

The Care and Business Support Team

The key drivers for the team

- Stabilise and strengthen services
- Supporting and developing the market
- Support the development of a strong skilled workforce
- Support resilience of providers when faced with seasonal pressures
- Assure regulatory compliance
- Share best practice



Person Centred Safeguarding Aim

- To increase feelings of safety and security, promote choice and control, lessen anxiety, improve confidence and self esteem.
- To reduce 'fear/anxiety', of safeguarding process make safeguarding 'real', focussed within every day support
- To provide a known point of contact for families to express any concerns, (in addition to the manager of the service).
- To ensure we make “safeguarding personal” **(person led and outcome focused)**

Working Together



“Championing
Safeguarding
Together”

- Steering group
- Established interest through ‘Safeguarding Together’ events
- Obtained funding from Health and Social Care Integration Innovation Fund Kent, Surrey and Sussex
- Held consultation event outlining commitment required from managers and their nominated champion we asked the following questions:
 - What are the current challenges?
 - What support could we all offer?
 - What would success look like?
 - How could we measure success?

Feeling Safe



One Page Strategy

Feeling Safe (Safeguarding) everyone's responsibility. What Success means to:

Individuals

- I feel safe, confident and understood.
- I have someone I trust to talk to whenever I feel anxious/fearful/lonely.
- Staff always listen to me and know what is important to me.
- I meet with my family /friends as often as I wish.
- I feel valued and appreciated.
- I am involved in all decisions about my life.
- I feel in control of my life.
- I participate in and feel part of my local community.

Staff

- I am confident and know how to support people to feel safe.
- I am proud of the job I do.
- I listen to each person I support and know and act on what is important to them.
- I have good positive relationships with the people I support and their families/friends.
- I am listened to and feel valued.
- I feel like my contribution makes a difference.

Service

- We provide person centred support.
- We listen to everyone's concerns and always act upon them.
- We are open to learning and developing.
- We note and celebrate everyone's success.
- We value everyone's contribution.
- We share information and learning openly with the people we support and their family/friends.
- We know what matters to people and act upon it.

Relatives/friends

- I know who to speak to if I have a concern.
- I feel listened to and am kept informed of the progress regarding any concerns expressed.
- I feel welcome to visit at any time.
- I feel valued and appreciated.
- I feel confident in the care provided.

We can deliver success by using:

- Personalisation tools and approaches to gather information about what is important to me and how best to support me (wherever I am).
- Every day conversations or regular meetings to develop 'I statements' to know 'I' feel safe because.....
- My preferred form of communication to inform me often of my right to feel safe.
- My comments from satisfaction surveys (and acting swiftly on the points raised).
- Checking daily if I am ok.
- Information provided by me and my loved ones.

- Information gathered from meaningful questions/conversations/meetings with people and their loved ones and keeping support plans up-to-date.
- Best practice examples shared by others and by celebrating success.
- Knowledge and experience gained from regular training opportunities and reflective practice.
- Pledges from the 'feeling safe charter' (I promise to...).
- Persons preferred form of communication (Plain English, empowering language).

- Time allocated off rota for observation and research for champions to inform best practice.
- Time slot at Team meetings, relatives/people meetings/community forums to talk about the champion role and its aims.
- Staff supervisions to identify progress and further development opportunities.
- Persons expressed wishes regarding outcome of concerns raised, and that these outcomes are communicated in a timely way.
- Information from self-assessment/annual audit to inform future practice.
- Accreditation schemes such as Making it Real, Social Care Commitment to embed good practice.

- Annual Audit, satisfaction surveys, meetings/reviews to express comments/suggestions for improvement.
- Champion (in addition to manager) to discuss any concerns.
- Relatives meetings (champions slot to check on quality).
- Complaints/Compliments book to share ideas suggestions, and to celebrate good practice.
- Our knowledge and known history of loved one to inform staff support.

