



## **Adult Social Care and Health**

# **Continuity of Care & Out of County Placements Quality Monitoring Practice Guidance**

**Version 5**

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This practice guidance outlines what is required when someone is moving their Ordinary Residence in to or out of Derbyshire within England only. It does not apply to Wales, Scotland, Northern Ireland or any other country. Following this guidance will ensure that we comply with the Continuity of Care Duty contained within the Care Act 2014, Chapter 20 of [DoH Care Guidance](#) & Chapter 1F of the Association of Directors of Social Services (ADASS) document 1: [ADASS general responsibilities and universal services](#)

If you would like to make any comments, amendments, additions etc. please email [ASCH.AdultCare.Policy@derbyshire.gov.uk](mailto:ASCH.AdultCare.Policy@derbyshire.gov.uk)

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## 1. Introduction

Where people with care and support needs who are ordinarily resident in Derbyshire, decide to move to a new area, and as a result their ordinary residence status changes, it is important to ensure that care and support is in place during and after the move, so the person's wellbeing is maintained. This includes adults in custody with care and support needs where they are moved to another custodial setting or where they are being released from prison and are moving back into the community. There may be occasions when ordinary residence may be unclear. For further information please refer to [ordinary residence](#) guidance.

How local authorities must work together is made clear in sections 37- 38 of [the Care Act 2014](#) and the [Care and Support \(Continuity of Care\) Regulations 2014](#). [Chapter 20 of the Care and Support Statutory Guidance](#) sets out the process that local authorities must follow to comply with the law.

All requirements outlined in the Care Act also apply equally during this process (e.g., promotion of wellbeing, prevention, assessment and eligibility, care and support planning etc.).

This guidance (drawn heavily from the statutory guidance) outlines what is expected of Derbyshire County Council (DCC) Adult Social Care and Health (ASCH) colleagues when a person with care and support needs moves into or out of Derbyshire. As such, DCC ASCH could be described as either the 'first authority' or the 'second authority' in this guidance. Colleagues in other local authorities will be working to the same standard.

The process outlined below also applies where the person's carer is receiving support and will continue to care for the adult after they move.

This document is guidance for social work locality teams to support quality assurance of commissioned services where the provision is not delivered as part of a contract with the Council facilitated by the Contracting and Market Management team, who will therefore not have oversight of the service and/or placement; it is not intended that the social work team undertake the activity as a Contracts Manager would.

## 2. Definitions

For the purpose of this guidance the following meanings apply:

- **individual** means the person who needs care and support, and is or is intending to move to another authority
- **carer(s)** refers to any carer(s) that the person may have who has decided to continue to care for the adult after they have moved to the new area
- **new carer** refers to any new person who will take over the caring role when the adult moves to the new area
- **person** refers to both the adult needing care and support and the carer
- **first authority** means the local authority where the person lives and is ordinarily resident prior to moving, that is moving out of Derbyshire
- **second authority** means the local authority the person is wishing to move to
- **assessment** refers to both a needs assessment and a carers assessment

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### 3 Supporting People to Be Involved

An individual may request assistance from either the first or second authority in helping them understand the implications of their move on their care and support and should ensure that they have access to all relevant information and advice. This should include consideration of the need for an independent advocate in helping the person to weigh up their options (see separate guidance on [advocacy support in Derbyshire](#) )

#### 3.1 People who lack capacity

If a person lacks capacity the following should be considered first:

- are they staying in a regulated care provision as set out in Section 39 of the Care Act 2014 ([legislation.gov.uk](http://legislation.gov.uk))

If they are then they remain ordinarily resident in the local authority that placed them.

If the person is not staying in regulated accommodation, or intends to leave regulated accommodation, the following should be considered:

- their connections to the area (family, friends, work, education and professional support networks); and
- the purpose of them living or moving there

Because the person is deemed to lack capacity the question of whether the person has 'voluntarily adopted' the place of residence should not be considered.

There will be situations where the individual may lack capacity to decide about a move, but the family wish to move the individual closer to where they live. The local authority must in these situations carry out supported decision making, supporting the individual to be as involved as possible, and must carry out a capacity assessment and where necessary then take "best interests" decisions. The requirements of the [Mental Capacity Act 2005](#) apply to all those who may lack capacity.

Further information is available on the [Government legislation website](#), [Mental Capacity Act Code of Practice](#) and via [39 Essex Chambers | Mental Capacity Guidance Notes](#).

### 4. Accommodation Types

Section 39 of the [Care Act 2014](#) sets out specific accommodation types. If a person is placed into any of those accommodation types in another area, they remain ordinarily resident in the placing authority. The accommodation types are:

- a residential or nursing home
- a hospital
- a shared lives scheme
- a supported living scheme

Whilst Derbyshire County Council will always endeavour to arrange placements as close to home as possible, people can be residing in the listed accommodation in another area because:

- the local authority deems it crucial to promoting their wellbeing; or

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- the local authority is not able to provide appropriate services locally.

## 5. The Continuity of Care Process

This section includes information sharing requirements within the process.

The aim of this process is to ensure that the individual with care and support needs will be able to move with the confidence that arrangements to meet their needs will be in place on the day of the move. In order to do this and achieve continuity of care, the second authority should have completed a needs assessment and care and support plan for the individual prior to the day of the move.

It is possible that the second local authority might be unable to complete a needs assessment prior to the day of the move due to the logistics of assessing an individual a long distance away or because they want to assess the individual in their new home.

**If the second authority has not carried out the assessment prior to the move, it must continue to meet the needs and take into account outcomes identified in the individual's current care and support plan until it has carried out its own assessment.**

The key to ensuring that the individual's care is continued is through both local authorities working together, and that the individual and their carer are at the centre of the process.

### 5.1 Making an informed decision to move to another local authority

When contemplating the possibility of moving, an individual may want to find out information about the care and support available in one or more authorities. DCC ASCH already make much of this information publicly available in accordance with its general duties under the Care Act. Extra information should be provided when requested by the adult and where relevant, their carer.

Local authorities can provide the adult and their carer with relevant information or advice to help inform their decision but should guard against influence over the final decision. The authorities can, for example, provide advice on the implications for the individual's care and support (and their carers support), but the final decision on whether to move is for the individual and, if relevant, the carer to make.

The prompt provision of this information will help the individual make an informed decision and assist the process if they decide they want to move.

### 5.2 Confirming the intention to move

The continuity of care process starts when the second authority is notified of the individual's intention to move. Local authorities may find out about the individual's intention to move from the individual directly or through someone acting on their behalf, who may contact either the first authority or the second authority to tell them of this intention. If the individual has approached the first authority and informed them of their intention to move, the first authority should make contact with the second authority to tell them that the individual is planning on moving to their area.

When the individual has confirmed their intention to move with the second authority, the second authority must assure itself that their intention is genuine. This is because the duties in the act proceed from this point.

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To assure itself that the intention is genuine, the second authority should:

- establish and maintain contact with the individual and their carer to keep abreast of their intentions to move
- continue to speak with the first authority to get their view on the individual's intentions
- ask if the person has any information or contacts that can help to establish their intention

When the second authority is satisfied that the individual's intentions to move are genuine, it must provide the individual (and the carer if also intending to move), with accessible information about the care and support available in its area. This should include but not be limited to, details about:

- the types of care and support available to people with similar needs, so the individual can know how they are likely to be affected by differences in the range of services available
- support for carers
- the local care market and organisations that could meet their needs
- the local authority's charging policy, including any charges which the individual may be expected to meet for particular services in that area

Where the individual moving currently receives a direct payment to meet some or all of their needs, the first authority should advise them that they will need to consider how to meet any contractual arrangements put in place for the provision of their care and support.

For instance, any contracts an individual may have with personal assistants who may not be moving with them.

### 5.3 Preparing for the move

Once the second authority has assured itself that the individual's (and where relevant the carers) intention to move are genuine, it must inform the first authority. At this stage, both authorities should identify a named staff member to lead on the case and be the ongoing contact during the move. These contacts should make themselves known to the individual and lead on the sharing of information and maintaining contact on progress towards arranging the care and support for them and support for the carer. These contacts should be jointly responsible for facilitating continuity of care within an acceptable timeframe, taking into consideration the circumstances behind the individual's intention to move, such as a job opportunity.

The second authority must provide the individual and carer with any relevant information that it did not supply when the person was considering whether to move.

