

**Briefing paper to the Scrutiny Board (Environment and Neighbourhoods) on promoting safe and secure environments.**

In order to ensure service users are safe within the community, Adult Social Care has recently introduced the following safeguarding clause into it's contracts with independent sector providers:

**Inputs**

**1.1 Protection from abuse**

- i) The Service Provider will provide robust and up to date procedures for preventing and responding to (all kinds of) actual or suspected abuse or neglect. The procedures will be in accordance with the Department of Health guidance "No Secrets" and Council Safeguarding Adults procedures.
- ii) There shall be a clear whistle-blowing procedure in place, including provision for contacting an external agency [including protection for 'whistleblowers' from being victimised or unfairly treated]. The procedures will be in accordance with the Public Interest Disclosure Act 1998 and with the Department of Health guidance "No Secrets".
- iii) The Service Provider will ensure there is a documented risk assessment addressing the potential for staff to benefit personally when working with vulnerable people (including but not limited to handling service users' money, provision of financial advice, power of attorney, wills and bequests) - and procedures in place to minimise the identified risks.
- iv) There shall be a periodic (at least annual) review of the effectiveness of safeguarding policies. The review is to be documented and examine how each reported case was dealt with and also aim to identify and address any disincentives to reporting of actual or suspected abuse or neglect.
- v) Prompt action shall be taken in response to individual complaints or concerns from staff or service users (details of investigations made and action taken).

**Outputs**

**1.2 Protection from abuse**

The Service Provider will ensure service users understand what constitutes abuse and know to whom they shall report any actual or suspected abuse or neglect. All potential allegations and their outcomes will be clearly evidenced.

## **Performance measures**

### **1.3 Protection from abuse**

- 1.3.1 Procedures for reporting abuse or neglect are publicised in appropriate ways, e.g. in service user guides or welcome packs etc.
- 1.3.2 Records show that prompt action is taken in response to individual complaints or concerns from staff or service users (details of investigations made and action taken).
- 1.3.3 Service users understand what constitutes abuse and know to whom they should report any actual or suspected abuse or neglect.
- 1.3.4 Procedures for reporting abuse or neglect are available.
- 1.3.5 There is documentary evidence that induction, training, supervision etc. Specifically addresses issues of professional boundaries in respect of staff-user relationships.
- 1.3.6 Staff are able to describe the principal elements of the policies and procedures, the reasons behind them, and their implications for their work, know to whom they should report any actual or suspected abuse or neglect, and are able to describe the policies concerning professional boundaries in respect of staff-user relationships.
- 1.3.7 HR records show that training has been attended. Staff can explain the content of the training and the impact on their work.
- 1.3.8 Staff can explain how to recognise symptoms of abuse or neglect, and can explain how to deal appropriately with aggression from service users.
- 1.3.9 There is a documented periodic (at least annual) review of the effectiveness of abuse policies, examining how each reported case was dealt with and that also aims to identify and address any disincentives to reporting of actual or suspected abuse or neglect.

In addition to the clauses used in the contracts, we have introduced guidance for care managers to report any failures within a care home environment or with the provision of domiciliary care, in order that these can be investigated and rectified as soon as possible (see Appendix 1 for Guidance).

To monitor the provision of service to an individual, we have recently introduced a Quality Standard Assessment (QSA), which we will be implementing across all service areas over the coming months. The QSA will deal with all areas of service provision e.g. care planning, health and safety, equality and diversity as well as safeguarding and protection from abuse. The extract from the QSA which deals with safeguarding is included below:

**Quality Standard Assessment****SAFEGUARDING AND PROTECTION FROM ABUSE**

<b>Standard</b>	<b>Evidence</b>
<p><b>There are robust policies and procedures for safeguarding and protecting adults in accordance with current legislation</b></p>	<ul style="list-style-type: none"> <li>• The procedures comply with good practice.</li> <li>• There are recruitment checks, including professional references and CRB checks for relevant staff delivering the service</li> <li>• There is a whistle blowing procedure in accordance with the Public Interest Disclosure Act 1998.</li> <li>• Individual service users risk assessments address the potential for abuse from others.</li> <li>• Lone working risk assessments address the increased risk to service users</li> <li>• CRB checks are updated in accordance with contractual requirements.</li> </ul>
<p><b>Staff are aware of policies and procedures and their practice both safeguards service users and promotes understanding of abuse</b></p>	<ul style="list-style-type: none"> <li>• Prompt action is taken in response to individual concerns from staff, clients or others and appropriate support is provided to them.</li> <li>• Support is provided to victims of abuse.</li> <li>• The service works appropriately with alleged perpetrators.</li> <li>• Staff are able to describe how their practice promotes safeguarding.</li> <li>• A log records details of investigations and outcomes and shows that appropriate action is taken, including reporting to appropriate authorities (including the service commissioner and contract manager).</li> <li>• Safeguarding and protection from abuse policies and procedures are covered in staff induction and skills learning programmes and</li> </ul>

