Health and Adult Social Care

Provider Concerns

Policy and Procedures

April 2023 to April 2025

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ENFIELD Council

Contents

Foreword

People who use care services have an expectation that they will be safe and that the service which is delivered has quality embedded in all aspects. They expect that the care services will be delivered with dignity and respect by staff who have been suitably recruited, checked, trained and supervised.

Abuse of vulnerable people that has been the subject of legal action and has been highlighted by the media has alerted many people to a reality that care is not always synonymous to quality. Social care services are complex and partnership coordination and cooperation are key to effective monitoring of services and identifying failings.

The London borough of Enfield's provider concerns process has been in place since 2012 and has proved to be a supportive and effective process to support service improvements in social care services and compliancy with CQC regulation where this is required. The process promotes engagement with all stakeholders and values input from people who use services and their family and friend support networks in line with the making safeguarding person agenda.

How Enfield Council responds to concerns raised about the quality of social care services has been influenced by a range of factors. There is strong emphasis on prevention, as set out by the Safeguarding Adults Board's first strategy in 2018-2023 shifting the focus to preventing abuse rather than reacting to it. It is known that there are significant benefits to taking reasonable steps to improve the quality of care where early signs of a deteriorating service are identified to prevent significant failings that may have a detrimental impact on those using social care services. Furthermore, the fostering of relationships between the local authority, as lead for safeguarding adults, working in partnership with organisations such as the Care Quality Commission, Integrated Care Partnership, placing authorities and the Police, has created a strong network committed to responding robustly and consistently to concerns raised about the quality of care delivered by social care providers.

The Safeguarding Information Panel is a multi-agency panel, comprising of representatives from the Quality Care Commission, the Integrated Care Partnership, Enfield Adult Social Care Teams, London Fire Brigade, Boarder Agency, Police and LAS. The Safeguarding Information Panel gather and review intelligence and data regarding social care providers performance. Using this information and information from enhanced fact finding the safeguarding information panel and decision make to implement support mechanisms to drive required service improvements where required.

This policy and practice guidance details the London Borough of Enfield's aims and objectives in its response to concerns raised about the quality of care delivered by the borough's social care providers. The policy has been reviewed in line with the guidance and legislation pursuant to the Care Act 2014 and the **London Multi-Agency Adult Safeguarding Policy and Procedures**. It provides a framework and local practice guidance on the borough's understanding of best practice, drawing in lessons from other local authorities, recommendations from serious case reviews/ safeguarding adult reviews and government guidance. The process set out can usefully provide a foundation for Provider Failure as defined under the Care Act 2014 overseen by the council's Commissioning and Contracts team. The council is committed to ongoing organisational learning and information and data from past and current work with providers is used to further develop the policy and process.

As such, this policy and guidance will be a live, working document, changing in the light of new ideas and ways of working which will enhance the process but more importantly, improve the wellbeing of those who use services.

Policy

Introduction

The aims of the provider concerns process is to:

- Support the provider to ensure the safety, dignity and care to those who use the service of the provider;
- Ensure that people that use services are at the heart of the provider concerns process by engaging with them and their representatives about the quality of care they receive;
- Share information appropriately in order to enable effective partnership working to identify abuse or a crime and initiate the appropriate process for resolution;
- Ensure that there are monitoring and quality assurance processes in place to support the provider to drive service improvements and maintain high standards of care.
- Implement early interventions to support failing providers.

Working together means recognizing that no single agency can alone respond or improve the quality of care of social care providers. Each organisation has its own responsibilities, remit, focus and skills, which together, has the potential to contribute to creating the best possible outcomes for customers, in the context of professionals and the care providers means:

- Information will need to be shared on a need to know basis and appropriately, but with the above aims in mind.
- Each organisation will use their knowledge expertise and statutory powers and their duty of care to address safeguarding concerns and support the provider to put in place required improvements in line with their CQC responsibilities and the expectations of the council.
- Each organisation will commit sufficient resources in order to contribute to the enacting of the process, including enquiries or investigation, improvement planning and implementation, and quality assurance.
- The needs and safety of the people who use services will be paramount.

Learning from Safeguarding Adults Reviews has taught us repeatedly that the early identification of failings within services and more open communication across partnerships has the potential to prevent harm and abuse from occurring. This policy can only be effective with the commitment of all stakeholders including partner agencies and placing authorities. The Care Act 2014 now specifies that local authorities must cooperate with each of their relevant partners and those partners must also cooperate with the local authority to maximise the benefits of collaborative working.

The most important partner within the provider concerns process is those who use the service and their family and friend representatives. Those who use services should be supported to maintain their:

- choice and control
- safety
- health
- quality of life
- dignity and respect

The first priority should always be to ensure the safety and well-being of the adult(s) using the service.

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.

Taking the above into account, this document is broken into 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 procedures which will set out the

actions to be taken in response to the concerns received about the quality of care from a provider, 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.

Policy Scope

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

- The providers' responsibilities to provide safe and high quality care and support;
- Commissioners regularly assuring themselves of the safety and effectiveness of services;
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care and CQC compliance;
- The police to prevent and detect crime and protect life and property;
- Integrated Care Partnership ensure that there is oversight that health needs are met and where required that health care is improved.

A provider, for the purposes of this policy, is any organisation or institution which provides care 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
5. Private hospitals
6. NHS agencies
7. Day Care/Opportunities Providers
8. Rehabilitation Units for people who misuse drugs or alcohol
9. Voluntary agencies
10. Enfield Local authority services

The in house provision of any of these services is subject to the same level and depth of scrutiny through safeguarding as those commissioned or spot purchased by the council or by individuals through Personal Budgets or direct payments. Those who fund their own care have the same entitlement to safeguarding as these funded by the Council or health service. Any service located in Enfield regardless of who commissions this service may be the subject of the provider concerns process.

The provider concerns process can be instigated to both prevent abuse from occurring and improve standards of care, or where abuse has occurred or is alleged to have occurred and actions must be taken to fact find and or protect residents.

Indicators that a provider meets the threshold for the provider concerns process includes:

- A pattern of individual safeguarding concerns, incidents or complaints which seen collectively, indicate serious organisational level issues.
- A very serious one off incident indicative of systemic and organisational abuse.
- A large scale investigation involving a high number of service users where abuse is suspected.
- A report of systemic and organisational abuse.
- Lack of contract compliance with indicates poor care and/or lack of organisational skills or commitment in complying with contractual requirements.
- Poor CQC compliance report identifying non compliance with major risk concerns in one or more essential outcome areas.
- Poor service user and or service users friends and relatives contacts feedback received that indicates organisational failings

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.

Single safeguarding concerns alleging abuse of a service user by a provider may raise wider issues within the setting. Organisation risks as defined by statutory guidance 2014 is 'the mistreatment or abuse or neglect of an adult at risk by a regime or individual within setting and services that adults at risk live in or use, that violate the person's dignity, resulting in a lack or respect for their human rights."

Within an institution, adults at risk can be subjected to a range of abuse, including physical, emotional, discriminatory, sexual, financial, organisational, operational and neglect. While a report of abuse may be in regard to 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 risks 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 residents.
- Poor quality of recording and reporting and documenting the care needs of those cared for.
- Lack of management oversight and effective quality assurance processes in place.
- Poor CQC ratings
- Past history of provider concerns

Often organisational failings are not in isolation and are coupled with other types of risks, including a lack of dignity and care for residents.

