

**Making Safeguarding Personal
in
commissioning and providing
health & social care**

One day workshop

Housekeeping



Fire Procedure



Breaks



Toilets



Mobile Phones /
Devices



Smoking



Timekeeping and
finishing time

Introduction to the day

Jane Lawson,
Adviser, CHIP, Local Government Association / ADASS.

Aims of the day

- To influence practice
 - To impact on the experience of care & support,
drawing on:
 - best practice across the essential steps for making
safeguarding personal
 - relevant research and Safeguarding Adults Reviews (SARs)
 - the legal framework
 - experience of: people; providers; regulators; commissioners;
safeguarding enquiries... **Your experience**
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Making Safeguarding Personal

influence/support leadership & culture

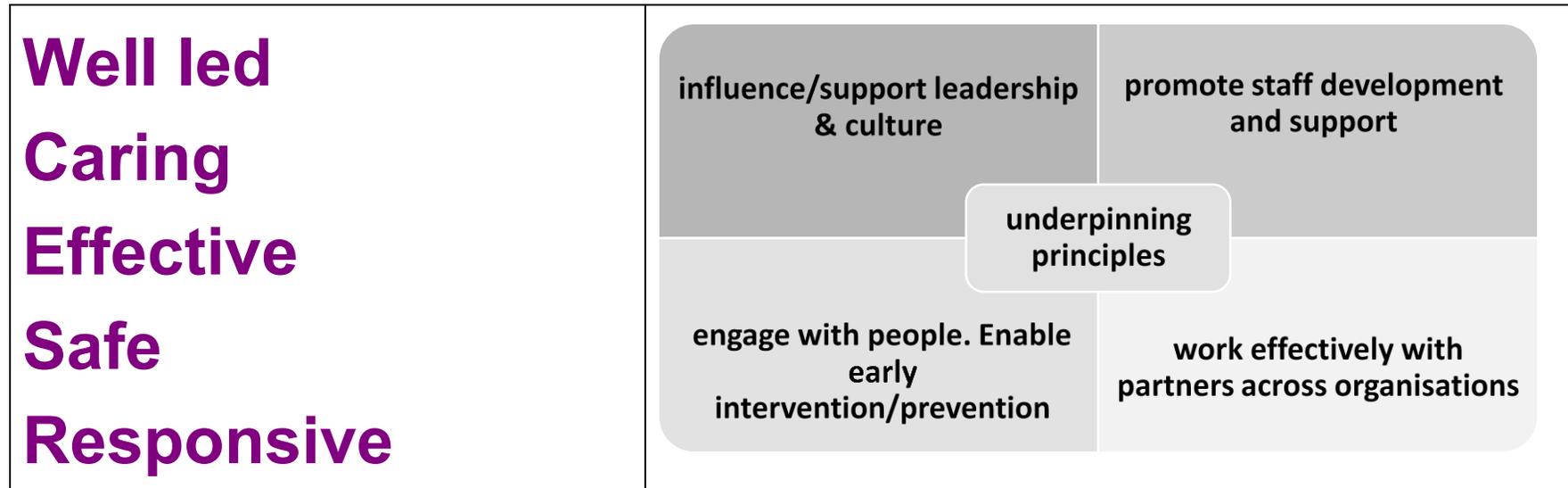
promote staff development and support

**underpinning
principles**

engage with people. Enable early intervention/prevention

work effectively with partners across organisations

Linking quality and safeguarding



What are the underpinning principles?

- **Focus safeguarding approaches on promoting wellbeing alongside safety.** Engage with people to understand what is important in their lives and what wellbeing means for them. Find out what outcomes they are looking for from safeguarding support
 - **Apply core principles in front line practice, taking a human rights-based approach:** *Making safeguarding personal doesn't mean simply walking away when an individual declines support.* Balance apparently conflicting principles
 - **In recording and practice, reflect on how each principle plays out in decision making and actions at every stage:** Show how different options are considered against a backdrop of the six safeguarding adults principles
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Principles include

- The Human Rights Act (1998)
 - The wellbeing principle DHSC (2018, chapter 1)
 - Five principles of the Mental Capacity Act (2005).
 - Core safeguarding adults principles, DHSC (2018, paragraph 14.13)
 - Empowerment
 - Prevention
 - Proportionality
 - Protection
 - Partnership
 - Accountability.
-

In which aspects of care provision can we make safeguarding personal?

- Is the service safe?
 - Is the service effective?
 - Is the service caring?
 - Is the service responsive?
 - Is the service well-led?
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What has making safeguarding personal got to do with quality of care?

