

**Lessons Learned Review – Mrs. S NYSAB Delivery Report – September 2020**

# Introduction

* 1. The purpose of this report is to present to the North Yorkshire Safeguarding Adults Board (NYSAB), the final action plan in response to the Lesson Learned Review in relation to the care of Mrs S.

# Background

* 1. Mrs S was born in 1926 and had lived with dementia and other conditions for several years. Mrs S had been a resident in a nursing home in Scarborough since 2012. Safeguarding concerns were brought to the notice of the Scarborough and Ryedale Clinical Commissioning Group (CCG) and North Yorkshire County Council (NYCC) by one of Mrs S’ four children, Daughter 1. Further issues were raised by Daughter 1 and had been considered and investigated by the statutory organisations. Daughter 1 remained unhappy regarding the way these allegations were investigated and the ongoing management of her mother’s care by the nursing home, the CCG and NYCC’s safeguarding investigators. The circumstances of the case were complex. In June 2018 Mrs S sadly passed away.

# Overview

* 1. In 2017 two independent reviews were commissioned by the North Yorkshire Safeguarding Adults Board regarding ‘Mrs S’. The first of these, an independent Lessons Learned Review was undertaken following a number of safeguarding alerts and complaints raised by one of Mrs S’ daughters, Daughter 1, between 2013-2017 regarding her mother’s care in a nursing home. In the time since this review was commissioned, Mrs S has sadly passed away. To assure the NYSAB that Mrs S received quality care and treatment, and that any multi-agency lessons are identified and acted upon, a second independent case review, which evaluated the care and treatment of Mrs S in the final weeks of her life, was also completed.
	2. The reports set out 23 recommendations to the individual agencies involved and the NYSAB as a whole, all of which are accepted by the NYSAB in full. Since the reports were published, the individual agencies involved in this review have been undertaking the work required as a result of the recommendations

to ensure that lessons are learned and that practice and process is improved across all agencies, ensuring that those receiving care and support in North Yorkshire are provided with the highest quality of care, and any concerns raised are dealt with appropriately. Progress on these actions has been monitored throughout by the NYSAB.

* 1. Given the number of recommendations made in these reviews, the Learning and Review sub-group reviewed these and identified many cross cutting themes. To ensure effective monitoring and reviewing it was agreed that these actions would be grouped together to create tangible actions.

This would allow the Learning and Review group to measure progress, identify areas where further information was required and to liaise with partners and service areas much more efficiently when requesting information and updates for these actions.

* 1. This report sets out the final action plan and the progress agencies have made to implement the recommendations, together with any further work that is required and timescales for completion.

# Theme 1: Complaints

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| **Recommendation** | **Action to be undertaken** | **Agencies responsible** | **Update** |
| 1. **Ensure a consistent approach to dealing with persistent and vexatious complainants across health and social care services.** | Revise CCG Policy and develop a SAB wide policy. | Health and Adult Services North Yorkshire CCG | The CCG complaints policy was reviewed by the Complaints Team to consider a shared approach in cases where there is joint working with other services and to be updated to reflect this.The NYSAB’s Persistent Complainant’s policy was agreed by the NYSAB in 2019 and will be used when required. It is available via the NYSAB website: [https://safeguardingadults.co.uk/wp-](https://safeguardingadults.co.uk/wp-content/uploads/2019/10/Policy-on-Unreasonably-Persistent-Complainants.pdf) [content/uploads/2019/10/Policy-on-Unreasonably-](https://safeguardingadults.co.uk/wp-content/uploads/2019/10/Policy-on-Unreasonably-Persistent-Complainants.pdf) [Persistent-Complainants.pdf](https://safeguardingadults.co.uk/wp-content/uploads/2019/10/Policy-on-Unreasonably-Persistent-Complainants.pdf) |
| 2. **Ensure support is available to care home providers to deal with persistent and challenging relatives** | Buddying up of Care Home Managers to support new managers or managers where there are challenges.Training on dealing with conflicts, challenging situations and people. | HASNY CCG | It was agreed that the NYSAB wide document would be shared with providers for use.As a result of this review the Quality Improvement Team now meet with any new Registered Managers to discuss expectations of quality in North Yorkshire and how this will be monitored.Complaints will be a focus of the Autumn 2020 round of Provider Engagement Events. These dates are set 9-17 November 2020. |

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|  | Identification of key people within HAS complaints team and Quality Improvement Team to support with advice and signposting on how to deal with complaints, safeguarding.Attendance at Continuing Health Care(CHC) team meetings and care provider forums to deliver additional training for CHC case managers if required |  |  |
| **3. Ensure a process of identifying problems between family members and care providers early on with steps put in place to mitigate risk and breakdown of relationships.** | Delivery of and attendance at learning & development eventProvide information to families and care providers that is clear and sets out expectations and | HASNY CCG | Complaints will be a focus of the Autumn 2020 round of Provider Engagement Events. These dates are set 9-17 November 2020. Support Guidance outlining best practice managing complaints will be issued in advance and a presentation will also focus upon the interface between safeguarding and complaints.A meeting was held in April 2020 with the NYCCG Continuing Health Care operational management team. Current process and information for families has been explored and suggestions for improvements to systems |

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|  | complaints/escalati on process |  | has been discussed. This includes updating the initial letter sent out to people which also now includes the complaints process. A CHC leaflet is also attached as a matter of routine. This will support the management of expectations and agreed communication processes.Training is currently being developed for all CHC staff. This will be delivered by December 2020. |
| **4. Ensure those making complaints or safeguarding referrals are given clarity about processes and the potential outcomes and are kept updated throughout.** | Revised CCG policy to be shared with SABEnsure keeping those who have raised concerns informed throughout the process is included within the new multi-agency policy and procedures | HASNY CCGAll partners | NY CCG complaints policy has been reviewed and meets the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations (2009) and conforms to the NHS constitution.The new North Yorkshire safeguarding policy and procedures that were introduced after the timeframe for this review ensures that those reporting a safeguarding concern have this acknowledged by North Yorkshire County Council (on behalf of the SAB, by either a member of staff from the Customer Service Centre or the Enquiry Officer. Following the principle of Making Safeguarding Personal, the person at risk / subject will consent to what information can be shared with whom, which can includethe person who raised the concern. |

**Theme 2: Policies, Procedures and Process**

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| **Recommendation** | **Action** | **Agency Responsible** | **Update** |

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| **5. Multi-agency Policy and Procedures to address interface between safeguarding, complaints, commissioning, inspection, contract monitoring and collective care** | Ensure learning from reviews is included in revision of SAB multi- agency policy and procedures | NYCC HAS | A group representing the 6 partner Safeguarding Adults Boards (that are party to the new procedures) acknowledged that each Local Authority would have their own separate complaints procedures, including different arrangements for Quality and Monitoring (commissioning) and for undertaking large scale enquiries. The existing Collective Care Procedure is due for review but due to Covid-19 was put on hold as officers were redeployed to form the Covid-19 response. This will be completed ready for implementation no later than 31 March 2021. |
| **6. All SAB partners should support medical opinion/clinical evidence when considering safeguarding concerns** | Learning to be shared from the review across partner networks to include but not limited to GPs; CHC teams; safeguarding team | All partners | CCG training dates have been established and virtual training to GPs and Primary Care staff has commenced. Dates will run throughout 2020 / 21. An agreement has been reached that all CHC clinical staff are invited to the Hot Topics Safeguarding Training. Flyers advertising the dates and how to book have been circulated to CHC staff, and the Operational Manager and Team Leaders have been advised how to collate this data for future reference.NYCC will develop a safeguarding practice session around medical opinion in Autumn 2020. This will include consideration of appropriate challenge. |
| **7. There should be clarity about what constitutes a complex case** | Delivery of and attendance at learning & development event | NY CCG HASAll partners | A clear process is now in place for the management of complex cases within the CCG - once eligibility is established then a review is completed at three monthsand then annually as per Framework. More active case management will be undertaken if there are |

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|  |  |  | complexities, including but not limited to; higher or fluctuating needs, behaviour that challenges and increased level of restrictive practices e.g 1:1, 2:1 support, instability in care package which may lead to a breakdown in care provision, safeguarding concerns, and family dynamics. Complex cases will have a case manager assigned to monitor and review. This has been shared with NYCC for review and adoption to ensure consistency across both organisations |
| **8. Clear criteria for closing safeguarding alerts and complaints** | Criteria in new multi-agency policy | HAS | This is included in the new multi-agency policy and procedures and is undertaken as regular practice |
| **9. Evidence of clear recording and decision log to track the evolution of responses and subsequent decisions** | Delivery of and attendance at learning & development event | HASNY CCGAll partners | Practice, Complaints and Safeguarding have met with the CCG to develop a template and consider whether this needs to be a multi-agency document and work is currently underway on this. |
| **10. Reconsideration of the Collective Care Process to involve care providers, residents and families to improve quality of care and eradicating poor practice** | Clear processes around organisational safeguarding processes to be developed and shared across partnership networks | HASNY CCGAll partners | The existing Collective Care Procedure is due for review but due to Covid-19 was put on hold. The position will be reviewed in September 2020 by the PPDL NYSAB sub group, and a multi-agency working group will be established. This will be completed ready for implementation no later than 31 March 2021.This action has been delayed due to staff being redeployed due to Covid 19. This will feed into the timeline for the quality pathway. It will run in parallel for contracting and collective care but will be made clear to providers what process we are working within. |

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| **11. Any scrutiny of practice should be proportionate** | Learning to be shared from the review across partner networks to include but not limited to GPs; CHC teams; safeguarding team; health partnership forum. | HASNY CCG | Learning from review will be shared in summer 2020. NYCC will include this as part of care managers’ forum.In October 2020, workshop sessions are being delivered for NYCC practitioners to share the learningCCG training dates have been established –and virtual training to GPs and Primary Care staff has commenced. Dates run throughout 2020 / 21.Learning from this case is in the Primary Care Hot Topics training. It was also discussed at the Health Professionals Forum in July 2020 and the learningshared. |
| **12. Regular dialogue between SAB and CQC about safeguarding referrals, concerning notifications from homes and lessons arising from safeguarding reviews** | Ensure if needed regular liaison with the SAB and the nominated CQC representative for North Yorkshire.Continue individual agency interface with CQC. | All partners CQC | Arrangements for CQC / NYCC / CCG / NYP engagement meetings were under review prior to Covid. All partners meet daily with CQC to discuss any issues and to support care settings.NYCC, CCG and CQC have continued to meet once - twice weekly to discuss any emerging issues during Covid-19 as well as attend daily meetings to address any immediate risks and concerns.As part of the recovery from Covid the step down arrangements will be agreed to ensure improved communication is retained. |
| **13. Review to be used as part of Councillors induction to adult safeguarding** | Consider how the learning from this SAR is reflected in Councillor | HAS | Next elections take place in 2021. The learning from this review will be delivered as part of the induction to County Councillors within the training package. |

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|  | Safeguarding training |  |  |
| **14. SAB to draft guidance concerning the use of CCTV in care homes and group living settings** | Scope draft guidance for the SAB in relation to CCTV limited to issues for the SAB and not individual agencies | All SAB Partners CQC | There is CQC guidance around the use of CCTV in line with the RIPA (Regulation of Investigatory Powers Act); this is used to provide guidance to care providers. |
| **15.The CCG and Adult Safeguarding Board may wish to clarify the difference between multi-agency safeguarding processes and routine clinical quality assurance processes and ensure that there are clear****and different escalation routes for each.** | Review current CCG arrangements of routine clinical quality assurance processes and make any considered adjustments in lightof learning from the reviews if required | S&R CCG/NYSAB | The new North Yorkshire safeguarding policy and procedures that were introduced after the timeframe for this review has established clear processes between safeguarding and quality issues. Training for staff around new processes was completed prior to implementation of new procedures in October 2019This will link into North Yorkshire’s quality improvement pathway, which is currently being developed for implementation no later than 31st March 2021. |

**Theme 3: Contracts**

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| **Recommendation** | **Action** | **Agency Responsible** | **Update** |
| **16. Undertake joint work on fair contracts, the terms of fair contract cancellation and values reflecting human rights obligations.** | Review current contract arrangements and make any consideredadjustments in light | HASNY CCG | NY CCG does not have individual contracts in place with care home providers at the current time. However they are working closely with Primary Care Networks to deliver the Enhanced Health in Care Homes in 2020/21 in line with the NHS Longterm Plan |

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|  | of learning from the reviews HAS S&R CCGAll partners if required |  | A current review of the quality improvement and contracting process, with a focus on termination of placements, is underway. This will correspond with the Quality Pathway, which will be implemented no later than 31 March 2021. |
| **17. Commissioners to involve Skills for Care and Provider organisations in addressing different responses to the circumstances which are the focus of this review** | Learning to be shared from the review with Skills for Care for discussion at Care Providers Forum | HASNY CCG | Learning will be shared with provider organisations in Autumn 2020Skills for Care attend Independent Care Group Partnership Board and are invited to all Provider Engagement Events |
| **18. The senior management of the Care Home may wish to consider how it ensures that all carers are equally and consistently informed of the detail of care plans and leads the support and monitoring of their implementation.** | CCG Designated Nurse to meet with Nominated Individual to discuss learning from reviews and gain assurance regarding action | Care Home | A meeting was held with Care Home Group directors and managers (nominated individual) in February 2020, which was an initial meeting to go through reports and draft action plan. The follow up meeting was delayed due to the Covid-19 pandemic, and took place in July 2020. At this meeting the process of nurses’ reports and handovers was discussed. In addition, daily 10 at 10 meetings take place. Lists of meetings attendees are maintained; the process for staff supervisions and appraisals are in place and up to date. Audit of care plans have been completed by nurses and overseen by the clinical lead – action plan pertaining to any identified issues maintained |

**Theme 4: Mental Capacity**

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| **Recommendation** | **Actions** | **Agency Responsible** | **Update** |
| **19. Compliance with the Mental Capacity Act and the Care Act and a basic understanding of the law should be at the heart of professional practice** | Undertake competency audit of staff understanding and compliance with the Act | All Partners | A practice review audit is being undertaken to ascertain MCA competency in NYCC staff and work targeted at improving practice in this area is underway in readiness for the Liberty Protection Safeguards, which are expected to come into force on 1 April 2022.Agencies are carrying out Mental Capacity Act audits, which include understanding and compliance against training, which everyone is currently performing alongside.A competency audit of care home providers is currently underway, led by NYCC, to ensure all provider staff have a good understanding of the MCA and its principles and are actively working within those principles |
| **20. The senior management of the Care Home may wish to consider how the home routinely engages relatives of those who lack capacity, in the development and monitoring of care plans.** | CCG Designated Nurse to meet with Nominated Individual to discuss learning from reviews and gain assurance regarding action | Care Home | A meeting was held with Care Home Group directors and managers (nominated individual) in February 2020 which was an initial meeting to go through reports and draft action plan. A follow up meeting took place in July 2020. Contact with families has been maintained throughout national lockdown restrictions. Skype call; garden visits; telephone contacts; managed visits; anniversaries celebrated; home has received many |

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|  |  |  | compliments and has had support from local community. No complaints have been received. Minor issues of tension have been de-escalated by the managerCare plans are developed with families/closest relatives for all residents including those who lack capacity |