When the first authority has been notified by the second authority that it is satisfied that the individual's intention to move is genuine, the **first authority must provide** it with:

- a copy of the individual's most recent care and support plan
- a copy of the most recent support plan where the individual's carer is moving with them
- any other information relating to the individual or the carer (whether the carer has needs for support), that the second authority may request

The information the second authority **may request and must be provided with may include:**

- the most recent needs assessment if the person's needs are not likely to change as a result of the move
- the adult's financial assessment

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- any safeguarding plans that have been completed for the individual
- where a deprivation of liberty has been authorised for a person who is moving to a new local authority area, then a new referral for a deprivation of liberty must be made to the new local authority

Information sharing will need to be undertaken (by secure email or other safe means of transfer) in a manner which complies with the Data Protection Act 2018 by following the General Data Protection Regulation (GDPR) guidance contained in DCC [information governance policies](#).

#### 5.4 People receiving services under children’s legislation

The continuity of care provision does not apply for individuals’ receiving services under children’s legislation. However, information should be shared in the following circumstances:

- where an individual has had a transition assessment but is moving area - before the actual transition to Adult Social Care and support takes place, the first local authority should ensure that the second is provided with a copy of the assessment and any resulting transition plan
- where a child’s carer is having needs met by Adult Social Care and support in advance of the child turning 18 (following a transition assessment), the first local authority should ensure that the second authority is provided with a copy of the assessment and the carers support plan

### 6. Assessment Care and Support Planning

#### 6.1 Involvement and independent advocacy

If the individual has substantial difficulty and requires help to be fully involved in the assessment or care planning process and there is no other suitable person who can support them, the Care Act 2014 requires that they must be provided with an independent advocate. In this case the **advocate should be provided by the second authority** because it takes over the responsibility for carrying out the assessment and care planning with the individual.

#### 6.2 Contact

The second authority must contact the individual and the carer to carry out an assessment and to discuss how arrangements might be made. The second authority should also consider whether the individual might be moving to be closer to a new carer and whether that new carer would benefit from an assessment.

Throughout the assessment process, the first authority must keep in contact with the second authority about progress being made towards arranging necessary care and support for the day of the move. The first authority must also keep the individual and the carer informed and involved of progress so that they have confidence in the process. This should include involving them in any relevant meetings about the move. Meetings may not always be face-to-face where there are long distances between the local authorities involved. Having this three-way contact will keep the individuals at the centre of the process and help ensure that arrangements are in place on the day of the move.

#### 6.3 Assessments

All assessments, for individuals’ with care and support needs and carers with support needs, must

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be carried out in line with [Self Directed Support Eligibility Practice Guidance](#)

The outcomes could be the same as those that the first authority was meeting or they could have changed with the person's circumstances. This includes considering whether any preventative services or advice and information would help to meet these outcomes.

As well as considering the individual's own strengths and capabilities, the assessment should also look at whether support might be available from family, friends, or **within the new community** to achieve their outcomes. In carrying out the assessments, the second authority must consider the previous care and support plan (or support plan) which has been provided by the first authority.

#### 6.4 Care and Support Planning/Support Planning

Following the assessment and after determining whether the individual or carer has eligible needs, the second authority must involve the individual, the carer and any other person the individual requests, in the development of their care and support plan, or the carer's support plan as relevant, and take all reasonable steps to agree the plan.

The second authority **should agree** the individual's care and support plan and carer's support plan, including any personal budget, in **advance of the move** to ensure that arrangements are in place when the individual moves into the new area. This should be shared with the individuals before the move so that they are clear how their needs will be met, and this must also set out any differences between the person's original plan and their new care and support or support plan. Such differences could arise where the range of services in one local authority differs from the range of services in another. The second authority **must also explain to the individual or carer where there are any differences in their needs**.

In addition to the standard information requirements, the **care and support plan should include arrangements for the entire day of the move**. This should be agreed by the individual, the carer (existing and new as relevant) and both authorities.

#### 6.5 Responsibilities and Funding

The first authority should remain responsible for meeting the care and support needs the individual has in their original home and when moving. The second authority is responsible for providing care and support when the individual and their carer move into the new area. The individual moving is responsible for organising and paying for moving their belongings and furniture to their new home.

#### 6.6 Personal Budget

In considering the individual's personal budget, the second authority should take into consideration any differences between the costs of making arrangements in the second authority compared with the first authority and provide explanation for such a difference where relevant. Where there is a difference in the amount of the personal budget, this should be explained to the individual. The second authority should also look to ensure that the individual's direct payment is in place in a timely manner. For example, the individual's moving may have a personal assistant that is also moving and will require payment.

#### 6.7 Integration

The individual and their carer may have health needs as well as care and support needs. Both local authorities' colleagues should work with their local health professionals to ensure that all



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individuals' and carers' health and care needs are being dealt with in a joined-up way.

If the individual also has health needs, the second authority should carry out the assessment jointly with their local Integrated Care System (ICS) colleague. Having a joint assessment ensures that all of the individual's needs are being assessed and that each plan contains the support to be provided.

Information should be shared as quickly as possible with the minimum of bureaucracy in line with departmental information governance policies.

## 6.8 Documentation

The second authority must provide the individual and the carer and anyone else requested with a copy of their assessments. This **must include a written explanation** where it has:

- assessed the needs as being different to those in the care and support plan or the carer's support plan provided by the first authority
- assessed the individual's or carer's personal budget as being different to that provided by the first authority

## 7. Interim Arrangements – What Happens if the Second Authority has not Carried out an Assessment Before The Day Of The Move

### 7.1 Continuity

The second local authority is generally expected to have carried out their needs assessment of the individual moving prior to the day of the move. However, there may be occasions where the authority has not carried out the assessments or has completed the assessments but has not made arrangements to have support in place. This might happen where the second authority want to assess the individual in their new home and consider if their needs have changed, for example because they have started a new job or are now in education, or they have moved to be closer to family. The **second authority must still contact** the individual and their carer **in advance of the move**.

Where the full assessment has not taken place prior to the move, the second authority **must put in place arrangements** that meet the individual's or carer's needs for care and support **as identified by the first authority**. Both authorities must consider any existing contract obligations/ placement and support agreements of either the existing or the proposed arrangements when completing the care and support plan. This could include notice periods, service choice, quality, suitability and availability. These arrangements must be in place on the day of the move and continue until the second authority has carried out its own assessment and put in place a care and support plan which has been developed with the individual.

The second authority must involve the individual and carer, and any relevant independent advocate, as well as any other person that either the individual or advocate may request, when deciding how to meet the care and support needs in the interim period. The authority must take all reasonable steps to agree these temporary arrangements with the relevant person.

### 7.2 Matters local authorities must have regard to when making arrangements

The [Care and Support \(Continuity of Care\) Regulations 2014](#) require the second authority to **have regard to the following matters when meeting the individual's needs in advance of** carrying out their own assessment:

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### 7.2.1 Care and Support Plan

The second authority should discuss with the individual and the carer how to meet their eligible needs and any other needs that the first authority was meeting that are not deemed as eligible but were included in either plan.

### 7.2.2 Outcomes

Whether the outcomes that the individual and the carer were achieving in day-to-day life in their first authority are the outcomes they want to achieve in the new authority, or whether their aims have changed because of the move.

### 7.2.3 Preferences and Views

The preferences and views of the individual and the carer on how their needs are met during the interim period.

The second authority must also consider any **significant difference to the individual's circumstances** where that change **may impact on the individual's wellbeing**, including:

- whether the individual is currently receiving support from a carer and whether that carer is also moving with them - where the carer is not moving the second authority must consider how to meet any needs previously met by the carer, even if the first authority was not providing any service in relation to those needs
- suitability of accommodation - where the new accommodation is significantly different from the original accommodation and this changes the response needed to meet the needs - for example, the individual may move from a ground floor flat to a first floor flat and now need assistance to manage stairs
- where the individual has received equipment or had adaptations installed in their original home by the first authority, the approach set out above in 6.8 should be used
- access to services and facilities - where the services and facilities in the new area are different, and in particular fewer than those in the originating area - for example access to food deliveries or other food outlets, access to public transport, or access to leisure or recreational facilities, the individual's workplace. A move from an urban to a rural environment could bring this about.
- access to other types of support - where the individual was receiving support from friends, neighbours or the wider community and this may not readily be available in their new area
- where the individual makes use of universal services such as local authority day services, drop-in support, or befriending schemes, and these are not available in the new area

If the individual has substantial difficulty in being fully involved in the assessment, care planning or review process, the second authority should consider whether the individual needs an independent advocate or whether their original advocate is moving with them. The second authority should ascertain this information from relevant documentation sent to them or by talking to the individuals' involved, and the first authority.

The individual or carer should not be on an interim care and support (or support) package for a prolonged period of time as a tailored care and support (or support) plan must be put in place. The second authority should carry out the assessment in a timely manner.

## **8. What Happens When the Individual Does Not Move, Or The Move is Delayed?**

There are a range of reasons why a person might not move on the designated day, for example, because they have become unwell or there has been a delay in exchanging contracts. Where there has been a delay because of unforeseen circumstances, both authorities should maintain contact with the individual to ensure that arrangements are in place for the new date of the move.

If the individual's move is delayed and they remain resident in the area of the first authority, they will normally continue to be ordinarily resident in that area and so the first authority will remain responsible for meeting the individual and the carer's needs. Both local authorities may have incurred some expense in putting arrangements in place before the move was delayed. In such circumstances each of the authorities should consider agreeing to cut their losses incurred in preparing continuity of care.

In circumstances where the second authority has not assessed the person prior to the move and is planning to meet needs based on their original care and support plan, but it transpires that the individual does not move to the second authority (and so the first authority remains responsible for providing care and support), the Care Act does provide for the second authority to be able to recover any costs it incurred from the first authority.

In deciding whether to recover these costs the second authority may want to consider, for example, whether the first authority was aware that the individual was not going to move and had not told the second authority, or whether the first authority was not aware and was unable to advise the second authority not to make arrangements. The second authority should consider whether it would be reasonable to recover their costs depending on the circumstances of the case.

## **9. Disputes about Ordinary Resident and Continuity of Care**

Where local authorities are in dispute over application of the continuity of care provisions, the authorities who are parties to the dispute must not allow their dispute to prevent, delay or adversely affect the meeting of the individual's needs.

Where the authorities cannot resolve their differences, the steps described in the ordinary residence disputes (see [Ordinary Residence Regulations](#)), must be taken to ensure that the person is unaffected by the dispute and will continue to receive care for the needs that were identified by the first local authority.

## **10. Complaints and Representations**

It is important that individuals' have confidence in the assessment process and the wider care and support system. Therefore any individual should be able to make a complaint and challenge decisions where they believe a wrong decision has been made in their case – see [Adult Care Complaints Policy and Procedures](#).

**Appendix 1 – Checklist for Reviewing Out of County/Non-Contracted Adult Care Providers**

Derbyshire County Council Adult Contracting and Market Management team does not undertake quality monitoring for out of county or non-contracted care services. This document is aimed at providing guidance for social workers/social care practitioners when visiting/reviewing out of county/non-contracted care services that are either Care Quality Commission (CQC) regulated or non CQC regulated services. This could include out of county (OOC) residential/nursing care homes or supported living. This is to be used solely as guidance and should not be viewed as a replacement for the Council’s responsibilities under the Care Act. If you are not sure whether the service is monitored by the Contracting and Market Management team, please email ASCH Adult Social Care and Health Contracts [ASCH.AdultCare.Contracts@derbyshire.gov.uk](mailto:ASCH.AdultCare.Contracts@derbyshire.gov.uk) for clarification.

The below table is intended to be used as a guide to be considered for preparing for a visit:

AREAS/OPTIONS TO BE CONSIDERED BEFORE VISIT	GUIDANCE NOTES
What kind of service are you visiting?	<i>Is this service CQC registered? if not sure, check registration on CQC website, <a href="http://carequalitycommission.org.uk">Care Quality Commission (cqc.org.uk)</a> Look at present ratings and implications for your person. Consider whether they have the correct registration for your person, e.g., Learning Disability (LD), Mental Health (MH) etc.</i>
Out of County providers/Non CQC regulated Providers	<i>When booking in your visit ask the provider for contacts of local contracts/commissioning department. Contact host authority Contracts Dept - Check present contractual status (Suspended/Default Notice) or any outstanding safeguarding/quality investigations.</i>
Mosaic Analysis	<i>You may not have been involved at the start of this placement, so check any detail of the actual agreed levels of care for your person (1:1 support), outstanding safeguardings, quality issues etc. Is there a DoLS/CoP DoLs in place? What does this state in conditions/recommendations?</i>

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The below table is intended to guide you to consider different areas/themes when considering the placement for your person. This is not an exhaustive list and specific attention needs to be given to the bespoke care and support needs of the person you are visiting.

AREAS TO CONSIDER	GUIDANCE NOTES
Engagement	<i>Ask the person about their feelings towards whether they feel engaged with the service. Do they make their own choices? What does the service do in respect of feedback, complaints, and comments? Speaking to the person and/or their representative and staff about their views and feelings is paramount. Does what they are saying/experiencing reflect their care and support plan and the environment?</i>
Training	<i>Think about the needs of the person you are going to see and any specific training that may be required. E.g., Epilepsy, Behaviours that challenge, LD/ASD etc</i>
Medication	<i>If the person is not self-administering, ask to see MAR/Medication records. Are these legible/any obvious omissions? Psychotropic Meds considered under MCA/Best Interests. Any covert medication? Are staff trained/competency assessed? Is medication stored appropriately?</i>
Paperwork/Support Plans/Activities	<i>Is there a copy of DCC Assessment/Support Plan on file? Does the providers care/support plan relate to outcomes/promoting independence? Is the person utilising commissioned levels of care? Do activity plans/case notes clearly identify this?</i>
Other Professionals Involved	<i>Is there clear evidence that when required other professionals have been referred to? E.g., Falls, dietician, epilepsy, psychology etc</i>
MCA/DoLS	<i>Is the service adhering to the MCA/least restrictive principles? Where appropriate are Best Interest decisions clearly outlined and documented? What restrictive practices are in place? Chemical/physical restraint? Check whether there are any conditions attached to the DoLS authorisation and are these being followed. This could be something like an individual is on covert medication and the condition is that it needs to be reviewed at least monthly, or 3 monthly to ensure it is proportionate and remains in the individuals' best</i>

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	<i>interests.</i>
Accidents/Incidents	<i>Are accidents and incidents recorded, evaluated, and responded to appropriately?</i>
Behavioural Incidents	<i>Are records of challenging behaviour/physical interventions reviewed and analysed to identify what</i>

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	<i>has occurred, how staff have responded, and whether this was successful?</i>
Falls/Tissue Viability	<i>Are falls and tissue viability being managed appropriately?</i>
Finances	<i>Are people's finances and belongings being managed appropriately? Is there a clear audit trail of the person's monies?</i>
Environment/Infection Prevention Control (IPC)	<i>Is the environment safe and well maintained? What systems are in place to manage outbreaks of infections. Does the setting undertake Health and Safety audits? Is the environment homely? (If this is supported living and someone's home it should not feel like a care home with an office). How does the environment feel and smell – is it maintained and appears a safe environment?</i>

Please note that the Contracting and Market Management team will not be able to take forward any concerns that may arise from your visit. As a starting point it is advised that you discuss these directly with the provider. Any concerns that warrant further safeguarding consideration should be through the usual channels and any general quality concerns for out of county providers should be discussed with the appropriate Local Authority Contracting department.

Further reading links:

Directors of Adult Social Services (ADASS) - [Safeguarding people in closed environments](#)

BASW – [Capabilities Statement for Social Work with Autistic Adults](#)

BASW – [Capabilities Statement for Social Workers Working with Adults with Learning Disability](#)

Somerset Safeguarding Adults Board – [Safeguarding Adults Review Mendip House](#)

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**Approval and Authorisation History**

Name	Job Title	Date
Authored by: Jenny Hudson	Service Manager	February 2015
Approved by: Quality Assurance Group		February 2015

**Change History**

Version	Date	Name	Reason
Version 1	February 2015	Jenny Hudson	New guidance issued in response to Care Act
Version 2	July 2017	Jenny Hudson	Document reviewed. Minor formatting Changes only
Version 3	January 2020	Vanessa Ward	Document reviewed. Minor changes to language
Version 4	August 2023	Vanessa Ward	Review – addition of appendix 1
Version 5	January 2024	Alice Sanghera	Review – minor changes to clarify purpose of the document and it's application