

Adult Social Care and Health

Provider Concerns Policy and Procedure

Version 2

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If you would like to make any comments, amendments, additions etc please email <u>ASCH.AdultCare.Policy@derbyshire.gov.uk</u>

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PVI Sector Care Provider Concerns Policy and Procedure - Introduction

This document sets out how Derbyshire County Council (DCC) Adult Social Care Social Work Locality Teams, DCC Adult Social Care Contracting and Market Management Team, the Derby and Derbyshire Integrated Care Board (ICB), and other involved partner agencies such as the Care Quality Commission (CQC) will respond to provider concerns.

For the purposes of this policy a "provider" is any private, voluntary, or independent (PVI) sector care organisation providing care and support to an individual adult client, or group of clients, who contract directly to the Council or health authority. This would include, but is not limited to:

- registered care homes residential and nursing
- domiciliary (Home Care) agencies
- supported (group) living services
- day care/services

Although partner agencies have regard to the commercial and operational integrity of provider services, the safety, effective care and dignity of clients receiving health and social care support is paramount, irrespective of how the care is commissioned or funded.

The Provider Concerns procedure does not replace Derbyshire and Derby Safeguarding Adults policy and procedures, including any individual or organisational enquiries that are made in response to concerns. It is intended for use alongside safeguarding procedures and also, where relevant, the "Managing Provider Failure and Other Service Interruptions" process which may be instigated as part of the Provider Concerns procedures.

Within any organisation or setting, adults can experience neglect or abuse, including physical abuse, neglect and acts of omission, psychological abuse, sexual abuse, financial or material abuse, discriminatory abuse, organisational abuse, sexual exploitation, self-neglect, domestic abuse, and modern slavery. Partner agencies and other departments within DCC work closely together to address safeguarding concerns within provider organisations, including agreeing primacy and roles as part of the Provider Concerns procedure.

Group managers from Social Work and DCC Contracting and Market Management teams will jointly decide whether/when safeguarding concerns in provider organisations should be responded to using Safeguarding Adults policy and procedures, and when the Provider Concerns procedure will be used. Some concerns will be responded to using both procedures, with an identified service manager as coordinator.

Aims

The Provider Concerns procedure provides a framework to:

- ensure the safety, effective care, and dignity of clients
- share information appropriately to enable effective partnership working
- take appropriate, robust action to protect the safety, effective care, and dignity of clients where provider failings have been evidenced

• work together with providers to improve the safety and quality of care

This document is divided into two sections. Section one sets out the policy regarding provider concerns; section two describes the procedure for action to be taken upon receipt of concerns.

Policy on Managing Provider Concerns

This occurs when there is an indication that a provider is operating in a way that is causing, or systemically failing to prevent, risks to the safety, effective care, and dignity of clients. Concerns can be in one or several different single areas of practice or procedure.

Indicators that a provider meets the threshold for the Provider Concerns procedure include (but is not limited to):

- safeguarding concerns or complaints, where the provider may not have taken adequate steps to ensure the safety, effective care, and dignity of one or more clients
- safeguarding or other concerns with common themes involving inappropriate, abusive, or inadequate care
- complaints (from any source including external agencies/professionals; clients/their representatives; staff or others) with common themes or trends relating to inappropriate, abusive, or inadequate care
- insufficient provision of staff to meet clients' needs
- a single serious incident where systemic and/or organisational neglect or abuse is indicated as the cause/a significant causative factor
- a large-scale investigation, usually involving a number of clients where neglect or abuse is indicated.
- concerns about the quality of the service provided to clients. This can include basic care (e.g., bathing, weight management, nutrition/hydration, management of medication, tissue viability, recognising and managing risk); environmental safety and/or lack of organisational skills or compliance with contractual requirements.
- concerns about risk management and lack of appropriate support for clients with behaviours that challenge
- inappropriate use of restraint (physical, environmental, chemical/ pharmaceutical)
- failure to consult/involve external professionals/client representatives on their behalf where this is indicated
- failure to observe and comply with Derbyshire and Derby Safeguarding Adults policy and procedures
- risk to clients due to non-compliance with the Health and Social Care Act 2008 (Regulated Activities 2014) and/or action by the CQC
- systemic failure to comply with relevant health and safety, equality, and human rights legislation
- concerns regarding the security or sustainability of service provision, for example financial viability, planning or management

concern of serious risks, including any of the above, affecting staff and others

Information sharing

The sharing of intelligence and information between partner agencies is essential to identify and assess provider concerns, possible risks and trends and the actual and potential impact for clients. Effective information sharing enables agencies to prevent, identify and respond to provider concerns. Current policy in relation to information governance and safeguarding adults in Derbyshire should be referred to for guidance.

Safeguarding of clients must always be paramount when considering whether information should be shared.

Any information of concern should be shared with partner agencies with a responsibility for overseeing the safety, effective care and dignity of clients. DCC Contracting and Market Management team should be informed of all concerns about care providers. This includes safeguarding referrals, concerns and complaints, whether or not these are formally investigated, promptly resolved, founded or unfounded. This creates a single, central record for information, held securely that can be analysed to identify any trends, underlying themes or systemic or more widespread provider concerns. This information will be shared with other agencies where applicable and in line with relevant information sharing legislation.

An Information Sharing Group, coordinated by CQC is held fortnightly to discuss provider concerns and issues, identify emerging patterns and themes and discuss local and wider strategic responses. Partner agencies attending the meetings include CQC, the local ICB and DCC.

All involved agencies are required to commit sufficient resources to enact (when required) the Provider Concerns procedure, including investigation, planning and implementation of strategies for improvement and subsequent quality assurance.

Best practice and lessons learnt from any Provider Concerns procedure should be shared through Information Sharing meetings and other appropriate forums.

Provider Concerns Strategy Group and Concerns Meetings

Where a provider concern is identified, group managers from DCC Social Work and Contracting & Market Management teams will agree which procedure or procedures will be used to respond and decide who will set up and chair (normally a service manager from one of these teams) a multi-agency Strategy Group.

The group will be convened and attend Concerns Meetings. The procedure and meetings will be led, and tasks delegated, by the chair of the group.

All involved agencies will commit to collaborative working, planning, and undertaking delegated tasks within agreed timescales.

Members of the group will include a senior operational service manager from DCC Social Work and Contracting & Market Management teams and can also include safeguarding leads, representatives from the local ICB and NHS, Police, and the Care Quality Commission. Other commissioning/funding authorities will be invited to attend the Strategy Group as required to represent clients from other areas. These group members will ensure that all discussions and plans take account of self-funding clients in receipt of a service.

The members of the group should be of sufficient seniority to access resources and to authorise others to undertake tasks.

The agenda and action plan pro-forma (appendix 2) will be used at all Concerns Meetings. This will include discussion of relevant background information, current and relevant previous safeguarding enquiries, input and information from all involved agencies, a regulatory update, and discussion of management arrangements and risks and any mitigating factors. A detailed action plan will be agreed with nominated responsible individuals and timescales for response.

The provider will be invited to attend Concerns Meetings. A professionals' update/information sharing meeting may precede this, on the same or a previous date, attended by partner agencies, as agreed by the chair and Strategy Group.

The chair of the Strategy Group will be responsible for identifying a Concerns Meeting Coordinator to follow up agreed actions.

Concerns Meeting Co-ordinator

The Co-Ordinator will be nominated by the Chair and is usually the designated Contracts Manager, ICB Clinical Quality Manager or link social worker for the service.

The Concerns Meeting co-ordinator will oversee and plan meeting arrangements, arranging for minute taking and distribution, following up agreed actions with the responsible person(s), ensuring evidence is collated and effective document control.

The co-ordinator will be responsible for alerting the Strategy Group of any new concerns, risks or barriers to achieving targets and plans, and take a central role in any communication strategy.

Partner Agencies and Organisations

All partner agencies are expected to work together to safeguard and ensure the safety, effective care and dignity of clients using health and social care services.

Where providers do not provide information or take action to address concerns, every effort will be made to engage with them by the Local Authority under this policy.

Should partner agencies fail to share information, engage, and complete delegated tasks, this will be escalated to senior management within their organisation.

Local NHS

The lead for the ICB quality in care homes will actively contribute to the Provider Concerns procedure and provide clinical knowledge and expertise to support nursing provision where concerns exist.

Local NHS staff responsible for Continuing Health Care (CHC) placements will be key members

Version: 2	Derbyshire County Council Adult Social	Originally issued: January 2018
FOI Status: Public	Care	V2 Issued: January 2024
	Provider Concerns Policy and Procedure	Review Due: January 2026
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of any Strategy Group responding to concerns about providers supporting CHC clients.

GP's (often linked to designated services) and local district nursing staff will be involved in the Provider Concerns procedure where a need is identified, with the role of reviewing of client health needs, ensuring appropriate health care is received and providing feedback on the quality of the health-related care provided.

Care Quality Commission

As the regulator for health and social care settings, the CQC will provide information to inform decision making within the Provider Concerns procedure.

The CQC are able to take civil or criminal action where care providers have failed to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission (Registration) Regulations 2009 and also health and safety legislation. The CQC are required to inform DCC of any proposed enforcement action relating to a specific provider, and this information remains confidential until it is published by the CQC.

The Police

Will be involved in Strategy Groups and can investigate and take action where a criminal offence is alleged to have been committed.

In addition to laws intended to protect members of the wider community, those designed to protect clients using health and social care services may also apply, for example section 22 of the Criminal Justice and Courts Act 2015 i.e., the wilful neglect or abuse of an adult, and section 44 of the Mental Capacity Act i.e., the wilful neglect or abuse of an adult who lacks capacity.

The chair of the Strategy Group will ensure the police are informed of any provider concern that could involve a criminal offence, including wilful neglect or abuse.

Derbyshire Fire and Rescue Service (DFRS)

Will conduct safety checks in care settings routinely and also where a need is identified. DFRS are able to provide guidance and take enforcement action in case of regulatory breaches.

Checks can be made of domestic properties and houses in multiple occupation where clients receive health and social care services or are considered to be at risk.

DFRS may also be involved in cases of hoarding and other environmental neglect that could cause a risk to clients using or receiving health and social care services.

Other considerations

The Mental Capacity Act 2005 (MCA) supports and protects people in England and Wales who may lack the capacity to make some decisions. Information sharing and decision making relating to clients who may lack capacity must be in line with the MCA.

All adults should be assumed to have capacity and able to make informed choices. If there is an indicator that a client lacks capacity in relation to a specific decision, an MCA assessment is

required, and if this shows a lack of capacity, a best interest decision should be made. This can be by someone with appropriate legal authority to make decisions on a client's behalf, or by using a process in line with the MCA Code of Practice regarding best interest decision making.

The MCA Code of Practice and related published guidance will be followed to ensure that clients' human rights are protected.

Restrictions on the rights and freedom of clients who lack capacity must be made only with appropriate authorisation.

The Deprivation of Liberty Safeguards (DoLS) provide legal protection for clients in a hospital or care home who lack the mental capacity to make decisions about their care and treatment and may require restrictions to their freedom, choices, and rights in order to receive safe care.

If these restrictions could constitute a deprivation of their liberty, an application for authorisation for a Deprivation of Liberty must be made.

Procedures to protect clients who lack the mental capacity to make decisions about their care and treatment who receive health and social care services in their own homes are not included in the DoLS. An application must be made directly to the Court of Protection for authorisation of any required Deprivation in these circumstances.

Providers are obliged to act in line with principles included in this legislation and ensure that all care and treatment is delivered in the least restrictive manner and can be demonstrated to be in the best interest of clients.

Modern Slavery

Partner agencies involved in managing the Provider Concerns procedure will be vigilant in identifying and reporting employment practices that breach the rights of workers. In the context of International Recruitment within the Social Care sector, this will include working with the Home Office, Gangmasters and Labour Abuse Authority, and the Police as required.

Concerns may include working excessive hours, pay that is below legal requirements and work arrangements that are illegally enforced, restrictive or exploitative.

Risk Management and Provider Concerns

Risk management as part the Provider Concerns procedure will identify and assess risks and plan and implement any required response. The purpose of risk assessment within the Provider Concerns procedure is to:

- ascertain whether clients receiving health and social care services are safe to remain in the care setting. This would be determined through review of their care needs by the appropriate team/agency
- agree how any risks within the service can be reduced
- identify and agree how to respond to risks involved if clients receiving health and social care services need to move to an alternative care setting
- agree and arrange any additional required measures to ensure the safety, effective care and dignity of clients if the risk of moving to an alternative

care setting is considered a greater risk than remaining at the current service

Balance, proportionality, and reasonableness should inform responsible decision making. Reasonable risk taking must involve consideration of each issue in context, and the benefits and hazards of all options.

The viability of the service and implications regarding availability of provision in the local community should be considered.

The principles for risk assessment in the Provider Concerns procedure include that:

- effective risk assessment will evidence justifiable decision making, and is important in case of legal proceedings
- risk assessment should involve multi-disciplinary input
- safe and well reviews by DCC Social Work Team and/or health agencies, will be used to identify risks relating to individual clients, using practice guidance for completing health and social care safe and well reviews. Where it is possible, action will be taken to reduce these risks, and where it is agreed that a risk cannot be effectively managed, options for alternative care provision discussed with clients (and their representatives, where applicable), funding bodies and relevant other parties
- the wishes and views of clients (and their representatives, where applicable) should be a priority when considering risk
- individual clients, with the capacity to make the decision, may choose to remain in a service where risks that could affect them cannot be effectively managed. Information must be given to the client regarding the actual risks, possible outcomes and all available options and a full record made. Checks should confirm that the client (and their representatives, where applicable) understand the risks and are given opportunity to explore if they have concerns about moving/receiving alternative provision. These concerns can then be explored, and consideration made to mitigate these concerns, with a full record made
- where a client lacks the capacity to make a decision about risks and options for alternative care provision, an assessment and best interest decision should be made in line with the MCA
- all risks should be identified and discussed at initial and subsequent stages of the Concerns Process to ensure all decisions are based on valid and current information
- measures or actions to mitigate or minimise risks must be identified as part of the risk assessment process
- mitigating factors to maintain an overview and to help stabilise care services for a period during which concerns are addressed will be considered. These can include: the presence of partner agencies in the service, provision of additional staff/managers, training and support from agencies, unannounced visits by DCC Social Work Team (including out of hours), local NHS input (GPs, District Nursing staff, provision of clear guidance to ensure adequate care for individuals with complex needs and

additional funded support for individual clients if this is agreed

• risks identified should be reviewed and updated by the chair throughout the Provider Concerns procedure and should be included on the agenda of Concerns Meetings

Provider Concerns procedure - Introduction

Provider Concerns are identified through reports of safeguarding concerns, observations of poor practice, complaints received from sources including (but not limited to):

- partner agencies or teams, for example the ICB, Care Quality Commission, local NHS agencies, Social Care. Professionals will refer concerns to DCC Contracting and Market Management team using a Contract Monitoring Form (see Appendix 1)
- monitoring visits and regulatory inspections
- an individual or organisation raising their concerns by contacting adult social care or other agencies

Use of the Provider Concerns procedure <u>will not remove</u> the requirement for safeguarding concerns to be responded to using the Derbyshire and Derby Safeguarding Adults policy and procedure. Individual or organisational safeguarding concerns <u>must not</u> be responded to only as part of the Provider Concerns procedure.

