Safeguarding Adults
Quality in Care Framework
For
Kent and Medway

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Introduction

This document has been developed to provide a framework to enable local authority staff and a range of other agencies to work in partnership with providers of social or health care services, where poor practice and/or quality concerns have been identified. The aim is to support services to address identified issues, improve their service and prevent poor practice or quality failings resulting in the abuse of service users. This meets the wider multi-agency safeguarding responsibilities to prevent the abuse of adults using services.

Abuse arising from poor practice and/or poor quality in care is defined as: action and/or omission (poor practice) on the part of another person or persons, causing harm to a vulnerable adult. This harm can either be direct and immediate (e.g. causing a shoulder to dislocate as a consequence of an inappropriate physical transfer) or more insidious as an outcome of general neglect (e.g. pressure sores arising as a consequence of poor nutrition, poor hydration and failure to relieve pressure). Appendix 1 contains some examples of what may be considered as poor practice.

Where abuse arising from poor practice has been identified, issues of scope and impact must be addressed promptly. Poor practice causing harm to one vulnerable adult is highly likely to cause harm to other vulnerable adults if it is not promptly identified and addressed (ref serious case review Kent and Medway A & B 2009).

However, actions and/or omissions constituting bad practice (examples at Appendix 1) are frequently highlighted in services where harm has not been reported or identified, or where the poor practice has not yet caused harm.

1. Principles

The Safeguarding Adults Quality in Care Framework (QiCF) should be used when there are concerns about the quality of care being provided which may or may not have already resulted in harm to service users and is believed to pose an ongoing risk of harm.

Reports including allegations of abuse/harm to an identified service user(s) must be addressed via the adult protection process.

Service provision that does not meet the quality and practice standards expected may be identified by reports from clients, relatives, care workers and a range of agencies, including the Care Quality Commission (CQC). Quality and poor practice concerns may also be identified during the process of investigating adult protection alerts.

Whenever the local authority receives information about poor practice or the quality of care in any service, it is likely that this will pose a risk of harm to service user(s) at some point. Consideration must be given to determine how these concerns may be addressed.

The sharing of confidential information between agencies and services will be carried out under the Safeguarding Adults’ Multi-agency Policy and Protocol. The risk of harm to vulnerable adults within services where concerns have been raised provides sufficient grounds to warrant sharing information to safeguard and promote the welfare of service users.

If a service user(s) has already been harmed the adult protection protocols must be used but if harm has not been reported it may be more appropriate to consider using the Quality in Care Framework (QiCF). It is possible for the adult protection protocols to be followed due to the specific allegations of abuse and for the QiCF to be followed to address quality
and poor practice concerns within the same service. These processes may be carried out in parallel. The flowchart at Appendix 2 shows how these processes may work together and identifies the professionals who may form the virtual team to support a service to meet their action plan.

At any point in an adult protection process involving a service user(s), poor practice or quality concerns may become apparent. Where these appear to pose a risk to all or many service users, they should be addressed through the QiCF.

If the QiCF is being used and abuse concerns for a service user(s) arise, these must be addressed through the adult protection protocols.

2. The Quality in Care Framework

Where QiC concerns are identified in a non-contracted service, it is essential for a Designated Senior Officer (DSO) to be nominated to coordinate the process.

Where these concerns are identified in a service that has a contract with Kent or Medway, the Contract Officer will be responsible for the management of the process using the contract compliance process.

If more than one DSO or Contract Officer has been nominated to address a range of concerns, they must agree their roles and responsibilities and who has lead responsibility.

Where safeguarding concerns are reported in a contracted service and there are no references to any service user having been harmed or at imminent risk of harm, the DSO should discuss the concerns with Contract Officers who will deal with this according to the Kent Contract Compliance Policy. The information will be recorded on a contract monitoring form and action plan and CQC will be notified by the Contract Officer (if this is a level two or three concern).

In a non-contracted service, where it is clear that the concerns reported are about quality of care, the DSO should discuss the concerns with representatives of other agencies and determine the most appropriate course of action. The Safeguarding Adults Quality in Care recording form should be completed and CQC advised by the DSO of the concerns and how they are to be addressed.

The Safeguarding QiC process involving a care service will reflect the Kent Contract Compliance Policy and Procedure in relation to timescales.

