ROYAL borough of GREENWICH

Safeguarding Adults:
Provider Concerns Policy & Procedures

ROYAL GREENWICH SAFEGUARDING ADULTS BOARD

Introduction

People who use care services should have an expectation that they will be safe and that all aspects of the service delivery are of a high quality. This policy and procedure sets out our aims and objectives in responding to concerns within providers of care services in the Royal Borough of Greenwich (RBG). It has been written with reference to the Care Act 2014 and the London Multi Agency Adult Safeguarding Policy & Procedures. It provides a policy framework and local procedural guidance for staff responding to adult safeguarding provider concerns.

The aims of the provider concerns policy and procedure are:

- Ensure safety, dignity and care for those who use the service of the provider.
- Ensure that the customer is at the heart of the process.
- Share information appropriately in order to enable effective partnership working.
- Facilitate interventions where appropriate in order to gain assurances that the quality of care is improved.
- Take robust action in instances where a crime has been committed or to protect the wellbeing of those who use services.

Early identification of failings within services and more open communication across partner organisations has the potential to prevent abuse and neglect from occurring.

The most important partners within the provider concerns process are those who use the service. Those who use services should be supported to maintain their:

- Choice and control
- Safety
- Health
- Quality of life
- Dignity and respect

In line with the above, this policy is informed by the six principles of safeguarding set out in the Care Act 2014:

1. Empowerment: a presumption of person-led decisions and informed consent
2. Protection: support and representation for those in greatest need
3. Prevention: it is better to take action before harm occurs
4. Proportionality: a proportionate and least intrusive response appropriate to the risk presented
5. Partnership: local solutions achieved via services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
6. Accountability: accountability and transparency in delivering safeguarding

This document has been produced in two parts: the first section is the policy on provider concerns, detailing the decision making and arrangements which will support the process. The second is the procedure which will set out the actions to be taken upon receipt of concerns about the care in a provider service, through to the closure of the provider concerns process.

This is a working document which will be reviewed regularly to ensure it reflects best practice, learning and the shifting national/local context.

Part 1: The Adult Safeguarding Provider Concerns Policy

Version Control

Version	Summary of Changes	Date
V1.1	Formatting	27/10/2016
V1.2	Commissioners feedback	08/11/2016
V1.3	Feedback from R Karn	09/11/.16

1. Definitions and Indicators for Provider Concerns Procedures

1.1 The Care Act specifies that safeguarding is not a substitute for:

- Providers' responsibilities to provide safe and high quality care and support
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action; and
- The core duties of the police to prevent and detect crime and protect life and property

1.2 A provider, for the purposes of this policy, is any organisation or institution which provides care services to an individual or group of people. This would include, but is not limited to:

1. Residential Care Homes
2. Nursing Homes
3. Domiciliary Care Providers
4. Supported Living Services
5. Extra Care Housing
6. Private hospitals
7. NHS provision
8. Day Care/Opportunities Providers
9. Rehabilitation Units for people who misuse drugs or alcohol
10. Voluntary Organisations

1.3 The in-house provision of any of these services is subject to the same level of scrutiny as those commissioned by the council or by individuals through Personal Budgets. Those who fund their own care have the same entitlement to safeguarding as those receiving services funded by the Council or health services.

1.4 A provider concern is when there is an indication that a service as a whole has an area, or number of areas working below an acceptable standard and there is a risk to the health and well-being of residents. The provider concerns process can be instigated to both prevent abuse from occurring and improve standards of care, or where abuse or neglect has occurred and actions must be taken to protect service users.

1.5 Indicators that a provider meets the threshold for the provider concerns process include:

- **A pattern of individual safeguarding concerns, which seen collectively, indicate serious organisational level issues.**

- **A pattern of complaints made against a provider from a variety of external agencies and/or carers or relatives that indicate a likelihood of safeguarding concerns.**

- **A very serious one-off incident indicative of systemic and organisational abuse, such as that involving the death of a service user.**

- **A large scale investigation involving a high number of service users where abuse or neglect is suspected.**

- **A report of systemic and organisational abuse.**

- **Lack of contract compliance which indicates poor care and/or lack of organisational skills or commitment in complying with contractual requirements, that is likely to result in abuse or neglect occurring.**

- **The failure of an organisation to comply with the expected safeguarding protocols as set out in the London Multi Agency Adult Safeguarding Policy.**

- **Poor CQC compliance report identifying non-compliance with major risk concerns in one or more Fundamental Standards or regulations under the Health and Social Care Act 2008.**

- **CQC compliance report identifying non-compliance with essential outcome 7 and a major risk identified (Safeguarding People Who Use Services from Abuse or Harm).**

1.6 The above list is not exhaustive and the sharing of intelligence from partners assists in identifying a more holistic picture of concerns within a provider.

1.7 Organisational or institutional abuse is the mistreatment of people brought about by poor or inadequate care or support, or systematic poor practice that affects the whole care setting. It occurs when the individual's wishes and needs are sacrificed for the smooth running of a group, service or organisation.

1.8 Service users can be subjected to a range of types of abuse and neglect, including physical, emotional, discriminatory, sexual, financial, organisational, operational and neglect. While a report of abuse may regard an individual act, the enquiry may find that the abuse is endemic and related to the culture or structure within the organisation. Examples of organisational abuse include:

- Poor management structure or rigid and authoritarian management
- Poorly trained or unsupervised staff
- Inadequate staffing levels
- Inappropriate use of physical restraint
- Medication misadministration, record keeping and storage
- Failure to act on incidents of poor practice
- Persistent failure to meet basic health and social care needs of service users

Often organisational abuse does not occur in isolation and is accompanied by other types of abuse, including a lack of dignity and care for service users.

2. Complaints and Safeguarding

Complaints are an expression of dissatisfaction that require an investigation, response and remedial action. They are different from concerns raised under safeguarding adults procedures. However, trends or patterns of complaints specific

to a provider can contribute to a picture of the overall quality of care. As such, information from complaints should be fed into the provider concerns process but single complaints should continue to be dealt with under the Complaints Policy. In addition, information gathered via the local Quality Alerts process may also be contributed.

