**Unplanned Care Home Closure Action Plan**

**Introduction**

During 2020, Health and Adult Services (HAS) dealt with four unplanned care home closures. They included Care Home 1 & 2 (both Scarborough / Whitby locality) in June 2020, and Care Home 3 (Scarborough / Whitby locality) in November 2020. Once the concerns had been identified, HAS worked with partner agencies, including Primary Care, the Clinical Commissioning Group (now the NHS Humber and North Yorkshire Integrated Care Board), CQC and the Provider, to improve the quality of care within the home. An integral element of this intervention was the deployment of the HAS Quality Improvement Team. This team of practitioners are experienced in running, and improving, care services, work with the care home staff to ensure the appropriate processes, systems and safe staffing levels are in place to provide good quality care. However, despite the best efforts of all involved agencies, the required sustained improvement for the long-term future of these homes could not be secured, and the decision was made to move residents to alternative accommodation.

To ensure learning was identified, and opportunities to improve practice and systems fully explored, a review of each closure were undertaken by HAS. The findings and recommendations have been brought together into one Action Plan, with clear timescales and responsibilities. The Vale of York CCG, which is now part of the NHS Humber and North Yorkshire Integrated Care Board, were asked to undertake the review of Lake and Orchard Care Home (Vale of York) which closed in August 2020, and the findings from this report have been amalgamated into the pre-existing Provider Failure Action Plan.

Further care home closures are now reviewed as a matter of routine, and any additional learning will be added to this plan.

Progress against the plan will be monitored internally within HAS and North Yorkshire Safeguarding Adult Board on a quarterly basis.

**Care Home Key:**

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| --- | --- |
| **Care Homes 1 & 2** |  |
| **Care Home 3** |  |
| **Lake & Orchard** |  |

**Progress Key**

|  |  |
| --- | --- |
| **On track for completion** |  |
| **Remedial action required prior to completion** |  |
| **Not on track** |  |
| **Action Complete** |  |