Complaints and Safeguarding

Complaints are an expression of dissatisfaction that requires an investigation, response and remedial action; they are different from concerns raised under safeguarding adults in that any indication of abuse or harm to an adult at risk must be progressed under the London Multi Agency Adult Safeguarding Policy. 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 via the Safeguarding Information Panel however the individual complaints should continue to be progressed under the usual Complaints Policy of the provider. The Safeguarding Information Panel referral process can be accessed by any organisation to raise organisational concerns about social care providers. Any concerns that meet safeguarding thresholds must be raised to the borough's MASH team in line with duty of care responsibilities.

Care Act Provider Failure

It is not possible to promote wellbeing without establishing a basic foundation where people are safe and their care and support is consistent and meets identified needs. The Care Act puts in place a framework for adult safeguarding and sets out measures to guard against provider failure, to ensure this is managed without disruption to services.

The Care Act introduces the responsibilities for provider failure and other service interruptions. 'Business failure' is defined in the Care and Support (Business Failure) Regulations 2014. This is expressed by a list of different events such as the appointment of an administrator, the appointment of a receiver or an administrative receiver.

The Care Act imposes clear legal responsibilities on local authorities where a care provider fails.

The Care 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 have a responsibility to 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.

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

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 provider failure under the definition of the Care Act and in addition has concerns relating to safeguarding and the quality of care to residents.

Mental Capacity and DoLS

The Mental Capacity Act 2005 for England and Wales supports and protects people who may be unable to make certain 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 do not; if a person is thought to have substantial difficulties in making decisions and they do not have support, the local authority must arrange for an independent advocate to support and represent that person. This could be a Care Act Advocate or an Independent

Mental Capacity Advocate (IMCA). In Enfield, the Mental Capacity Assessment Form should be used and recorded appropriately.

The Deprivation of Liberty Safeguards (DoLS) 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 has been sought.

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 or community DoLS have to be authorised by the Court of Protection who have now streamlined the application process for these cases.

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

For advice and support please email dols@enfield.gov.uk or https://new.enfield.gov.uk/safeguardingenfield/policies-and-protocols/ for mental capacity assessment forms and guidance.

Other Enquiries

During the provider concerns process, there may be other enquires and investigations in progress; for example, criminal investigations, CQC enquiries and/or Section 42 enquires under the Care Act (2014). It is vital that these processes feed into the provider concerns process so that all information is considered when risk assessments and action plans are developed and the Provider Concerns strategy group decision making.

Within this process, it is expected that individual safeguarding enquires are undertaken in line with London-Wide Policies and guidance (as well as principles of Making Safeguarding Personal and ADASS guidance) by the relevant social work teams. This is including those enquires where there has been a death which may or may not be as a result of (or be contributed to by) any allegations raised as a concern.

Whilst there is an expectation that information from individual Section 42 or other Safeguarding Adults Enquiries will feed into the Provider Concerns process (and the Enquiry Officer or Safeguarding Adults Manager is expected to attend Provider Concerns meetings to contribute information that they have found) these are separate processes. Provider Concerns looks at the provider in a holistic/risk-based sense and includes the views of people that use services and their families and friends; whereas a Section 42 Enquiry and any protective measures coming from that should be person-centred and incorporate the principles of Making Safeguarding Personal.

If a safeguarding measure identified through the Section 42 is also being looked at through the Provider Concerns process then this needs to be discussed between the Provider Concerns lead and SAM (Safeguarding Adults Manager) to avoid duplication and ensure the relevant issues are fully looked at.

It may be that quality assurance visits pick up information that may be relevant to the Section 42 Enquiry and vice versa – this is one reason that information should flow between the processes. The social work teams will be responsible for informing the Provider Concerns Lead if new Safeguarding Concerns/Enquiries arise where a provider on the Provider Concerns process.

It may be that the Provider Concerns process identifies specific concerns about abuse and neglect of a group or individual. Where this is the case, the Provider Concerns Lead will complete a Safeguarding Adults Concern and send this to the Enfield Multi-Agency Safeguarding Hub (MASH) for appropriate action. If there is concern about how a specific concern should be dealt with, then the Provider Concerns Lead will have documented discussions with the manager on duty at that time within the MASH so that decision making is clear.

The Safeguarding Adults Board (SAB) must arrange a Safeguarding Adults Review (SAR) when an adult at risk in the area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked

more effectively to protect the adult. The SAB must also arrange a SAR if the same circumstances apply where an adult at risk is still alive but has experienced serious neglect or abuse. Please refer to the Enfield Safeguarding Adults Board Safeguarding Adults Review Protocol for information on this.

Concerns may be raised regarding the number of deaths, incidents, falls and hospital admissions with regard to 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 that may be expected or unexpected and any concern can be shared with the Safeguarding Information Panel. If there is any indication that deaths are occurring which may be higher than expected then further fact finding or investigation will be completed. Support on managing this process can be found in the procedures section of this document.

Information sharing and co-operation

London Multi Agency Adult Safeguarding guidance notes 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 effective 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 and make required service improvements and prioritise these in terms of the level of risk they present.

Appendix three panel London GDPR

This policy in addition acknowledges that good information sharing can help to identify concerns within provider services, both for preventative work and in terms of supporting failing services.

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 five aims of co-operation between partners which are relevant to care and support and for this provider concerns process four are applicable and include:

- 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.

Further, the Francis Report recommended the development of a culture of openness, transparency and candour in all organisations providing care and support. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20 requires all regulated services to comply. 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:

1. **Openness** – enabling concerns and complaints to be raised freely without fear and questions asked to be answered.
2. **Transparency** – allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators.
3. **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 or enquiry has been made or not.

All parties engaging in the process will always be expected to uphold their duty of candour and natural justice.

A key mechanism for sharing social care providers performance information is the council's Safeguarding Information Panel (SIP). The SIP was initiated in 2011 by the Councils Strategic Safeguarding Adults Team and the Care Quality Commission. The SIP is a forum where information relating to the quality of care in providers is shared, bringing together data and soft intelligence from partners such as Councils safeguarding adults data, health and safety, procurement and contracting, London Fire Brigade or London Ambulance Service and the Integrated Care Partnership. Boarder

agency, care teams The panel is instrumental in supporting partners to share their experiences and identify common areas of concern and emerging patterns and themes. Where partners are not present on the panel, there is a referral form into the panel and a process to monitor actions requested by partners and agencies. This panel has identified providers where an initial provider concerns meeting is needed. The chart below highlights the information sources and the interventions for the Enfield Safeguarding Information Panel.