3. Managing concerns outside the scope of policy

There may be instances where there are no safeguarding concerns, but where a provider would benefit from support and monitoring of improvements to ensure the long term, sustainable delivery of quality care. Alternative methods to managing low level concerns out of scope include:

- Contract monitoring process of commissioning body
- Review of care provision and recommendations made by placing authority
- Regulatory review and monitoring by Care Quality Commission

4. The Care Act & Provider Failure

4.1 The Care Act puts in place a statutory framework for adult safeguarding, including measures to guard against provider failure, to ensure this is managed without disruption to services. The Care Act defines the responsibilities for addressing provider failure and other service interruptions. 'Business failure' is defined in the Care and Support (Business Failure) Regulations 2014. This includes a list of different events such as the appointment of an administrator, the appointment of a receiver or an administrative receiver.

4.2 The Care Act imposes clear legal responsibilities on local authorities where a care provider fails. The Act makes it clear that local authorities have a temporary duty to ensure that the needs of people continue to be met if their care provider becomes unable to carry on proving care because of business failure, no matter what type of care they are receiving. Local authorities will have a responsibility towards all people receiving care. This is regardless of whether they pay for their care themselves, the local authority pays for it, or whether it is funded in any other way.

4.3 In these circumstances, the local authority must take steps to ensure that the person does not experience a gap in the care they need as a result of the provider failing. The exit strategy section of the provider concerns procedures sets out the process for ensuring those who need care can be provided for as safely as possible and with their involvement.

4.4 There is a clear difference between a business failure as defined by the Care Act and when a provider comes under this provider concerns process due to safety of care and services from a safeguarding perspective. There may be instances in which a Provider falls under business failure under the definition of the Care Act and in addition has concerns relating to safeguarding and the quality of care to residents. In these instances, agreement will need to be negotiated between the Safeguarding Adults Team and partners in Commissioning & Procurement as to the lead.

5. Mental Capacity and DoLS

5.1 The Mental Capacity Act 2005 supports and protects people who may lack the mental capacity to make decisions. All adults at risk should be assumed to have capacity and to be able to make informed choices. When considering concerns within provider organisations, it is important to consider that some people may have capacity to contribute while others may not. If a person lacks capacity, best interests decisions should be made, including referral for an Independent Mental Capacity Advocate (IMCA).

5.2 The Deprivation of Liberty Safeguards are for people who lack mental capacity and may require care or treatment in a hospital or care home where their freedom may need to be restricted to the point of depriving them of their liberty. This can only be done lawfully if appropriate authorisation for a Deprivation of Liberty Safeguard (DoLS) has been sought and granted.

5.3 There is also a process for having such safeguards put in place for people in Supported Accommodation or other settings than a care home or hospital. These judicial Deprivation of Liberty Safeguards have to be authorised by the Court of Protection who have now streamlined the application process for these cases.

5.4 A lack of consideration of human rights and freedom from restrictions can create an environment where there are concerns about care. Providers of services which would be subject to consideration of deprivation of liberties safeguards for those they provide services to, need to evidence that actions are taken which are least restrictive and in the best interests of service users. Providers who place restrictions without appropriate authorisations in place may not be providing safe and appropriate care to people who lack capacity.

6. Death

6.1 As set out by the threshold for the provider concerns process, a death within a provider service where there are allegations that the provider contributed to or was responsible for the death, should be considered under the provider concerns process. This may be done in addition to any local Safeguarding Adults Enquiry.

6.2 Where a death has occurred and abuse or neglect is believed to have contributed to this, the need for a Safeguarding Adults Review (SAR) must be considered. For further information on SARs, please refer to the RBG Safeguarding Adults Board Safeguarding Adults Review Protocol.

6.3 Concern may be raised regarding the number of deaths within a particular care provider and with respect to the timeframe in which the deaths occur. The Care Quality Commission has a role in monitoring the number of deaths and any concern can be shared with the Safeguarding Team and the SAB as appropriate. Procedures for managing this process can be found in the procedures section of this document.

7. Information sharing & Co-operation

7.1 The London Multi Agency Adult Safeguarding Policy and Procedures state that information sharing between organisations is essential to safeguard adults at risk of

abuse, neglect and exploitation. The way information is shared needs to be done to protect people from harm and prevent the likelihood of harm occurring. Most importantly, information needs to be shared to empower adults at risk and those who support them to make informed decisions. Good information sharing can help to identify concerns within provider services, both for preventative work and in terms of supporting failing services.

7.2 The Care Act states that 'Co-operation between partners should be a general principle for all those concerned, and all should understand the reasons why co-operation is important for those people involved.' The Act sets out a series of aims of co-operation between partners which are relevant to care and support and for the provider concerns process four are applicable as follows:

- Promoting the wellbeing of adults needing care and support and of carers
- Improving the quality of care and support for adults and support for carers (including the outcomes from such provision)
- Protecting adults with care and support needs who are currently experiencing or at risk of abuse or neglect
- Identifying lessons to be learned from cases where adults with needs for care and support have experienced serious abuse or neglect

7.3 The CQC has set out for Providers the variables and key lines of enquiry in its inspection processes that will hold Providers to account for developing positive cultures. These are summarised below:

- Openness – enabling concerns and complaints to be raised freely without fear and questions asked to be answered.
- Transparency – allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators.
- Candour – any patient harmed by the provision of a service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.

7.4 One of the mechanisms for sharing information in RBG is the Provider Monitoring Group. This is a forum where information relating to the quality of care in providers is discussed between member organisations. Core members are Safeguarding Adults Team; Commissioning RBG; AOPS Community Assessment & Rehabilitation Teams; Oxleas Community Support Team; Community Learning Disability Team; CQC; Greenwich Clinical Commissioning Group; and Mental Health. For further information please refer to the Provider Monitoring Group terms of reference.

8. Prevention

8.1 In terms of prevention a range of interventions can be put in place to:

- Prevent abuse from occurring in the first place
- Respond to and prevent the re-occurrence of abuse
- Remedy the effects of abuse

8.2 Commissioners should set out clear expectations of providers in terms of quality of services and gain assurances that the standards are being met. Strategies to

reduce the need for provider concerns through strong commissioning and robust contract monitoring can reduce the likelihood of provider concerns occurring.