Where service users have been placed by other local authorities or are funded through continuing care, the commissioners of the service must be informed that there are concerns about the quality of care, which are being addressed through the safeguarding QiC Framework or the Kent Contract Compliance Policy and Procedure. They should be invited to any arranged meetings and be kept fully aware of the level of concern and the progress and outcome of the work. It will be important for the Contract Officer and where nominated a DSO to agree who should inform other authorities/commissioners.

Where meetings are arranged, the adult protection statements of confidentiality and equal opportunities, managing confidential information in documents and reports, minuting of planning meetings and establishment of case conferences should be used, as this work is carried out within the prevention remit of safeguarding adults.
The Quality in Care Recording Form or the contract monitoring form should provide a summary of the work carried out with the service, the outcomes of the work and action plans and the agreed review arrangements. Copies of actions plans and other documentation may be attached to the Quality in Care Recording Form to enable the Locality Head of Service to see the relevant information to sign off the case with the agreement of the Contracts Manager.

Contract staff will be responsible for agreeing and adding the agreed flag level for contract compliance (CC) and/ or poor practice (PP) to the contract systems. Where risk level three for poor practice or contract compliance has been agreed, new placements to the service are prevented. For homes in Kent, the suspension of new placements by Kent Family and Social Care will be recorded on the Kent Care Directory as information for the public and other authorities.

3. Reported Concerns

Information reported about alleged abuse, poor practice or poor quality must be evaluated as a matter of priority by the DSO, usually during discussions with colleagues from contracting and other agencies, e.g. NHS, CQC, Police, District Councils. If the concerns have not already been formally recorded on an AP1 or CM31 and it appears that the issues do relate to quality and/or poor practice the Quality in Care Recording Form should be completed.

It is important to gather additional information from as many sources as possible to determine the most appropriate course of action, which, for the following circumstances may be:

a) The allegations are that a vulnerable adult or adults have been harmed – the Adult Protection Policy and Protocols must be followed, the CM31 started and the initial risk assessment and planning process begun.

b) Information indicates poor practice or quality of care issues, which may be impacting on users but no action or omission has been identified as having caused harm to a named service user(s) – the QiCF should be followed and the Quality in Care Recording form started.

c) If following evaluation, consultation and planning meeting or discussions, there are concerns that some users have been harmed and others are at significant risk of harm and in addition, a range of poor practice concerns exist – the Adult Protection Policy and Protocols must be followed due to the allegations of abuse and the QiCF should be used to work with the provider to address the poor practice and quality concerns. It is vital that both processes are coordinated to avoid confusion and mixed messages to the provider.

THE REFERRER SHOULD BE ADVISED HOW THEIR CONCERNS WILL BE ADDRESSED AND IF APPROPRIATE THEY MAY BE INVOLVED IN THE PROCESS.

4. QiC Guidance

a. Concerns raised – concerns about poor practice or the general quality of care may be raised as a result of adult protection concerns and/ or as a result of contacts from: providers, service users, family members/ advocates, complaints, AP investigations, health professionals, contracts department, social services team members, immigration, local council departments, CQC etc. For contracted services, these
concerns will be recorded on the Quality Assurance Framework (QAF). For non-contracted services, these concerns should be recorded on the Quality in Care Recording Form with the service as the subject of the form. Reference(s) to any service users must be by initials and the client ID only.

b. **Notify Service Provider** – this can occur during an announced or unannounced visit to the Service by the DSO and/ or Contracts Officer, or during a telephone conversation between the Registered Individual and the appointed DSO or a Contracts Officer.

c. **Decision-Making Process** – the DSO and Contracts Officers should be central within the decision-making process. The Quality in Care Recording Form should be e-mailed to the relevant contracts team and to the safeguarding adult administrator for addition to the safeguarding spreadsheet and QAF. This must be recorded on a QiC spreadsheet, to enable the work to be identified when reporting proactive safeguarding activity to Members and CQC, until this can be identified within existing data recording systems.

5. **Quality in Care Planning Meeting or Discussion**

Action in respect of QiC may be agreed by the DSO/ Contracts Officer during phone discussions, or it may be decided that a QiC planning meeting is necessary. The meeting or discussion is advised if adult protection and QiC concerns relate to the same service. The DSO should chair the meeting and invite representation from other agencies and services as necessary.

If a planning meeting relates to both adult protection and QiC, it is essential that parts of the meeting are separated and minutes reflect the two separate processes. Any reference to service users must use their initials only.

The statement of confidentiality and equal opportunities should be used and minutes must be taken.