ASCLT – Adult Social Care Leadership Team, NYCC

CASLT – Care and Support Leadership Team, NYCC

CQC – Care Quality Commission

HAS –Health and Adult Services, NYCC

HASLT – Health and Adult Services Leadership Team, NYCC

HDFT – Harrogate and District Foundation Trust

HNYHCP – Humber and North Yorkshire Health and Care Partnership

QSC – Quality and Service Continuity, NYCC

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|  | Recommendation | Action | Team responsible | Timescale / target completion date | RAG rating |
| 1. | Create a Quality Pathway that sets out clear expectations of quality standards, interventions and support available to providers. Part of this assurance will be achieved through regular visits by the Quality and Service Continuity Team. | A pathway has been drafted, and tools have been developed. The decision to visit a provider will be based on an evidence and risk-based assessment | Quality and Service Continuity Team | November 2022 |  |
| 2. | Quality and Market Improvement Team to review and finalise all governance procedures and processes to ensure they are robust with review mechanisms and signed off at senior level. | New governance arrangements have been implemented, including a weekly meeting with commissioned services and the CQC. Further governance processes and policies are being developed. | Quality and Service Continuity Team | April 2023 |  |
| 3. | The agencies should agree a rating system to understand what 'good' looks like objectively. This will allow for Collective Care and other processes to all be aiming for the same goal with a clear way of assessing success | A readily available IT system, the Provider Assessment and Market Management Solution (PAMMS), will be purchased and include information from various sources to form a multilateral assessment of providers and the quality of their service.  A Framework is being developed for provider contracts that will include consistent good practice guidance linked to NICE and Skills for Care | Quality and Service Continuity Team  Service Development Team | January 2023 |  |
| 4. | Quality and Market Improvement Team to review the Baseline Assessment Documentation and consider Technological Solutions (eg Virtual Ward App) to support flexibility for completion in Residential /Nursing homes and Domiciliary Providers. This should include a corresponding action log, which is agreed and shared with the provider ideally on the day the Baseline Assessment is undertaken/ in real time. | All paperwork, processes and data capture points will be used and aligned with PAMMS. This will support real time recording and publishing of information to other local authorities and the public. Action plans are developed from the assessment and the provider can access this via PAMMS as soon as it has been agreed. | Quality and Service Continuity Team | January 2023 |  |
| 5. | Consideration be given to the potential for an online recording platform, for use by the Quality and Market Improvement Team to ensure version control and enable the sharing of information between HAS teams and partners as appropriate. See above regarding technological solutions. | PAMMs and Teams will be the main recording platforms, however, we continue to consider the use of internal IT systems to capture information from Organisational Abuse cases. | Quality and Service Continuity Team | January 2023 |  |
| 6. | Create a risk profile that identifies early intervention requirements to support market sustainability and reduce provider failure by directing resources to where it is needed. | The Provider Risk profile will be informed by a variety of sources, including support meetings with providers, the use of PAMMS, and safeguarding data. | Quality and Service Continuity Team | December 2022 |  |
| 7. | Clear evidence based risk assessments should be undertaken on both providers and individual safeguarding concerns | PAMMS will capture provider risk assessments. HAS safeguarding training is being reviewed and policies are being updated. | Quality and Service Continuity Team  HAS Practice Team | February 2023 |  |
| 8. | Organisational context needs to be considered when assessing the safety of services delivered from providers. | A review of the HAS safeguarding training is being planned to ensure the views of the CQC are included in safeguarding episodes.  Provider self-assessments for contracting purposes will include their regulatory history. | HAS Practice Team  Quality and Service Continuity Team | February 2023 |  |
| 9. | Create a Share point where HAS staff and other professionals can access information relating to specific providers to ensure all staff are familiar with the provider’s current profile. Thus, improve the quality, timeliness and accessibility of adult social care data. | Information on PAMMs will be available to HAS staff and professionals. Microsoft Team spaces are used to aid communication. | Quality and Service Continuity Team  HAS Technology & Change Team | April 2022 |  |
| 10. | Quality and Market Improvement Team to review where documentation is saved electronically to ensure it is accessible to the team and ensuring this is regularly kept up to date. | Discussions are being held at a corporate level to consider using Microsoft Teams. | Quality and Service Continuity Team | April 2023 |  |
| 11. | Review access to, and the use of, the Organisational Safeguarding (OSA) module (LLA) to identify when a safeguarding concern is raised about a person, which may place others at risk within same provider service (Residential/Nursing home or Domiciliary Care), whom HAS have placed/know about. | Internal IT systems will capture concerns relating to people not known/funded by HAS, and information will be made available to assessment staff. | Quality and Service Continuity Team  Adult Social Care Leadership Team | January 2023 |  |
| 12. | An update to the 2018 safeguarding policy by way of standard operating procedure on how an enquiry will be managed should be considered. | HAS guidance is due for review. HAS safeguarding training will be reviewed and findings to be presented to the North Yorkshire Safeguarding Adults Board | HAS Practice Team. | April 2023 |  |