We measure success by:

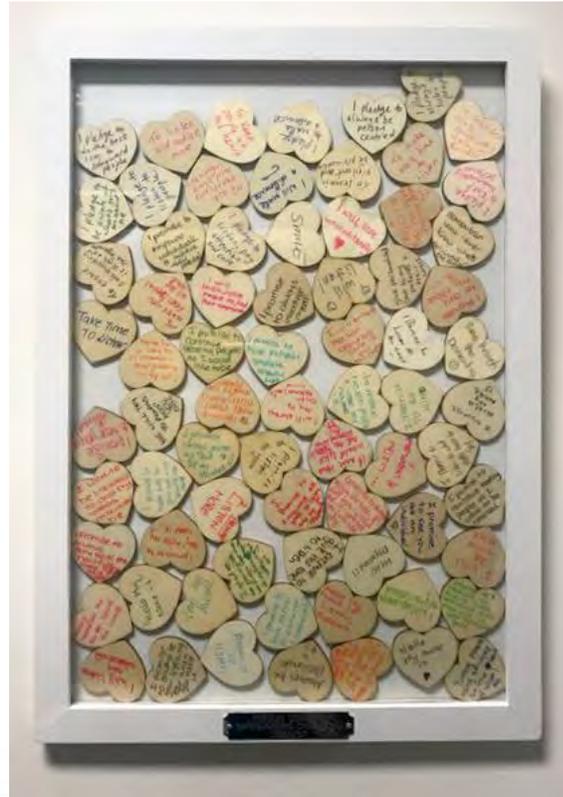
- Satisfaction surveys score.
- Compliments/concerns/complaints.
- Level of incidents/safeguarding's.
- Improved wellbeing, confidence, and communication.
- 'I' statements produced, known and signed as agreed.
- Outcome of person centred review (what's working/not working, future plans).
- Better relationship's within my home and local community.

- Progress reports highlighting best practice, new initiatives.
- Production of 'fink cards'.
- Production of 'feeling safe charter'.
- Regular meetings held with health colleagues.
- Improved confidence regarding hearing, reporting and acting upon concerns expressed.
- Confirmed annual refresher of Safeguarding Training.

- Reduction in Serious safeguarding incidents.
- Reports from safeguarding that people's wishes are recorded and acted upon.
- Monitoring, analysing and learning from concerns/complaints/complaints.
- Improved presence at community forums.
- Annual Audit results.
- Signing up to Making it Real programme (Kite mark achieved).
- Signing up to Social Care Commitment
- Openly advertising CQC inspection reports (We've been inspected and this is our report)

- Satisfaction surveys score.
- Audit Results.
- Support plans are up-to date and relevant.
- Relative/friend's well-being is improved.
- Communication with all is receptive, positive, clear, timely, and inclusive.
- Dignity and Respect of people's needs and wishes is always evident and is confirmed through all contact (written/verbal/actions).
- Confirmed feeling of open and transparent culture.

Making a Commitment



The pledges in the charter are designed to ensure we support people to feel safe at all times within their home environment.



Feeling Safe Charter

"I promise I will always treat you with dignity and respect."

"I promise to take time to listen to you and support you with your decisions".

"I promise to act on what is important to you, not only by what I hear, but what I see and what I feel".

"I promise to encourage and support you to feel empowered and be as independent as possible".

"I promise I will always smile and say hello, no matter how many times I see you in a day"

"I promise I will support you and ensure that your voice is heard."

"I promise to listen to you and act on your concerns and complaints"

"I promise that I will support you when you need it, and will give you time to express your feelings and understand your fears".

"I promise I will treat you as the unique individual you are"

"I promise to act with kindness and support you to feel safe"

Person Centred Safeguarding Programme 2016-2017
Developed by West Sussex County Council, Care Quality Commission, West Sussex Safeguarding Adults Board, Orford View Relatives Action Group and representatives from 40 care homes within West Sussex

Outcomes

"Families feel supported by staff and trust staff more."

"Happy staff, happy residents, happy relatives."

"People feel more confident to tell us if we are doing something wrong."

"It gave me more confidence in what I am doing."

"Confident and knowledgeable staff."

"People feel safe and confident to talk to staff. Families feel relaxed when leaving the home and stress free."

"It's a safer environment, there is a feeling of being valued and part of their home."