Planning process needs to:

- Share information.
- Assess level of risk and record in minutes of the meeting or in the record of discussions taking place outside of a formal meeting.
- Agree status regarding poor practice sanctions and risk level (Safeguarding Adults protocols section 8.1 –What if the risks involve a care service).
- Determine which agency/ agencies will assess/ investigate the reported concerns.
  - In order to determine the extent of the problems and any impact on service users, it may be appropriate to carry out a review of a small sample of service users.
- Agree who, within those agencies, is going to be involved (virtual team) to support the service.
- If sufficient information is available, a safeguarding three month action plan should be developed by the service provider in partnership with the appropriate multi-agency representatives to address the issues identified. All action plans related to safeguarding should reference the relevant CQC Essential Standards of Quality and Safety. For contracted services, action plans related to poor practice or contract compliance sanctions should reference the service specifications or the terms and conditions of the contract.
  - Agree with whom information needs to be shared in the interest of safeguarding service users. If poor practice or contract compliance levels two or three agreed, follow the Kent Contract Compliance Policy and Procedure,
sections 2.20 and 2.26 to inform appropriate parties and to publish sanction levels.

- **If the service provider/responsible individual with a Kent or Medway Contract has not been made aware of the concerns**, they should be advised as soon as possible by a Contracts Officer or another representative from the meeting. An action plan to address all the concerns should be developed, detailing evidence required and timescales. A letter must be sent to the provider to confirm discussions held and include the detailed action plan and timescales. It must reflect the seriousness of the concerns and the risks of harm to service users.

- **If the service does not have a Kent or Medway Contract**, the chair of the meeting or the DSO will arrange to meet with the provider to discuss the concerns and to agree an action plan. A letter must be sent to confirm discussions held and include the detailed action plan and timescales. It must reflect the seriousness of the concerns and the risks of harm to service users.

- A six week action plan review is an opportunity to ascertain whether the provider will be able to meet the action plan.

- The sanction risk level may be escalated if the requirements of the action plan are partially met or not met within the agreed timescale. Any decision to increase risk levels will rely on professional judgement and will be in proportion to the risks to service users.

- At the end of the three month period, if the action plan is partially met or not met for poor practice or contract compliance sanctions risk level three, a new three month action plan will be drawn up with the provider. A contract termination warning will be attached indicating that at the end of the three month period, a notice to terminate the contract may be issued if the action plan is not met.

- A contract may also be terminated without notice as a result of a Serious Breach or Continuing Breach of contract, as outlined in the Kent Contract Compliance Policy and Procedure sections 4.9 and 4.10.

- If the service does not have a Kent or Medway Contract, the relevant commissioner (possibly from another authority) will need to consider sharing the information of concern with service users and/or their relatives.

- Where safety risks are assessed as high, the relevant local authority must consider informing service users and their relatives. In some circumstances CQC may assist by identifying the names of services users and their relatives.

- A six month review for all escalated sanctions will be held; if the action plan is not met or partially met the review may result in issuing a three month termination notice.

### 6. QiC Review Planning meeting or Case Conference

If a QiC planning meeting and/or case conference is held, they should follow similar guidelines to the Adult Protection review planning meeting or Case Conference:

### 7. Conclusion

This framework aims to provide an appropriate level of support to enable the service to improve their quality of care and address poor practice. This will be within an agreed timescale where poor practice or quality concerns have been identified and these pose significant risk of harm to service users. The Kent Contract Compliance Policy and Procedure includes a timescale of a minimum of nine months from the date of issuing the risk level three contract sanction to the termination of a contract, if the service has not met all, or significant aspects of, their action plan. In exceptional circumstances, where a major
breach of a duty of care has occurred and this poses significant ongoing risks to service users, a contract may be terminated automatically without notice. This will need to be supported through the local authority legal representatives.
Appendix 1: Poor Quality or Bad Practice

Reported concerns about care services may initially include:
- staffing levels, constant changes of staff, inconsistent practice, carers doubling up as laundry assistants, catering assistants and activities co-ordinators
- poor or no care plans or care plans not updated to reflect changing needs
- poor or no effective management oversight, no registered manager or constant changes to management
- concerns about nutrition or hydration – catering arrangements poor
- not dealing with complaints or blaming staff for management failures
- health and safety issues not addressed, falls, burns, service user to service user abuse/ bullying
- not obtaining timely medical advice or support leading to significant deterioration in health and leading to avoidable hospital admission or untimely death.

When investigations take place into the reports, findings may confirm significant actions or omissions which may have already caused harm or have the potential to cause harm to service users.