| 13. | CQC action plans provided by Providers ought to be shared with collective care to ensure that only one action plan is required for the provider. | Guidance on incorporating information from sources, including CQC, into one coherent improvement plan will be incorporated into HAS policies. | HAS Practice Team  Multi-Agency Task and Finish Group | January 2023 |  |
| 14. | Where there are improvements made in a service which has previously been a cause for concern, Regulators and partners should not be too quick to downgrade the assessed risk level without evidence of sustained improvement. | Current safeguarding policies will include 3 and 6 monthly checks prior to exiting of safeguarding procedure.  Furthermore, when a suspension is implemented review points will be agreed. Any lifting of a suspension will include a review at 6 weeks and 12 weeks post lifting.  HAS Review Team (once operational) will assist in the monitoring of quality within the home once operational. | HAS Practice Team  Quality and Service Continuity Team | January 2023 |  |
| 15. | The collective care process should be reviewed to consider whether the information from these meetings would support inspection formulation for the CQC and to ensure that there is a framework within which the Chair of collective care meetings can work to objectively assess risk. | The policy is currently being reviewed, and this recommendation will be included in the final version. | HAS Practice Team  Quality and Service Continuity Team | January 2023 |  |
| 16. | Care and Support to review the position regarding reviews of care placements/packages to consider and agree what is the reasonable time for a care home resident to spend without being reviewed and ensure this is adhered to. | Alongside new policies and pathways, a new HAS Central Review Team will begin recruitment. They will work alongside the Quality and Service Continuity Team | Adult Social Care Leadership Team  HAS Practice Team | January 2023 |  |
| 17. | Multi agency learning opportunity for social care and Quality and Market Improvement Team and health partners including raising concerns in context of Collective Care, ie what to look for when visiting residents in care settings. | A professional’s aide memoire is being launched with City of York SAB. This will support the identification of good practice and concerns within care settings. It is to be made digital and re-launched in 2023 | Quality and Service Continuity Team  HNYHCP  North Yorkshire Safeguarding Adults Board | February 2023 |  |
| 18. | Multi agency training and documentation should be developed to raise awareness to visiting professionals on reporting what is seen when they visit providers. | A professional’s aide memoire is being launched with City of York SAB. This will support the identification of good practice and concerns within care settings. This will become a digital tool to feed direct into PAMMS. In the meantime, reminders will be shared with partners to increase responses. | Adult Social Care Leadership Team  Quality and Service Continuity Team  HNYHCP  North Yorkshire Safeguarding Adults Board | February 2023 |  |
| 19. | Quality Market Improvement Team to develop a robust communication plan for correspondence with residents and families in emergencies (Collective Care or Home Closures) which are person centred and appropriate to meet the needs of those being communicated with. This should include accountability at senior leader level and link to Collective Care procedures. | A communication plan has been developed that will consider how best to communicate with residents and their families during urgent situations. | Quality and Service Continuity Team | November 2022 |  |
| 20. | Develop a local home closure guide with the involvement of partner agencies to ensure a clear procedure is in place to proactively manage and provide clear direction when such an intervention is required. | A guide has been developed with partners agencies and is now signed off. | Quality and Service Continuity Team | November 2022 |  |
| 21. | Arrangements for closing a home should be formalised between health and social care with clear command structures and escalation processes. Including CQC role and involvement. This includes support to staff as the impact on them was significant in the closure of Lake and Orchard; the collaboration between the CCG nursing team and the Local Authority Social workers in supporting residents and an understanding of who is making decisions where there is a disagreement (for example between the Local Authority and CQC about the quality and safety of the residents in a home) | A formal process has been created which includes support for staff, and has clear guidelines for effective multi-agency working. This is being replicated for non-residential services. | Quality and Service Continuity Team | November 2022 |  |
| 22. | Consider opportunities for multi-agency learning from this review by providing a summary of key learning points for North Yorkshire Safeguarding Adults Board, Learning and Review Group. | Initial learning and the completed Action Plan has been shared with the North Yorkshire Safeguarding Adults Board via the Learning and Research sub-group. The Board will be updated on the progress of the plan. | HAS Leadership Team  North Yorkshire Safeguarding Adults Board | On-going – April 2023 |  |
| 23. | Actions from safeguarding meetings and organisational abuse meetings must have a target date against them. | A presentation was provided to the Adult Social Care Leadership Forum in November 2021, following a Learning Brief that was be disseminated via the Practice Bulletin. New policies that will become operational in 2023 will also reference this requirement. | HAS Practice Team | January 2023 |  |
| 24. | Create an arena whereby intelligence and information is shared between agencies in relation to provider performance, prompting collaborative working and supporting market sustainability by having a proactive preventative approach. | Weekly meetings are held with partner agencies including the CQC, Humber and North Yorkshire Health and Care Partnership, Medication Management Team, etc to share information. | Quality and Service Continuity Team | April 2021 |  |
