Guidance for the Promotion of Compassionate Care Giving Within Services In South Tyneside.

Prevention Framework

Knowing You Matter

Ensuring that every service user is at the heart of a compassionate care

Reducing the prevalence of abuse, neglect and poor practice

This document is developed and authored by South Tyneside Council and should only be used in conjunction with the Prevention Project within the Borough of South Tyneside. Permissions to use it wider should be agreed with the Safeguarding Adults Service.
Introduction

Safeguarding practice in relation to adults has been developing rapidly in the last ten years; within social services, across councils and across partnerships.

In South Tyneside we know that there are some excellent examples of safeguarding and care practice as well as some areas that require continuous improvement. We have sufficient information and grasp, however, to understand the challenges facing commissioners and providers and we recognise that safeguarding practice and quality assurance is integral to effective outcomes for the people directly using services. Our commitment to continuous improvement and partnership working to ensure the safety of all residents who live within the Borough requires us to think about a preventative approach to changing practice that leads to safeguarding investigations.

Nationally we are seeing increased media and press coverage of poor practice and in many cases absolutely unacceptable treatment of vulnerable adults. We are aware that we are not without some of those challenges locally and that we need to strengthen our partnership approach to minimise and reduce the opportunity for such occurrences within our local area. It is through working in partnership with our providers and learning lessons from large scale investigations that we have developed a fuller insight into the additional work we need to do. 2012 will see the implementation of quality assurance models. This presents an opportunity to work together to understand what ideal quality looks like and how it can be achieved. A focused emphasis on prevention and quality should positively influence the move to fewer safeguarding concerns that often lead to large scale investigation, which in some cases identify poor examples of care delivery that lead to institutional and neglectful circumstances for vulnerable people using services.

To achieve long term sustainability it is crucial that the model taken forward is one that fully embraces our challenge, develops awareness of the key issues and relishes the opportunity to make radical differences that celebrate the success of service provision provided to vulnerable adults in South Tyneside. This requires a collective buy in to what we want to achieve: Large numbers of people to work together as one, towards common goals, generating collective behaviour and a professional commitment that underpins everything we do.

Best Wishes,

Helen Watson

Corporate Director, Children, Adults and Families
Background

The No Secrets (Department of Health 2000) Guidance emphasised the growing problem of the abuse of adults with community care needs and offered guidance on the structure and content for the development of local inter-agency policies, procedures and joint protocols which would draw on good practice nationally and locally. The Association of Directors of Adult Social Services (ADASS) produced a national framework of good practice standards for Safeguarding Adults in order to develop consistent, high quality adult protection work across the country.

The South Tyneside Safeguarding Adults Board multi-agency procedural framework outlines the values and objectives of safeguarding adults work. This policy is based on individual human rights, and underpins all decision making. Recent strategic drive has also emphasised the need to move away from merely responding to abuse once it had occurred to one that aims to prevent it in the first place.

The multi agency policy promotes the role and responsibilities of service commissioners and providers in supporting the safeguarding adult’s process. Commissioners need to work proactively with service providers to promote a culture of openness and transparency where individuals, staff, residents and families can speak up about their concerns. Our aim is to maintain the safety and well being of adults with respect to services provided under contract by South Tyneside Council. Safeguarding should not be a word that we are fearful off.

We have developed this Prevention Framework to set out our approach to preventing incidents of adult safeguarding and neglect. The document creates a whole strategic thinking that will help us to align our cultures with our visions and values. We believe that the guidance in this framework, encompassing lots of learning over a number of years, will assist commissioners and providers to drive forward quality and secure the foundations that are required to enhance the experience of care for all. With this focus our aim is to reduce the prevalence of safeguarding whilst still ensuring that we are best placed to respond when concerns do arise.

In 2010/11 the Safeguarding Unit recorded 870 Alerts of which 328 related to residential and nursing homes. Each alert would be registered against an individual service user and in many cases a proportion of these figures will relate to one establishment and be reflective of poor practice, abuse and neglect. Other incidences will be isolated individual cases.

In 2011/12 the figures demonstrate a 29% decrease on the overall number of alerts and this is reflected in the decreasing figures for residential and nursing homes. There were 619 alerts in total of which 189 were linked to residential and nursing homes.

However, it can be noted from the number of alerts year on year that the prevalence of safeguarding concerns within services is an area for further consideration, around
what influences the opportunities for abuse to happen and how it can be reduced and minimised.

**Safeguarding: The safety and well being of all**

Safeguarding has to be everybody’s business and therefore the creation of a focus on adults feeling and being safe and the place of prevention must be at the heart of the strategic agenda. The safety and wellbeing of all people who use commissioned services is paramount. Our services should create environments of safety and trust.

In May 2011 the government set out its policy on safeguarding vulnerable adults. It includes a statement of principles for use by local authority social services, housing, health, the police and other agencies for both developing and assessing the effectiveness of their local safeguarding arrangements.

The government’s policy objective is to prevent and reduce the risk of significant harm to vulnerable adults from abuse, neglect or other types of exploitation, whilst supporting individuals in maintaining control over their lives and in making informed choices without coercion. Measures need to be in place locally to protect those least able to protect themselves. Safeguards against poor practice, harm and abuse need to be an integral part of care and support. The government suggests that when people get involved communities can do things differently. If a service setting where vulnerable people reside is defined as a community then this suggests collectively we can provide a shift in thinking that concentrates on good outcomes for vulnerable people. Instead of focusing just on compliance, we create environments where people are encouraged to flourish and over time reduce the number of safeguarding concerns that emerge. This would lead us to real and significant achievement.

The government have suggested that agencies use the following principles to benchmark existing adult safeguarding arrangements within their organisation and services.

**Partnership** - Local solutions through services working with their communities. Communities and groups have a part to play in preventing, detecting and reporting neglect and abuse.

**Prevention** - It is better to take action before harm occurs.

**Protection** - Support and representation for those in greatest need.

**Empowerment** - Presumption of person led decisions and informed consent.

**Proportionality** – Proportionate and least intrusive response appropriate to the risk presented.

**Accountability** - Accountability and transparency in delivering safeguarding.
The Governments White Paper – Caring for our Future

The white paper was issued in June 2012, Caring for Our Future, and provides information on the reform of Adult Social Care and the government proposals for Care and Support. Two themes in particular in the white paper are relevant to our thinking around prevention. The government is keen to support provider quality profiles to provide better information to ensure that people can make informed choices between care providers. A high quality service must be one that keeps people safe from harm. The white paper has emphasised the need for services to safeguard adults whose circumstances make them vulnerable and protect them from avoidable harm. The paper is clear that all commissioners and providers of care services have a responsibility for the quality and safety of those services. When abuse does occur, effective local safeguarding arrangements must identify it quickly and take appropriate action.

The white paper supports the legislating of Safeguarding Adults Boards to ensure that all agencies work together at a local level to prevent abuse. In addition Local Authorities will be clearly empowered to make safeguarding enquiries, and Boards will also have a responsibility to carry out safeguarding adults reviews. These would identify and learn lessons from cases of abuse and neglect, in order to prevent future cases from happening. It should be noted that this is not very different from what already effective Safeguarding Adults Boards do. The Safeguarding external review in February 2012 identified the South Tyneside Safeguarding Adults Board as operating at an effective level. The Board plays a key role in promoting effective multi agency working and having established a very solid foundation the board is able to drive forward the wider safeguarding agenda.