- How can we move forward, keeping the Making Safeguarding Personal agenda at the heart of this?

Some examples.....

What can this mean in practice?

Examples from an 'outstanding' service

- **SAFE:** Staff demonstrated a good knowledge of the risks people lived with and any actions needed to minimise the persons identified risk
- **EFFECTIVE:** The registered manager and staff promoted people's rights to consent to care and to make their own decisions.
- **CARING:** People, relatives and staff built great relationships with each other

(see for example: CQC: *Celebrating Good Care, Championing Outstanding Care, March 2015*)

- **RESPONSIVE:** People and their relatives knew how to raise concerns. Complaints and concerns were dealt with quickly and resolutions were recorded along with actions taken.
 - **RESPONSIVE:** people were provided with personalised care of a high standard to improve their wellbeing and health.
 - **WELL-LED:** there was an open and inclusive atmosphere at the service. Staff enjoyed and felt proud working at the service and we saw there was a great team spirit.
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**Care Quality Commission Five Key Questions:
 Informing and supporting *Making Safeguarding Personal* for providers and commissioners**

Examples from 'outstanding' provider organisations in Health & Social Care that make safeguarding personal

Well-led	Caring	Effective	Safe	Responsive
•?? •??	•?? •??	•?? •??	•?? •??	•?? •??

What evidence would a commissioner look for/ do?

•?? •??	•?? •??	•?? •??	•?? •??	•?? •??
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The culture of the organisation supports personalised approaches to safeguarding. This is demonstrated by:

•?? •??	•?? •??	•?? •??	•?? •??	•?? •??
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MSP is about creating a climate where...

- People can say when things aren't quite right
- Staff understand people well enough to know when things aren't right for them
- Staff pick up on issues that indicate potential problems / safeguarding concerns (relationships/health issues)
- People know what to expect so they can say when this isn't happening. They know what 'good' should look like
- People have contact with the outside world
- People feel valued and happy (staff and service users)
- If safeguarding concerns are picked up, the individual is asked at the very beginning what they want to happen and how

And developing and measuring a service against these areas

Getting to 'good'

What are the barriers?

What are the enablers?

What are the tools and resources that can help?

- SARs
 - Feedback from people
 - NICE research
 - The legal framework
 - The regulatory framework
 - Making safeguarding personal
 - *Your experience*
-

Learning for commissioners and providers

Messages from Safeguarding Adult Reviews

Professor Michael Preston-Shoot, Emeritus Professor Social Work,
University of Bedfordshire and Independent Chair for Brent Safeguarding
Adults Board and Lewisham Safeguarding Adults Board.

Market shaping

- Commissioning gaps. Here the focus falls especially on mental health, dual diagnosis, victims of sexual abuse and exploitation, young and older adults leaving custody, and learning disabled people. Reviews note the absence of emergency and other types of placement and the negative impact this can have on on-going support and treatment available for adults at risk.
 - What is the vision being offered by commissioners and providers?
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Placement finding

- Is case history considered?
 - Is this a safe placement or care package?
 - What information about providers is shared with the person and their family?
 - What assessment is done of provider staff knowledge, skills and capacity to deliver appropriate care, including capacity and risk assessments?
 - Do providers feel enabled to raise concerns about the suitability of a placement or care package?
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MSP

- Commissioners and Healthwatch are advised to obtain service user views about care home or day centre provision to inform service development and to triangulate with providers' self-assessments
 - How are providers to manage the tension between autonomy/self-determination and a duty of care?
 - What weight is given to the views of family members?
 - How are providers addressing entrenched patterns of institutionalised living
 - Once care packages are agreed, cases are often “closed” pending review – how safe is this practice in complex cases?
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Organizational context

- What consideration is giving to the level of resources available to providers?
 - Workloads
 - Leadership of strong registered managers essential
 - Are roles and expectations clear? For example about notification of incidents or people requiring best interest decisions or deprivation of liberty assessments?
 - Impact of cultures – reviews note a prevailing culture of acceptance and tolerance by health and social care staff of poor standards of care giving, with an over-reliance on the CQC rather than commissioners accepting their responsibility also for quality assurance
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Capacity building

- What training and supervision are provided for commissioners and contract managers?
 - What training and supervision are being offered to staff who have to manage complex situations and challenging behaviour?
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Quality assurance