"I have found new ways to approach situations in a more subtle way and used different techniques in order to find out questions that were required."

Communication

[It's Not About The Nail - YouTube](#)

If you talk to a man in a **language** he understands, that goes to his **head**. If you talk to him in his own language, that goes to his **heart**.

– NELSON MANDELA



whats important to me may not be important to you, i know, but at least respect the fact that its important to me...

- ahemm



Delivering the Promise



“Details are so very important, safeguarding starts before the incident its not just about reviewing the event after”

“Important to listen, expand questions delve deeper”



Reflections



Challenges

- Communication
- Maintaining on-going commitment/support re champions (meetings, reports, travel, staff turnover)
- Motivating other staff back at the home
- Keeping the programme on track (year long programme)
- Working with large organisations/institutions
- Not losing heart

What helped

- Creating team plan/communication chart, talking!
- Inviting managers to meetings – follow up calls, emails, clear focus for outcomes (progress reports), CQC on board
- Lesley, Derek, Ian's personal story
- Regular meetings/steering group having a variety/wealth of knowledge/experience
- A sense of humour! Resilience finding the common ground – creative /fun – thought provoking workshops using different media – quotes, virtues, films, peoples stories, practicing using personalisation tools, shared goals
- Focus on people not tasks

“It’s all about the people”

[Derek Easthope - YouTube](#)



[Lesley Lincoln - YouTube](#)





Making Safeguarding Personal A Providers Perspective Fidelma Tinneny, Berkshire Care Association

RN, Registered Manager, Volunteer for Berkshire Care Association



No doubting the importance
of safeguarding



- Everyone comes to work to do their best
- Duty of care, duty of candour, responsibility
- Team work
- Integrational care, equality

Our outstanding journey

- Recognising, understanding and challenging boundaries of 'best practice', guidance and perceptions....what it says, is not always what it means or how it should be interpreted.
- Reputation, reputation, reputation
- Prepare, prepare, prepare – Listen and RESPOND.
- Meetings, awards, recognition, documentation....Evidence!
- SEA – include everyone!
- Everyone's contribution is as important as anyone else's
- Safe does not mean risk adverse – take the risks in a person centered, individual way, according to people's wishes, hopes and desires – include LPoA / Best interests where relevant
- Don't be afraid – stand up and be counted.
- Learn from others in the job – talk, share, network. (it helps the sanity!)
- It's not about perfection, or status.
- Care association involvement key to our learning, network, contacts, advice, information, best practice.





- Bullish and bullying
- Some providers fearful, others 'over' reporting
- Lack of clear learning outcomes shared (anonymously)
- Lack of consistency for ALL organisation's
- Documentation more important than outcomes for people

Managers and staff leaving in droves

- Lack of trust across service users, H&SCP's and organisation's
- Blame game
- Training not consistently meeting needs – delivered by non care deliverers who can relate to the whole environment
- Lack of Learning outcomes within the organization / sharing to prevent reoccurrence e.g. what could we have done to prevent this?
- No feedback to Safeguarding teams – which needs to be entirely independent and anonymous
- E.g. Falls: recognition of risk of falls, person falls = safeguarding!





A story

- Care home with nursing. CQC requires improvement with enforcement notice for non care, non patient, non staff related, managerial notification
- New manager Jan 2019 – not present at time of last inspection
- Safeguarding take an interest because of enforcementinitially encouraging.
- GP, CQC, all very pleased with progress and changes since new manager in place
- Arrive with appointment to review situation, - with 4 senior staff, without notice. 1 manager.
- 3.5hr meeting – focus: appraisals / supervisions / other such matters, blame and negativity – no ‘safeguarding’
- Reviews for own LA clients not done (not safeguarding!)

Learning for manager:

- Don't trust safeguarding teams. Consider another role. Leave sector. Cry. Depression. 'I cannot do this'. Why bother!

What could be different?