Prevention

The Provider Concerns process aims to identify failing providers by monitoring the following and acting to provide early interventions to support providers to make and sustain service improvements:

- Monitoring of data from all attendee organisations
- Review of SIP referrals and soft intelligence received by the panel
- Care providers disclosures regarding financial viability
- Commissioning information
- NCEL intelligence regarding providers performance and status

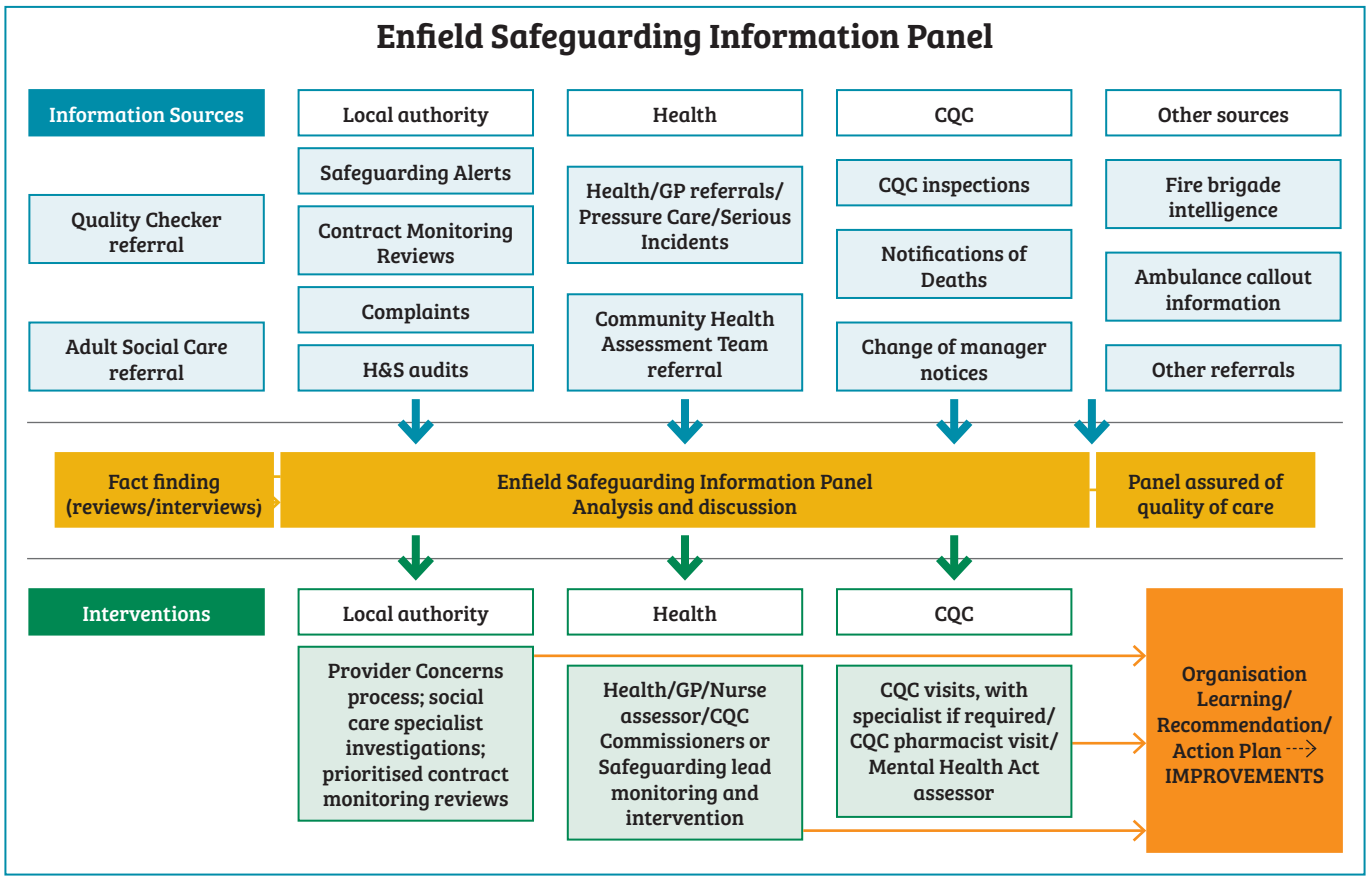
The Safeguarding Information Panel Can either intiate the provider concern process, decide to put the provider on review at the meeting or put in place other preventative measures.

Roles and responsibilities of organisations/partners

Provider Concerns Strategy Group

This is the appropriate group that will agree and steer the provider concerns process. This will be multi-agency and rest on partnership, collegial, collaborative working to recommend and reach decisions. Representation on this group will be from appropriate partners who have contact with the provider and may include Health, Metropolitan Police, Care Quality Commission, Boarder Agency Commissioners and Contracts, and Senior Operational Service Managers. Other funding authorities will be invited to attend as partners in the Provider Concerns Strategy Group once identified.

The members of the group should be of sufficient seniority to assess the capacity of staff and authorise releasing staff to undertake work,



attendees should be consistent to ensure good understanding of the levels of risk.

The Chair of the Provider Concerns Strategy Group will be responsible for identifying a Provider Concerns Lead within the Safeguarding Adults service.

In the event that a member of the strategy group is unable or has no resource to undertake specific actions within their service area as agreed by the group or action plan, that strategy group member will be responsible for undertaking the work either by commissioning or negotiation with colleagues. The project cannot be effective without commitment to ensuring delivery within the specified timescale.

Provider Concerns Project Co-ordinator

The role entails ensuring that the provider is given appropriate support, to put in place an appropriate action plan, to arrange for the monitoring and quality assurance of competed actions by the provider by appropriate partners, to facilitate other partners in undertaking specific work and actions, to ensure the provider is aware of identified risks in order to put in place risk mitigation, to provide liaison and communication between the strategy group, senior managers and adults and friends and family. 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.

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 adults at risk using health and social care providers. Where partners 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.

North Central London Clinical Commissioning Group (NCLCCG) 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 Enfield. In this context the NCLCCG will actively contribute towards the provider concerns process for those organisation's it has commissioned which meet the threshold for provider concerns. As a clinical lead organisation, the governing body of NCLCCG would support partners and inform the process through collaboration with constituent members and stakeholders as appropriate

Health Professionals have clinical knowledge and expertise that can support social care providers where concerns around the management of people's clinicals needs exist. In addition to this, GP's have a significant role to play and are often attached to residential and nursing home settings. GPs can be asked to be involved in provider concerns process through both reviewing of health needs, ensuring appropriate health care is received and providing feedback on the quality of the health and social care being provided. All community health teams can be engaged with the Provider Concerns process to give feedback and or offer advice and guidance where appropriate.

Integrated Care Partnership, as the regulator for health and social care settings, can provide invaluable information to inform decision making within the provider concerns process. The CQC can take action through enforcement notifications and warning notices in line with the governance of the CQC. The remit of CQC inspections includes health and safety regulation compliance (with the exemption of food safety which remains the responsibility of the Local Authority) and the financial viability of providers.

CQC has a range of regulatory powers which include:

- Rate providers quality of care and publish detailed inspection reports in the public domain
- Ability to place suspensions on new and or returning placements
- Issue warning notices where breaches of regulation have been found with specific conditions
- Issue fines where breaches of regulation have been found
- Register and De-register Provider managers and named nominated individuals.

The Police are key partners in taking action where crimes are committed, and there are a number of

instances where abuse within provider settings constitutes a crime; for example, the ill-treatment or wilful neglect of adults receiving treatment for mental ill-health under s.127 of the Mental Health Act 1983 and for those who lack mental capacity under s.44 of the Mental Capacity Act 2005. Furthermore, care workers and care providers can now be prosecuted for the criminal offences of ill treatment or wilful neglect in connection with adults with full capacity under sections 20 and 21 respectively of the Criminal Justice and Courts Act 2015. Prosecutions can also be made through colleagues in Enfield Council's Corporate Health and Safety, as well as providing expertise and advice on a range of issues relating to health and safety in the workplace. Findings from Police led investigations are fed into the Provider Concerns process where organisational risks are identified and mitigated.

Over the past few years the key driver for the Commissioning Service in Health, Housing and Adult Social Care Enfield has been the personalisation agenda and more specifically increasing customers' choice and control over their care services. Clearly this has had implications for the commissioning of safe services as there is a potential risk inherent in extending choice whilst the council diminishes its formal contracting arrangements. However, together with our partners in the NHS, Voluntary Community Sector and all other local stake holders, the council has worked hard to develop local assurance models for commissioning. intensive market development and engagement programmes, and in conjunction with procurement colleagues, the reconfiguration of monitoring processes to capture outcomes. The commissioning service remains committed to ensuring that extending choice is balanced with mitigating risk.