- Contract monitoring should be supportive and challenging, including searching and probing questions
 - How do commissioners know that what is being purchased is actually being provided?
 - Are family members expected to monitor the quality of care received?
 - How adequate is monitoring of contract compliance?
 - Are annual reviews conducted on time?
 - Are responsibilities under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 complied with to ensure the co-ordination of services in care planning and risk management?
 - Tolerance of poor standards – inadequate enforcement of standards and regulations
 - Early intervention based on information-sharing about provider concerns
 - Systems should be developed to enable commissioners and visiting practitioners to pool information in order to inform future placement decisions
 - Is contact regular or sporadic and reactive?
 - Adequacy of recording?
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Working together

- Information-sharing between commissioners and CQC – is there triangulation of information from different sources?
 - Information-sharing between CCGs and between local authority commissioners and contract managers – is guidance for cross-boundary placements adhered to?
 - Concerns arising from care home visits are not communicated to commissioners and contract quality monitoring staff, by GPs, Ambulance personnel, advocates, CQC or the Police, resulting in a skewed perspective of a care home's performance and a missed opportunity for greater watchfulness
 - No repository of concerns about providers so patterns of performance and concerns are obscured
 - Attendance at multi-agency risk management meetings and locality meetings?
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One summary

- Reviews question the robustness of the commissioning process, sometimes noting in addition that commissioners' practice reinforces provider inadequacies. Criticisms include:
 - Lack of formality, with monitoring neither proactive nor outcomes focused;
 - Failure to triangulate information to gain an overall picture of provision, and to gain independent verification of provider self-assessments;
 - Contracts that are imprecise about the numbers and type of staff required, and equipment to be regarded as standard, for safe provision;
 - Weak appraisals of care plans and needs or risk assessments, and an absence of questioning about the degree to which provisions of the mental capacity legislation and safeguards relating to deprivations of liberty were being used;
 - Limited review of out of area placements;
 - Limited reporting to senior managers on quality and value for money, on whether what was being commissioned and paid for was what providers were delivering;
 - Failure to review provider governance and management arrangements;
 - Failure to adequately investigate serious concerns about potential abuse and neglect. What tools do commissioners and providers use not only to assess the numbers of staff but also the knowledge and skill levels required to meet people's needs?
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Contact details

- Professor Michael Preston-Shoot
 - Emeritus Professor of Social Work
 - University of Bedfordshire

 - Independent Chair, Brent Safeguarding Adults Board
 - Independent Chair, Lewisham Safeguarding Adults Board
 - SAR author
 - Adult Safeguarding Consultant

 - michael.preston-shoot@beds.ac.uk
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Making Safeguarding Personal: National Institute for Health and Care Excellence: guidance and resources

Jane Silvester, Associate Director – Social Care and
Leadership
Jane.Silvester@nice.org.uk

Why NICE?

From April 2013, new remit for social care

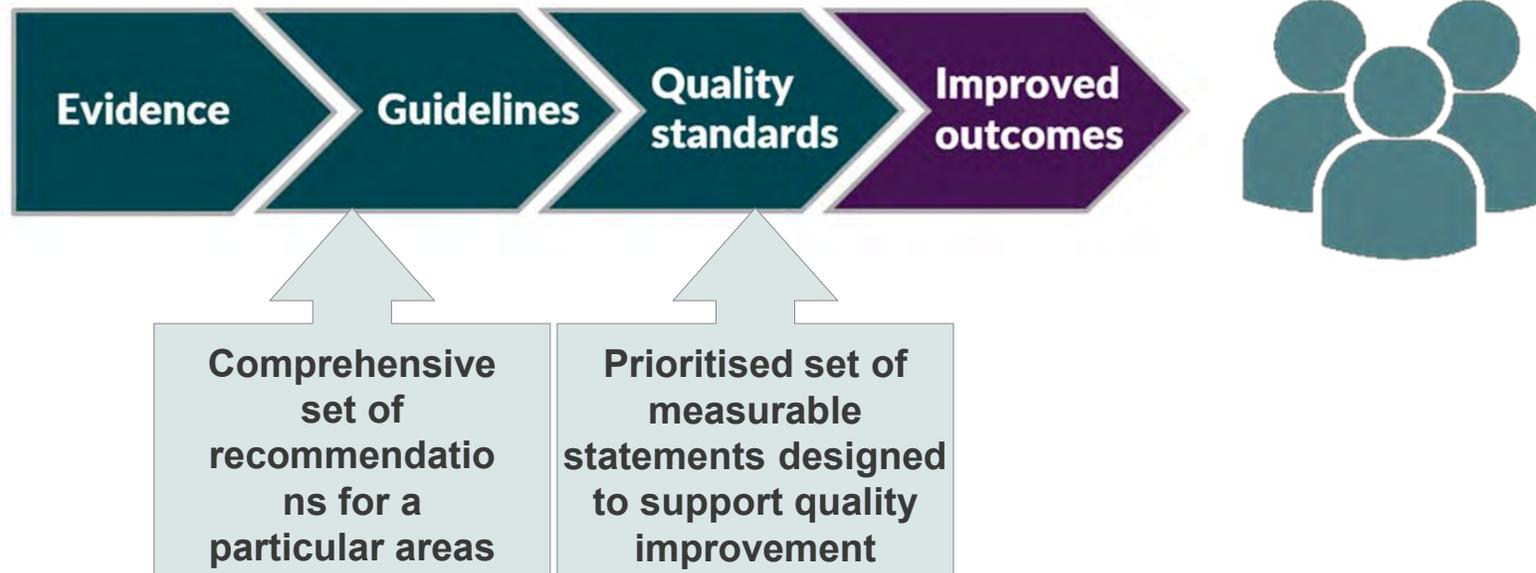
Renamed National Institute for Health and **Care** Excellence

- Evidence-based guidance from NICE sets out what good care and support looks like
- What works and what's value for money
- Trusted source of information
- “Neutral” resource to support better joint working



NICE

NICE aims to **improve quality** in health & social care through development of guidance based on the **best available evidence**



NICE guidelines which focus on wellbeing

Topic	Guideline	QS
Older people: independence and mental wellbeing	NG32	QS137
Mental wellbeing in over 65s: occupational therapy and physical activity interventions	PH16	QS50/QS137
Community engagement: improving health and wellbeing and reducing health inequalities	NG44	QS148/QS167
Home care: delivering personal care and practical support to older people living in their own homes	NG21	QS123
Transition between inpatient hospital settings and community or care home settings	NG27	QS136
Intermediate care including reablement	NG74	QS173
Coexisting mental illness and substance abuse	NG58	In development
Learning disabilities and behavior that challenges: service design and delivery	NG93	In development

NICE guidelines which focus on safety

Topic	Guideline	QS
Managing medicines in care homes	<u>SC1</u>	<u>QS85</u>
Managing medicines for adults receiving social care in the community	<u>NG67</u>	<u>QS171</u>
Falls in older people: assessing risk and prevention	<u>CG161</u>	<u>QS86</u>
Oral health for adults in care homes	<u>NG48</u>	<u>QS151</u>
Pressure ulcers: prevention and management	<u>CG179</u>	<u>QS89</u>
Violence and aggression: short-term management in mental health, health and community settings	<u>NG10</u>	<u>QS154</u>
Challenging behavior and learning disabilities: prevention and interventions for people with learning disabilities whose behavior challenges	<u>NG11</u>	<u>QS101/</u> <u>QS142</u>

NICE guideline in development: Safeguarding adults in care homes

Scope:

- Identifying abuse in care homes
- Identifying neglect in care homes
- Managing safeguarding concerns about abuse and neglect
- Supporting people directly affected
- Multi-agency working and communication
- Training and skills for safeguarding
- Embedding learning in organisations to prevent abuse and neglect



Draft guidance consultation dates: 07 May 2020 – 18 June 2020

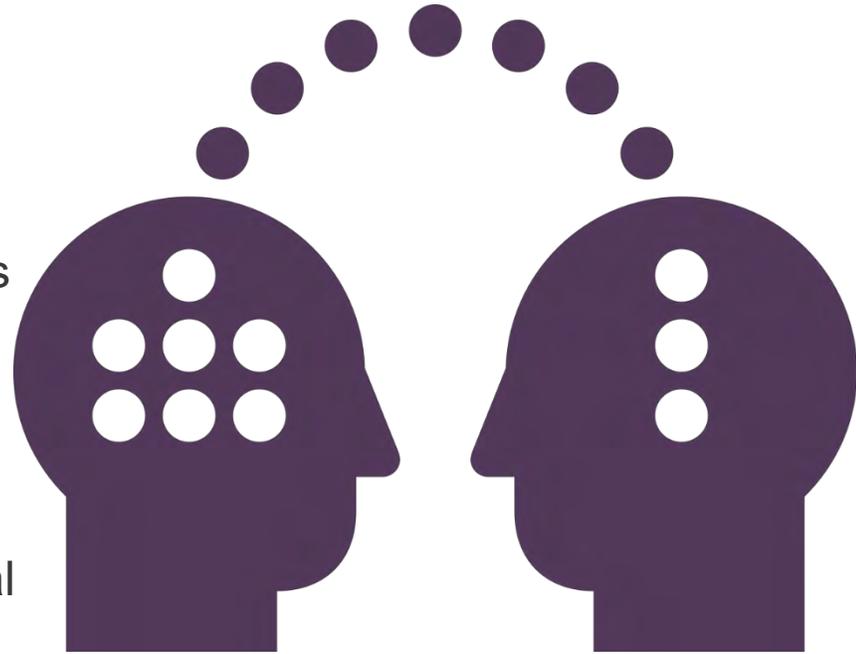
Expected publication date: 21 October 2020

Promoting workforce development

NG21 Home care: delivering personal care and practical support to older people living in their own homes

1.7.6 Ensure home care workers have the knowledge and skills needed to perform their duties safely by providing, as part of the full induction and ongoing training package, specific training on:

- what constitutes 'safe' care
- identifying and responding to possible or actual abuse or neglect
- identifying and responding to environmental risks
- safe care policies and procedures.



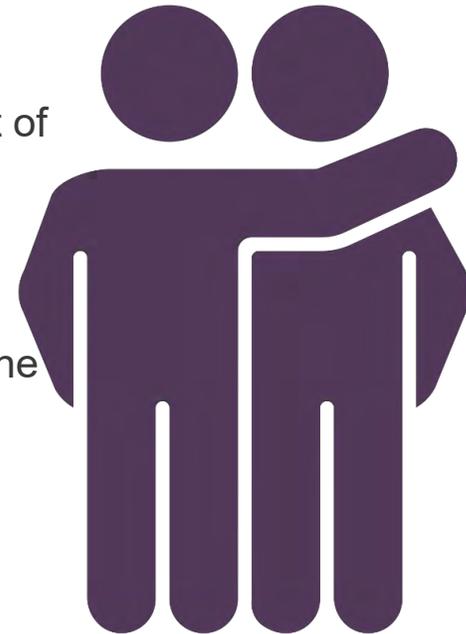
Supporting the workforce – quality supervision

NG11 Challenging behaviour and learning disabilities

1.1.8 Health and social care provider organisations should ensure that all interventions for behaviour that challenges are delivered by competent staff.

Staff should:

- receive regular high-quality supervision that takes into account the impact of individual, social and environmental factors
- deliver interventions based on the relevant treatment manuals
- consider using routine outcome measures at each contact (for example, the Adaptive Behavior Scale and the Aberrant Behavior Checklist)
- take part in monitoring (for example, by using Periodic Service Review methods)
- evaluate adherence to interventions and practitioner competence (for example, by using video and audio recording, and external audit and scrutiny)



Engaging with people who use services

Co-production:

NG86 People's experience in adult social care services

1.1.9 Local authorities and service providers should work with people who use adult social care services and their carers as far as possible to **co-produce**:

- the information they provide
- organisational policies and procedures
- staff training.



Engaging with people who use services

Actively involve the person with care and support needs in all decisions affecting them:

NG10 Violence and aggression: short-term management in mental health, health and community settings

1.1.6 Involve service users in all decisions about their care and treatment, and develop care and risk management plans jointly with them. If a service user is unable or unwilling to participate, offer them the opportunity to review and revise the plans as soon as they are able or willing and, if they agree, involve their carer.



Following the Mental Capacity Act

NG108 Decision-making and mental capacity

1.1.2 All health and social care organisations should:

- develop local policy and guidance about which interventions, tools and approaches will be used to support decision-making
- identify or devise specific tools to help health and social care practitioners assess where appropriate and necessary the mental capacity of the people they are working with and audit the tools against adherence to the Mental Capacity Act Code of Practice
- train relevant practitioners in the use of these tools.