Shared learning and outcomes
Publish results clearly for all to learn
Value the contribution of ALL providers equally



Care associations on ALL safeguarding and care governance boards
Same approach for everyone – LA, CCG, Hospital and community trusts regarding meds 'error's' or other such incidents



Independent, (care association lead) reviews of safeguarding approaches so learning is a 2 way approach.
Unity across H & SC. Stop slagging each other off – united we stand, divided we fall.

The image features a dark gray background. In the center, there are two black silhouettes of people standing side-by-side. The person on the right is leaning forward and using a cane. Above them, two large, black-outlined hands are shown from the wrist up, palms facing each other as if holding or supporting the figures below. The text is overlaid on this central scene.

Because we are all a potential
service user in waiting
.....what would you want?

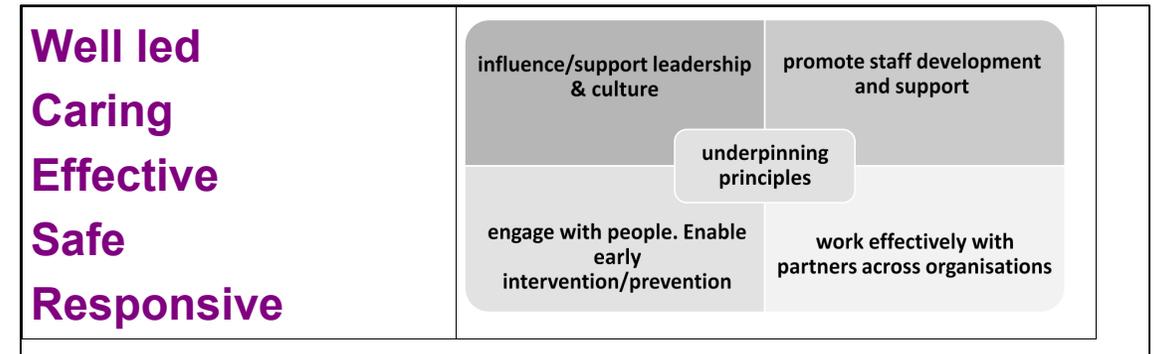
Group work (3) Workforce development & support

Nominate a scribe. Please record on sheets provided.

Drawing on experience around your table and what you have heard...

- **What are the hallmarks of good practice? Who can influence this and how? (Providers, commissioners, other partners)**
- **What can you do/look for?**
- **What are the enablers for ‘getting to good’?**
- **What are the barriers?**

