

**Guidance for health staff that have
concerns about care delivery within
a care home**

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Document control sheet

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1. Introduction

Health staff access care/nursing homes for a variety of purposes in supporting the care of residents. It is possible that, when visiting care homes, health staff may become aware of issues that cause them concern about the quality of the care being provided to residents.

The following guidelines are underpinned by the six adult safeguarding principles of Empowerment, Protection, Prevention, Proportionality, Partnership and Accountability (Care Act 2014) and are intended to support healthcare staff whose duties include visiting care homes and who become aware of such issues.

Health staff will observe these guidelines in a way that, as far as is practicable and appropriate, preserves a good relationship between care homes and NHS Kernow Clinical Commissioning Group (NHS Kernow).

However, the overriding principles that staff should have in mind when visiting care homes are that:

- It must be remembered that for residents this is their only home and they must be safe comfortable and cared for with dignity and respect at all times;
- Home managers must respond positively and appropriately to concerns;
- All agencies must respond to concerns in a timely, positive and transparent manner which is then clearly evidenced to commissioners; and
- NHS Kernow and other commissioners of care have a right to expect high standards of care and cost effective delivery.

Where health staff identify concerns about care and harm to residents/patients staff they are required to discuss these concerns with their Team Leader /Manager and /or the Adult Safeguarding Lead for their organisation.

For clarity, these guidelines extend to all people in care homes, irrespective of the funding source. NHS Kernow will work collaboratively with local authorities that place people in care homes that are causing concern, and with the carers of people who are self-funding in those homes.

2. One off minor lapses in good practice

All health staff whose duties include visiting care homes must undertake adult safeguarding training which includes the recognition of abuse and neglect and provides them with the skills to address issues of concern (Intercollegiate Document 2016). Staff identifying minor failings in the way a home is being run must, that same day discuss their concerns with the home owner/manager asking for appropriate improvements to be made. They must also discuss their concern with their team leader/line manager as soon as possible and keep a comprehensive record of:

- The nature of the concern, including the date, time and location;
- The discussion s/he had with senior staff or home owner, including any agreed actions (including dates by which they will be carried out); and
- If the team leader/manager is not available then should discuss their concerns with the adult safeguarding lead for their organisation.

Such minor lapses in good practice could include, but are not limited to:

- Issues with heating for example noticing that the home feels cold or patients complaining that they are feeling cold that day but do not always feel cold;
- First impressions of the home for example being able to walk into a home and gain access to residents without being greeted by a member of staff on this occasion when you are normally greeted appropriately;
- Nutritional issues for example being told by a patient that they did not like the food that they had been served;
- Issues with personal care for example noticing that a patient appears to be a little unkempt (would need to explore with senior staff/manager why this is); and
- Staffing issues for example staff not being visible/accessible and not responding promptly to calls which is not normal practice.

All minor lapses in good practice must be raised with senior care home staff/manager asking for improvement to be made for example if the home feels cold asking for the heating to be turned up. All such discussions must be documented in files notes and may be documented in patient held records following discussion with patient. Health staff must also discuss the minor lapse with their team leader/line manager and arrange to either make a subsequent visit to the home themselves or for a colleague to return to the home to ensure that any requested changes have taken place.

If health staff are not satisfied that minor lapses in good practice have been satisfactorily addressed they should discuss the situation and their concerns with their team leader/manager and/or their agencies adult safeguarding lead who will advise them on whether there is a need for onward action such as raising an adult safeguarding alert by completion of the Multiagency Adult Safeguarding Referral Form (available on the local authority safeguarding adults website or from the NHS Kernow Adult Safeguarding team) and emailed to AdultSafeguardingReferrals@cornwall.gcsx.gov.uk (secure email address).

Regulatory concerns must be notified to Care Quality Commission in consultation with team leader/line manager and/or adult safeguarding lead.

The Adult Safeguarding Risk Assessment (appendix two) can be used to assist decision making.

3. Cause for concern

Health staff visiting a home may identify concerns of a more serious nature which could require immediate action such as referral to emergency services and/or the police. Health staff need to be aware of the need to preserve evidence and to keep accurate contemporaneous records in files notes.

