636 full SAP reviews with individuals and their relatives/next of kin receiving residential and nursing home care. All reviews were multidisciplinary as far as possible,

Detailed, person-centered, outcome-focussed, high quality care plans were completed in all cases in line with the 7 CSCI domains (CSCI - Commission for Social Care Inspection is known from April 2009 as the CQC -Care Quality Commission). Of those individuals reviewed, a sample of 54 next of kin/relatives was also surveyed by telephone as a quality checking exercise.

Reviewers further promoted the safeguarding of vulnerable adults through the distribution of information leaflets to individuals and relatives. Individual establishments were requested to display information leaflets in public areas for the attention of those who may fund their own care.

Concerns with respect to safeguarding (of which there were 3) and other concerns related to contractual issues (5) were raised appropriately. Detailed work of this intensity however was found to be time consuming and resource intensive.

The small scale 'dignity audit' was conducted via volunteer staff members to ascertain staff opinions about how valued people feel. 183 responses
provided a wealth of information about adult social care, health, transport and wider community provision which has been widely cascaded within and between partner agencies to inform communication, commissioning and service provision.

Outputs from the project have:

- Identified improved approaches to the collection of evidence which promotes the dignity and respect of vulnerable adults
- Informed views on future assessment, support planning and reviews
- Highlighted resource and systems issues
- Identified opportunities to address any gaps in processes which are designed to safeguard vulnerable adults
- Identified opportunities to address areas of concern allied to future partnership working
- Facilitated closer channels of communication between partners so common concerns can be addressed appropriately in future working
- Promoted the collection of both quantitative and qualitative information for the purposes of CSCI/CQC and the Business Intelligence Unit
- Recognised the breadth and depth of work already being achieved
- Promoted staff engagement across ACS

As a result of the work undertaken recommendations are made in the following areas. A full list is contained in section 6

- Promotion of the value to individuals and organisations of outcome-focussed support or care planning
- The Importance of staff development processes in embedding the requirement for dignity and respect
- Increased publicity in respect of dignity, respect and safeguarding issues using a range of media to reinforce the commitment of ACS to and in targeting those who may self fund or care for others
- Improvements in electronic systems to ensure consistency, compatibility, reduce duplication of information and tighten safeguarding processes
- The importance of Service Heads maintaining the profile of dignity and respect through management structures within personal social care, procurement, contract monitoring and in their relationships within joint commissioning services. This reinforces community engagement activity
- Quality checking processes by team managers with respect to the assessments, support plans and reviews
- Consideration of the resource implications of outcome focussed support planning processes and reviews - possibly through the establishment of peripatetic reviewing staff
- An annual audit amongst staff members based on specific aspects of dignity, respect and safeguarding
2. Background

The transformation of social care was signalled in the Department of Health's green paper 'Independence well being and choice' (2005) and reinforced by the White paper 'Our Heath, our care, our say: a new direction for community services' (2006). The 'Putting People First' concordat and the supporting Local Authority circular (2007) also set out the shared aims and values which will guide the adult social care agenda. The shared ambition is for a radical reform of public services, enabling people to live their own lives as they wish; through personalised and self directed services which are of high quality and which promote the individual's need for safety, independence, well-being and dignity.

It is recognised by the project board that CSCI/ CQC inspection processes are increasingly focussed on outcomes under the 'Inspecting for Better Lives' programme based on the above principles. It was considered by the board that in any future inspection it would be vital, that as a 3 star authority LCC Adult Social Care services should be able to evidence the existence of joint outcome focussed approaches and processes with its 'partners', the application of those policies in practice and that the results would be improved outcomes for service users and their carers.

Based on the Directorate's own objectives, ACS can evidence much progress with respect to its willingness and ability to evidence its commitment to 'Safeguarding' as a principle. The recent experiences of other local authorities however, had been that any CQC assessment of how safeguarding would be applied in practice would be linked firmly to 'dignity'. It was also highly likely that any future CQC inspection within ACS would examine the application of safeguarding and dignity principles in the context of a specific area of service.

In October 2008, one further area of concern for the Directorate was the decline in the number of reviews which had been conducted with individuals in residential care. This project was therefore tailored to highlight the themes of safeguarding and dignity in a time limited and outcome - focussed re-assessment/review exercise over a period of 6 months from November 2008. The work would be undertaken in respect of people in residential care through a process of a full SAP review.

'Benchmarking' the individual's aspirations, goals and priorities individually and/or with their carer at the point of re-assessment/review would facilitate a process of dignified, high quality outcome-focussed care planning.