8.3 Prevention can also occur through:

- Public awareness raising about abuse and how to prevent it
- Policies and procedures that promote an open culture within an organisation to prevent abuse, including whistleblowing policy
- Engaging the community in prevention activities
- Regulation – by a range of organisations such as commissioners, Care Quality Commissioning, and contract monitoring functions

8.4 In addition, the provider concerns process defined in Part 2 is intended to operate alongside the Safeguarding Adults Procedure to respond to allegations of abuse, to prevent re-occurrence and to address the effect of abuse.

9. Roles and responsibilities of organisations/partners

9.1 Provider Concerns Strategy Group

9.1.1 This is the group that will agree and steer the provider concerns process. This will be multi-agency and rest on partnership and collaborative working to make recommendations and reach decisions. Representation on this group will be from appropriate partners who have contact with the provider and may include Safeguarding and DoLS Team representatives, Health, The Metropolitan Police, The Care Quality Commission, Commissioners or Quality Monitoring Officers , and Senior Operational Service Managers. Other funding authorities will be invited to attend as partners in the Provider Concerns Strategy Group once identified. Where appropriate a senior representative from the Provider may also be invited.

9.1.2 The group will delegate work through the Co-ordinator and identify the knowledge, skills and experience needed to complete specific actions that will be carried out by individuals. The members of the group should be of sufficient seniority to assess the capacity of staff and authorise releasing staff to undertake work.

9.1.3 The Chair of the Provider Concerns Strategy Group will be responsible for identifying a provider concerns co-ordinator. This may be from within the Safeguarding Team, front line social work teams or other professionals as appropriate, such as health or contracting and procurementcommissioning and quality monitoring colleagues, according to the nature of the provider concerns.

9.2 Provider Concerns Co-ordinator

The role entails monitoring how targets are met, work is progressed according to plan, evidence is collated and there is effective document control. The co-ordinator will be responsible for alerting the Provider Concerns Strategy Group through the Chair of any new risks, risks to achieving targets and plans, and take a key role in the communication strategy.

9.3 Partner Organisations

All partners have a role to play in the Provider Concerns Process. Partners are expected to work together, in the interest of safeguarding individuals and adults at

risk using health and social care providers. Where providers fail to provide information or participate in the interest of achieving positive outcomes for adults at risk, every effort will be made by the Local Authority to engage under this policy. Where partners continue to fail to engage and share information, this will be escalated to senior management within their organisation and then to the Safeguarding Adults Board for support and action. The following list is not intended to be exhaustive but provides a guide to key agencies that may be involved in the provider concern process.

9.3.1 The Safeguarding Adults and DoLS Team will have overall responsibility for the co-ordination of the Provider failure process, providing oversight and guidance in relation to social care practice. This will include the convening of Provider Concerns Meetings, Findings Meetings and Updates Meetings.

9.3.2 Adult Social Care Professionals play an active role in reviewing and supporting those in provider settings, ensuring services are appropriate and contributing towards protection planning. Social Work/Care Management Teams will also have responsibility for undertaking safeguarding enquiries in accordance with local adult safeguarding policy and procedures. **Occupational Therapy** has a key role to play in large scale investigations in nursing and residential care and their particular skills. In assessing manual handling techniques and falls prevention for example is essential.

9.3.3 Adult Social Care Commissioners are able to provide valuable information to support quality assurance and benchmarking and are responsible for contract monitoring visits. They are responsible for approving recommendations to suspend contracting with a local provider. Commissioners will also have a lead role in the quality assurance process, including the development of quality assurance strategies and quality assurance activity. Formal communication with the provider and parent company will generally be undertaken by a commissioner or quality monitoring officer.

9.3.4 Greenwich Clinical Commissioning Group (CCG) is responsible for commissioning sustainable, high quality, safe, effective and efficient healthcare services with a focus on improving patient experience on behalf of the population of RBG. In this context Greenwich CCG will actively contribute towards the provider concerns process for those organisations it has commissioned which meet the threshold for provider concerns. As a clinically led organisation, the governing body of Greenwich CCG would support partners and inform the process through collaboration with constituent members and stakeholders as appropriate.

9.3.5 Health Managers have clinical knowledge and expertise that can support nursing provision or hospital settings where concerns exist. In addition to this, GPs have a significant role to play and often work closely with residential and nursing homes. GPs may be involved in the provider concerns process through both the reviewing of health needs, ensuring appropriate health care is received and providing feedback on the quality of the health related care being provided.

9.3.6 Care Quality Commission, as the regulator for health and social care settings, can provide invaluable information to inform decision making within the provider concerns process. The CQC are also able to take action through enforcement notifications.

9.3.7 The Police are key partners in taking action where crimes are committed, and in many instances abuse or neglect within provider settings constitutes a crime.

9.3.8 London Fire Brigade personnel visit people in their homes when carrying out a Home Fire Safety Visit. Visits are undertaken to provide fire safety advice and installing, where appropriate, smoke alarms. When there are service level concerns with a provider in RBG, the London Fire Brigade will consider whether consultation and advice to the provider will enable a safer living environment for service users as part of service improvement planning. Repeat call out to providers which indicate there may be risk will be shared with RBG Safeguarding Adults Partners.

10. Support for those involved (service users, family members)

10.1 Adults at risk should be kept at the centre of this process and should be supported and enabled to contribute to decision making where appropriate. Raising concerns can be a frightening experience and it is important for service users and their families to be supported to raise concerns and complaints in relation to care services.

10.2 The Care Act requires local authorities to involve people in decisions made about them and their care and support. The provider concerns process is a chance for individuals and their families/friends to help shape the services that are provided to them. Local authorities are required to involve service users, to help them express their wishes and feelings, to support them to weigh up options, and to make their own decisions. In the provider concerns process this may be done in the course of additional care reviews. Consideration may also be given to the involvement of service users or family members in strategy meetings.

10.3 Issues of support to service users can be addressed through mechanisms, such as:

- Encouraging the use and support of an advocate, either paid or from their own support networks. Consideration should be given to using an advocate that reflects the adult at risk's culture, religion or lifestyle.
- Representation by an Independent Mental Capacity Advocate where someone lacks capacity.
- Service users and their families should be given information in a form that is most suited to their communication requirements.
- Use of a translator or interpreter that is able to understand the communication methods of the service user. This may be a family member, trusted friend, volunteer or paid professional.