The government intends to use the opportunity for pre legislative scrutiny on the draft Care and Support Bill to consult specifically on whether a new power should be created for Local Authorities to access and see a person who may be at risk of abuse or neglect, in cases where the local authority may not otherwise be able to carry out a safeguarding enquiry.

The role of the Safeguarding Adults Board

The Safeguarding Adults Partnership reconstituted to a Board in April 2008 and has since had a consistent senior executive membership representing statutory and public sector bodies as well as the voluntary and independent sectors. This means that the board operates with an increased maturity and confidence enabling it to continue to meet its key business objectives year on year. Meetings are bi monthly and focus on driving forward the strategic priorities, providing governance and oversight that aims to increase accountability and responsibility for this very important area of core business. The Boards vision is:

“To work in partnership for a better future for vulnerable adults within South Tyneside, promoting prevention of abuse, ensuring effective practice and
efficient responses to any concerns regarding the safety and protection of individuals or groups within our communities”

Systems established for performance data enable us to collate and interrogate performance information and thus informs business planning for the year ahead. Our business priorities are also determined by government guidance, new legislation, national research and lessons learnt through serious case reviews.

A business planning day held in February 2012 enabled us to establish the following key objectives for 2012/13 alligned with the government’s principles for local safeguarding arrangements.

**Partnership**

Accountability of all partners is driven by the Safeguarding Adults Board and collaboration with stakeholders secures positive outcomes for adults at risk.

**Prevention**

Prevention of abuse and protection from harm is achieved through wider processes of innovative thinking, early identification, intervention, information and local effectiveness

**Participation**

The wishes and rights of ‘adults at risk’ are reflected in safeguarding by promoting user involvement and personal experiences of safeguarding are captured to promote sector led improvement.

**Protection and Proportionality**

Where complex and challenging situations arise there is support and representation for those in greatest need and responses are proportionate and least intrusive to the risk presented.

**Learning and Accountability**

Quality assurance is undertaken to influence improvement, practice is monitored and cases are identified where there is an opportunity to learn lessons.

**Safeguarding Adults Unit – Role and Function**

The purpose of the Safeguarding Adults Unit is to provide professional support to staff, service users, carers and families across the South Tyneside Safeguarding Adults Partnership on matters relating to the abuse of vulnerable adults within the community and within service settings. The unit can be contacted on;

0191 424 4049.
Individuals would contact the unit usually for advice and information. If you wish to make a safeguarding alert this should be made to the contact centre on 0845 130 4959

Mission Statement

The Safeguarding Adults Unit is committed to ensuring the safety and well being of vulnerable adults in South Tyneside.

The unit will strive to achieve positive outcomes for individuals and communities in working towards the prevention of abuse.

We will work in partnership with all agencies to support the highest quality and standards within the Safeguarding Adults multi agency framework.

Safeguarding Adults Unit Team Values and Aims

The work of the safeguarding service is underpinned by the following collective core values:

• DEDICATION

The team is dedicated to offering a prompt and effective service across the partnership

• EXCELLENCE

The team will strive for continuous improvement in the work it undertakes.

• INTEGRITY

The team is committed to safeguarding all adults regardless of any potential barriers or obstacles.

These core values inform practice and implementation of the following aims of the unit:

1. To support the Safeguarding Adults Board and staff across all partnership agencies in the delivery of the Safeguarding Adults policy.

2. To develop and implement systems and processes to monitor the effectiveness and impact of the policy.

3. To help ensure a consistency of response and uniformity of approach to all Safeguarding Adult alerts.

4. To promote the prevention of abuse and protection from harm through innovative thinking, early identification, intervention and local effectiveness
Safeguarding Managers within the unit are placed to undertake the role of advice, decision making, risk management and implementation and management of the Safeguarding Adults process.

The Safeguarding Adults Unit will provide a Safeguarding Manager to manage the safeguarding process, in line with the policy and procedure in cases that are identified within one of the categories below:

1. Cases that are identified as Complex
2. Cases that are identified as Multiple Abuse
3. Cases that are identified in Commissioned Services
4. Cases that are identified as Cross Boundary

Safeguarding Alerts outside this criteria are managed by the appropriate social care team or partner agency and include inter familiar abuse, stranger abuse and service user on service user abuse.

To make a safeguarding adults alert please contact the Adult Social Care Contact Centre on 0845 130 4959

As we develop our prevention framework and begin to embed new ways of thinking we believe that the role on the safeguarding adults unit will be to provide support around the prevention agenda in assisting providers to develop their internal transformation plans. As the prevention framework is launched we will be sharing specific plans for follow up and support, providing a greater focus on preventative action rather than reactive services responding to local crisis. This is very much part of our future vision and development of the safeguarding adults service.

**Support for people who lack capacity.**

The Mental Capacity Act (MCA) 2005 provides a framework for people who:

- Lack capacity to make decisions for themselves, or
- Have capacity and want to make preparations for a time when they may lack capacity in the future.

The Act is in place to make sure that any decision made, or action taken, on behalf of someone who lacks the capacity to make the decision or act for themselves is made in their best interests. The same rules apply whether the decisions are life-changing events or everyday matters.

**Five key principles in the Mental Capacity Act 2005**

1. A presumption of capacity
2. Individuals being supported to make their own decisions
3. The right to make unwise decisions
4. All decisions must be taken in the best interests of the person
5. The least restrictive option should always be taken
Professionals should always begin with the presumption that the person has the capacity to make the decision in question themselves. If you think this is not the case you may need to assess the person’s capacity in relation to that particular decision. This can be done using MCA1 Form. The safeguarding adults unit can provide the correct documentation.

If the person is assessed as lacking capacity and action taken or decision made of behalf of that person must be in the person’s best interests. The person who has to make the decision is known as the decision maker. This is usually the person responsible for the person’s day to day care, or a professional who makes decisions about treatment, or care arrangements. The MCA provides a checklist of factors that decision makers must consider when deciding what’s in the persons best interest, contained in form MCA2, including the record of a best interest decision.

Section 44 of the Mental Capacity Act

The Mental Capacity Act 2005 introduced two new criminal offences: Ill treatment and/ or wilful neglect of a person who lacks capacity to make relevant decisions (section 44). The offences may apply to:

1) Anyone caring for a person who lacks capacity – this includes family carers, healthcare and social care staff in hospital or care homes and those providing acre in a person’s home.
2) An attorney appointed under and LPA (lasting Power of attorney) or EPA (enduring power of attorney) or;
3) A deputy appointed for the person by the court

These people may be guilty of an offence if they ill-treat or wilfully neglect a person they care for or represent. Penalties will range from a fine or sentence of imprisonment of up to five years. Ill treatment and neglect are separate offences. For a person to be found guilty they must either: have deliberately ill treated a person or be reckless in the way they were treating a person

What is the Deprivation of Liberty Safeguards (DOLS)?

- They apply to people aged 18 and over in registered Care Homes or Hospitals; and
- suffer from a mental disorder; and
- lack the capacity to give consent to the arrangements made for their care or treatment in a care home or hospital, under public or private arrangements; and
- for whom a deprivation of liberty is considered, after an independent assessment, to be necessary and proportionate response in their best interests to protect them from harm; and
- Detention under the Mental Health Act 1983 is not appropriate for the person at that time.
- Keep the five principles of the Mental Capacity Act 2005 (MCA) in mind at all times.
- If a person is at risk of deprivation of liberty because they are subject to frequent, cumulative and ongoing restriction or restraint, consideration should always be
given to less restrictive alternatives. This could include simple actions such as the implementation of a care plan incorporating visits from relatives, trips out and advocacy services. If this cannot be achieved, then you must apply for an authorisation under DOLs

**Managing Authority (MA)**

The person or body with management responsibility for that care home or hospital in which a person is, or may become, deprived of their liberty.

**The Supervisory body (SB)**

Is the Local Authority when in a care home or a Primary Care Trust when cared for in a hospital. They are responsible for considering a deprivation of liberty request received from a MA, commissioning the statutory assessments and, where all the assessments agree, authorising deprivation of liberty.

**Standard authorisation**

An authorisation given by a SB, after completion of the statutory assessment process, giving lawful authority to deprive a relevant person of their liberty in the relevant hospital or care home, up to a maximum of 12 months.

**Urgent authorisation**

An MA can give itself a maximum of 7 days lawful authority to deprive a person of their liberty in a care home or hospital while the standard deprivation of liberty authorisation process is undertaken. This ‘urgent’ may subsequently be extended by a maximum of a further 7 days by an SB in certain extreme circumstances.

Care homes have a duty to request authorisation where necessary and implement the outcomes, ensure that conditions attached to an authorisation are met and monitor the relevant persons circumstances as any change may require them to request a review.

**If you require further information and advise please contact the relevant supervisory body on the following numbers:**

South Tyneside Tel 0191 4244049, Fax 0191 4244016

Sunderland Tel 0191 5661736, Fax 0191 4332487

Gateshead Tel 0191 4332362, Fax 0191 4332487
The Prevention Framework

Our strategic objectives in South Tyneside for prevention are:

1. Every Person Matters and compassionate care giving is at the heart of service delivery.

2. Quality is embedded in everyday practice ensuring it contributes to the overall delivery of the service.

3. Partnership is integral to working together to achieve positive outcomes for people living in services.

4. Services deliver care, health and justice and they promote dignity and safeguarding of everyone.

Prevention

We all know the challenges to which public services need to rise to. People are living longer but are less likely to have the support of an extended family. Over the next fifty years the number of people over 65 in England will rise from 9.3 million to 16.8 million.

Compared to England the population of South Tyneside has a slightly higher proportion of older people with 21% of the population currently above state pension age compared with 19% across England and 20% across the North East. Life expectancy is rising over time, and so the absolute size of the older population and the size in proportion to the population as a whole will grow. It is forecast that the number of older people above 65 years of age will rise from 27,000 in 2009 to 39,000 in 2030 – an increase of 41%. The number of people in South Tyneside aged over 85 years - those with the greatest care needs – will increase by 75% from 3,700 to 6,500 over the same period (figures cited in South Tyneside Joint Strategic Needs Assessment). This means that the number of people requiring community based health and social care support and the levels and complexity of those needs, is expected to increase over the next few decades. Whilst community based prevention models aim to increase independence and wellbeing it is inevitable that more vulnerable service users with a range of complex needs will have those needs met in long term services. This could include a range of facilities, such as nursing homes, residential homes, supported living or even respite arrangements. It is therefore vital that the themes associated with prevention and safeguarding are fully embedded into the services we offer. We want prevention to be at the forefront of our thinking creating a collective behaviour that promotes compassionate care giving and cultivates a culture of commitment at all levels and in all places.

This document promotes the premise that prevention and the maintenance of quality standards is key to ensuring the safety of vulnerable adults within service delivery. Any adult who is reliant on care services for support in any setting can be at risk.
Successful prevention of adult abuse and neglect demands that service providers tackle the factors which contribute to its occurrence at all levels. We have therefore placed a greater emphasis understanding what can go wrong and this document provides some analysis of root causes and promotes an awareness that can be a catalyst for change. Compassionate care giving is at the heart of overcoming the fundamental root causes and is considered as a platform to build quality and ultimately aims to reduce the number of safeguarding concerns.
The key questions we are asking:

In our discussion and research to develop this framework we have considered a question that we invite everyone to think about:

**What can be done to create the conditions for consistently compassionate care in order that quality continuously improves so that neglect and abuse is prevented?**

In response to this question we have considered a number of key factors and influences both locally and nationally, that will contribute to a prevention oriented culture.

While individual safeguarding incidents are managed reactively through improvement action plans, the Safeguarding Team have observed that there are often common underlying causes around the culture, leadership and values particularly within institutional settings which contribute to the prevalence of safeguarding alerts. We would endeavour to collectively understand the root causes that lead to the prevalence of abuse. Our challenge will be to overcome them. We would wish to see transformation plans with new and innovative ways of working and bringing about change. We wish to promote a culture where services are aware of strengths and weaknesses and strive for continuous improvement. We believe that an understanding of root cause of safeguarding issues and a commitment to compassionate care giving is integral to making this happen.

Developing compassionate culture centred on value based care and putting the person at the centre of the caring environment will not only improve the outcomes for people who use services but also reduce safeguarding incidents. Positive values and habits create and sustain compassionate care. It is this that we believe contributes to improving standards of care and increasing outcomes when measured for quality.

The Prevention Framework focuses on two aspects of prevention:

1. Ensuring an open culture which encourages everybody to be aware of abuse and raise appropriate concerns.

   **We know we have strong and effective safeguarding structures in place where we can respond to safeguarding matters as they arise.**

2. Identifying strategies and approaches that can prevent abuse from occurring in the first place

   **Our increased awareness is leading us to a new and informed understanding of a preventative model that addresses the root causes of safeguarding matters.**
What are the Root Causes?

Whilst we continuously recognise good and effective practice and innovative ways of working, we have on some occasions faced real and significant challenge in relation to safeguarding concerns locally. In the course of comprehensive multi agency investigations into allegations of abuse and neglect in service settings in South Tyneside, a number of common themes have emerged. These issues can often be linked to systemic practice or apparent culturally entrenched attitudes and approaches within the establishment or organisation.

In this section of the framework we aim to raise awareness of these themes and provide some insight into how services can work towards improvement and more importantly sustainability. Sustainability of good standards in care is integral in maintaining safe and effective delivery of care where vulnerable people can trust.

Some common emerging themes include, but are not exclusive to:

- **Leadership** In establishments that have faced significant challenges, there has been limited evidence of leadership that has awareness and is insightful of the type of care being offered. Leaders should aim to ensure that they are driving high quality care, providing encouragement, opportunity, respecting, valuing and acknowledging roles and contributions. Leaders operate effectively in organisations when they themselves are examples of strong values that impact positively on the behaviours, actions and attitudes of staff. Effective leaders and managers of a service should aim to have an operational presence that connects positively with staff teams and provides oversight of the day to day function of the service supporting and encouraging positive change.

  Whilst in some investigations there has been observation of poor leadership and management oversight, the introduction of improvement plans have supported strong onsite management that becomes a catalyst for change.

  Leadership of people, care of the ‘customer’ and quality standards should be equally balanced and aligned with business priorities ensuring that these priorities are not influenced more greatly by profit making models and financial targets. These messages are often made clear in serious case reviews and most recently in the findings of abuse and neglect of people with learning disabilities in Castlebeck and in particular Winterborne View. We can learn from these findings in all service areas.

- **Supervision**: In many cases, there can be limited evidence of management oversight of care planning and care delivery. Supervision, when offered to staff members can be perfunctory and basic. There has been frequent lack of evidence of the opportunity for care staff to have meaningful dialogue and engagement with management over care and practice issues. Reflective supervision enables staff to be supported to enhance their practice and approaches and support a culture of professional development. It also adds
value to the social care workforce both collectively and individually. Supervision should be regular and supportive and should consist of protected time. Supervision and support is important for both clinical and social care staff and should be embedded through a clear policy that supports continuous improvement and personal development.

- **Preadmission Assessment:** Good care planning starts with a comprehensive preadmission assessment in order to gain a clear picture and formulate a focused and appropriate care plan for the resident prior to admission. This assessment and that of other professionals prior to admission such as social workers or care managers should provide the foundation for building a clear picture of future care provision.

Where there have been previous issues, there has often been little evidence that a comprehensive preadmission assessment has been carried out, or was used by the establishment to inform appropriate care planning. The Social Work Assessment aims to inform the preadmission assessment and therefore should be used for that purpose.

- **Care Planning:** Care plans are often not up to date and relevant to current presenting needs and in particular how these needs are being met. Reviews and daily records contained within care plans have often appeared to be updated as routine without thought to how the information should inform future care needs. For example weight loss may be consistently recorded without referral to nutritional service, or poor fluid intake is recorded on a daily basis without appropriate plans being put in place to encourage greater fluid intake.

Care plan records often contain repetitive and meaningless phrases such as ‘no change’ or ‘all well’, which are often repeated over periods of months, when evidence to the contrary is clearly present. This form of practice left unaddressed means that care delivery loses sight of the individual and creates a task orientated culture that is often described as mechanical where the individual is depersonalised.

A culture of hitting targets, without the depth evidence and follow up that demonstrates the individual user needs, only serves to ensure that care plans have been reviewed and updated on a monthly or weekly basis within target as per target expectation. Often the information recorded can have little relevance to actual care planning and delivery. Care plan reviews should be a tool for effective evaluation but too often appear to be a ‘tick box’ exercise without thought and worth.

When care planning works best, there is a clear link evident between what is recorded and what action that information leads to. This should contain:

**Assessment;** (information gathered to inform the best plan of care for a person)
Care plan; (how that information will be put into action on a daily basis)

Record; (Regular evidence that care plan is being implemented)

Review; (Evidence of regular monitoring of the effectiveness of the care plan).

A simple example of good care planning might look like:

Assessment: In conversation with Joe’s family, they revealed that he had an extensive collection of classical 78 rpm records and music was a huge part of his life before the onset of Alzheimer’s disease.

Care Plan: A simple CD player is to be purchased, along with a set of classical music CD’s. Time should be built in to Joe’s daily routine so he has some quiet time in his room each day listening to music.

Record: Daily record sheets signed and dated recording for example; “Joe listened to full CD of Chopin from 2 pm to 3.10 pm today, which appeared to be relaxing and enjoyable”.

Review: Monthly reviews carried out that record for example; “Joe has continued to enjoy daily sessions of classical music. Though he has poor short term memory, he appears to connect with the music and finds the experience beneficial and therapeutic. Daily sessions will continue”.

Whilst the above is a simplistic example, the same model should be applied to all facets of care such as nutrition and hydration, continence, hygiene, skin integrity, etc. The key point is that each element of the model is linked to the other and that the records inform actions that are relevant and pertinent. In the worst case scenario where this does not happen, carers can continue to record for example significant weight loss week after week because they know they have to, without this information informing appropriate action such as GP or nutritionist referral. One example provided evidence of carers continuing to give a usual diet on over 300 occasions, when the care plans states thickened fluids only should be given because of danger of aspiration. (These examples have actually happened. The above classical music example is also real).

Leaders and individuals with management responsibility are key to driving and improving standards around care planning. Embedding improvement in audit and quality assurance will be beneficial.

Lack of Referral to Specialist Services: On occasions it is evident from recording in care records that a referral should have been made to specialist services such as Nutritional Services, Falls Risk Assessor, Speech and Language Therapy, Falls Risk Assessment, Challenging Behaviour Services etc. This is related to issues previously mentioned around care planning, when events and incidents are being documented on numerous occasions but
no proactive action is being taken to address the identified issues. If this is left to happen then there is a high and significant risk of a cultural disassociation occurring in the service between the information being recorded and the duty of care to use that information to inform appropriate care and treatment.

Good, consistent care makes clear links between recording and practice. Staff should be fully aware of referral pathways to external professionals. Care plan recording should provide a clear record that presenting signs or indicators triggered appropriate action. A positive culture where follow up is integral to good practice improves quality and creates a positive care experience for the user.

- **Quality Assurance and Audit**: A named nurse or key worker will usually have responsibility for record keeping and care plan reviews and we have already raised concerns about the quality of record keeping in some instances. Driving change is a challenge as there is sometimes a lack of oversight and accountability from a higher level, both by a senior manager and by the manager or deputy. Systems and processes for quality assurance and audit are integral for driving continuous improvement and ensuring team alignment in relation to quality and standards. Strong evidence of management oversight determined through care plans, records and procedural compliance provides clear direction and structure, which enables the 'joined up' approach to care planning and record management outlined above. Quality standards should be part of everyday practice more than a routine response to external regulation and monitoring.

- **Communication**: Communication is key to effective outcomes and strengthened team work and it ultimately leads to increased accountability and responsibility. There is often evidence of lack of effective communication between staff members and different shifts. Communication handover books between shifts sometimes contain information not relevant or lacking in basic detail. In some establishments the responsibility for recording information relating to a resident does not necessarily fall to the most appropriate person. This can result in some information getting lost in translation or not being recorded at all. Good communication is relevant, clear and documented in a timely manner. Shift handovers, should ensure a transfer of responsibility for residents care to the receiving shift. Communication in the workplace involves interpersonal communication between colleagues, seniors and staff to ensure effective decision making and appropriate outcomes.

- **Medication Management**: Frequent errors in medication administration have been a recurring theme in safeguarding alerts. On these occasions oversight and audit of medication management is not robust enough. Issues include MAR charts being incorrectly completed or signed by nurses, medication not being given or recorded as refused on a regular basis without an appropriate medical referral and medication not being given at appropriate times when
specific times are prescribed. PRN medication has also been given regularly without any apparent assessment of requirement or necessity. Lack of regular audit of medication stocks and medication storage facilities being inadequate or not secure are also a recurring theme. Good practice in medication management includes regular audit and oversight, secure and safe storage, evidence of appropriate response to refusal of medication and evidence that PRN medication is only given when appropriate.

- **End of Life Care Planning:** Effective coordination and planning of end of life care for residents who are in the latter stages of chronic and terminal illnesses is vital. When this is not in evidence it has resulted in a lack of choice and/ or dignity for the most vulnerable residents and their families. Leaders should be proactive in ensuring that staff are adequately trained and End of Life Care Planning is an integral part of service delivery.

- **Overreliance on Agency Nursing Staff:** A comprehensive awareness and knowledge of individual resident’s needs is vital for nurses who are named as clinical leads when on shift. Previous problems have arisen when temporary or agency nurses were used more frequently than normal, breaking consistency and increasing the responsibility for decision making regarding residents with whom they can be unfamiliar. Whilst there is always likely to be a need to utilise agency staff for cover on certain occasions, close management of this is needed to ensure continued good and safe practice.

- **Infection Control:** In some multi agency safeguarding investigations there has been evidence of poor procedures and practice in place around infection control placing residents at risk of infection and hospital admission ultimately increasing their vulnerability. Strong management and leadership that ensures procedural compliance provides appropriate governance and oversight leading to high standards of practice around prevention and control of infection.

  In some instances concerns around Infection Control have evoked the involvement and oversight of the Health Protection Agency.

- **Dining Room Experience:** In previous safeguarding cases, mealtimes have been an unpleasant and even at times traumatic experience for residents. Good practice can enable a positive experience at mealtimes by taking time to engage with residents, sitting with individuals who need additional support, demonstrating patience and commitment to the person rather than a hurried and mechanical approach that leads to a negative meal time experience. It is important to recognise that for all of us meal times are a significant part of our culture and routine, an often pleasant experience and a time that brings people together creating a social occasion. Service Users will hold deep and intrinsic values around this, therefore rushed and hectic mealtimes can result in creating negative emotions as well the individual not gaining sufficient nutritional sustenance from this very important part of the day. In the most
extreme examples of an institutionalised approach, tables in the dining room have been allocated according to need (a table for the wheelchairs, a table for the ‘walkers’, a table for the ‘pureed diets’ etc.). Carers on one occasion were seen to move around a table taking turns with residents one by one to load a spoonful of food into their mouths. Mealtimes could and should form a hub and opportunity for staff to engage in a meaningful and positive way with residents creating an enjoyable experience. Particular attention should always be provided to the environment ensuring that table settings are inviting and this time of day is often an opportunity to be creative; play background music that residents like; do themed food relating to calendar events and celebrate culture and difference within groups.

- **Activities:** Structured and meaningful activities play a vital part in encouraging individuals to flourish. All too often, there is a lack of social stimulation that results in resident being disengaged. It is important to realise that when people need to be cared for in a service setting they bring a wealth of life experience and wisdom to our experience of caring for them. Often this insight is not recognised and the care experience for the user is tinged with negative attitudes. We should strive to promote older people in a positive way and challenge any ageist or discriminatory assumptions. Meaningful activities are a way of reliving memories and recognising individual interests and previous contributions to society. The role of activity coordinator is often not seen as vital when it is a real opportunity to enhance the resident’s sense of belonging. There is a link to life history work, likes and dislikes and a real opportunity to celebrate the lives of the people we care for. For example, if someone enjoyed ballroom dancing in their earlier life then dance can be shared with everyone in the service providing support to those less able. What if someone was an experienced artist and enjoyed painting? What if another service user just simply enjoyed being outdoors? What could you offer in these instances? How can staff be creative to meet these needs and ensure that everyone matters? Good practice should involve engaging with the resident and family to tailor activities according to individual needs, strengths and history and provide evident therapeutic value. The environment can be a great stimulus, themed areas, reminiscence and memory boxes, especially for dementia residents. Often we observe very clinical and task oriented environments.

**Reflective questions:**

Imagine a time in the future when you may require care?

What would be important to you?

Aren’t we the ones today creating the care for the future?

And therefore, don’t we all have a part to play?
Commissioning and contractual arrangements that drive quality

Work has been ongoing in respect of the strategic direction for adult social care services, particularly the approach for commissioning and contracting with providers. This has led to the introduction of a commissioning model with a more formalised approach to quality monitoring, linked to a grading of services, which may have financial implications and incentives. The first area to test this approach has been in older persons residential and nursing care, with the expectation that this is embedded across all services in the future within South Tyneside.

The core principles underpinning the framework have provided a much stronger focus on service user and carer experience and involvement in promoting personalized outcomes. In addition the system enables benchmarking of quality and continuous improvement in order to evidence quality of life, safeguarding health and wellbeing, value for money and overall provider effectiveness.

The framework has been the subject of wide consultation with health partners, third sector partners, service user’s carers and internal South Tyneside Council partners, particularly safeguarding colleagues. It is anticipated that this will be implemented during the financial year 2012 - 2013.

Intelligence gathered from pilot use of the quality standards framework has evidenced the need for a close working relationship between commissioning and safeguarding and a strategic shift to a preventative as opposed to a reactive way of working. This combined with the evidenced improvements to service delivery to date has further informed the planned approach to future commissioning and indeed staff training and development.

The commissioning service welcomes the focus on prevention and in particular the thinking around root cause of safeguarding concerns and the need for compassionate care cultures. The emphasis on creating compassionate cultures should be welcomed and is influencing our strategic thinking. Embedding compassion into the heart of service delivery links positively to improving quality and creates better outcomes and we should see this as a viable business model. Over time we anticipate being able to measure the impact of our thinking through monitoring and regulation when quality is an inherent outcome of culture and purpose, rather than something that is reactive to crisis and concern.

The importance of creating value based culture

What is a value based culture?

Our understanding of safeguarding concerns in commissioned services demonstrates to us that there is often a need to tackle some of the underlying values of a care culture that can sometimes foster and fail to prevent the abuse and neglect of people using the service. It therefore makes sense that the focus on underlying values in care provision is part of the preventative agenda.
“We know that being vulnerable to abuse is not merely a product of a person needing care, but is a consequence of the situation that surrounds a person once they need care. Equally resilience to abuse is not something that is only within an individual themselves but is also reflected in the circumstances and people that encircle that individual in their time of need”

Isabelle Latham, Safeguarding Adults Trainer, Buckinghamshire

Understanding the influence of culture and habit is therefore important in assisting care providers to demonstrate that a person matters to them through the way they deliver care and in a way that vulnerability is decreased and resilience increased.

All too often in cases of institutional abuse we see not only appalling practice perpetrated by few, but entire workforces unable to imagine or articulate what a different culture and approach might look like. When care workers know it could be better, when they have a vision of what care can be, they themselves can be powerful agents for change.

Value based care creates better lives for people who use our services. Patience, presence, listening, no judgement, empathy, warmth, compassion, respect, dignity, kindness, creative communication, partnership with families and time together. These values underpin the need for solidarity in care environments; a way of being that creates equality and keeps people safe and enables the flow of trust.

Our work with Frameworks for Change has assisted us to consider what needs to happen to create compassionate care giving cultures. A number of staff have been involved in workshops inviting them to think differently and the overall response of those individuals who have undertaken compassionate practitioner and leadership training is generating a movement, ensuring this thinking is shared widely across our partnership. Andy Bradley from Frameworks 4 Change invites us to consider his thinking below:

Creating Compassionate Cultures – Andy Bradley, Frameworks 4 Change

We’ve put people on the moon, built magnificent cathedrals and made stunning technological advances, but can we be sure that we treat older people when they are vulnerable with consistent dignity, kindness and compassion?

Sadly, if recurring stories in the news about care home abuse are anything to go by, the answer may be no.

Frameworks 4 Change is working to improve the quality of care and compassion in day care, home care and residential care settings by helping to make some simple yet radical changes in habits and attitudes within health and social care organisations. We believe that the cultures we create are paramount to the experience of care and can impact negatively in many cases. So how do we create positive cultures of care?
The changes involve not only transforming how people think about and deliver care to people who need it but also how colleagues and managers relate to each other. By introducing a more compassionate approach throughout entire organisations, care staff feel more valued and empowered and residents and their families can feel more involved and listened to. Once a compassionate culture is created and sustained within an organisation, everyone can feel happier working there and the quality of care can improve.

It is good people showing consistent compassion that is core to keeping people safe, if the hearts of care givers and leaders are not involved in their care giving, residents are inevitably at risk.

Cultures in care homes which are compliance led run the risk of becoming mechanical and focused on routines and tasks. A compassion focused culture creates the conditions for basic qualities of care to be expressed and sustained.

**Definition of Compassion**

"Compassion is where kindness meets suffering and we are encouraged to flourish."