Individual safeguarding procedures will be followed, and outcomes agreed with the adult involved/their representative (where applicable). Information from individual safeguarding procedures will inform the Provider Concerns procedure, if underlying organisational or systemic concerns are indicated.

Consideration will be given to whether systemic failings that are widespread, enduring, and serious are felt to constitute organisational abuse or neglect. Although the Provider Concerns procedure can be used as part of a safeguarding enquiry and as part of planning to address organisational abuse, safeguarding procedures will also be followed and appropriate records made.

Elements of the Provider Concerns procedure can be used in isolation, for example a Concerns Strategy meeting held to discuss and record concerns raised and measures taken to respond.

Initial response and fact finding

The chair nominated by DCC Social Work and Contracting & Market Management teams' group managers will contact other involved professionals/agencies including the area DCC Social Work team to share initial information and identify any immediate risks.

Information about current clients receiving a health and social care service from the provider will be obtained and shared by DCC Contracting and Market Management team.

A Concerns Strategy meeting will be arranged as soon as practicable.

Protective action will be considered at this meeting. This will normally include reviewing individual clients' care.

Urgent action may be required to check the safety of clients as delegated by the chair where immediate risks are identified, this can precede a meeting.

Checks can be made by DCC Social Work Team, ICB, CHC or DCC Contracts and Market Management teams, for example announced or unannounced visits, and direct contact will be made with the provider to request immediate action/assurances where indicated.

The DCC Social Work team for locality in which the provider is based is responsible for offering reviews to clients who are self-funding.

Actions will be agreed by the Concerns Strategy group to assess concerns further. The chair will guide and oversee the fact-finding process with support from group members. Members must provide staff and resources to undertake any tasks delegated by the chair.

Fact finding can include but is not exclusive to the following:

- client reviews by DCC Social Work Team, ICB and CHC as appropriate
- pharmacy audits
- unannounced visits by involved agencies, including by DCC Adult Care Out of Hours team where required
- Health and Safety, Environmental Health inspections
- DFRS checks
- information or reviews from community health professionals, such as district nurses
- previous or planned Care Quality Commission inspections
- DCC Contracting and Market Management team monitoring visits

New and updated information will be shared with the DCC Contracting and Market Management team, who hold a full central record, and all involved partner organisations.

Information Sharing

The Concerns Strategy meeting will set out whom information should be shared.

Information will be stored and securely transmitted in line with each partner organisation's information governance policies.

Provider involvement

Providers should be informed of concerns, and any immediate required response/actions, as soon as possible. Exceptions should apply only where the safety of clients or others could be compromised and/or any criminal or other investigation could be prejudiced. Where this is the case, the reasons for any delay in notifying a provider should be recorded.

The provider will be required to compile an improvement plan, detailing the actions to be undertaken to raise the standard of care.

Transparency and fairness should underpin communication with providers during the Concerns procedure.

The manager of the service will have direct responsibility for service improvement. The registered provider/owner must also be contacted and made aware of concerns and their responsibility to ensure improvements are made. This will include providing adequate resources to facilitate this improvement.

Where there is a lack of engagement and compliance from a registered provider/owner, this will be escalated to their chief executive (where applicable) and the CQC notified. It will be notified to providers that continued failure to respond to requests within reasonable timescales will result in suspension or termination of their contract.

Client involvement

The views and experiences of clients (and where appropriate, their representatives) will be sought as part of the Provider Concerns procedure.

This could be during visits by professionals, safe and well and other reviews, and could include arranging individual interviews or a group meeting, (without members of the provider present where appropriate), to gain feedback on their experiences of care. The confidentiality of individual clients, including anyone involved in a safeguarding enquiry would not be disclosed in meetings with other clines/their representatives.

Individual outcomes, and those that would benefit all clients receiving health and social care services, will be central to discussion, planning and agreed actions with the Provider Concerns procedure.

Information for individuals who self-fund their care provision

The Care Act 2014 regulations and guidance places a temporary duty on the Council to ensure that care and support needs of adults and the support needs of carers continue to be met if there is a service interruption or a local provider failure. The duty applies regardless of whether an individual is self-funded, or the Local Authority pays for the care and support services.