11. Arrangement for managing the provider concerns process

11.1 Communication Strategy & Information Governance

11.1.1 The communication strategy addresses both internal and external communications. It details how the Co-ordinator will send information to and receive information from the wider organisations involved with, or affected by the provider concerns process. In the case of organisational abuse, a formal stakeholder will be

the proprietor and manager of the organisation and all correspondence and engagement from them should be recorded.

11.1.2 The focus for the strategy will be how communication is evaluated and the impact on actions within the project and what methods will be used to ensure that all parties are informed at each stage of the process.

11.1.3 The initial provider concerns meeting will set out who information should be shared with and the information governance surrounding information sharing. Each partner organisation's own internal information governance policy should be adhered to in terms of how information is stored and securely transmitted.

11.1.4 The list below is intended as a guide for considering with whom and what information should be shared:

- The Director/Assistant Directors for Adult Social Care
- Commissioning managers and officers
- Alerting other local authorities who have made placements
- Alerting Health colleagues on any Continuing Care placements
- Information letter to the Provider
- Report to CQC on regulated activity
- Press release discussion with RBG Press Office
- Briefing paper for Chief Executive and/or Elected Members
- Consider the need to consult with any other stakeholders, e.g. residents and relatives, self funders, and agree as part of strategy how to manage this

11.1.5 Communication with people who use services is vital. Those who use services should have the opportunity to shape and influence the quality of services; this should be in the context of independence from the organisation. How communication is completed will vary depending on the type of organisation but can include:

- Arranging a Family and Friends meeting/review
- Meeting with those who use the service, either in a group or individually
- Completion of questionnaires
- Attendance at residents and relatives meetings

Communication can include wellbeing calls, which aim to ensure that people are safe and record their views to be included in the organisational risk assessment and risk management plan.

11.2 Risk Management

11.2.1 Risk management addresses the probability of risk and the likely impact of risk on the safety of service users. Risk assessments in the provider concerns process will systematically identify and assess risk and then plan and implement a response to the risk.

11.2.2 The purpose of the risk assessment is to agree the level of acceptable risk. In this instance the major decisions are firstly, when it is unsafe for people to remain in an establishment or with a provider; and secondly what the risks are of moving people to an alternative placement. A major inhibiting factor in achieving good outcomes for people is where there exists a fear of putting the organisation at risk - financially, in terms of public relations, reputation or in breach of the law. Balance

and proportionality are vital considerations in encouraging responsible decision-making. Reasonable risk is about striking a balance and exploring each issue in context. A good approach to risk within the framework of safeguarding is to base risks on human rights, and it is important that the needs of service users are paramount in deciding the level of acceptable risk.

11.2.3 The principles for safeguarding adults risk assessments in the provider concerns process is as follows:

- A referral into the provider concerns process will trigger a risk assessment. A template for the risk assessment is included in **Appendix 1.**
- The provider concerns process risk assessment should be clearly recorded, precise, specific and timely. It should be reviewed frequently. It should be communicated to all relevant people in each case. Good risk assessment will support and provide evidence for protective decision making, but it may also be used later in any court proceedings.
- Clear, thorough recording of risk assessment, a multi-agency risk discussion and subsequent protection planning are essential.
- One of the main reasons to assess risk at the strategy stage is to facilitate and guide protection planning.
- The level and range of risks should be made clear at the initial and subsequent strategy discussion and meeting stages to ensure all decisions are based on information which is both up-to-date and gathered from several sources.

For each of the concerns or issues identified in the risk assessment an action to mitigate or minimise the risk will need to be identified. The risk assessment should be updated by the Co-ordinator throughout the provider concerns process.

11.3 Safeguarding Plan

11.3.1 The safeguarding plan may be incorporated into the risk assessment or may be a separate document. It should include:

- The action required to ensure the safety of any individual relating to a single alert and the wider actions taken to safeguard all who use the service.
- The details of the services available to those who use the provider, including both short and long-term supports
- Any changes to the services since the provider concerns process began
- A plan for support for those who use the provider, if there is on-going legal action
- Review of the risk assessment and discuss the plans to limit this risk
- Monitoring and reviewing arrangements
- Agreed contingency plans

These plans need to provide assurance that risk has been assessed an agreed plan is in place for all partners to contribute towards safety of those who use the service.

11.4 Suspension

11.4.1 In cases where it has been assessed that the risk of continuing placements or allowing residents to stay in a placement are too high, consideration should be made by the Strategy Group as to suspension of placement or removal of residents.

11.4.2 A suspension of new placements can be imposed while more information is gathered on the issues of concern, or other action is taken in accordance with agreed plans to reduce risk.

11.4.3 A termination of commissioning will include changing services or placements for individuals already funded by the involved commissioning agencies. This action will only be taken if it has not been possible to improve standards of care to an acceptable level within a reasonable timeframe or if the risks to service users are immediate and unacceptable.

11.4.4 Suspension is to be considered in the following instances as part of the risk strategy discussion:

- If at any stage there are strong indicators that there is a risk of significant harm to other service users receiving services from the same Provider and that this risk is continuing; and/or;
- If a criminal investigation is underway; and/or;
- If any other relevant and serious incident/ concern/situation warrants such action.
- If the Care Quality Commission reports significant regulatory issues.

11.4.5 Consideration to terminate commissioning from a Provider in the following circumstances:

- If at any stage there are strong indicators that there is a risk of significant harm to other service users receiving services from the same Provider and that this risk is continuing and it has not been possible to improve standards of care and support to an acceptable level within a reasonable timeframe or the risks to service users are immediate and unacceptable or
- If any other relevant and serious situation warrants such action. In all cases legal advice should be sought and such decisions ratified by the Director of Health and Adult Social Care.

11.4.6 If the Provider operates more than one service consideration should be given to whether the suspension or termination should apply to those other services also. This will depend on the nature of the concerns and the circumstances.

11.4.7 Where it is considered that a suspension is necessary this recommendation should be escalated to the relevant person. For the Royal Borough of Greenwich this will be the Director and/or the Assistant Directors for Adult Social Care, in consultation with the Legal Department. Full details of the concerns and actions together with the identified risk should be provided by the Strategy Group Chair and/or the Co-ordinator.

11.4.8 In the exceptional case that the strategy group recommends decommissioning the service and this is ratified by the Director an Exit Strategy Meeting is to be convened and chaired by an Assistant Director. All efforts should be made to cause the minimum of distress to service users, as detailed in the exit strategy below.