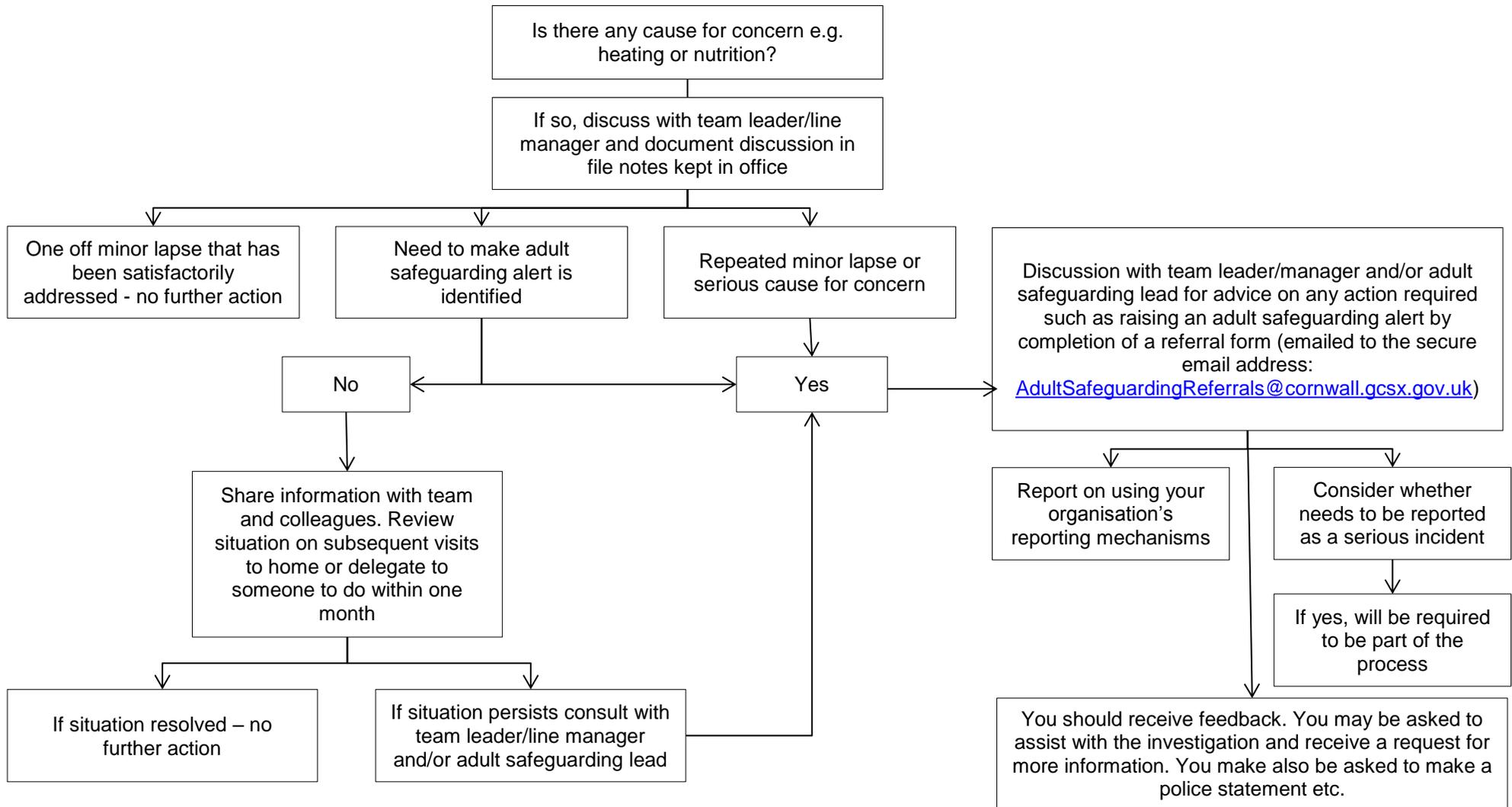
Cause for concerns may include, but are not limited to:

- Malnutrition and dehydration, inappropriate diet that could cause harm;
- Tissue damage which has not been documented and/or appropriately treated;
- Verbal or other abusive behaviour;
- Unaddressed pain/symptom management;
- Evidence of poor practice related to personal care;
- Unaddressed repeated falls and injuries;
- Mismanagement of medication i.e. over sedated residents, failure to administer prescribed medication;
- Failure to address one or a series of low level concerns;
- Three occurrences of minor lapses noted and not addressed by the home;
- Failure to follow a prescribed treatment/management plan; and
- Failure to notify the appropriate authority of changes in level of need.

Any of the above concerns must be reported to your own agencies adult safeguarding lead who will assess the concern and agree any onward action such as a referral by completion of the Multiagency Adult Safeguarding Referral Form (available on the local authority safeguarding adults website or from the NHS Kernow Adult Safeguarding team) and emailed to AdultSafeguardingReferrals@cornwall.gcsx.gov.uk (secure email address).

Advice and support for all adult safeguarding concerns can be obtained from the adult safeguarding lead for your organisation. All adult safeguarding alerts must also be recorded on your own organisation's incident reporting system and consideration given as to whether it should be raised as a serious incident following your own agencies guidelines and protocols.

Appendix one: Flow chart



Appendix two: Adult safeguarding risk assessment

Name:

NHS number:

Date:

	Adult safeguarding		
	Low risk	Moderate risk	High risk
Access to food and drink			
Hygiene, skin, hair, nails			
Medication access, under or over dosage, sharing or stockpiling of drugs			
Activity, stimulation			
Safety			

Key

Low risk: Single agency co-ordination of risk and assessments to reduce risk of harm (using MDT approach as required). To be managed by individual teams. Oversight at team lead / manager level.

Moderate risk: Complex needs and risks requiring a multi-agency approach with referral to Education Health, Social Care and Wellbeing (EHSC). On-going services for a care management/social work co-ordination. Joint oversight at team lead / manager and NHS Kernow SA team.

High risk: Cases where there is immediate risk of serious harm or where serious harm has occurred. The police may need to be involved in an investigation of a potential offence. Independent oversight in conjunction with NHS Kernow SA lead.

	Adult safeguarding		
	Low risk	Moderate risk	High risk
Financial status			
Environmental safety, fellow residents, staff, families etc.			
Threats, fears, deprivation of liberty			
Family			
Isolation/loneliness			
Carers			
Friendship, social life			
Dignity			
Privacy			
Feels valued?			
Identity and personhood			

Key

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	Adult safeguarding		
	Low risk	Moderate risk	High risk
Changes in demeanour, behaviour			
Abusive environment			
Mental health / capacity issues			
Poor practice, culture, standards of care			
Drug and/or alcohol abuse			
Carer stress, ability, capacity			

Key

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High risk: Cases where there is immediate risk of serious harm or where serious harm has occurred. The police may need to be involved in an investigation of a potential offence. Independent oversight in conjunction with NHS Kernow SA lead.

Name:

NHS number:

Date:

Key issues:

What information have you given to the patient about your safeguarding concerns and their level of risk?

What are the views and desired outcomes of the person you are concerned about?

Does the patient have mental capacity to make an informed decision about their situation and their safety?

Yes No

If no, document the capacity assessment or reasons why this was not done:

Consent obtained to make a safeguarding referral, if required?

Yes No Date consent obtained: _____

Discuss these concerns with your line manager/team leader and document below the outcome of this discussion:

Date: _____

Name of manager: _____

Actions taken i.e. discussed with line manager / team manager - self neglect referral to MARU; Referral to EHSC; Level 4 Adult Protection referral to MARU):

Date form completed: _____

Completed by: _____

Discussed with: _____

Signature: _____

Contact details of family/carers / professionals and relevant others:			
Name:	Address:	Phone:	Role / relationship:

Details of discussions with other agencies / professionals:

Date review completed:	Completed by:	Discussed with:	Signature: