Six Month Progress Report on Care Concerns

Introduction

The Guidance on '**Thresholds for initiating Adult Safeguarding Referrals or Care Concerns**' was devised and implemented as a pilot in September 2012 to aid Staff and Providers in distinguishing between incidents of poor care practice and abuse. The guidance was developed in response to the increasing number of safeguarding referrals and the fact that establishing whether or not abuse of a vulnerable adult has taken place is not always straightforward.

The guidance advises that where there are concerns of poor practice, the thresholds framework provides guidance as to where it is appropriate for provider agencies to manage and take appropriate action. Where abuse is identified, the safeguarding procedures should be instigated. At the start of the pilot, it was agreed that CWP would manage the care concerns relating to CWP providers and the Quality Assurance Team, within the Safeguarding Unit, would manage all other care concerns.

This report gives a brief summary of the Quality Assurance Team's findings on care concerns after six months of the guidance being piloted.

Key Data Findings (see appendix one)

-Between September 2012 - March 2013, there has been a good response of 504 care concerns received.

-Since receiving care concerns, safeguarding referrals have decreased by a third dropping from an average of 150 to 100 safeguarding referrals per month.

-Of the 504 care concerns received, there has been a fairly even split between gender of 257 female and 246 male (one unrecorded).

-East CCG had a slightly higher level of care concerns totalling 259 compared to South of 204 (other/blank=41).

-Of those 504 care concerns, 416 were appropriate care concerns (83%), 36 were safeguarding (7%) and 52 (10%) were inappropriate.

-157 of the care concerns received (31%) required follow up with the provider.

-The highest area of concern reported was **abuse of a service user by another service user** totalling 43% of the appropriate care concerns with the second highest area being **medication not given or given wrong medication** at 20% of the care

concerns. The highest area of concern service user to service user abuse correlates with the safeguarding data that the most reported alleged perpetrator is 'other vulnerable adult'.

- In terms of Provider, the highest reporting of care concerns was nursing home provider at 52%, followed by supported living at 14%, domiciliary at 13%, residential at 12% and day care at 9%.

Quality Assurance Findings

- All parties involved in inter-residents issues are recorded. Therefore, QA have been able to identify individuals who have been involved in a number of different incidents. This has resulted in timely referrals being made to SMART or Mental Health for reassessment and review of risk management plans.

-Some providers are still not reporting despite a reminder in January 2013. These will be followed up as could indicate a lack of openness and transparency.

-SMART have been asked to review some packages to ensure that issues identified are addressed in current support plans and risk assessments. e.g.: Medication errors may have occurred when medication support is not on the support plan.

-Providers are using this process to report other concerns e.g. with GP, Care Manager, other provider. Whilst not appropriate to this process, we have been able to redirect and they have felt supported in addressing issues.

-Most issues have been appropriately deemed as care concerns and only a small number have been reclassified as safeguarding or visa versa.

-QA has been able to identify themes and trends across individual providers, organisations and areas of care practice – so able to better focus training and support required.

-The number of care concerns and the follow up required has been a significant additional draw on the time and capacity of the QA coordinator.

Actions

-Further training to be offered to Providers.

-A 'best practice' example of a completed care concern from to be circulated to providers to provide a guidance example of the information required.

-Circulate progress report to Providers so that the impact can be evidenced by Providers.

-Amend Care Concern template to record service user category (as defined by PARIS) and follow up required.

-Thresholds guidance has been included in the revised Multi-Agency Safeguarding Policy, ratified by the LSAB.

-Random Audits to be completed by the Quality Assurance Team when completing QA visits to check that Actions stated by Providers have been followed through.

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