11.4.9 Notification to other authorities on the decision to suspend or decommission a service is done via the Association Directors of Adult Social Services.

12. Managing Provider Concerns: Health Commissioned Service

12.1 The Care Act makes clear that safeguarding should not be a substitution for commissioners regularly assuring themselves about the safety and quality of those provider services they commission. The Provider Concern Process has recognised that there is a need for commissioners, and specifically relating to those providers with a relationship to the Clinical Commissioning Group, to be a central part to this process.

12.2 In addition, it is important that providers are not requested to provide duplicate information and reporting lines relating to a number of action plans.

12.3 In order to ensure a smooth process the following actions should be undertaken:

- Agreement by senior management in RBG and CCG as to the chair (who may be independent if required)
- An integrated improvement plan that meets the requirements of both organisations
- Co-ordinator to be identified, which may include joint project management where this has a dual quality assurance function
- Multi-agency meetings which include both RBG and CCG
- Clear communication and information sharing strategy

12.4 For large or high risk providers a terms of reference can provide clarity to all those involved, including the provider.

12.5 The CCG have the option of acting as lead within the parameters of these procedures; they are a statutory partner in safeguarding and with the agreement of the Local Authority may chair and co-ordinate provider concerns under this policy and in line with London Multi Agency Adults Safeguarding Policy and Procedures.

Part 2: The Adult Safeguarding Provider Concerns Procedures

Version Control

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V1.1	Formatting	27/10/2016
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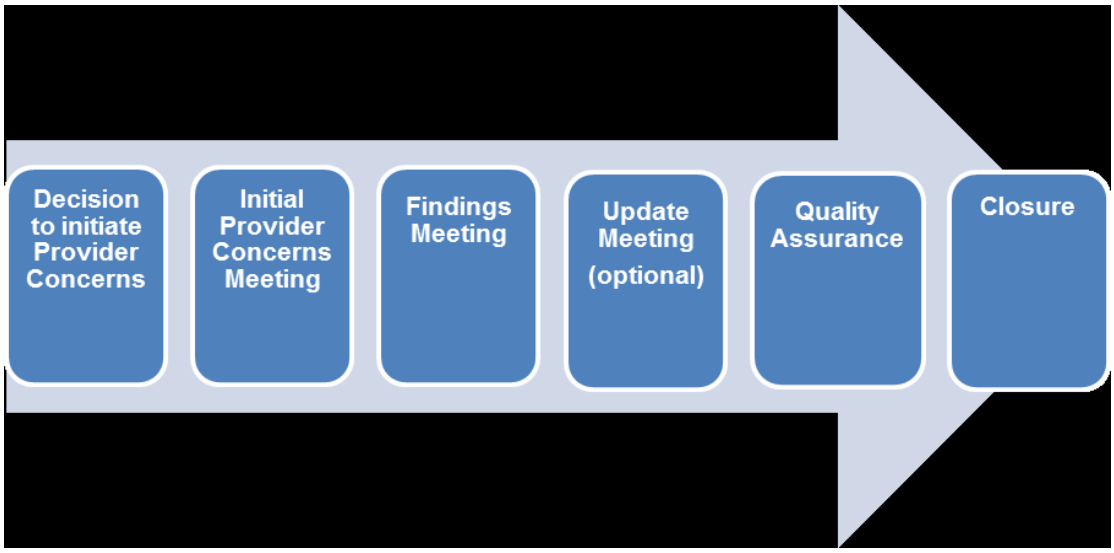
Introduction

The provider concerns process will usually be initiated when one or more of the provider concern indicators listed in Section 1.5 are identified. All alerts relating to specific individual service users will be managed under the local Safeguarding Adults policy and procedure. Information gathered from individual safeguarding enquiries will inform the provider concerns process. The provider concerns process can provide a mechanism for recommendations and learning from single alerts to be managed as part of improvement planning where appropriate.

The diagram below summarises the stages involved in the provider concerns procedure:



Raising a concern & invoking the procedures

The provider concerns process is invoked through the Council's Safeguarding Adults and DoLS Team. Information and concerns are raised through a number of methods, which may indicate that an organisation should be considered under the provider concerns process. An initial meeting under this process does not necessarily mean that the full procedure will have to be undertaken in its entirety, but provides an opportunity to share information and assurances of the level of care.

Concerns most commonly arise as a result of alerts from:

- Provider Monitoring Group
- Partner organisations, such as Care Quality Commission or Clinical Commissioning Group
- Adult Social Care Teams
- Adult social care commissioners

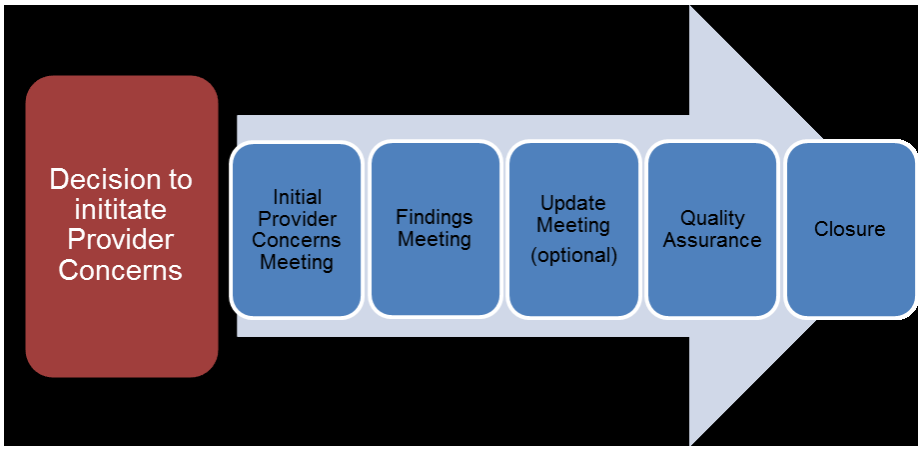
It should also be recognised that alerts may also be made by:

- Service users
- Family members

- Service provider staff (whistleblowing)

Any individual or organisation is able to raise their concerns through the usual method of contacting adult social care.