Derbyshire County Council's adult social care service (ASC) will provide advice and guidance in relation to meeting individual social care needs and will liaise with health professionals in relation to ensuring health needs are met. Social care workers will advise on alternative care provision and will keep the individual, family, and carers fully informed and actively engaged in the process, exercising choice and control to support and maximise wellbeing. ASC will complete an assessment and support plan with anyone who funds their own care where this is requested by the individual or their representative.

ASC will schedule safe and well visits as a priority and make referrals to advocacy services as required. Social care workers will listen to any concerns that the person or family raise and provide support to try to alleviate the situation and will also complete a review within the new care setting.

Derbyshire County Council will not provide financial advice nor fund any financial support for additional costs that may arise for people who fund their own care; however, information on obtaining independent financial advice is available on the council's website and social care workers will be able to direct individuals to this.

Learning Review

The Concerns Strategy group will consider whether an organisational learning review meeting is required. The aim of the meeting will be to inform future practice including what went well and what could be done differently.

A report summarising the concerns, action taken and learning points will be compiled and shared with relevant agencies.

Contract Monitoring Review

A Contract Monitoring review by the commissioning agency/agencies will be completed to ensure that improvements have been sustained by the provider. This should take place within three months of the end of the conclusion to a Provider Concerns procedure.

Where there are joint/multiple commissioning bodies, a formally recorded plan will be made to agree who will lead the review and detail the specific involvement and resources that others will provide.

High Risk Provider Concerns – Escalation Process

High risk provider concerns should be escalated to directors within Adult Care and any joint/multiple commissioning bodies.

The chair of the Provider Concerns procedure will notify group managers from DCC Social Work and Contracting & Market Management teams who will then make a decision regarding:

- notification to the assistant director, service director and strategic director of Adult Social Care
- notification to the ICB chief nurse/head of service at the relevant agency
- any proposed contractual action for the Provider
- requirement for a press release/discussion with Press Office
- requirement for a briefing paper for elected members local to the service and the lead member for Adult Social Care

Suspension

A suspension of the contracting arrangements between commissioners and the provider will be proposed where the Concerns Strategy group agree that this is required due to risks to the safety, effective care and dignity of clients. This will prevent the admission of new referrals and is <u>not</u> intended as a sanction, but to allow the provider concerns to be addressed.

A full account of the concerns, background, action taken, action planned, and timescales will be provided and any decision for a contract suspension would be made by Adult Care directors and, where joint/multiple commissioning applies, ICB directors.

If more information needs to be gathered during the initial response and fact-finding stage of the Provider Concerns procedure to determine any risks to the safety, effective care and dignity of clients, a contract suspension can be made.

In some cases, a provider is unable to address assessed risks to the safety, effective care and dignity of clients resulting in the risk immediate or imminent harm. If remedial measures cannot address these risks, a contract suspension will be made, and also individual assessments of clients arranged to determine whether alternative accommodation and support will be urgently sought.

In exceptional cases, if concerns are considered serious, widespread and/or long standing and the provider is unable to demonstrate they can make any required changes within a reasonable timeframe, termination of their contract will be proposed.

If termination of a provider's contract is agreed by directors, an Exit Strategy Meeting will be arranged, and the "Managing Provider Failure and Other Service Interruptions" process will be followed.

Involved agencies, including other local authorities will be notified of any decision to suspend or terminate a contract by DCC Contracting and Market Management Team by email or telephone if urgent.

Exit Strategy

If the preparation, planning and implementation of an exit strategy become necessary within the Provider Concern process, all stakeholders will be entering a highly pressurised and uncertain period. This section is designed to provide a map of the key issues that need to be considered and Derbyshire County Council's response to these issues.