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 and undertaking reviews. Where reviews are required as part of a Provider Concerns process it is important the reviews are focused on the concerns that have been raised and are fed back in to the process.

Occupational Therapy Services have 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.

London Fire Brigade has a community safety strategy, this includes acting on referrals made from agencies for LGB home safety checks for vulnerable people that meet the LFB criteria and referrals from the SIP for organisational checks from LFB where there are concerns that providers are in breach of fire regulation.

When there are service level concerns with a provider in Enfield, the London Fire Brigade will consider whether consultation and advice to the provider will enable a safer living environment for residents as part of service improvement planning. Repeat call out to providers which indicate there may be risk will be shared with Enfield Safeguarding Adults Partners.

Boarder Enforcement Agency – The Provider Concerns process and the SIP may request support from the Boarder Enforcement agency where there are concerns that a provider may be recruiting staff that do not have a right to work in the UK. The Boarder Enforcement Agency may be required to make enquiries to determine if this is intentional or unintentionally. The outcome of enquiries will determine if the provider is supported to improve processes in place to recruit safely or if formal action is taken.

Modern Slavery Support – Modern Slavery Team will be able to provide support for suspected locational modern slavery and exploitation cases. The team consists of council investigators and the police. The team has access to external partners such as the Home Office and the National Crime Agency (NCA) and Non-Government Organisations such as the Human Trafficking Foundation (HTF) to provide a coordinated and holistic response to concerns raised. Professionals and members of the public can email the team for advice on ModernSlavery@enfield.gov.uk or call 020 3821 1763.

Support for those involved (Customers, family members)

The intent of the Provider Concerns policy is that the customer is at the centre of the process and are supported and enabled to contribute to decision making where appropriate. Raising concerns can often be a frightening experience and it is important for service users and their families to be encouraged and supported to raise concerns and complaints if required.

Care Act requires that Local authorities must involve people in decisions made about them and their care and support. Involvement requires the local authority helping people to understand how they can be involved, how they can contribute and take part and sometimes lead or direct the process. People should be active partners in the key care and support processes and the provider concerns process is a chance for individuals and their families/ friends to help shape the services that are provided to them. No matter how complex a person's needs, local authorities are required to involve people, to help them express their wishes and feelings, to support them to weigh up options, and to make their own decisions.

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 where possible. An example may be a family member or a friend. Advocacy must be arrange by the funding authority. Self funders will be supported by the appropriate adult social care team.
- Representation by 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 speech and language therapist or other person that is able to understand the communication methods of the service user. This may be a family member, trusted friend, volunteer or paid professional.
- Use of bi-lingual workers where possible
- Culturally sensitive approaches

Arrangement for managing the provider concerns process

Communication Strategy and Information Governance

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 suspected organisational risks a formal stakeholder will be the proprietor and manager of the organisation and all correspondence and engagement from them should be recorded.

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.

The initial Provider Concerns meeting will set out whom information should be shared with and the information governance surrounding information sharing. Each partner organisations own internal information governance policies should be adhered to in terms of how information is stored and securely transmitted.

Throughout the life of the process all documents are securely file on the Enfield R-Drive. The project lead is responsible for ensuring that the agreed minutes are stored appropriately. Copies of action plans are updated and that there is one version in use at a time that is accessible to all relevant parties.

Communication with people who use services is key. Those who use services should have the opportunity of shaping and influencing 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
- Meeting with those who use the service, either in a group or individually
- Completion of questionnaires which are simple and clear
- Providing dedicated name and number of an individual outside of the provider to gather information

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.

Risk Management

All providers should have their own risk management processes. The Project Co-ordinator will complete a risk matrix with the provider, which addresses the probability of risk and the likely

impact of risk on the safety of service users. If there is a CQC improvement plan in place or being developed this may be used to avoid duplication of work. Risk assessments in the provider concerns process will aim to identify and assess risk to enable the provider to plan and implement a response to the risk. Risk assessments will be reviewed on a regular basis by the project lead and at Provider Concerns Meeting.

If there is a dispute regarding the level of risk, completion of action plans or quality assurance, this to be shared with the strategy group for consideration and action, all risks, completed actions will be quality assured by the strategy group.

The purpose of the risk assessment is identify the level of risk. If it is decided by the strategy group that the level of risk is unacceptable and it may be unsafe for people to remain in an establishment or with a provider The strategy group will need to acknowledge that there will often be some risk, and that trying to remove it altogether can outweigh the quality of life benefits for service users while continuing existing arrangements for safeguarding people. 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.

It should be noted that each provider is responsible for ensuring the safety of the people that they support. Providers should receive as much information as possible from the provider concerns strategy group to enable them to do this.

In order to be effective, the Provider Concerns risk assessment should:

- Clearly record all elements of risk and be precise, specific and timely. It should be reviewed frequently. It should be communicated to all relevant people in each case. The risk assessment will support and provide evidence for protective decision making and may be used in the event of any challenges.
- Identify areas of risk and levels of risk to guide risk mitigation actions.
- Risk should be assessed and recorded at the referral stage and repeated at other stages of the process as appropriate. Individual professionals may provide specialist risk assessment to the provider and strategy group
- 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 that can be tested.
- 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 by the provider. All providers are expected to have their own risk management documents and actions including those that are relevant but not necessarily included in the provider concerns risk assessment.

The risk assessment should be updated by the project lead in consultation with the provider and strategy group throughout the provider concerns process.

Responsibility of placing authorities

Placing authorities are required to contribute to the process as they have a duty of care for placements made with the provider. Placing authorities should appoint a representative to attend the strategy group meetings and participate in the process to monitor and review placements they have responsibility for and to gather and feedback to the strategy group with relevant information. Placing authorities have the right to make alternative arrangements with other providers if placements are assessed as failing to meet the needs of those being supported. This should be done as part of the Provider Concerns process and all concerns and risks shared with the strategy group. All placing authorities are responsible for undertaking capacity assessments and best interest decisions where applicable, and all usual case management and protection plan responsibilities and keeping the host authorities informed of any changes.

Quality Assurance

The provider concerns process requires quality assurance processes to take place to monitor the service throughout the process. As part of the Provider Concerns process, care management

teams may be required to review placements made to ensure that identified needs are met safely and appropriately. These reviews must focus on the specific concerns that have been raised and the outcomes must be feedback to the Provider Concerns strategy group. During the Provider Concerns process, any single Safeguarding Adults concerns raised must follow the usual Section 42 process and any organisational concerns from these to be fed in to the Provider Concerns process via the strategy group meetings (please see section titled 'Other Enquiries').

Service users, relatives, carers and third sector organisations will play a role in the quality assurance strategy which will ensure that people that use services are at the heart of the process.

Healthcare Providers

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

Health providers can meet the criteria for the provider concerns process, for example in small private hospital, individual hospital wards, community services, for example community nurses, GP surgeries and health clinics, this is not an extensive list.

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

- An integrated improvement plan that meets the requirements for both clinical and nonclinical organisations
- Project Co-ordinator to be identified to oversee the provider concerns process and a clinical lead to be identified when a provider ha a clinical function to lead on the clinical risks and risk mitigation measures. This will require the clinical lead identified to conduct some aspects of reviewing and monitoring the service and supporting the provider to make service improvements to improve clinical management of residents and service users needs.
- Multi-agency meetings which include health partners
- Clear communication and information sharing strategy

Health partners 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.

This process can run in parallel to risk summits, it is the responsibility of health partners to inform the strategy group that a risk summit is in process and to share information across the organisation

Procedure

Introduction

These procedures have been written with reference to the London Multi Agency Adult Safeguarding Policy and Procedures, Making Safeguarding Personal and the Care Act 2014.

The provider concerns process requires individual safeguarding concerns to be raised and managed. In line with the London Mulit agency policy and procedures. All. Information from individual safeguarding concerns and enquires. 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.

In the context of working to improve quality of care within services there are a number of factors which may impact on bringing this process to a conclusion; the paramount concern is with respect to the safety and wellbeing of those who use the services.

Raising a concern and invoking the procedures

The provider concerns process is evoked through the Council's Strategic Safeguarding Adults Service and/or the Safeguarding Information Panel. Concerned professionals may refer through the Safeguarding Information Panel or – if concerns have arisen through an emergency situation and cannot wait – by communication with the Head of Safeguarding Adults and Quality. A Provider Concerns process can be invoked, without a decision from the SIP, if a high-risk organisational concern is identified and the risk is considered high enough at the time.

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 May result in a number of actions referral for individual organisations to undertake and investigation and/or offer support, initiation of the provider concerns process or further monitoring via SIP.

Concerns come to light, most notably via:

- Safeguarding Information Panel
- Partner organisations, such as Care Quality Commission or Integrated Care Partnership
- Adult Social Care
- Serious and significant concerns from adults who use services

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

Step 1: Decision for Provider Concerns

In practice, this step can be undertaken with step 2, as a formal initial provider concerns meeting where it is clear that the risks which present itself meet the threshold to initiate the process.

As set out in the London Adult Safeguarding Procedures, the action taken when a decision is made to initiate the process may include:

a. Concerns raised regarding the welfare of people using the service, any issues that meet the safeguarding threshold will be dealt with within the individual safeguarding procedures but may have organisational implications

b. Consultation with the police about whether there are criminal matters

c. Contact with placing authorities

d. Agreement from the chair of the initial Provider Concerns process

e. Appointing a provider concern project lead

f. Convening an initial provider concerns meeting

g. Meeting with the provider

h. Mapping out of risks and risk mitigation

i. Consider the suspension of new and or returning placements and the exit of existing placements

The above actions are expected within five working days, however it should be noted that actions may exceed timeframes depending on the circumstances.

Step 2: Initial providers concerns meeting and fact finding

The initial concerns meeting is facilitated by the Strategic Safeguarding Adults Service. A meeting will be convened with all funding or commissioning authorities where this is known and partners where possible. Following the initial provider concern meeting and if the decision to invoke the provider concerns process the provider is notified along with the reason for following this process. A request will be made to the Provider by the Strategic Safeguarding Adults Service for all funding authorities, including self-funders, to be identified.

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.

As set out in London Adult Safeguarding guidance 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
- Safeguarding planning to consider the type of enquiries, leads and timescales
- Risk management
- Consider commissioning intentions
- Set date for a professionals meeting
- To identify risks
- To Consider advocacy, individual or group advocacy for people who to have no representative

Risk will be identified at this meeting, and risk mitigation put in planned , including the sharing of any risks with the provider to ensure they are able to undertake their duty of care. Arrangements will be made to share information with adults who use service and their representative.

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

Actions for further fact finding will be determined by the group to both test concerns further and identify any additional risks. The project lead will oversee the fact finding process with support from strategy group members; staff identified to undertake specific tasks will need to prioritise this as a safeguarding priority.

Fact Finding

This can include but is not exclusive to the following;

1. Service user reviews – by adult social care and continuing health care and other health partner organisations
2. Occupational therapy assessments of staff in manual handling (especially helpful for people with high dependency needs)
3. Pharmacy Audits
4. Unannounced visits to the provider locations
5. Information or reviews from community health care professionals
6. Information gathered from health professionals, such as district nurses
7. Previous or planned Care Quality Commission inspections
8. Performance and Contract Service monitoring visits
9. Welfare calls to service users and or their families and friends
10. Talking to other placing authorities
11. Reviewing any historical information
12. Information from the provider
13. Historic risk assessments
14. Financial records and Companies House searches

Fact finding also presents an opportunity to consider whether there are commercial difficulties that puts the continuation of the business under threat. Any indication through the provider concerns process that identifies a risk that the provider may be unable to continue its business may result in an exit strategy being put in place.

The initial provider concerns meeting will need to draw up and agree risk, quality 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. The Project Co-ordinator will document of all risks both high and low level as they occur. The provider will be expected to provide a improvement/risk mitigation plan, taking into account how people's experience and outcomes will be measured. 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.

Meeting Providers

A meeting with the Providers should take place within five working days of the initial provider concerns strategy meeting if there is agreement for the provider to be placed on the Provider Concerns process (this may vary depending on certain circumstances). 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 drawn together a service improvement plan, which details the actions to be undertaken to raise the standard of care. (immediate or high risks from the strategy meeting will be shared with the provider the same day). This plan must be signed off by the strategy group and it is the responsibility of the co-ordinator to have oversight and update this plan accordingly.

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 overwhelming majority of cases service users will remain resident or user of the provider and it is important that the service quality is of an acceptable standard to continue to operate and that there is a continuous customer relationship with the Provider.
- Transformation of the business operation to meet required changes and that these are introduced to best effect for the benefit of service users.

A distinction needs to be made between the manager and operational lines of a provider, and the nominated individual, alongside the proprietor/owner or relevant senior managers. The Chair may request a meeting with individual managers and proprietors/ directors. Organisational learning from previous provider concerns can be reflected on to understand if service improvements have failed to be sustained. This can be helpful to determine future strategies to be used in the process. Where there is a lack of engagement and compliance from a provider, this should be escalated to their chief executive (where applicable). Providers who fail to engage within reasonable timescales, and this is impacting on reasonable improvements in care where significant harm is occurring, reference should be made to the need to suspend or terminate commissioning.

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

- Staffing has been reviewed by provider and is sufficient to both meet the needs of residents and the service improvement plan.
- Large improvement plans do not always set the priorities, such as clinical care, resulting in actions being completed which are less urgent. Targeted improvement plans will mean that items relating to risk, care and medication can be seen as prioritised over other issues.
- Review of the management oversight of the service to ensure this is effective and robust.

Engaging service users, relatives and friends

Those who use services, their families and friends are crucial to the provider concerns process. They are the main point of contact for understanding the nature of the concerns – how dignity and respect, or a lack of, is experienced- as well as quality assurance means to ensure that there is significant improvement which has been sustained.

Those who use services and their families should be informed that the provider concerns process has been invoked. This can include arranging a meeting, making welfare call or writing letters to gain feedback on their experiences of care this will include out of borough placements and self funders 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.

It is important that the outcomes the residents, families or friends want to see within the service are determined and every effort to achieve these outcomes; this may involve, for example, including changes suggested into the service improvement plan. For this reason, it is important a meeting is arranged during the process to identify these outcomes and quality assurance of evidence is benchmarked as to whether they meet this.

Care and attention should be made to ensure 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.

The Project Co-ordinator will be the 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.

The provision of advocacy for people who require this service to engage in the process must be considered and appropriate support must be offered and arranged to ensure people can effectively participate in the process.

Residents, friends and family who are able to, with or without support, form part of the quality assurance group should be encouraged in this role.

The timescales set by London Adult Safeguarding guidance aims for the above to be completed within 10 working days. However, it is acknowledged that time scales will be fluid and reflect the needs of the service users and required fact finding.

Step 3: Professionals update meeting

These meetings happen during the process and the frequency is determined by the levels of risk and the progress made by the provider.

The purpose of the meeting is to:

- Receive an update from all involved professionals
- Consider communication strategy
- Receive updates from relatives, friends and adults that use services
- Put in place risk mitigation actions for example, professionals visit, updated risk assessment, welfare visits, reviews
- Identify risks that need to be included in the providers action plan
- Consider actions to monitor the safety of people and agree triggers to escalate risk, whilst improvements are being made
- Consider commissioning intentions (suspension)
- Preserve information that may be helpful to police investigations
- Identify other required professionals that should be attendance
- Make referrals requests for support to other professionals

Step 4: Provider Update meetings

A Meeting with the provider by the chair and lead commissioner should be arranged within five – ten days of the professional's update meeting to feedback to the provider with key information. However, it should be noted that it might not always be possible to meet this timescale, it is expected that all high risk areas are addressed by the provided within this time. The Project Co-ordinator and the provider will at the initial stages of the process develop an organisational risk assessment to identify risks and areas for service improvement, strategies to make improvements and processes to monitor progress being made. If the provider has developed a CQC action plan this may be used to prevent duplication of work and streamline the reporting required. The document agreed to be used throughout the process is referred to as the 'service improvement plan'.

Project Management meetings

The project co-ordinator will meet with the provider throughout the process. The frequency of meetings should be agreed in advance and based on needs and risks. Other professionals may visit in between these meetings to quality assure, gather information or provide support.

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.

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

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.

The Project Co-ordinator will feedback the views and concerns of the provider to the strategy group.

Step 5: Quality Assurance/sustainability

The strategy group meetings will determine when it is appropriate to close the Provider Concerns Process having considered the current level of risk, the sustainability of changes and customer feedback from people who use services and their relatives/friends.

Once the Provider Concerns process has been closed, the LBE Quality Assurance Team may be asked to make a follow up visit to the provider to review the service and feedback to the Safeguarding Information Panel if any concerns are raised. Historic provider concerns information is used to identify if providers are unable to sustain service improvements made during a provider concerns process. This enables the project co-ordinator to provide support to the provider that targets the sustainability of changes made.

Step 6: Managing Conflicts of Interest

To ensure the process is open and transparent all parties that attend the strategy group meetings are asked to declare any 'conflicts of interest' to be recorded at the meeting. In the event that a conflict of interest is recorded the Chair of the meeting must take steps to ensure the process is not biased as a result of this. The following may be considered in the event that a 'conflict of interest is declared' but is not an exhaustive list:

1. The individual that has made declaration to be excluded as a representative on the strategy group and a replacement requested from the organisation, they represent.
2. The individual that has made declaration is excluded from specific discussions throughout the process.
3. Agreement given for the individual that has made declaration to participate in the process as all attendees are bound by the confidentiality agreement of the process
4. The conflict of interest declared is not considered significant to impact on the process.

Where an 'In House' provider is identified for the provider concerns process a 'conflict of interest' is recorded and the Chair must ensure that the process is followed consistently to maximise the benefits of the support available to the provider. Consideration for independent scrutiny of the process may be considered if deemed to be necessary and appropriate.

Step 7: Organisation Learning

The provider strategy group may consider whether an organisational learning meeting is required. If this is agreed, the Strategic Safeguarding Adults Service or a partner will convene a Learning Meeting, which the Provider will also be invited to. 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. Feedback from people that use services and their families and friends should be included for organisational learning purposes.

Lessons learnt that are identified from learning events should be fed in to the commissioning cycle, improve the safeguarding adults function and raise awareness with other staff teams or partner organisations if appropriate. Any changes made to practice improvement should be shared to improve the quality and safety for people who use services and disseminated within organisations adapted to be GDPR compliant.

Step 8: Review

To reduce the risk of Providers failing to sustain the service improvements throughout the Provider Concerns process a sustainability plan should be developed. The Project Co-ordinator and the Provider should jointly develop the sustainability plan and agree how this will be monitored.

The sustainability plan should be shared with the appropriate monitoring team so that a review of the service can be scheduled to ensure that the improvements have been sustained. This should take place within three to six months of the closing of the provider concerns process.

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

Interventions for high risk Provider Concerns

Concern with deaths in care providers

It has been recognised that in some instances the monitoring of death rates can be a useful tool in identifying poor practice. The question is whether the quality of care could have contributed to the earlier death of residents, while recognising that care providers are often looking after people who may be unwell, poorly or in end stages of their life.

The Provider Concerns Strategy group may become aware of a number of deaths within a timeframe which it is believed is not within reasonable rates and that further factfinding would be of benefit. In this instance a review of the health and social care records of deceased residents is required. It is recommended that this is completed by a health professional who can triangulate information from care and medical records and care planning documents and from information from health and social care professionals involved.

In some instances, access to medical records may be required in order to identify that the provider was following medical advice and confirm that appropriate information was in the health and social care records. This may be for example reviewing the files held by the GP. Advice should be sought from the appropriate Information Officer for guidance to access to information of deceased residents.

Where there is any indication through fact finding that the quality of care provided could have contributed towards early death or the death of a resident a referral to the Police and to the Multi-Agency Safeguarding Hub should be made to undertake Section 42 enquiry.

Careful consideration needs to be given around the correct point at which to inform the deceased's loved ones about any suspicions that abuse and neglect may have been relevant. This should be carefully considered by the Multi-Agency Safeguarding Hub and the professionals taking that concern forward as sharing suspicions that are quickly found to be untrue is very distressing. However, this does have to be balanced against the obligation to be transparent. Escalation Process

High risk provider concerns should be escalated to the Director and Service Director level in Housing, Health and Adult Social Care and the senior individual in the commissioning body. An agreed plan for management of the concern will be made, which may include consideration of the need for an independent chair, investigators or additional resources to assure the safety of those who use the provider.

The case will be escalated via the acting chair of the provider concerns process to the Head of Safeguarding Adults, Quality and Complaints, whom will then make a decision with regards to notifying the Director and Service Directors of Adult Health and Social Care. A meeting will be convened and decision taking as to next steps, this can include but is not limited to:

- Need to appoint senior chair or independent chair
- Additional resource to protect current residents
- Decision to move residents or plan exit strategy
- Formulating response to other key stakeholders, including members
- Agreeing statement for press

Suspension of new and or returning placements

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 new and or returning placements or the transfer of placements to alternative providers. This is considered a supportive measure to allow providers time to make and embed and sustain service required improvements.

A suspension of commissioning 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.

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.

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

a. 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;
b. If a criminal investigation is underway; and/or;
c. If any other relevant and serious incident/ concern/situation warrants such action.
d. If the Care Quality Commission reports significant regulatory issues.
e. If the Care Quality Commission imposes a suspension
f. If the provider requests a suspension is imposed and is termed a voluntary suspension.

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

a. 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
b. 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.

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.

Where it is considered that a suspension is necessary this recommendation should be escalated to the relevant person. For the local authority this will be the Head of Commissioning, Head of Procurement and Contracts, Director of Adult Health and Social Care and or Service Directors. 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.

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

Notification to other authorities on the decision to suspend or decommission a service is done via the Association Directors of Adult Social Services and notification to the Integrated Care Partnership.

Exit Strategy

A European Court of Human Rights ruling on a Care Home resident being moved stated that “there is a professional burden on practitioners to identify hazards and minimise risks by adopting best practice in preparing residents and their families.”[1] If the preparation, planning and implementation of an exit strategy become necessary within the provider concern process, all stakeholders will be entering a highly pressurized and uncertain period.

This section is designed to provide a map of the key issues that need to be considered and Enfield Council’s response to these issues.

Context

There are three situations where an exit strategy is necessary:

1. CQC take the decision to de-register a home
2. HSE/Environmental Health take the decision to close a home
3. The local authority decides that the home is not meeting the needs of the service users that have been placed there.

An exit strategy requires the safe movement of residents, their belongings and any information regarding their care/support needs from the failing home to another placement safely.

Exit strategies can be: immediate, semi-planned or planned, depending on the notice period the Provider Concerns Strategy group has been given. The pressures and priorities for each type of exit strategy cover the same dimensions: initiation, engagement, information, co-ordination, implementation and review.

1 Enforced relocation of older people when Care Homes close: a question of life and death?, D. Jolley et al., Oxford University Press, 2011

Initiation

Once the Provider Concerns Strategy group has agreed that preparations for an exit strategy are necessary, an Exit Strategy group needs to be established. This group will include: the Provider Concerns Strategy group chair, co-ordinator, placing authority representatives, health representative, exit strategy co-ordinator (who will focus on information gathering and sharing, and logistics), and anyone else the chair feels is necessary, based on the specifics on the exit strategy. LBE have an emergency planning service which may be key within this partnership where an immediate closure is required. Attempts to work in partnership with the exiting provider should be made and where this is possible the exiting provider is key to the transfers to receiving providers. In the event that the exiting provider is not willing to engage in the Exit Strategy the local authority will be responsible for the safe transfers to alternative providers.

Engagement

There are a variety of stakeholders that may be engaged. Many of the stakeholders will already be part of Provider Concerns Strategy meeting. However, to ensure a well-informed, co-ordinated and safe exit strategy the following representatives must be contacted as appropriate and briefed regularly:

- Residents and their families and friends and or advocates, IMCAs and registered attorneys.
- Provider (at various levels depending on size of provider)
- Senior managers of the lead Local Authority
- Other placing authorities
- Health colleagues (Pharmacist, GPs)
- Ambulance service/private ambulances
- Police
- Lead local Authority's care teams
- Lead local Authority's OTs and equipment providers
- Lead local Authority's Emergency planning teams
- Lead local Authority's Press office
- Lead local Authority's Legal and Insurance teams
- Lead local Authority's Transport services or commissioned services
- Lead local Authority's Adult social care Procurement/Brokerage
- Lead local Authority's Emergency Planning Service
- Packing and removal company

Once an exit strategy has been initiated all or some of these stakeholders need to be contacted and advised that an exit strategy, with the relevant timescales, is underway.

The role of these stakeholders will be discussed in greater detail below, under co-ordination. Depending on their role within the exit strategy they will have to be contacted at regular intervals. The frequency of contact with the stakeholders must be agreed by the Exit Strategy group and noted as part of a communication plan.

Information

Gathering accurate information is crucial for the exit strategy to work effectively. It is the basis for the co-ordination element of the exit strategy process and facilitates effective risk management and planning. The information will help identify the service users identified as high risk for a variety of reasons. These service users will need the most and or specialist support for a successful transition.

The following information is needed to effectively manage an exit strategy.

Resident care information

- Including, most recent reviews and OT assessments. covering information such as – mobility; continence; eating and drinking; epilepsy/seizures; challenging behaviour
- OT assessment information, carried out specifically for move; equipment requirements; moving and handling notes
- Risk assessment to address support requirements during transition and transport
- Residents assessed as high risk to be highlighted.
- Transition plan.

Resident health info

- Continuing care reviews for clients with nursing needs, detailing health specific needs;
- GP details;
- Medication; controlled medication
- Pressure care

Resident capacity

- DoLS in place;
- Orientation/confusion
- Advocacy/IMCA requirements.

Location within care home

- Floor/room number

Transport requirements

- Equipment/support needed to move resident to ambulance – hoist/wheel chair
- Transport to bring support workers back from placement
- Details of "precious" belongs that must accompany the service user/the rest will be moved by removal company

Family information

- To ensure that all aspects of support have been taken into account (culturally specific information)
- Main carer present on day of move to provide support

Placement information

- This may not be available until the day of the move
- Friendship groups considered when identifying new placements and in support planning.
- Ensure that equipment is in situ prior to the move date.
- Ensure medication is available at new placement prior to the move date.

This is not an exhaustive list. The detail that is required and the time pressures for analysing and disseminating this information will vary depending on whether the move is immediate, semi-planned, or planned. However, the above list provides an indication of the key areas that must be considered.

The information will need to be compiled into a variety of different formats to support different functions during the exit strategy: resident packs to stay with the support worker; floor plans with names and room numbers for floor co-ordinates and so on (see Implementation)

Co-ordination

Once an Exit Strategy group has been established, it will need to work through the tasks below. These tasks represent the minimum requirement, and the Exit Strategy group will need to decide if additional tasks are required to effectively implement the exit strategy.

Task 1: Develop robust project plan

As part of the department's emergency planning processes, a draft project plan outlining the key tasks, roles, responsibilities and processes needed should already be developed. The parameters of the project then need to be modified to reflect the time scale and complexities of the exit.

Dependencies:

- Provider Concerns Strategy meeting
- Exit Strategy group has approved
- Key information about the residents and the move have been gathered

Task 2: Briefing for those responsible for tasks

Allocated social workers or review officers will be allocated to undertake the following:

Assess service user's needs and complete MCA

- Gather key information from exiting provider
- Engage with family and friends and IMCA and Advocates if required
- Liaise with other professionals involved to provide support and gather relevant information
- Be a named contact for service users and their families and friends
- Make referral to Brokerage team to source new placement options

Exiting Provider if engaged in the process

- Provide service user information to support any social care and health assessments
- Prepare resident information pack for the day of transfer
- Obtain two weekly supply of residents medication and MAR charts for the day of transfer
- Share information for any ongoing health appointments and treatments for service users
- Facilitate assessments for service users for receiving providers
- Support the transfer of service users to receiving providers – this may require additional payments from the local authority where additional staff resources are required
- Attend Exit Strategy meetings where required to provide updates and share information

Brokerage Team

- Source alternative placements using information from care management teams

- Provide information to service users and their families and friends regarding placement costs and implications for self funders and 'top up' arrangements
- Take referrals for out of borough placements if required

Dependencies:

- Staff resources where identified and agreed by senior managers
- Staff notified and prepared for emergency scenario
- Timetable finalised
- Additional financial support for providers if required

Residents and their families

The provider and allocated social workers and or review officers to contact residents and their family and friends prior to the move to let them know what is taking place and the timescales. Family and friends to be offered opportunities to support transfers.

Dependencies:

Time permitting family members and friends and main carers will have already been briefed. Ideally, placements should be identified prior to the day of the move.

Task 3: Equipment to be identified by OT reviews

Residents' equipment requirements should be identified prior to the move and new placements to confirm they are able to provide the required equipment. A summary of this information needs to be provided to the appropriate teams to provide the required equipment and the provider where the provider is required to source the equipment required. A copy of any OT reviews must be included in the Residents' packs. CHAT teams can be approached to source and provide equipment where appropriate.