The outputs would identify opportunities for the collection of evidence to inform future assessment and outcome evaluation strategies, celebrate the breadth and depth of work already being achieved, and identify internal organisational and partner issues on order that any concerns could be addressed appropriately.

In addition, perceptions of dignity linked to how valued people feel would be addressed via a 'dignity audit conducted by staff members. As employees,
and (potentially) carers and/or service users and residents of Lancashire this would sit neatly with staff engagement.

Learning from the project would be a mechanism for highlighting the benefits of outcome-focussed assessment and review for individuals, carers, staff members and the providers of services. It would also reinforce techniques for partnership working with citizens and their carers and emphasise the values which underpin the principles of self-directed care.

The project brief is attached at Appendix 1

3. **Analysis of workstreams**

3.1 **Workstream 1 (SAP review process)**

Preparatory work for the project included examination and clarification of the SAP guidance documentation by the Project Manager. This was undertaken in consultation with the CAF project team leader, County Safeguarding Co-ordinator, Mental Capacity Act County Co-ordinator and IT lead to ensure Safeguarding, and appropriate Business Information requirements.

The project manager also identified and prepared the appropriate CSCI (CQC) indicators for the project team which would support the preparation of appropriate care plans (Appendix 2)

From November 2008, a dedicated Central Reviewing Team with 6 staff managed by a team leader:
- Conducted a data cleansing exercise to identify those requiring a review
- Received training on Continuing Health Care, Safeguarding Adults and The Mental Capacity Act
- Undertook a review for each individual using a full outcome focussed SAP process in all cases
- Completed detailed, person-centered, outcome-focussed, high quality care plans. Where appropriate the specialist assessment was completed
- Examined records and care plans at the homes
- Invited next of kin/relatives to contribute. As far as possible those who were unable to attend in person were consulted by telephone
- Identified safeguarding issues which were referred through the appropriate channels for action
- Identified concerns for Contracts section
- Gathered qualitative information in a format which would support appropriate interrogation of the IT system by the Business Intelligence Unit
- Actively encouraged compliments, comments and complaints
- Identified issues for the project board to inform future organisational learning, commissioning, contracting and performance management processes
• Reinforced the value of using assessment and reviewing techniques which enhance engagement with citizens and their carers
• Emphasised the value to the individual and to staff members of using values which underpin self directed care approaches

3.2 Outputs – Workstream 1:

Within the 6 month period of the project:
• 586 Residential Home cases were allocated for review
• 50 Nursing Home cases were allocated for review
• All service users were issued with an outcome letter
• Service providers were issued with a copy of the new care plan - together with a copy of the full assessment if required.
• SAP assessment domains and assessor summaries were personalised taking into account the indicators identified at Appendix 2.
• Care plans were formatted in line with the seven outcomes.
• All homes visited were provided with a supply of the leaflet "Are you or is somebody you know being mistreated or abused?" and requested to display them in a public area (for the benefit of those who may not be subject to review due to self funding status)
• The appropriate safeguarding information leaflets were included in letters sent to relatives
• 54 next of kin (as a random sample of those reviewed) were surveyed by telephone by the project manager and the project support officer to ascertain their opinion of the review process

Examples of care plans can be seen at Appendix 3 (see also 3.4 for comment).

Full analysis of the results of SAP reviews and results of the carer survey can be seen at Appendix 4.

3.3 Actions – Workstream 1

From workstream 1, actions have been taken as follows:

Contracts section
Contracts section has recently begun to monitor establishments more regularly. CSCI/CQC ratings are used as a guide for undertaking half day or full monitoring exercises. Each establishment is allocated a named officer to undertake an annual monitoring exercise in line with the CSCI/CQC domains. Specific establishment activities are then monitored against the domains to achieve consistency across the County.

Meetings have been held between the Project Manager, contract managers and contract monitoring officers. Issues arising from the project have been
used to identify how contract monitoring activity can be complemented by review process.

It has been identified that the principles are appropriate to both domiciliary agency and residential establishment monitoring and that development of the electronic Contract Monitoring System (CMS) would facilitate clearer information about potential safeguarding issues. This would also reduce duplication of information and the time required for inputting. Cross referencing of customer satisfaction surveys in respect of domiciliary agencies undertaken by Business Intelligence and Contracts section is also allied to this.

The matters have been raised by the Project Manager with the CMS group, with the Operational lead for Safeguarding and with Business Intelligence members.