*Frameworks 4 Change*

The challenge of giving every resident a sense that they ‘matter’ is significant. In busy institutions with complex and at times competing needs and every day pressures individual preferences and differences can easily be overlooked. The pervasive culture in busy care homes can leave older people feeling lonely, bored and unsafe, families feeling anxious and worried, care and nursing staff feeling undervalued and unappreciated and managers feeling stressed and overwhelmed.

Placing compassion at the heart of the caring paradigm and including residents and their families and paid care givers in a drive to create consistently compassionate cultures offers hope that the resident care giver relationships can be transformed into one which is characterised by equality, deep care, safety and respect.

The NHS constitution on compassion:

‘*We respond with humanity and kindness to each person’s pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for those we serve and work alongside. We do not wait to be asked, because we care.*’

When a care worker is stressed and under pressure will they retain their humanity and kindness? When a person is difficult to care for due to their own anxiety, pain or distress will the care workers and nurses continue to give comfort and relieve suffering? Do leaders work alongside care givers to appreciate what they do in order that a compassionate approach can be sustained?
What habits are required to create and sustain consistently compassionate care?

Care environments are places where habits are formed, often unconsciously. These habits inevitably vary from place to place but there are some common unhelpful habits. These unhelpful habits can create the conditions for poor, mechanical care which can result in people being unsafe. The habits can leave workers feeling unappreciated and managers and leaders feeling stressed and overwhelmed. Families are left to worry and may feel guilt and a sense of powerlessness.

The creation of new ‘compassion habits’ offers a framework for changing these unhelpful and very common dynamics. The habits below lay the foundations for a more aware kind of care, in which care givers experience their role as a privilege and the people receiving care feel valued and appreciated; that they matter. The role of the positional leader is to embody and cultivate the habits; when the leader moves on, the habits remain.

Working directly with care giving teams in busy residential environments enables exploration and understanding of the care giver experience of suffering and their own need for kindness and understanding. To create and sustain consistently compassionate care givers are asked to practice:-

- Listening  
- Asking  
- Thanking

so that a culture of compassion and deep care is placed at the heart of the care given.

Leadership in care homes is pivotal to success in embedding compassionate cultures as leaders set the tone through their actions and behaviours. Compassionate leadership results in care givers feeling confident, empowered and appreciated so that compassion can be reliably put into practice. These values and principles are not merely idealistic theoretical notions. Practical adoption of compassionate habits has made a difference, will continue to make a difference and can make a difference in South Tyneside.

The commitment that the South Tyneside partnership is cultivating is exciting and represents a new paradigm of thinking. Frameworks 4 Change are pleased to be part of this journey.

Implementing the prevention framework

We have identified 11 key objectives which aim to compliment the depth of information in this document and support leaders and practitioners in developing the
prevention agenda and achieving outcomes that enhance the user’s experience of the care and aims to set forth the original intention of care, which is to care. In South Tyneside we believe this is worth investment and that we can build on existing good practice across the partnership whilst making a clear stance collectively around what will not be tolerated. It is a tangible invitation to think differently around how we overcome some of the challenges and shift the culture and power in a way that sees everyone of equals. Furthermore, we have such an opportunity to create the care that we want to give. We want to do this through autonomy (giving people space to do their job); through Mastery (an ability to get good at what we do) and through ensuring that everyone working in care has meaning and purpose and is able to freely demonstrate compassion.

This aims to enhance the care experience of the individual, knowing that everyone matters.

The following 10 principles influence the habits of compassionate care giving.
The 10 objectives of the South Tyneside Prevention Framework, promoting Compassionate Care Giving.

- Leadership
- Strategy
- Values
- Team alignment
- Maintaining motivation
- Workforce development and training
- Managing standards
- Effective partnerships
- Promoting a positive culture
- Every person should matter
Objective 1: Leadership

Effective leadership is critical in delivering high-quality care, ensuring safety and driving forward services which achieve good outcomes for people who use services.

Leaders draw upon their values, abilities and skill to deliver high standards of service by:

- Providing encouragement, and the opportunity for people to engage in decision-making and to challenge constructively
- Respecting, valuing and acknowledging the roles, contributions and expertise of others
- Employing strategies to manage conflict of interest and differences of opinion
- Keeping the focus of contribution on delivering and improving services to people, service users and patients

The caring environment and culture is affected by the values portrayed in the leadership of the home or organisation. The proprietors, managers and senior care staff act as leaders and can affect this by behaving in ways which are consistent with the vision and values for the home and organisation. For example, they:

- Act as a role model, behaving in a manner which reflects the values and principles of a caring and person centred organisation
- Demonstrate confidence, self belief, tenacity and integrity in pursuing a caring environment
- Challenge behaviours which are not consistent with a caring environment
- Identify routines, common practice, and attitudes within the home which are not consistent with a caring and person-centred environment and replace them with ones that are
- Leaders are pivotal in creating compassionate care giving cultures.

South Tyneside Safeguarding and Commissioning teams have identified that many safeguarding investigations or complaints highlight lack of leadership from managers to care staff as a root cause of issues within caring environments, and is a major concern in why safeguarding concerns can re-occur in particular establishments after an investigation and improvement plan has been completed. This is why being able to demonstrate and evidence effective leadership in care homes is a core element of our prevention framework and will be integral to the Quality Standards Framework in South Tyneside.

Examples of evidence of good and effective leadership are:

- Skills to influence and affect the development of individuals within the team
- Challenging poor practice and creating a culture of challenge and improvement for the whole staff team
- Effective use of supervision, mentoring and coaching to assist staff to develop to benefit the service
- Recognising each person, staff member and resident, as an individual that can contribute to the effective delivery of the service
• Managing individual performance – acknowledging and celebrating good practice and managing poor performance

• Demonstrating emotional intelligence to support staff teams in the delivery of complex care and distressing circumstances as part of their caring role.

Objective 2: Strategy

A clear strategy or business plan sets out the overall direction, vision and objectives of the service and puts this into operational plans which place care and compassion at the heart of the care delivery and environment.

The strategy defines the purpose of the organisation or establishment and sets out the mission statement or vision which shows how the organisation will ensure it meets the best outcomes for its residents and staff. It provides a foundation for decision making, in line with the priorities set out, and helps make sure that employees understand how they can contribute to the vision by putting residents at the heart of their delivery on a day to day basis.

A strategy can also help promote your services with residents and families and show how they can contribute to the caring environment and culture which you want to establish and maintain, and how your care and standards set you apart from others.

The strategy could include a business plan or transformation plan which shows how resources should be used and aligned to meet the key priorities. As a leader, embedding the strategy into your organisation or care environment can help:

• Set out clear expectations and quality standards for staff at induction and through their ongoing role

• Provide transparency about decision making and involve residents and families in creating a consultative and inclusive culture

• Help manage performance in relation to how staff members carry out their operational duties in their behaviour, attitudes and values.

• Establishes a culture of continuous improvement and internal arrangements to manage and monitor quality.

A good strategy does not need to be a lengthy or wordy document, but does help set the boundaries and ‘norms’ for the care environment by clearly setting out for all staff at every level the expectations you have in providing good quality care with compassion.

Having a strategy is important in the prevention of harm and abuse by setting clear expectations and standards from the start, and ensuring that you maintain these throughout all the operational activities in the care environment. Everyone in your organisation should be clear on how they can contribute to the overall aims – to ensure good quality, person centred care and that all operational activities are monitored against how they contribute to the strategy.
Having a strategy is not enough – the Quality Standards Framework will look for evidence about how this is being put into practice at every level of the organisation:

‘It is important to recognise that, however, beautiful the strategy, you should also look at the results’; Winston Churchill

Here it is important that organisations maximise resources to move from intention to action.

**Objective 3: Organisational Values**

The organisation should embed its core values to impact positively on compassionate care giving through the behaviours, actions and attitudes staff and residents throughout the organisation and service, maintaining a positive culture.

An organisational value is a stated belief which specifies a mode of conduct which is considered acceptable or preferable. They give us a framework which sets out the ‘way we do things’ in our organisation.

Organisational values define the acceptable standards which govern the behaviour of individuals within the care environment. They are crucial in creating a preventative approach and culture to harm and abuse, by making sure that staff groups are clear about how their own individual value systems should be carried through in their work, and clearly defining the lack of values and subsequent behaviours that can lead to harmful or abusive practice.

When desired behaviours are encouraged by different individuals and leaders throughout an organisation, a statement of values will be useful to draw these people together, encourage common norms of behaviour, and lead to an open culture which identifies, challenges and roots out unacceptable behaviour. Staff teams often appreciate being involved in deciding and setting values as well as service priorities.

Communicating values constantly in staff meetings, supervision and by challenging behaviour and practice can all help to reinforce the standards of good practice and positive behaviour. Collective buy in to a set of values will often lead to a cohesive and collaborative team

Visual and non-visual management techniques and thinking about the environment can also support a culture based on core values. For example by using positive and person centred images and language consistently to reinforce what is considered acceptable.
Values should also form part of the selection process to create an expectation for new staff, and reinforced through induction.

**Objective 4: Team alignment**

Organisations should ensure that staff are aligned with the vision of what care delivery can be to enable them to become powerful agents for change within the service.

**What is a team?**

*A team is a small group of people with complementary skills, who are committed to a common purpose, performance goals and approach for which they hold themselves mutually accountable.*

Katzenbach (1993) quoted in RCN Developing and Sustaining Effective Teams 2009

**Why is team working important?**

For teams to be effective they need clear, shared and agreed objectives which contribute to the delivery of care. These objectives provide a framework for the team to measure their progress and recognise risk to achieving their objectives.

However this means that the team needs to be absolutely clear about what currently exists and what is desirable. Being really clear about where you are going as a team and how these fit with the values of the organisation, means that people can choose actions that ensure they meet these objectives.

Aligning the team to the organisational values, through setting team objectives can really help a team clarify what is important to the team, the service, and the people who use the service. It can be hard for people to see how their tasks fit into the overall organisational values, and setting team objectives to align to these values can help people see how they can achieve these values through their work.

Effective teams have clear objectives, which are aligned to the organisational values so that they know what the service should look like and how they contribute to delivering this in their everyday work.

Aligning the team to organisational values, and setting objectives about how you will reach them, helps keep focus on delivering the right service, and spot hazards and risks that might impact upon your quality of care.

**Objective 5: Maintaining Motivation**

Services within organisations should focus on maintaining a motivated, skilled, professional and non professional trained staff team.
Maintaining motivation to the team objectives and achieving the values, is a strong part of leadership.

Sustaining improvements and maintaining motivation to meet objectives can be a difficult task, but some management tools and techniques can help build this into the care environment:

- Use the skills of team members effectively by utilising them to provide guidance and direction for others for example at induction for new members of staff
- Review the performance of the team and of individuals. Effective supervision, either individually or as a group, can provide a regular focus to ensure teams and individuals stay aligned to objectives and value based care
- Support team members to develop their roles and responsibilities
- Support others to provide good quality care and maintain standards.
- Provide regular feedback – praise good practice and take action to address issues and improve performance – so that people can remain focussed on what is expected of them in carrying out their daily tasks
- Create thinking environments that encourage all staff members to contribute their ideas to improving the care environment

Keeping the team focussed on the organisational values and how the team objectives can help them achieve this, will help maintain motivation to achieve these, and create a ‘can do’ culture.

**Objective 6: Workforce development and training**

**Recruiting and keeping a workforce that is fit for purpose and is confident, capable and skilled**

The workforce is our most valuable asset. Careful consideration of recruitment and retention mean that we can get a workforce with the right skills, knowledge, values, attitudes and behaviours to achieve high quality care delivery.

**Recruitment:**

- Use the vision, values and objectives of the service in all job advertising and recruitment literature. This makes it clear from the outset the attitudes and behaviours that you expect from your staff team
- At interview ask questions about values and ask for examples of demonstrating values in practice
- Present posts and opportunities positively
- Ensure that you follow your organisations safer recruitment principles. Criminal Record Checks and Independent Safeguarding Authority checks. Challenge any gaps in employment or uncertain reasons for leaving a previous post. Ensure you have vetted potential employees using the national safeguarding structures.
Retention:

- Nurture new recruits by giving clear information on expectations, roles and values and have a clear induction period and process
- Use reflective practice to give continuous feedback on performance through supervisions and yearly appraisals
- Encourage professional development and have a clear pathway for progression
- Encourage others to find their voice.

Workforce Development

Both CQC guidance and Skills for Care advice highlight the responsibility of the service provider and registered manager to continue to improve care standards through a well-trained workforce. Increasing staff skills, confidence, capability and knowledge is integral to the prevention of abuse, neglect and poor practice.

Skills for Care guidance states that:

*Managers should create a workforce development plan that shows their assessment of the training needs that are essential to providing good outcomes for the particular people using their service, reflecting their particular needs. Learning and development programmes, including induction, should be based on the plan, and should reflect the common and core social care areas as well as areas specific to the model and type of service. Individual development plans for each worker must also be based on the overall workforce plan.*

Skills for Care: CQC Guidance Notes August 2011

Further information and advice on the key workforce training and development skills to meet the CQC requirements can be found at:

[www.skillsforcare.org.uk/qualifications_and_training](http://www.skillsforcare.org.uk/qualifications_and_training)

When you are developing your team values and objectives, you should also review your current team structures, roles and responsibilities to make sure that they reflect the service delivery you want to achieve and that you are making best use of the skills of your staff. Start a dialogue with existing staff about their skills and preferences and think about how new roles or responsibilities could create better delivery as well as achieving efficiencies.

Leaders and managers should ensure access to training and provide systems that evidence workforce development.

**Objective 7: Setting, and Managing Standards**

The service should manage and maintain high standards of care that are critical to meet regulatory requirements and achieve quality of care
Establishing and managing standards to ensure that the care environment supports and promotes a person’s self respect, keeps them safe and develops trust should be part of the management activities. Standards for care are set by CQC and will also be monitored by South Tyneside Council as part of the Quality Standards Framework.

A culture which clearly sets out standards for the daily delivery of care which ensure that the person is kept at the centre of the care provision, and embedding this throughout the service will help ensure that meeting and monitoring standards becomes routine and regular practice, part of the fabric of the service.

The Social Care Institute of Excellence sets out factors which influence dignity in care.

Social Care Institute of Excellence: Dignity in Care Guide

Managers should ensure that once standards have been set, that they regularly receive information on performance and provide this feedback to staff to create a culture of continuous improvement. Ways of gathering information on performance against set standards could be:

- Observing practice within the care home
- Asking relatives or visitors for feedback
- Asking residents about key aspects of their care
- Reviewing care plans, and other documentation
• Developing formal audit and quality assurance systems

Systems for Audit and Quality Assurance, as already mentioned in this document should be in place to support continuous improvement.

An open culture should also promote the benefits of feedback to staff in both improving standards and recognising good work and positive contributions. In contrast a transparent culture also supports feedback that aims to improve practice, encourage and up skill the workforce. Delivered appropriately this will encourage and motivate staff to improve their practice within a supportive environment.

Providing a regular forum to share how well, or not, the standards are being met also leads to a culture of continuous improvement. This could be through information regularly updated on a staff notice board, regular briefing notes, or through team meetings and supervision.

Everyone has their part to play in influencing quality, and ensuring the care experience is positive for the user.

Objective 8: Effective Partnerships

Organisations should work in partnership to achieve better outcomes for residents and vulnerable people.

Developing networks with service users and their representatives, relatives and carers can help bring different perspectives, experiences and encourage a culture of everyone working together to deliver good quality care.

Working in care can be a difficult and isolating experience. People in care settings increasingly have complex needs, and keeping up to date with information and knowledge to support their needs is important for care homes. Being part of a caring community, working with other professionals and colleagues to support residents can help you meet their needs. Developing partnerships with colleagues, and other key professionals involved in the care of your residents can help you share the burden, gain experience and knowledge, and feel part of the caring community.

Who are your partners in helping to provide good quality care?
Developing networks and partnerships can appear time consuming, but things like sharing your values, standards and objectives with your key partnership can help understand how they can contribute to your care environment and work together with you to achieve your values and objectives.

**Objective 9: Promoting a positive culture**

*Services should promote a positive culture where the ethos of compassionate care remains person-centred, relationship-centred, evidence based and continually effective within a changing health and social care context*

Culture characterises a work environment and can be manifested in the behaviour and attitudes of the team. Culture can be hard to change as it involves people learning new ways to behave and to ‘unlearn’ old practice. However all the other elements we have discussed can help to change a culture by setting clear values and direction, and reinforcing the practice and behaviours that are expected in a positive culture.

The visual environment can reinforce the culture and this can also impact upon older people, where adapting to new environments can be very challenging. Creating an environment which shows immediately that the person is at the centre of care, can help influence the culture, as well as support residents to feel part of that environment and everyone to know the person centred values that are part of the home.
Objective 10: Every Person Should Matter

We want all care environments for South Tyneside residents to put the person at the centre, where every aspect of that environment and their care relationships improves and enhances their choices, individuality and dignity.

Life story work helps improve the quality of life for residents and puts them in the centre of their life experience. It provides a vehicle for staff to have open conversations and communications with residents, to help both carer and cared for person feel valued and respected, to understand challenging behaviour and to create positive caring and sustainable relationships.

Ways of getting to know me: feelings come before facts

- Where were you born?
- What part of the country is home?
- What is the place you like the most?
- What did your parents do for a living?
- Where did you go to school?
- What subjects did you like the most?
- Where did you enjoy going on days out or on holiday?
- Did you have any pets?

We should never forget the life experience and wisdom that older people bring to our experience of caring for them. With this in mind endeavouring to understand that the people we work with are real people with real histories and real lives should always be our priority. Their experience of care should be one where they are fully assisted to flourish.

Below is a tool kit of resources and website links to a raft of information that will assist those responsible for the care of older people to embed the recommendations identified within this framework.
This framework provides a foundation for good practice with a focus on prevention to reduce the prevalence of safeguarding concerns.

Finally, members of the Safeguarding Adults Board hope it will be a useful document that will lead to some measurable results over time.
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<td>Information for people with dementia and health professionals – has good</td>
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<td>the Lets Respect toolkit – an excellent resource to help improve the</td>
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<td>Social Care Institute of Excellence covers a range of topics for social care</td>
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<td>A resource to support anyone in the health and care sector to improve end of</td>
<td><a href="http://www.endoflifecareforadults.nhs.uk">www.endoflifecareforadults.nhs.uk</a></td>
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<td>Leadership</td>
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<td>Developing</td>
<td>Website about transforming adult social care with new blueprint for</td>
<td><a href="http://www.thinkpersonalactlocal.org.uk">www.thinkpersonalactlocal.org.uk</a></td>
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<tr>
<td>Topic</td>
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<td>new service models</td>
<td>providers on responding to personal budgets</td>
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<td>Person Centred Care</td>
<td>Dignity in Care is a campaign funded by the Department of Health to improve people’s rights in care. The website contains a range of resources including toolkits, leaflets and posters to promote dignity in care and dignity champions</td>
<td><a href="http://www.dignityincare.org.uk">www.dignityincare.org.uk</a></td>
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<td>The National Care Forum promotes quality in the not for profit sector. They have information on principles of person centred care for people with dementia</td>
<td><a href="http://www.nationalcareforum.org.uk">www.nationalcareforum.org.uk</a></td>
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<td>Provides a range of tools and resources about person centred thinking and person centred values</td>
<td><a href="http://www.helensandersonassociates.co.uk">www.helensandersonassociates.co.uk</a></td>
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<td>Workforce development and management</td>
<td>Social Care institute of excellence resource for managers which includes tools to check skills of your workforce using the Common Induction Standards and resources for managing skills and resources</td>
<td><a href="http://www.scie-careskillsbase.org.uk">www.scie-careskillsbase.org.uk</a></td>
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<td>Website to support employers to recruit and train staff to deliver quality social care. Information includes advice on Common Induction Standards</td>
<td><a href="http://www.skillsforcare.org.uk">www.skillsforcare.org.uk</a></td>
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<td>ACAS is a not for profit organisation supporting employees and employers to provide better working relations. The website provides a range of useful information on recruitment, retention, health and safety and top tips for managers</td>
<td><a href="http://www.acas.org.uk">www.acas.org.uk</a></td>
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<td>Social Care TV, hosted by SCIE, has a range of video clips that can be downloaded for staff training around many issues including safeguarding and prevention</td>
<td><a href="http://www.scie.org.uk/socialcaretv">www.scie.org.uk/socialcaretv</a></td>
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<td>This resource offers a range of support for employers regarding recruitment, retention, managing conflict, and the legal aspects of</td>
<td><a href="http://www.businesslink.org.uk">www.businesslink.org.uk</a></td>
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<td>employment</td>
<td>SCIE website covering aspects of safeguarding and prevention including identifying risks, training, policies and advice</td>
<td><a href="http://www.scie.org.uk/adults/safeguarding">www.scie.org.uk/adults/safeguarding</a></td>
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<td>Prevention, safeguarding and quality monitoring</td>
<td>A guide from Hull University which offers guidance on prevention abuse for adults with a learning disability in residential care</td>
<td><a href="http://www2.hull.ac.uk/fass/pdf/Abuse%20in%20Care%202.pdf">http://www2.hull.ac.uk/fass/pdf/Abuse%20in%20Care%202.pdf</a></td>
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<td>CQC – the Care Quality Commission – have a website which offers information about the care standards including a Quality and Risk profiles to help providers monitor essential standards of quality and safety</td>
<td><a href="http://www.cqc.org.uk">www.cqc.org.uk</a></td>
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<td>Organisation that supports the prevention of elder abuse</td>
<td><a href="http://www.elderabuse.org.uk">www.elderabuse.org.uk</a></td>
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<td>My Home Life is a new initiative which aims to support the quality of life for people living, dying, visiting and working in care homes for elderly people. It has a range of resources and suggestions</td>
<td><a href="http://www.myhomelifemovement.org.uk">www.myhomelifemovement.org.uk</a></td>
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<td></td>
<td>Frameworks for Change is a training and development organisation which provides training and material on creating compassionate caring environments</td>
<td><a href="http://www.frameworks4change.co.uk">www.frameworks4change.co.uk</a></td>
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