	<p>integrated into staff management practices.</p> <ul style="list-style-type: none"> <li>• Staff are able to describe the policies and procedures, the reasons behind them and the implications for their work.</li> <li>• Staff can describe how they would report any actual or suspected abuse or neglect and to who incidents should be reported.</li> <li>• Staff are appropriately supported through supervision in dealing with abuse cases</li> <li>• Staff are aware of the potential impact on themselves and service users of being involved in abuse cases.</li> <li>• Staff receive specialist training appropriate to the needs of the service user group</li> </ul>
<p><b>Staff are made aware of and understand their professional boundaries and their practice reflects this</b></p>	<ul style="list-style-type: none"> <li>• There are procedures to prevent staff from personal benefit when working with vulnerable people.</li> <li>• The nature and limits of relationships between staff and service users or those visiting service users are covered in staff induction and skills learning programmes and integrated into staff management practices.</li> <li>• Staff are able to explain how their practice maintains effective boundaries.</li> <li>• A Code of Conduct (or similar document) makes clear appropriate boundaries for staff.- GSC code of conduct</li> <li>• Information to service users makes clear what are appropriate boundaries for staff and volunteers.</li> <li>• The service has mechanisms in place that reinforce professional boundaries.</li> </ul>

## **APPENDIX 1**

### **Guidance - Raising issues concerning care home provider failures**

#### **1. Introduction**

This guidance has been produced to allow a consistent approach to contractual issues where Care Managers become aware of failures which arise with care home providers with whom the Council makes placements. It is given to augment, not replace guidance/advice in relation to the safeguarding of any individual. Care Managers should ensure they follow relevant safeguarding procedures in addition to this guidance.

Although this guidance is specific with regard to the provision of residential care and further specific guidance has been produced in relation to home care, the *principles* contained in this guidance should be followed in relation to any other commissioned services where failures as described below, are observed.

#### **2. Definition of failures**

The list given below is by way of guidance and is not meant to be exhaustive. Failures by care home providers shall include:

- i) any situation which has led to a safeguarding procedure being instigated for a service user at a care home
- ii) concerns about the manager or individual staff at a particular home,
- iii) concerns over the environment of the home e.g. general cleanliness, décor, building works etc
- iv) concerns in connection with any procedure or practice of the home in relation to service users or staff e.g. all service users being put to bed at the same time, staff being allowed to undertake work without being CRB checked etc
- v) concerns about the health and safety of residents
- vi) concerns about the dignity of residents within the home (as defined by the 10 dignity challenges)

#### **3. Referring failures to the Contracts Team**

- 3.1 Where a care manager is aware of any failure by a care home in which the Council has or will have service users placed, they should immediately raise this with the Contracts Team (contact details at 5 below). Care managers should provide as much information about the alleged failure as possible to allow the Contracts Team to investigate the matter (including whether or not the care manager has already raised the failure with the home manager). Where any failure is a contravention of the National Minimum Standards, the care manager should also report this to CSCI as the regulatory body (advice on this can be sought from the Contracts Team).

- 3.2 If failure has been referred as a safeguarding matter, the contracts team should be notified of this as soon as possible. If there are any contractual issues that may arise out of any safeguarding referral, a member of the Contracts Team will attend at safeguarding strategy meetings that may be convened.

#### **4. Investigation of failures**

The Contracts Team will investigate all failures directly with the management of the care home. Depending on the seriousness of the failure, the Contracts Team will monitor the Care home to ensure the failure is addressed and rectified or take the appropriate action as defined in the care home's contract with the Council. The referring Care Manager will be kept informed of the outcome of the investigation.

#### **5. Contact Details**

Key contact details for the Contract Team are as follows:

Email – [ss.contracts@leeds.gov.uk](mailto:ss.contracts@leeds.gov.uk)

Fax – 22 43527

Anthony Hockney, Principal Officer (Business and Contracts) – 22 43417

Jane Murphy – Business & Contracts Officer – 24 78673

Jenny Cooper – Assistant Commissioning Officer – 24 78339

If information is being sent on the team's fax number, the Care Manager should ensure that a member of the team is contacted by telephone to ensure receipt.

#### **6. *Version control***

*This guidance is version 1 which will next be reviewed in July 2009.*