There are four situations where an exit strategy is necessary:

- CQC take the decision to urgently close a service
- another organisation with regulatory powers, for example the Health and Safety Executive/Environmental Health/DFRS take the decision to close a service
- the local authority and/or health commissioners decide that the service is not meeting the needs of the clients
- provider/Market failure occurs, where the provider is unable to continue to provide a service resulting in short notice termination

An exit strategy requires the safe movement of clients, their belongings and any information regarding their care/support needs from the failing home to another placement safely. See "Managing Provider Failure and Other Service Interruptions" process for managing safe closure of care services.

Appendix 1 Contract Monitoring Form

RESTRICTED

DERBYSHIRE COUNTY COUNCIL ADULT CARE

CARE HOME

CONTRACT MONITORING FORM

Name of Provider	
Address	

Name & PIN Number of person	
using service	

Referrer Name	
Telephone Number	
Relationship / Link	
Channel	

Date of Specific Incident:	
----------------------------	--

Form Completed By:	

Team/Area:	Date:	

Please mark all relevant categories below.

Care Provision

1.1 Insufficient staff on duty

1.2 Failure to meet needs identified in care & personal service plan (detail further down please)

1.3 Insufficient social stimuli / activities

1.4 Insufficient supervision of residents (details further down please)

1.5 Failure to advise of change in circumstances e.g. altered care needs

1.6 Poor quality of care / lack of training / Insufficient supervision of care staff

1.7 Inappropriate attitude (see guidance notes)

1.8 Cultural & Religious needs not met

1.9 Other (please provide details further down)

<u>Home Environment</u>

2.1 Insufficient, poor quality food / unable to have drinks when required

2.2 Lack of Security e.g., theft of property, intruders (please provide details further down)

2.3 Poor laundry service

2.4 Unpleasant smells, dirty etc.

2.5 Other (please provide details further down)

Facilities & Equipment

3.1 Essential aids / equipment not available

3.2 Essential building adaptations not functional

3.3 Other (please provide details further down)

Financial Issues

4.1 Inappropriate use of Personal Expenses Allowance

4.2 Additional charges made for items covered within contract

4.3 Third Party contributions (non-contractual)

4.4 Other (please provide details further down)

Author: Alice Sanghera

Is the provider investigating this matter under its own complaint's procedure? Do you consider that you have been able to deal with the problem satisfactorily? Do you consider that this incident requires action by Purchasing Section? Do you consider this incident requires notification to the Care Quality Commission? If so, have you, or any other party, already referred this to them?

Details of incident

Outcome of discussion with provider

Any additional comments

Return completed form to: Contracts Section, Adult Care, County Hall, Matlock, DE4 3AG



Concerns Meeting Notes and Action Plan

Date:

Service name and details:

Attendees:

Name	Job Title	Representing	Contact Details	

Version: 2	Derbyshire County Council Adult Social	Originally issued: January 2018
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Apologies:

I	Name	Job Title	Representing	Contact Details

eet	ing Summary
1.	Introduction
0	Any asferuarding apparent and undeferrer programs
Ζ.	Any safeguarding concerns and update re: progress
3.	Summary of concerns and discussion (Should include risks, reports and actions from each agency; relevant background information etc.)
4	Latest CQC report/information
5	Management arrangements
5.	Management arrangements

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6. Other

7 Action planning

Actions for the provider will be added to their own plan (indicated by AP in table) including timescales for completion, the responsible person and submitted to DCC. Updates should be provided of progress achieved where target dates are not met.

2. Any safeguarding concerns and update re: progress

Specific action	Responsible person	To be completed by (date)	DCC Coordinator (to follow up actions)

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8. Referrals/notifications to be made to other agencies				

Approval and Authorisation History

Approval and Authorisation History

Name	Job Title	Date
Authored by Lele Bobeszko	Service Manager	January 2018
Approved by Colin Selbie	Group Manager	January 2018
Authorised by Quality Assurance G	roup	January 2018

Change History

Version	Date	Name	Reason
Version 1	January 2018	Lele Bobesko	New policy
Version 2	January 2024	Alice Sanghera	Minor changes to terminology