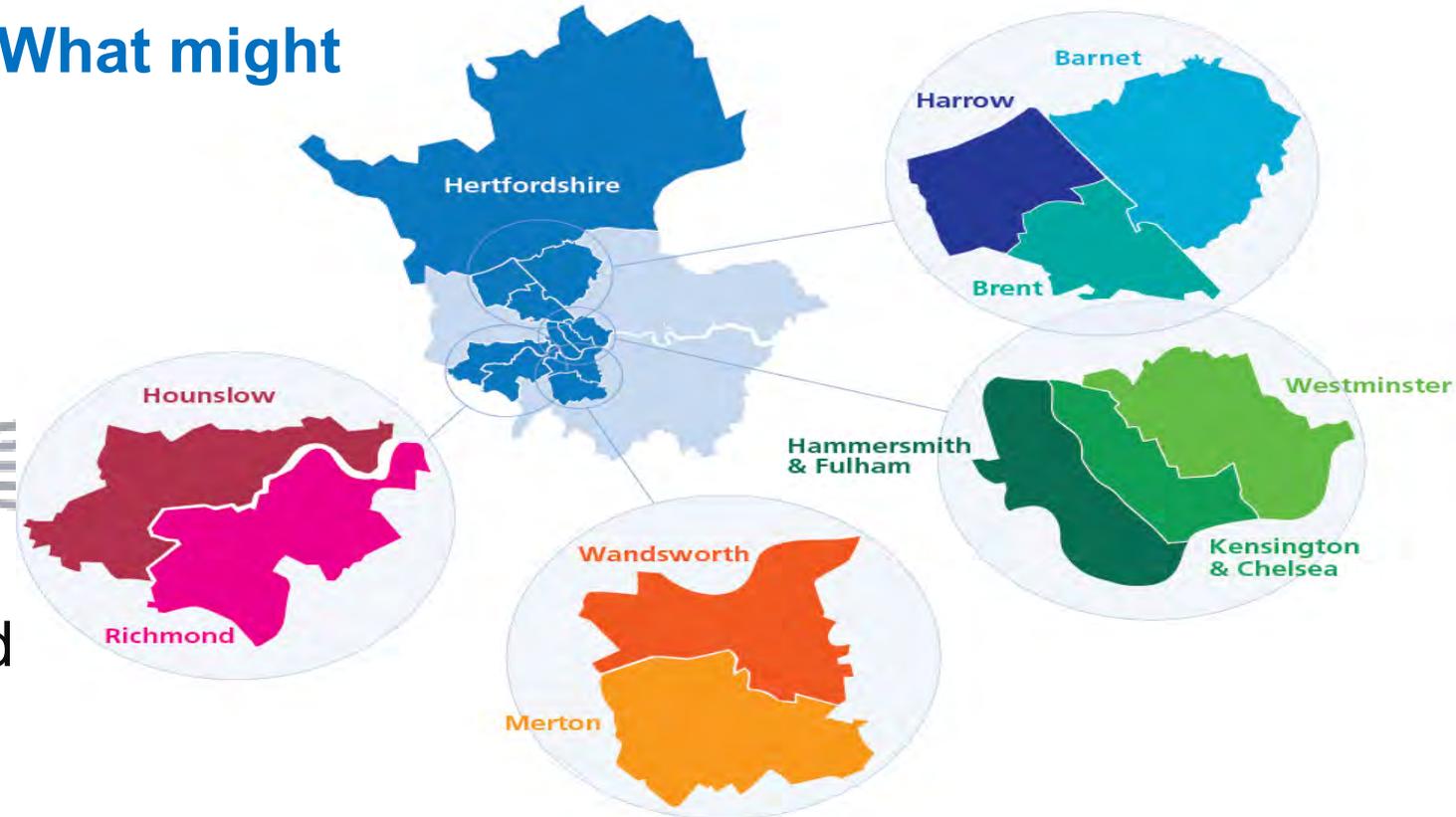
Refer to examples on pages 12/13 of *Making Safeguarding Personal*; what might good look like for commissioners and providers?



Making Safeguarding Personal

Leadership & Culture; What might 'good' look like?