**Self Directed Support (SDS) Review project workstream group**
The Project Manager has participated as a member of the SDS review workstream group to bring to it the learning from the Central Reviewing Team experience.

This workstream has been active in devising more person-centered, accessible and effective review processes linked to the SDS agenda and is complemented by the experiences of this Quality Assurance and Adult Protection project workstreams. The Central Reviewing Team manager has also made valuable contributions to the review workstream discussions with regard to resource issues, processes and the benefits of outcome-focussed reviews.

It has been agreed by the review workstream group that that effective SDS review processes are dependent on high quality person-centered and outcome-focussed assessment processes. Individuals, carers and practitioners will then be able to assess progress made as set against the original desired outcomes.

**Business Intelligence Group**
There is a growing trend in the degree of 'qualitative' rather than 'quantitative' data required for CSCI assessment purposes. It was hoped that the information collected by way of full SAP reviews then transcribed into outcome focussed care plans would facilitate that process to a large degree.

It has been made clear from this workstream that individual qualitative information, although fairly easily collected, is not easily collated or 'coded' in a way which is meaningful for use by the organisation - where 'corralling' individual spoken experiences in any systematic way is problematic.

It has been agreed however, that despite the combined difficulties which the prescribed CSCI/CQC domains and electronic recording systems provide, it is more important to maintain a focus on the individual's needs.
The problem of developing more effective ways interrogating the system necessarily lies with Business Intelligence Group staff members and IT leads. It is hoped that the CAF project will be able to address this aspect through future IT development or applications.

**Safeguarding leads**
The outputs from the workstream have highlighted that from the sample group of > 600, there were only 3 safeguarding concerns. The obligation to safeguard all vulnerable adults however was an important issue in conducting these full outcome focussed re-assessments and reviews.

In the pursuit of ensuring comprehensive safeguarding arrangements to complement the existing structure and processes, the Project Manager has analysed Reports from a range of other authorities based on feedback taken from the 2008 CSCI Reports; "Independence, well being and choice". This analysis has identified those areas and issues which could present a challenge and has been presented to the board for appropriate action. Full analysis can be seen in Appendix 5.

Discussions also took place with the project lead for work with self-funders to ensure a consistent approach in line with the organisation's obligation to all vulnerable adults.

**Learning and Development**
The project workstream has identified many learning opportunities for staff members and for ACS. Some have been addressed as discussed above.

Since the end of the project (30th April 2009), the learning from this project based on the experiences of staff members continues to be promoted by those project team staff members who are now supporting Community teams in undertaking reviews. The principles underpinning the project will also be incorporated into the work of the SDS review workstream and the associated training which will take place in the latter half of 2009.

**3.4 Comments – Workstream 1**

Central Reviewing Team staff members have highlighted the difficulties in producing fully detailed outcome-focussed care or support plans for individuals - particularly older people – who may experience a greater level of combined physical and mental incapacity. Comparison can be made by seeing Appendix 3.

In these cases the need for direct physical care supercedes the degree of attention required for daily activity. Those who can contribute to the discussion - even with the assistance of advocates or relatives - are able to assert their opinion more strongly and/or are able to access an increased number of activities resulting in more detailed care/support planning.

This has implications for practitioners and managers who are tasked with managing the speed versus quality conundrum and has raised the issue of the need for a permanent peripatetic reviewing team.
3.5 Workstream 2: (Dignity Audit)

To widen the dignity agenda in order to complement workstream 1, key personnel within the ACS staff group were recruited as 'investigators' to ask colleagues to highlight - via a 'dignity audit' - as many examples as possible of where there had been recent concerns raised by staff or vulnerable citizens about:

- People's safety: physical safety, fears, worries about carers or services, examples of perceived abuse
- Dangers - experienced or perceived
- Examples of people being belittled or abused - or feeling that they had
- Any examples where people feel they or someone they knew had not been treated with dignity and respect

This small scale exercise which took place over a 10 day period was designed purely to develop an idea of the current breadth of whatever problems there were and to identify themes and trends. It was hoped that the secondary impact would be upon levels of staff engagement.

Questionnaires also contained information for the retention of the respondents about safeguarding and ACS complaint processes.

3.6 Outputs - Workstream 2

'Investigators' were recruited from:

- Social Care (front line managers / staff, Central Reviewing Team and Customer Service Centre)
- Provider Services (LD and PDSI)
- Welfare Rights
- County Care Services
- Library and Information Service
- Contracts
- Finance

The total number of forms returned was 183. This was a good response rate and it appears that staff members welcomed the opportunity to reveal their concerns in this way. The full results of the audit together with analysis can be seen at Appendix 6.