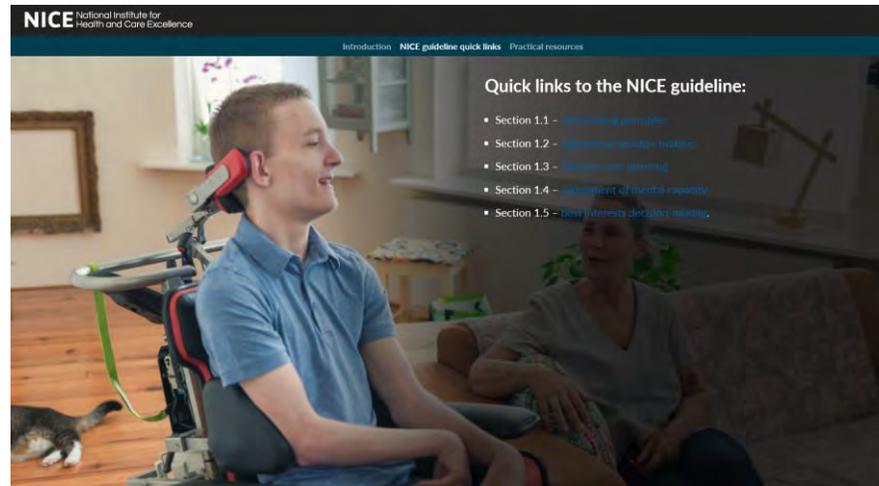
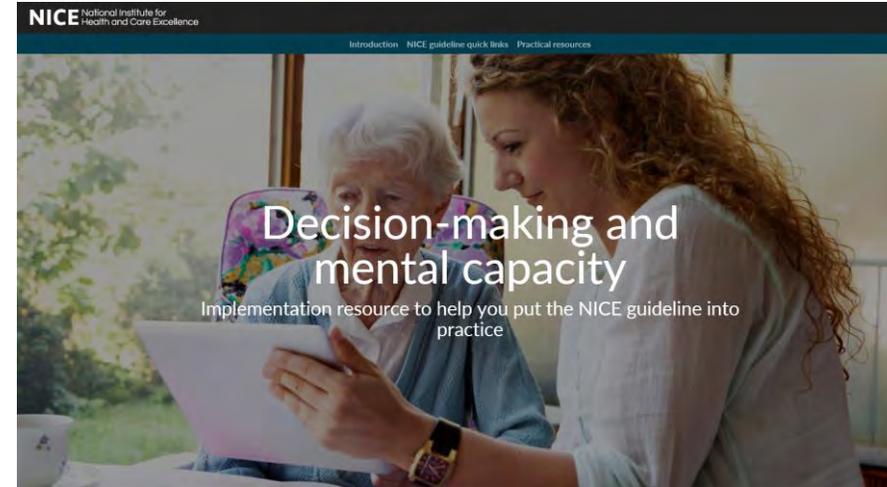
1.4.1 Health and social care organisations should monitor and audit the quality of mental capacity assessments, taking into account the degree to which they are collaborative, person centred, thorough and aligned with the Mental Capacity Act 2005 and Code of Practice.



NG108 Decision-making and mental capacity

Under 'implementation resource', guides, videos, factsheets:

Decision-making and mental capacity



Engagement across the organisation: **Coventry council's NICE implementation group**

Shared Learning - Driving quality through the implementation of nice guidance in a local authority

Group membership: representatives from the council's operational staff, commissioning staff, residential and provider staff, liaison with Coventry's stakeholder group (service users and carer members)

- Stage 1: monthly circulation of published NICE guidance, members decide if NICE guidance is relevant, members nominate a person to lead on a baseline assessment for guidelines which apply to their service areas; 4 week timescale
- Stage 2: completion of baseline assessment of NICE guidance; 8 week timescale
- Stage 3: monitoring implementation of actions to meet unmet recommendations; ongoing work on a quarterly cycle

Face to face discussion: to review progress with implementation of all NICE guidance and consider what should be included in the quarterly quality report brief.

Finding NICE social care resources

<https://www.nice.org.uk/about/nice-communities/social-care>

Social care

We work with the adult and children's care sectors to develop independent recommendations for social care.

We also develop health and public health advice and guidance. This allows an integrated approach to supporting people and meeting their needs.

Guidelines

Our [social care guidelines](#) make a difference to the effectiveness and cost of social care services. They're co-produced with people who use services.

Our [clinical](#) and [public health](#) advice and guidance you may find relevant.

You can browse by:

- [Lifestyle and wellbeing.](#)
- [Population groups.](#)
- [Settings and environment.](#)

Share your case studies

If you're a social care provider or commissioner, we'd like to hear from you. Tell us how you've improved social care services.

NICE in social care



Subscribe for your monthly ebulletin containing information about:

- new social care guidelines and standards
- opportunities to comment on draft guidance
- how you can shape future topics
- how our guidance is being used in adult and children's social care.

Quality Matters

The Quality Matters initiative is co-led by partners from across the adult social care sector. It helps health and social care providers improve the quality of care.

Social care trainers' resource



Help to find content for use in your training. This resource includes:

- links to social care related guidance and standards
- free resources to download
- tips on finding guidance.

You can also [download this resource](#) as a PDF.

Help us develop guidance and quality standards



You can contribute by:

- [becoming a registered stakeholder](#)
- applying to [join a committee](#)
- observing a [meeting in public](#)
- speaking to our [public involvement team](#).

NICE quality improvement resource: adult social care

- Relevant NICE guidance mapped against CQC key lines of enquiry
- Can be adapted for local use (contracts, quality dashboards)
- Inform discussion with providers to improve quality, could be used in safeguarding enquiries
- Quality matters shared commitment priority 3 'Commissioning for better outcomes'

NICE Quality Improvement Resource: adult social care			
WELL LED: CQC adult social care services framework - are services well-led?			
W1: Is there a clear vision and credible strategy to deliver high-quality care and support, and promote a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people?	W2: Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?	W3: How are	
<p>QS147: Healthy workplaces: Improving employee mental and physical health and wellbeing</p> <p>Statement 1: Employees work in organisations that have a named senior manager who makes employee health and wellbeing a core priority. Link</p>	<p>SC1: Managing medicines in care homes</p> <p>Recommendation 1.1.1: Commissioners and providers (organisations that directly provide health or social care services) should review their policies, processes and local governance arrangements, making sure that it is clear who is accountable and responsible for using medicines safely and effectively in care homes. Link</p>	<p>QS30: Deme</p> <p>independen</p> <p>and wellbeir</p>	
<p>QS147: Healthy workplaces: Improving employee mental and physical health and wellbeing</p> <p>Statement 2: Employees are managed by people who support their health and wellbeing. Link</p>	<p>SC1: Managing medicines in care homes</p> <p>Recommendation 1.5.2 Health and social care practitioners should consider working with all relevant stakeholders to develop a locally agreed action plan, in line with other local and national strategies and governance arrangements, for improving the safety of residents and reducing medication errors in care homes. Link</p>	<p>QS30: Deme</p> <p>independen</p> <p>and wellbeir</p>	
<p>QS147: Healthy workplaces: Improving employee mental and physical health and wellbeing</p> <p>Statement 3: Employees are managed by people who are trained to recognise and support them when they are experiencing stress. Link</p>	<p>SC1: Managing medicines in care homes</p> <p>Recommendation 1.6.1: Commissioners and providers of health or social care services should all be aware of local arrangements for notifying suspected or confirmed medicines-related safeguarding incidents. Link</p>	<p>QS30: Deme</p> <p>independen</p> <p>and wellbeir</p>	
<p>QS147: Healthy workplaces: Improving employee mental and physical health and wellbeing</p> <p>Statement 4: Employees have the opportunity to contribute to decision-making. Link</p>	<p>SC1: Managing medicines in care homes</p> <p>Recommendation 1.6.2: Care home providers should have a clear process for reporting medicines-related safeguarding incidents. Link</p>	<p>QS30: Deme</p> <p>independen</p> <p>and wellbeir</p>	

Quality matters



Care Quality Commission inspection report

Strategic metric - 10% of 'outstanding' social care inspection reports published in 2018/19 to reference NICE

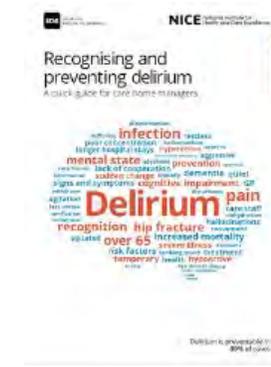
“For example, the registered manager and staff followed dementia care practices, trends and policies as influenced by guidance such as that in NICE (National Institute for Health and Care Excellence) guidelines.”

The Anchorage - Care Home – August 2018

Since April, 137 reports published of which 22 mention NICE, i.e. 16% over the whole period.

Social care quick guides

- Based on NICE guidance
- Short & concise
- Target audience
- Developed with SCIE
- Expert input
- Practical & easy to understand
- Ideal for use in staff training



Webinars held by NICE and SCIE

- Intermediate care: services that make a difference to people's lives (30/1/2018)
- Behaviour that challenges: Commissioning and providing support for people with a learning disability and behaviour that challenges (25/6/2018)
- Managing medicines in adult social care (25/9/2018)
- Pressure ulcer prevention and management in care homes for adults (25/1/2019)

The screenshot shows a YouTube video player interface. The video title is "Recording: Learning disabilities & behaviour that challenges: a NICE and SCIE webinar". The video content displays a slide with the following text:

Commissioning and providing support for people with a learning disability and behaviour that challenges

Jonathan Senker, Guideline Committee Chair, Chief Executive, VoiceAbility

Dr Karin Fuchs, Guideline Committee Member, Consultant Clinical Psychologist, Sussex Partnership NHS Trust

The slide also features logos for NICE (National Institute for Health and Care Excellence) and SCIE (Social Care Institute for Excellence). The video player shows 931 views and a "Subscribe" button for the channel "Social Care Institute for Excellence (SCIE)". The video was published on 25 Jun 2018. A description below the video states: "A webinar recording. Children, young people and adults with a learning disability and behaviour that challenges should have the support they need to live within their communities. This means local areas will need to focus on prevention and early intervention, as well as increasing support for families and".

Staying up to date with NICE

NICE National Institute for Health and Care Excellence

NICE in Social Care



March 2019

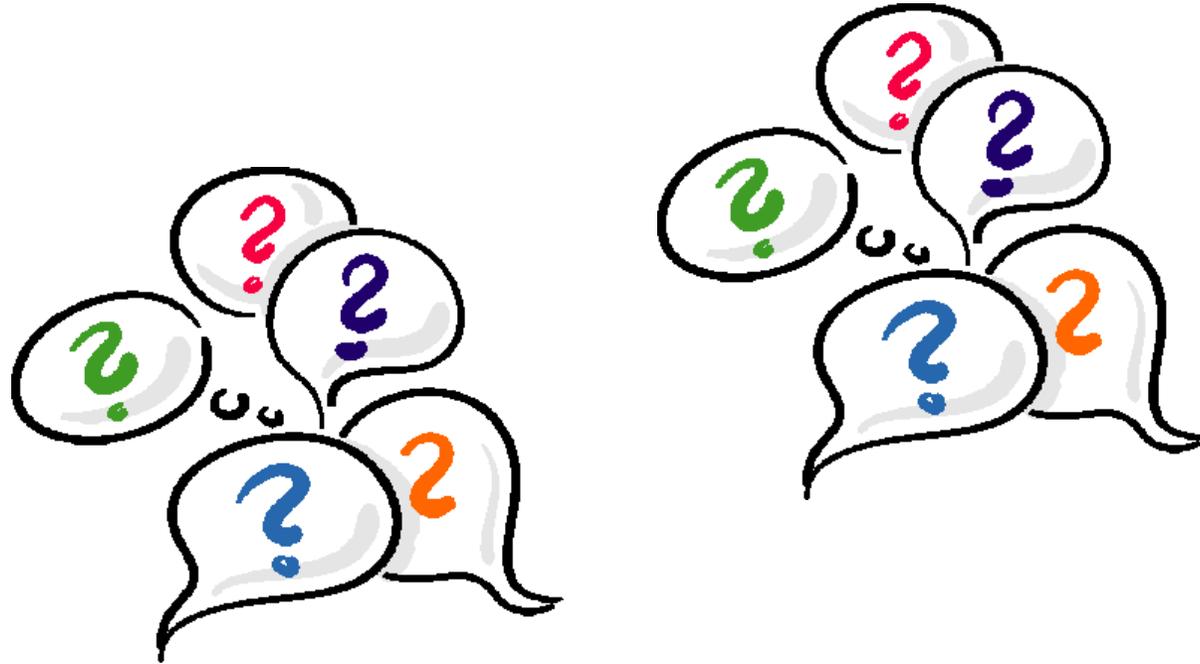
Supporting children and young adults, enabling adults and planning for the future

In your e-bulletin this month:

- **Publications**
 - [Our quick guide on Improving young people's experiences in transition to and from inpatient mental health settings](#)
 - [Our quality standard on People's experience using adult social care services](#)
 - [Our quality standard on Child abuse and neglect](#)
- **Other news**
 - [Sign-up for our webinar \(13 March\) on Person-centred transitions between mental health inpatient and community settings for young people](#)
 - [Focus on person-centred home care - a podcast \(8 minutes\)](#)
 - [Focus on Loneliness - a podcast \(10 minutes\)](#)
 - [Focus on improving discharge from hospital to the community - a vlog \(1 minute\)](#)

- Website www.nice.org.uk
- [NICE in social care](#) – monthly bulletin
- [NICE News](#) - monthly e-newsletter
- 120,000+ people follow us on Twitter [@NICEcomms](https://twitter.com/NICEcomms)
- General enquiries nice@nice.org.uk

Questions



NICE

Refreshments