Task 4: Care Management teams and Brokerage to identify and agree placements

Once it is confirmed that an exit strategy is going to be implemented, The Brokerage team will negotiate the cost of placements identified by the social care practitioners based on needs identified by service user assessment and other supporting information. All placements identified will be discussed at the Exit Strategy group meetings. Out of borough placements will be discussed at the Exit Strategy group meetings and if required the host authority will arrange placements by referral from out of borough placements. In the event that out of borough care management teams do not engage in the process the transfer of placements will be made by the host authority as an interim measure. This will be escalated to Director level to support engagement in the process via ADASS.

Dependencies:

- OT reviews are completed.
- All reviews are up-to-date.
- Resident packs have been completed.
- Social care assessment
- Engagement of out of borough placing authorities

Task 5: Briefing for other Lead Local Authority partners

The Local Authorities Press Office, Legal Team and Emergency planning are to be notified, and updated as often as feasibly. These partners will be able to assist with unknown elements of the move (for example, press desk on site; emergency provision and so on). The Local Authority's Insurance officer needs to be contacted to understand the key risks and what the Local Authority is covered for. Transport need to be advised that significant requirements will be necessary. Legal team to review correspondence and statements made to the public domain to ensure information is accurate and legally compliant.

Task 6: Preparing staff resources in case care home staff walk out

This risk increases when the planned move is to happen over a number of weeks. At Enfield Council, our In-house provider services have made staff available to provide emergency cover if necessary. These local authority members of staff will play a crucial role if care home staff were to walk out. Procurement/Brokerage will also need to be engaged if there is a total staff exodus.

Task 7: External Partners need to be engaged (GPs)

GPs will need to be advised of the move and a pharmacist identified to dispense medication if required. Staff facilitating the move to have a list of useful contact details should they be required or need additional support.

Timescales:

- Partners should be engaged as soon as possible. Where feasible, they should be invited to staff briefings.

Task 8: Partnership working with placing authorities

Placing authorities will have sight of the risks and have either completed, or be in the process of completing, reviews. Key officers during the move (for example, the floor leads) will need to be in regular contact with placing authorities' decision makers to ensure all preparations are in hand and residents will have a safe move. Placing authorities have, where possible, identified officers to be onsite. If communication is not possible, or preparations are not completed by the placing authority, emergency measures will have to be put in place on their behalf by the lead local authority.

Timescales:

- On-going, until all placing authority residents are moved.

Task 9: Suppliers need to be forewarned of demand without specifics (Ambulance, removal company, bags etc.)

Suppliers will need to be briefed (without being told of specifics) so that adequate provisions for the move can be made. The key suppliers are the ambulance providers and the removal company. The rest of the requirements can be sourced with an emergency P-card. It may be necessary to contact transport providers.

Key suppliers:

- **Ambulance**
  If an exit strategy becomes necessary, private ambulance providers (for example St. John's ambulance service or Red Cross) may need to be contacted and liaison officer included in all briefings and exit strategy meetings. They will be able to assist with things like controlled medication and so on. Note: it may be possible to move more than one client in an ambulance.

  The private ambulance staff should be trained in patient handling and have their own processes that need to be understood.

- **Removal**
  Identify two removal companies that can undertake the required task. This should include packing, removal and unpacking. Depending on the number of residents that need to be moved, and the number and distance on placement, there may be implications on timelines for delivery which must be considered by the Exit Strategy group. This may be managed by the exiting provider and receiving provider if they are engaged in the process.

- **Transport**
  Where officers are providing support to residents during the move, internal transport services may be able to organise Taxis to bring them back. Transport services may also be to source vans to move resident's belonging where someone has family or friend support to pack and doesn't have any furniture.

- **Brokerage**
  The brokerage/purchasing team's key task will be to identify care home placements for residents; however they will also be able to source care/support workers or other specialist officers to ensure there are sufficient members of staff and expertise during the exit.

Implementation:

To effectively implement the exit strategy, key officers will need to be identified to carry out the roles below:

Strategic roles	
Operation lead:	Head of Safeguarding
Commissioning/ Brokerage lead:	Head of Service
Care Management:	Service Manager
Care staff & support:	Provider Manager
On site leads	
Operation lead:	Head of Safeguarding
Social care lead:	Head of Care Management
Health lead:	Head of Continuing Care
Key support on site	
For every floor there should be a lead:	Safeguarding/Social Work Manager

Health partners	
Pharmacists:	
Nurses CHAT, GPs:	
Logistics	
Logistics lead:	Exit Strategy Co-ordinator
Logistics officers:	Transport/Brokerage/Care management officers

In addition, the provider care staff and allocated social workers and or review officers will be needed to support the move:

- they will ensure family and friends are consulted where possible;
- that the service user is made as comfortable as possible;
- and that all the risks identified with the move are mitigated as far as reasonably possibly;
- liaising with care management to ensure that placement is identified and that key equipment is in place;
- they will also ensure that all of the resident's belongings are clearly labelled for the removal company and that the overnight bag is packed carefully;
- they will consult with the pharmacist regarding medication;
- and ensure all transfers into wheelchairs/ transport option are conducted in a safe manner.

The number of care staff required to support the move needs to be determined by the allocated social workers and review officers after careful consideration of the support needs of the residents. The involvement of friends and family at this stage also needs to be taken into account. To cover for illnesses and serious unforeseen circumstances, contingency care staff will also need to be briefed.

This is not an exhaustive list and it will need to be adapted to suit the specific provider concern.

The tasks detailed in the co-ordination phase and other activities deemed necessary by the Exit Strategy group need to be implemented according to the agreed project plan.

The operational lead will have responsibility for ensuring that the plan is adhered to and that all officers are aware of key issues and timescales during the exit.

Review:

Once the exit has been completed it is imperative that the Provider Concerns Strategy group review the exit strategy process within a three month period and ensure that any lessons learnt during the process are acted upon.

To effectively undertake this review all residents will need to be reviewed prior to the process review meeting.

Exit strategies are always a last resort and represent an uncertain, anxious and stressful time for everyone involved. Effective planning, communication and risk management will significant reduce the uncertainty and risk. Every Exit Strategy group must agree on the best approach based on the individual provider concerned, the information above offers a framework for these discussions and decision making.

Provider Concerns During Pandemic Conditions

When supporting the Provider Concerns process it is usual for those involved in the monitoring of a provider service to make regular site visits to review the service delivery and obtain evidence of the quality of the recording and reporting and documentation maintained by the provider. In addition to this people that use the services will be engaged in reviews and assessments with a range of health and social care practitioners. During the 2020 pandemic and 'lock down' period central government restrictions and effective infection control measures required the suspension of all non essential visits to care homes and to vulnerable people. To ensure the Provider Concerns process continued to meet its objectives new ways of working were implemented including:

- Use of ICT to conduct virtual assessments
- 'Teams' meetings to meet with the strategy group and provider
- Video calls to facilitate virtual tours of provider premises
- Welfare calls to people that use services and their families and friends to collect feedback
- Emails and texts and messaging used to engaging with all parties where this is agreed
- Use of appropriate PPE where visits are deemed essential
- Virtual training provided and webinars to support learning and ongoing training for staff

It is essential that the Provider Concerns process is initiated and followed where proven allegations of organisational failings are identified. The Provider Concerns process can be adapted and used flexibly during pandemic or other certain exceptional conditions to ensure failing providers are identified at an early stage and supported to make service improvements as required.

Safeguarding Adults and Quality Assurance
Health and Adult Social Care
February 2023

ENFIELD Council