Most of the examples returned detailed incidents which had come to light within a person's professional capacity (61%) although 38% reported of instances which had affected them in a personal capacity.

It emerged from the results of the audit that everyone has a different understanding of what it means to have dignity and, although it is difficult to capture in specific terms, it is soon apparent when dignity is missing. Equally, dignity is as relevant to social care and its wider context as it is to health.
3.7 Actions – Workstream 2

The findings from the audit have been shared with:

- The 'investigators' to cascade to staff and service areas
- Members of the Central Reviewing Team
- Senior ACS management team members
- Director of Personal Social Care
- Director of Commissioning
- Head of ACS contracts
- Head of Provider services
- ACS Safeguarding - Operational lead and County co-ordinator
- Head of Communications
- ACS Commissioning - Performance Management Groups
- Environment Directorate (Head of passenger transport)
- Heads of ACS Commissioning for each of the PCT areas
- Heads of healthcare commissioning in each of the PCT footprints
- Manager of the Complaints and Knowledge Management Team
- Business Intelligence Group

From this exchange of information:

- 'Investigators' across ACS have expressed the willingness to engage in further audits of this nature.
- Central Reviewing Team members have continued to reiterate the benefits of prioritising dignity in reviewing processes to community team staff as a way to promote safe and respectful practice
- The Head of Commissioning has acknowledged its importance in future commissioning processes
- Safeguarding leads have confirmed the importance of 'dignity and respect' in promoting safety
- The head of passenger transport has agreed to incorporate the themes of the report in any future work with commissioned services
- Feedback from North Lancs PCT has been very positive. Expressions of interest in pursuing a joint piece of work to explore the findings of the audit have been received
- Central Lancashire Commissioning Performance Management group has expressed an interest in including the link between dignity and safeguarding as a standing agenda item
- It is intended that the audit will be an annual survey conducted via Business Intelligence

Information from the audit has also been used to inform:

- Work in safeguarding approaches
- Joint work within the new 2009 complaints arrangements with health colleagues
- Contract monitoring development work
- Analysis of domiciliary care reviews by contracts section
- Future SDS reviewing approaches
3.8 Comments – Workstream 2

The dignity audit has highlighted the need for teams to identify for themselves the approaches which promote dignity and respect for individuals. A number of provider staff teams for example have developed 'team rules' by which staff members should abide to ensure dignity in all activities.

It is also clear from the discussions prior to and during the audit that where dignity for individuals is assumed in general to be based on 'common sense', that sense appears not to be common to all. It therefore must be set out overtly when services are designed or commissioned. ACS managers should promote the approach through supervision and appraisal processes.

4. Conclusions

This project has identified that effective outcome-focussed assessments produce good quality information which supports successful support planning.

However, there is a speed versus quality conundrum where the process of detailed and outcome-focussed support planning is resource intensive; particularly in respect of those individuals who lack capacity and may have a high level of need.

The project has also identified that effective safeguarding approaches are underpinned by promoting a concern for dignity and respect for individuals within social care, health agencies, wider service provision and the general community. Staff members who are stakeholders on many levels are a valuable resource in assisting in this approach.

The provision of evidence for the above relies on effective systems and processes. Their value in respect of safeguarding relies to a great extent on them being able to be integrated, compatible and interrogated effectively.

5 Recommendations

In consideration of this project, the project manager recommends that:

- Within the organisation, ACS promotes the value to individuals (and the organisation itself) of outcome-focussed support planning. This will be reinforced by the progress towards Self Directed Support
- ACS promotes the benefits of outcome-focussed commissioning for individuals agencies and partners in commissioning services from and with other partners
- Communications section promotes an emphasis on dignity and respect accompanied by safeguarding information through a range of media. This will reinforce its importance internally and within the wider community; particularly to those who may self fund or care for others
- Attention be paid to the development of electronic systems to ensure consistency and compatibility, to reduce duplication of information and tighten safeguarding processes
• Team managers undertake appropriate quality checking processes with respect to assessments, support plans and reviews
• Consideration is given to the establishment of peripatetic reviewing staff
• Service heads embed the importance of promoting and monitoring dignity and respect through their management structures within personal social care, procurement, contract monitoring and in their relationships within joint commissioning services
• Staff development and Induction processes for new staff include emphasis on dignity, respect and safeguarding.
• An annual audit amongst staff members with clear feedback mechanisms based on aspects of dignity and respect to inform future CQC inspection requirements

Lynn Gornall (Project Manager)

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