Step 1: Decision to Initiate Provider Concerns

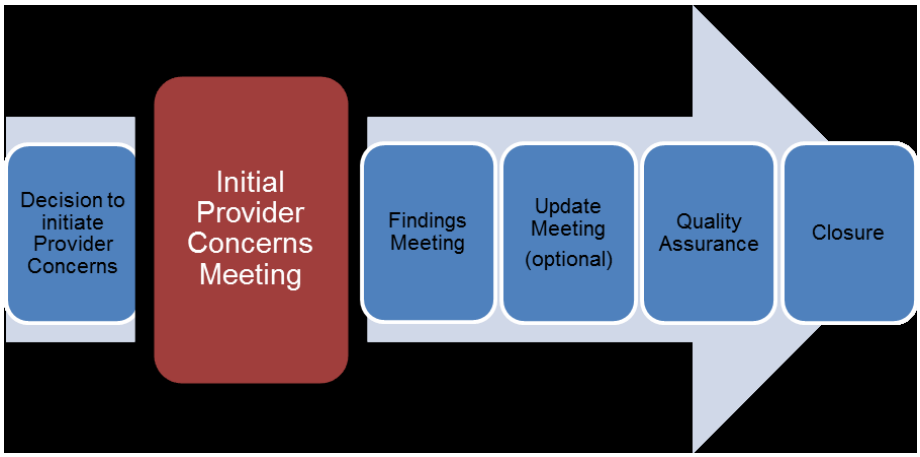


1.1 As set out in the London Adult Safeguarding Procedures, when a decision is made to initiate the process, the following actions should be undertaken:

- Immediate checks on welfare of people using the service
- Consult police about whether there are criminal matters
- Contact placing authorities
- Agree chair and lead organisation
- Appoint provider concern co-ordinator
- Convene provider concerns meeting
- Identify a provider representative and set up meeting with the provider
- Map out risks and risk management plan
- Consider commissioning intentions

The above actions are expected within five working days.

Step 2: Initial Provider Concerns Meeting



2.1 The initial provider concerns meeting is facilitated by the Safeguarding Adults and DoLS Team. A meeting will be convened with all funding or commissioning authorities where these are known.

2.2 Once the provider is notified that the provider concerns process has been invoked, a request will be made to the Provider by the Commissioning Quality Team for details of all funding local authorities, plus other funding organisations and self-funders.

2.3 This initial provider concerns meeting is the opportunity to discuss and share information held by all parties that is relevant to keeping people safe and assuring the quality of care. Information will be shared in order to assess risk and identify any gaps in information which is essential for providing assurance of the level of care and dignity provided.

2.4 As set out in London Adult Safeguarding policy the purpose of the meeting is to:

- Identify and clarify concerns
- Devise a communication strategy about how adults using the service will be informed and updated
- Ensure appropriate advocacy and support
- Listen to the views of the provider
- Safeguarding planning to consider the type of enquiries, leads and timescales
- Risk management
- Consider commissioning intentions
- Set date for findings meeting

2.5 Protective actions will be considered at this meeting. In many cases, this includes reviewing those currently in receipt of a service from the provider to assure that an acceptable level of social care and/or health services are being received. In the case of self-funders, those in receipt of services involving accommodation, such as residential care, nursing care Shared Lives or supported living, the locality in which the provider is based is responsible for offering reviews to those who are self-funding.

2.6 A Co-ordinator is to be appointed who will be the link to the strategy group and the Provider.

2.7 Actions for further fact finding will be determined by the group to both test concerns further and identify any additional risks. The Co-ordinator will oversee the fact finding process with support from provider concerns meeting group. Staff identified to undertake specific tasks need to have capacity to undertake the tasks must be prioritised under safeguarding procedures. Fact finding will generally be undertaken internally by the local authority, but under some circumstances consideration may be given to commissioning an external source where appropriate, if a more specialist role is required.

2.8 Fact Finding

2.8.1 Consideration of the following modes of fact finding should be given. This list is not intended to be exhaustive:

- Service user reviews – by adult social care and/or continuing health care reviewers
- Occupational therapy assessment
- Pharmacy Audits
- Unannounced visits
- Health and Safety inspections
- Information or reviews from community health professionals, such as district nurses
- Previous or planned Care Quality Commission inspections
- Performance and Contract Service monitoring visits

2.8.2 Fact finding also presents an opportunity to consider whether there are commercial difficulties that put the continuation of the business under threat. Any indication through the provider concerns process that there is a risk that the provider may be unable to continue its business should be escalated to commissioners immediately. This can contribute towards any preventative work to manage risk, which may reduce the uncertainty faced by people receiving care and support.

2.8.3 The initial provider concerns meeting will need to draw up and agree risk and quality management strategies and communication strategies. A review of risks will be undertaken to assess the level of risk to resident safety and will be reviewed throughout the process to ensure that risks are being removed or managed to an acceptable level. The Co-ordinator will document all risks as they are identified. The Quality strategy will begin to be formulated, taking into account how people's experience and outcomes will be measured. Commissioners will generally take a lead role in the development of the quality strategy. The Communications strategy will outline how, when and who information will be provided to and from to ensure that all information is processed and acted upon to safeguard service users.

2.9 Meeting Providers

2.9.1 A meeting with the Providers should take place within five working days of the initial provider concerns strategy meeting. This is an opportunity to share with the provider, in a transparent and open manner, the concerns raised via the strategy meeting. The provider will be given the opportunity to produce a service improvement plan, which details the actions to be undertaken to raise the standard of care. This plan must be signed off by the strategy group and it is the responsibility of the co-ordinator to have oversight of the plan and to monitor updates by the provider.

2.9.2 It is important the work with the provider is proportionate and fair; proportionate in that the actions taken can be justified and balanced against the level of risk, and

fair in that there is an opportunity for the provider to put across their account and without bias. Working with the provider means balancing two competing imperatives:

- Business as usual – in the majority of cases service users will continue to use the provider's services, so it is important that the service quality is of an acceptable standard to continue to operate.
- Transformation of the business operation to meet required changes and that these are introduced to best effect for the benefit of service users.

2.9.3 Provider service managers are to be considered accountable for concerns within their service and therefore responsible for ensuring service improvement. Where there is a lack of engagement and compliance from a provider manager, this should be escalated to the Regional Director, Chief Executive or provider owner as appropriate for the size of the organisation. When providers fail to engage or deliver improvement within a reasonable timescale, consideration should be given to suspend or terminate commissioning.

2.9.4 As part of service improvement planning, consideration needs to be made with respect to:

- Has staffing been reviewed by provider and is it sufficient to meet the needs of service users and to deliver on the service improvement plan?
- Are the actions within the improvement plan correctly prioritised to ensure that items relating to risk, care and medication are prioritised over less urgent issues?

2.10 Engaging Service Users, Relatives and Friends

2.10.1 Those who use services, their families and friends are crucial to the provider concerns process. Those who use services and their families should be informed at an early stage that the provider concerns process has been initiated. Initially this will be by letter (**see Appendices 2a and 2b**). Following this, a meeting, without provider representatives present where appropriate, should be arranged, to gain feedback on service user and family experiences of care. In organisations where care is received at home, information can be shared via letter, including to all self-funders or those on a Direct Payment, ensuring they have a contact point to talk to someone direct about the concerns. This will be undertaken by the commissioner of the service.

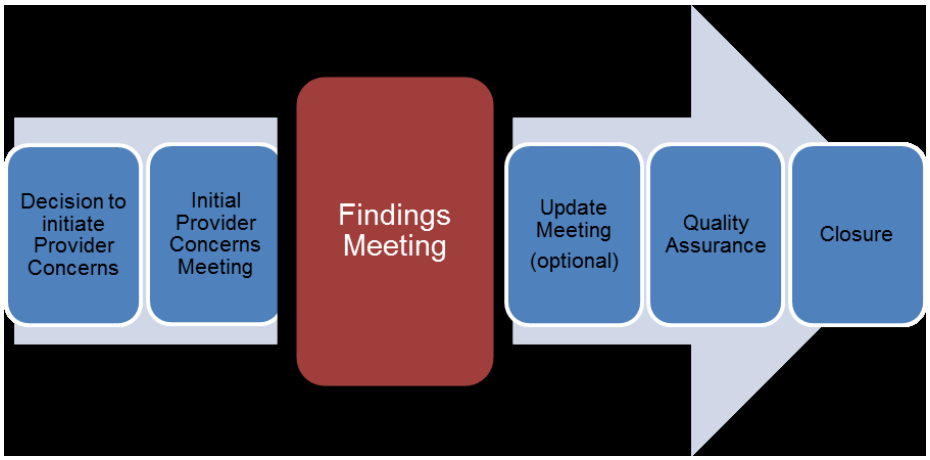
2.10.2 It is important that the outcomes that service users want to see within the service are determined, and every effort is made to achieve these outcomes. This may involve building additional actions into the service improvement plan. For this reason, it is important a meeting is arranged early on in the process to identify these outcomes. This can be supported using the Service User and Family Questionnaire **(See Appendix 3).**

2.10.3 In the course of liaison with service users, family and friends, it must be ensured that no individuals who are under the single alert process are named, or any other personal details of those who have made complaints or whistleblowers can be identified. The purpose of the meeting is to assure service users and others that the Council and partners are actively engaging and working with the provider to improve the standard of care.

2.10.4 Consideration should be made to having a single point of contact outside of the provider where concerned service users or their families and friends can contact to raise additional concerns or provide information in confidence.

2.10.5 The timescales set by London Adult Safeguarding policy aims for the above to be completed within 10 working days.

Step 3: Findings Meeting



3.1 The purpose of the meeting is to:

- Assess and agree the findings from 'fact finding' enquiries
- Draw up issues for a service improvement plan
- Update the risk management plan and agree safeguarding measures
- Consider actions to monitor the safety of people and agree triggers to escalate risk, whilst improvements are being made
- Consider commissioning intentions
- Preserve information that may be helpful to police investigations

3.2 A meeting with the provider by Commissioners from the lead funding body should be undertaken after this meeting to share information. The provider is expected to develop the improvement plan within 48 hours of this meeting.

3.3 Project Management meetings

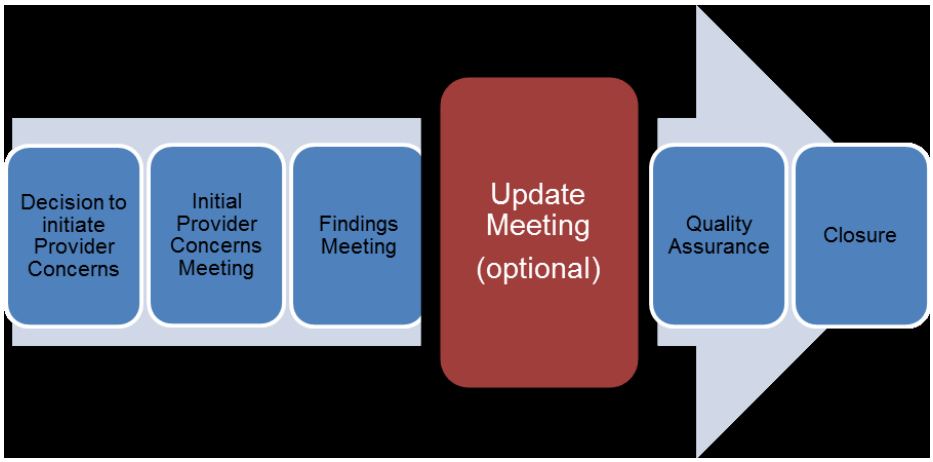
3.3.1 The co-ordinator will meet with the provider throughout this stage of the process. The frequency of meetings is based on needs, but as a general guide is weekly in the beginning to support the provider with embedding of change and to assure the immediate improvement of high risk needs.

3.3.2 These meetings present an opportunity to review in depth the service improvement plan, highlighting areas of high risk for focus. The service improvement plan is key in this process, as it sets out clearly the expectation in respect to areas for improvement, timescales and the measurement of evidence required which will be quality assured. Service improvement plans allow the provider concerns strategy group and provider to have oversight of the areas which are progressing and those still requiring completion.

3.3.3 The project management meetings also provide an opportunity for the provider to identify areas where they feel improvements have been made or ask for additional support. For example, the strategy group may be able to assist with identifying trainers, examples of best practice recording tools, or specialist services the provider can link to for ongoing service support.