**Additional Actions**

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| **Recommendation** | **Action** | **Agency Responsible** | **Update** |
| **21. Clarity on how “active case management” is manifest in the work of health practitioners** | Attendance at CHC team meeting | NY CCG | Learning to be shared from the reviews with CHC teams– with consideration of what is currently in place and what needs to change CHC teams stood down for the period of Covid-19, this action will be picked up when reinstated |
| **22. Development of an Action Plan to bring together requirements of commissioning, inspection and safeguarding to aid coordination and communication between****partners and CQC.** |  | All partners HASCommissionin g and monitoring teamsCQC | Arrangements for CQC / NYCC / CCG / NYP engagement meetings are currently under review.A meeting was held in April with CHC operational management –a discussion was held in relation to the clear understanding of active case management and how this is demonstrated |
|  |  | This will also be incorporated into the quality improvement pathway. |
|  |  | More robust plans are currently in place due to Covid-19 and some of these will continue beyond the pandemic and become business as usual |

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|  |  |  | An agreement has been made with CQC that one action plan will be used for multi-agency purposes. This will be drafted by the provider, who will retain ownership and accountability. |
| **23. The CCG CHC team may wish to review how it routinely monitors and supports the quality of care delivered within commissioned care packages, in line with the National Framework for Continuing Healthcare** |  | NYCCG | A meeting was held with CHC operational management in April 2020, current quality assurance processes were discussed. Quality assurance processes include reference to the following: Care Quality Commission – registers; monitors; inspects; and rates all health and social care services to ensure they provide people with safe, effective, compassionate, high-quality care. Have powers to take enforcement action where services are in breach of regulation. North Yorkshire County Council – now undertaking brokerage on behalf of CCG. CHC eligibility established then sent to NYCC brokerage team and (where possible) 3 available options returned.NYCC have an experienced Quality and Market Improvement team with a well-established structure of contract monitoring and management. In addition they have a more recently established Quality Improvement team who are able to support identified struggling care providers with service improvement. CCG Quality Leads have well-established links into care provider market supporting quality and service improvement with national initiatives (e.g. React to Red; NHS mail) and local training (e.g. syringe driver; palliative care). CCG Medicines Management team – are completing programme of medicines optimisation in care homes.CCG Safeguarding Team undertake joint baseline and follow-up assurance visits with LA to care providers |

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|  |  |  | where safeguarding concerns are identified and support service improvement through an ‘organisational’ safeguarding approach. Good communication pathways are established between CCG; NYCC- QMI & QIT; and CQC. Lastly, CHC case managers monitor individual packages with audits of care provided e.g. nutrition & fluid charts; positive behaviour support, social activity.During the pandemic some CHC staff were redeployed, however CHC reviews continued virtually.Since the 1st of September the team has beenfully reinstated and further work relating to this can be progressed |

**Summary**

Due to the current Covid-19 pandemic, as set out above, although the majority of actions in this review have been completed, some have been postponed or are still underway due to emergency processes being in place to deal with the pandemic. The action plan for this review will continue to be monitored by the Safeguarding Adults Board via the Learning and Review Group and the Safeguarding Adults Board will be updated quarterly to ensure all actions are completed as soon as possible.

# Glossary of Terms

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| **Acronym** | **In Full** |
| **CCG** | Clinical Commissioning Group |
| **CCTV** | Closed Circuit Television |
| **CHC** | Continuing Health Care |
| **CQC** | Care Quality Commission |
| **GP** | General Practitioner |
| **HAS** | Health and Adult Services |
| **MCA** | Mental Capacity Act |
| **NHS** | National Health Service |
| **NYCC** | North Yorkshire County Council |
| **NYP** | North Yorkshire Police |
| **NY CCG** | North Yorkshire Clinical Commissioning Group |
| **NY SAB** | North Yorkshire Safeguarding Adults Board |
| **PPDL** | Policies, Practice Development and Legislation (SAB sub-group) |
| **RIPA** | Regulation of Investigatory Powers Act |
| **SAB** | Safeguarding Adults Board |
| **SAR** | Safeguarding Adults Review |
| **S&R CCG** | Scarborough & Ryedale Clinical Commissioning Group |

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