It is not necessary for actions or omissions to be intentional for harm or potential harm to exist. The adult protection or QiC investigations will determine responsibility and culpability and any actions required.

The following list identifies some examples of actions or omissions by staff or managers which may lead to harm to service users, but is not exhaustive:
- omitting to record, dispense, manage medication appropriately
- omitting to give a prescribed dose of medication
- action of giving wrong medication
- action of giving medication at wrong time
- action of applying wrong dressing
- omitting to change position for pressure relief
- omitting to follow care/ support plans
- omitting to carry out essential risk assessments
- omitting to serve food of a good enough standard
- omitting to provide drinks at good enough frequency and quality
- omitting to provide choice
- acting against Universal Precautions for prevention of cross infection
- omitting effective kitchen hygiene procedures
- acting in a way which spreads infection
- omitting to store COSHE appropriately
- omitting to maintain good housekeeping
- omitting general maintenance
- omitting to maintain a safe environment
- omitting to maintain required competence in staff
- action of practising beyond personal capability and/ or competence
- action of ignoring/ shouting/ dehumanising/ infantilising
- action of “rough handling”
- action of restraint which is not in care plan or agreed
- actions or omissions leading to lack of privacy, respect and dignity
- action of inappropriate sharing or storage of confidential information
- action of failing to use appropriate moving and transferring techniques
omitting choice and personal control
action of enforced routines e.g. everyone up at 6 am all to bed by 8 pm
omitting to provide appropriate training
omitting to provide appropriate catheter or stoma care
omitting to record to required standards
omitting to recruit sufficient staff to meet the needs of service users
omitting to record information and report issues to an acceptable standard
omitting to audit care or finances
omitting communication with other agencies
omitting referral to outside professionals e.g. GP’s, chiropodists, dentists
omitting to provide meaningful activities
omitting person centred care
omitting or ignoring the views and preferences of service users when running the routine of the service. The service is being run for the convenience of the service and not the needs or wishes of the service users
omitting to follow recruitment procedures (e.g. seek references, carry out CRB checks)

Where harm occurs to named service users as a result of poor practice this must be addressed through adult protection procedures. Where poor practice is identified and there are significant risks of harm to service users consideration must be given to addressing the issues through the Quality in Care Framework.

Many of the examples above are likely to mean that the service is failing to meet the CQC Essential Standards of Quality and Safety and if these issues are not addressed CQC may take enforcement action. In addition, where there are contracts with Kent or Medway Councils, failures to meet the contract specifications may result in contract sanctions or termination of contracts.
Appendix 2: Safeguarding Service Users through the Multi-Agency Quality in Care Framework

Purpose: Managing an overview of quality in care standards across Kent and Medway by adopting a multi-agency approach, to undertake both proactive and reactive work to improve and maintain standards of care.

Concern is raised, not initially clear if AP or QiC

Commence Record of Initial Discussion Form

Has there been an action or omission which has caused harm to the service user or has been considered as harm by the service user or their advocate?

- Yes
  - E-mail AP alert CM31 to appropriate professionals
  - AP alert and multi-agency planning meeting
  - Follow usual Adult Protection Procedures

- No
  - 1) Notify appropriate professionals of QiC concerns, Record on QiC1 or Contracts QAF
  - 2) If appropriate, notify service provider at this point
  - 3) QiC planning discussion/meeting with appropriate professionals, including Contracts Team, to decide on immediate course of action. Risk level agreed
  - 4) Service Provider Action Plan(s) to be agreed with set response times, any contracts sanctions (i.e. level of flag) to be arranged and service provider notified
  - 5) QiC Establishment Case Conference held, if appropriate, to review provider and professional’s action plans. Agree next action
  - 6) Continue to monitor service provider’s progress in complying with the Action Plan(s)
  - 7) Further QiC Establishment Case Conference if required, within the 6 months
  - 8) Feed into Quality in Care Board

The Virtual Team may include the following professionals/agencies:
- Safeguarding Vulnerable Adults Nurse
- District/Community Nurses
- Quality Assurance Nurse (NH only)
- Continuing Care Team
- CQC
- Police
- Adult Social Services staff
- Home Treatment Team
- OT’s
- OPMH Team
- Mental Health
- Learning Disability
- Environmental Health Officer
- Infection Control
- Pharmacist
- Health and Safety

Option to transfer to AP and/or continue with QiC for poor practice or quality issues if abuse identified.