| 25. | Those involved in safeguarding should receive some dedicated training in relation to leading an investigation, assessing and weighing evidence and reaching an evidence based conclusion. | HAS safeguarding training is being reviewed to ensure training provides sufficient support to staff to make evidence based decisions. The findings of the review will be presented to the North Yorkshire Safeguarding Adults Board. Opportunities for joint multi-agency training are being explored. | HAS Practice Team    HAS Training and Learning Team  HNYHCP | April 2023 |  |
| 26. | Advice and guidance should be considered to ensure that the correct 'expert' is utilised in a safeguarding investigation to ensure appropriate outcomes and evidence. This applies equally to CQC in ensuring the right expert is with them for the purposes of the investigation. | HAS safeguarding training is being reviewed. Findings of review to be presented to front-line staff on completion and presented to SAB. | HAS Practice Team | February 2023 |  |
| 27. | Training should be provided on the impact of a vulnerable individual lacking capacity during the course of a safeguarding investigation and how they can be supported to be involved in the process. | HAS safeguarding training is being reviewed. Training review to incorporate HAS Mental Capacity Act Team. Findings will be used to influence and improve mental capacity practice more widely, and not limited to safeguarding. | HAS Practice Team  HAS Mental Capacity Act Team, and further potential partners to be identified through the North Yorkshire Safeguarding Adults Board | February 2023 |  |
| 28. | A period of peer review and multi-agency review should be considered for safeguarding investigations before they are signed off. | A HAS Peer Review pilot has been completed and a county-wide Safeguarding Quality Assurance Tool is being piloted. | HAS Practice Team | February 2023 |  |
| 29. | Safeguarding leads in all organisations should be provided with clear guidance on escalation thresholds. This would support safeguarding leads to understand when risk is heightened that they will be supported by senior managers in the investigations and risky providers. This guidance should be aligned between local authorities and CCGs/Health to ensure that there is consistency across partners. | Escalation frameworks are currently in place and the professional’s aide memoire will support professionals to raise safeguarding concerns when abuse or neglect is suspected. It will set a bench mark on what is considered acceptable in care. This will be proactively shared across the safeguarding partnership, with a targeted launch that will include webinars. | HAS  HNYHCP  Primary Care  Community Health teams  Independent Care Group | February 2023 |  |
| 30. | Primary Care need to be more proactive in their role in safeguarding adults. If they are asked to consider signing a death certificate, they should consider whether there are contextual issues within the home which would require further exploration before offering a medical cause of death and they should consider how they ensure they are safeguarding their patients when not seeing them face to face. Primary Care should also be empowered to signpost to the correct expert to comment on matters when requested as part of safeguarding. | The Humber and North Yorkshire Health and Care Partnership have a list of safeguarding point of contacts which will be shared across the partnership.  The threshold for visiting care homes is now lower compared to during the COVID pandemic. Face to face visits are the default position for Primary Care.  Tablets are provided to facilitate virtual visits where necessary. GP led multi-disciplinary team meetings are also held within most care homes. | HAS  HNYHCP  Primary Care  Community Health teams | December 2022 |  |
| 31. | Primary Care should review, with the CCG, the contracting arrangements for the clinical lead and MDT for care homes. Virtual appointments should be done using video wherever possible and there should be a low threshold for visiting the home concerned. On the odd occasion (where for example a GP is isolating) where it is not possible for primary care to visit the home then contact should be made with other professionals visiting to gather intelligence through those mechanisms (for example the QIT visiting a home, DNs, CCG nursing team; a conversation between the GP to check what information is needed and a virtual round being undertaken then would be a reasonable halfway house). | Since the closure in 2020, Primary Care practice has now largely reverted back to face to face visits as the default position. The use of telemedicine within care providers is monitored and assessed. Tablet use is also monitored, and resources are redeployed if not used. At present tablets are used for additional reasons such as communication with family members. | HAS  HNYHCP  Primary Care  Community Health teams  Independent Care Group | February 2022 |  |
| 32. | The NHS and the Local Authority should undertake a review of the way therapies are delivered within the care sector. There did appear to be some confusion and lack of availability over who ought to be delivering different therapies which allows for vulnerable individuals to slip through the cracks. | A digital map of therapies will be finished by February 2023, and launched alongside the professional’s aide memoire. This will help ensure the relevant therapists are involved in a person’s care. | HDFT | February 2023 |  |
| 33. | The Safeguarding Adults Board should consider some guidance on a collective risk appetite statement or tolerance that helps an objective assessment of risk in safeguarding investigations. | A zero tolerance of abuse will be underpinned a by a variety of sources, policies, and contractual arrangements. Existing risk assessment processes will be extended to include feedback from family and carers, and GPs will be educated regarding the nuances of the social care safeguarding role and responsibilities. | HAS  HNYHCP  Primary Care | January 2023 |  |