3.3.4 As change continues to be embedded, the frequency of project management visits can be reduced. The co-ordinator should provide feedback to the Chair on progress with the service improvement plan, which will be shared with the strategy group.

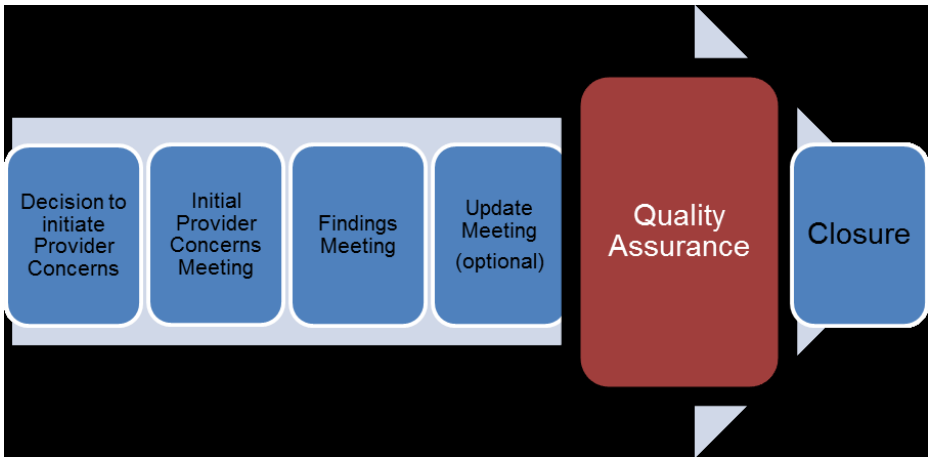
Step 4: Update Meetings



4.1 Update strategy meetings will be held as required, and are most likely to be needed in response to areas of risk not being managed or corrected by the provider. As risks are brought to the attention of the chair and the strategy group, update meetings are held in response to bring together senior level resources and expertise from across the partnership which can assist in resolving barriers.

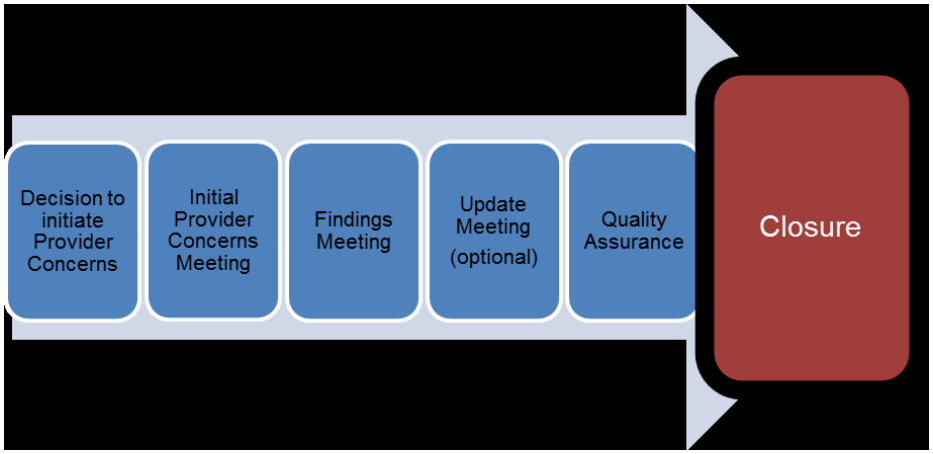
4.2 Update strategy meetings will consider risk and if is unsafe for people to continue to receive a service from the provider. Furthermore, the meeting will also consider the risks of moving people to an alternative provision.

Step 5: Quality Assurance



5.1 Quality assurance of the improvements and their sustainability will be undertaken throughout the provider concerns process, utilising local quality assurance processes, with reference to the risk assessment and action plan in **Appendix 1.** Feedback from adults and their carers (gathered using the questionnaire in **Appendix 3**) will act as control measures to assess whether there has been noted difference in the service delivery. A target time of 10 working days is recommended in the London Adult Safeguarding Procedures. This timescale may be useful for planned quality assurance activities which are above and beyond those being undertaken throughout the process. In most instances lead commissioners will have the responsibility for quality assurance work, providing feedback to the co-ordinator and to the Provider Concerns Strategy Group.

Step 6: Closing the Provider Concerns Process



6.1 The final meeting would consider the current level of risk, the sustainability of changes and customer feedback from people who use services and their relatives/friends.

6.2 Feedback obtained from the quality assurance strategy (incorporated in the Risk Assessment document, **Appendix 1**) will evidence whether the level of improvement

and change that has taken place. These quality assurance activities may include, for example:

- Validation of service improvement plan by social care or health professional
- Feedback from service user, family and friends
- Review by third party, such as partner local authority
- Visit by a RBG Contracts Officer

6.3 Upon an agreed strategy group decision that satisfactory improvements that are sustainable has been achieved, the strategy group responsibility will come to an end and the relevant parties, including the provider, will be formally notified.

7. Organisational Learning

7.1 The provider strategy group may consider whether an organisational learning meeting is required. If this is agreed, the Head of Adult Safeguarding will convene a Learning Meeting, which the Provider will also be invited to, together with a relevant commissioning manager and the Adults Principal Social Worker. The aim of the meeting is to establish what went well and what could be helpful to inform any future project and what might have been done differently.

7.2 Organisational learning identified through service users, families or their friends should be included, linking in to how outcomes they identified could be achieved and can be shared with other providers to improve the prevention of abuse and quality of services.

7.3 Any lessons learnt can be fed into the commissioning cycle, improve the safeguarding adults function and raise awareness with other staff members. Any changes made to practice to improve the quality and safety for people who use services can be disseminated within organisations bearing in mind the need for confidentiality.

8. Review

8.1 Contract monitoring review by the commissioning body is required in order to ensure that the improvements have been sustained. This should take place within three months of the case conference.

8.2 Where there are multiple commissioning bodies, an agreement should be sought on the lead and any resource agreements put in place.

Appendices:

Appendix 1 – Risk Assessment Template (11.2.3)
Appendix 2a – Letter notifying users that provider concerns process has been initiated. (2.10.1)
Appendix 2b – Letter notifying family members that process has been invoked
Appendix 3 – Service User and Family Questionnaire
Appendix 4 - Provider Concerns process led by other council boroughs/areas-local guidance