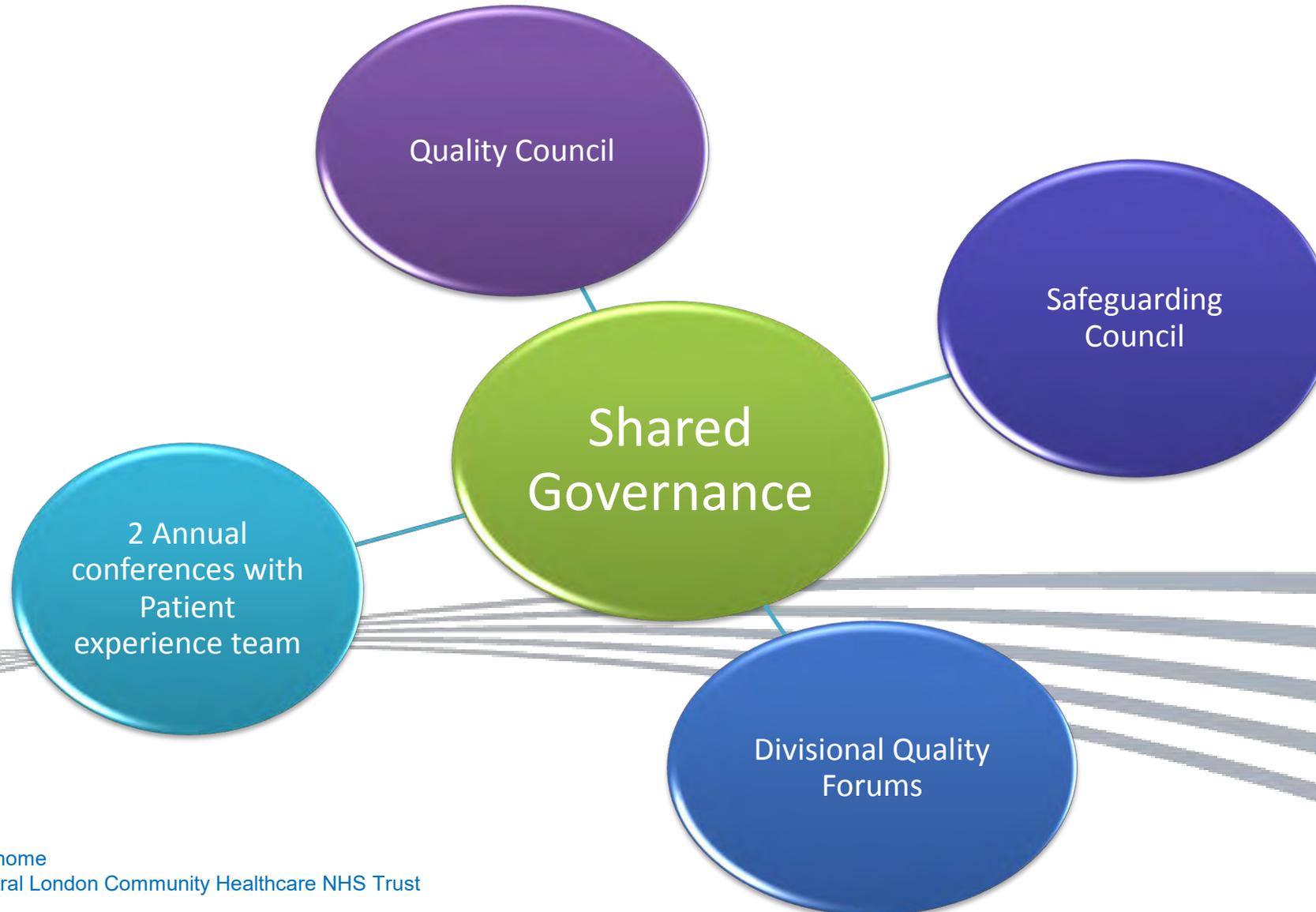
Haidar Ramadan
Adult Safeguarding Lead



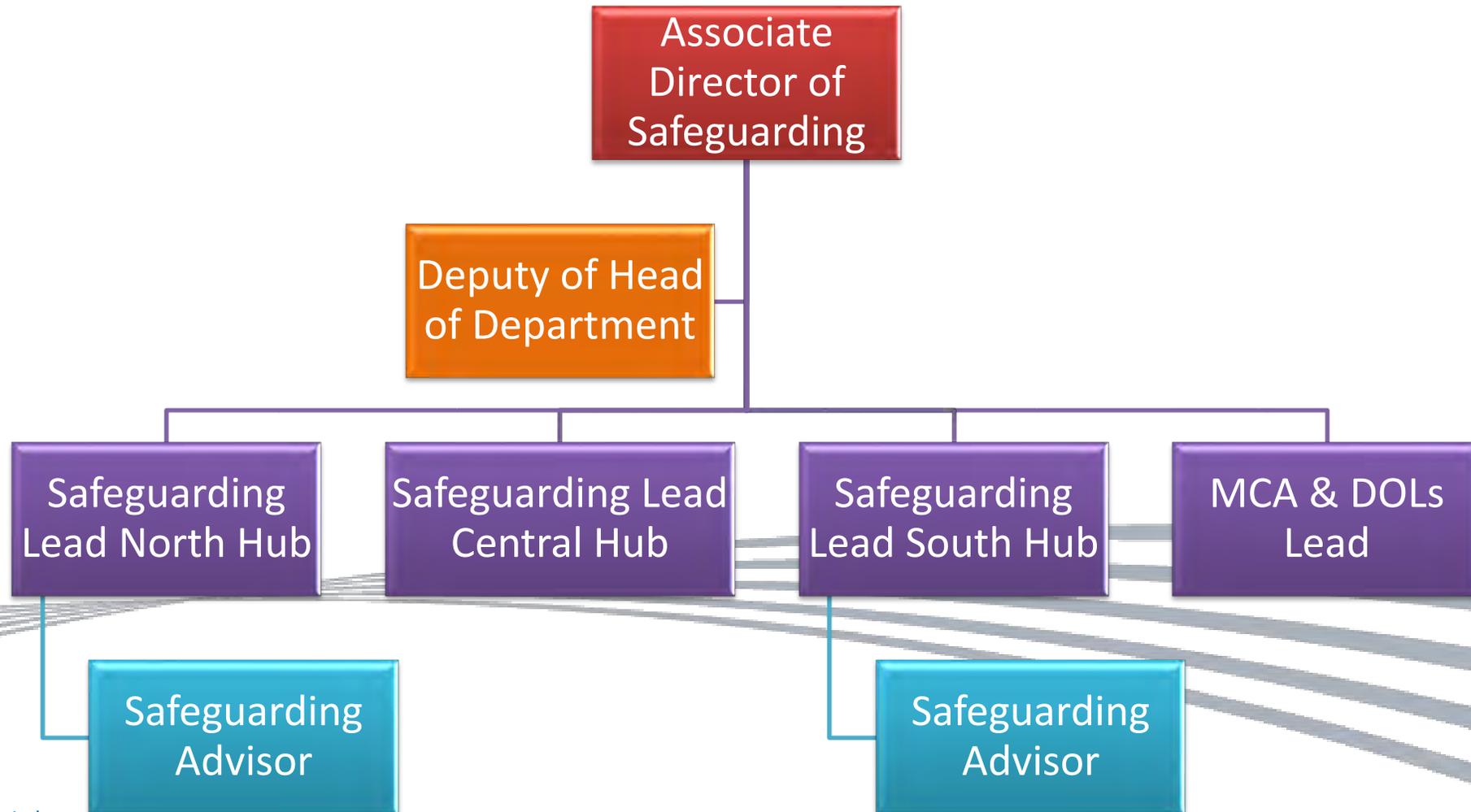
Leadership and Organisational Structure

- Quality Directorate
 - Policies e.g. No Access, Aggressive Patients
 - Strategy
- Safeguarding Committee
- Whole System Approach
 - Compliance Steering Group
 - Patient Safety and Risk Group
 - Learning and Development Group
- Direct leadership from the Chief Nurse

Shared Governance and Safeguarding

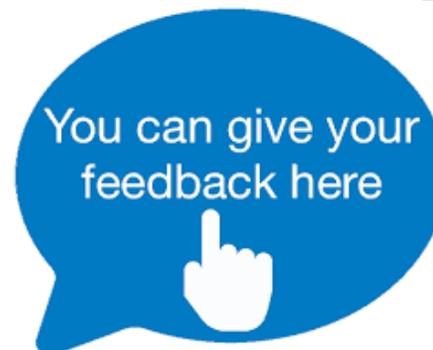


Frontline Safeguarding Leadership



Frontline Safeguarding Leadership

- Team leads leadership program
- Committed Leadership Approach
- Pressure Ulcer and SI Panels (RCAs)
- Feedback Fridays



Culture Shift

- Guidance and Training
 - Blended bespoke training
 - Academy: qualification with accreditation
- Safeguarding Champions program
- 1:1, group supervision and debrief.
- System leaders
- Safeguarding Passport
- Cultural Differences (Division, Staff, Patients)



Culture of Front Line Safeguarding

- Visible at handover and part of complex case management discussions
- Weekly Wards Rounds
- Monthly Team Meetings
 - Governance and Safeguarding section
 - Feedback on S42 and SARs and themes
- Easy Access to Safeguarding Support
 - Single Point of Access
 - Online resources

What Helped

- Strong trust values and culture of partnership and openness
- Inclusive and engaging leadership (innovation)
- Well established partnership with social services

What Hindered

- Capacity and cost pressure on all
- Increased complexity (Health & Social)
- Fragmented commissioning

NHS Safeguarding Guide App

