Orchid View

One year on

WEST SUSSEX
SAFEGUARDING
ADULTS BOARD

Everyone's business
Working together to prevent harm and abuse

This report incorporates the comments and views of the relatives at the Orchid View workshop held on 26 June 2015.

Contents

Statement from West Sussex County Council

Following a meeting with representatives of the families who have lost loved ones, West Sussex County Council wishes to reiterate its deepest regret that the safeguarding system in place at the time failed to protect people living at Orchid View. The Council now formally places on the record its apologies for those failings. The Council has learned a number of lessons and is wholly committed to working with residents of care homes, their families, partners and the care sector itself to prevent vulnerable people being placed at risk. WSCC continues its commitment to support and work with the relatives of Orchid View.

Louise Goldsmith
Leader of West Sussex County Council

Avril Wilson
Executive Director
Care Wellbeing and Education

west sussex county council

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Foreword

Firstly, I would like to acknowledge my appreciation of the continued engagement of the relatives of the residents of Orchid View, for whom these events continue to be personally very painful, and who have demonstrated a steadfast commitment to ensuring that the key lessons are learned and that the recommendations from the Serious Case Review will be implemented.

As the Serious Case Review's (SCR) author, Nick Georgiou, stated when publishing his report in June 2014, undertaking the review into what happened, and how to guard against future failings, was complex. The review was not designed to place blame on any individual or organisation, however the report highlighted a number of failings by organisations, not least the owners of Orchid View, Southern Cross Healthcare, which had been deemed to have failed.

Following the publication of the report in June 2014, the West Sussex Safeguarding Adults Board, that had commissioned the Serious Case Review, established a smaller Improvement Board. Chaired by Judith Wright (Director of Public Health, Commissioner for Health and Social Care at the Local Authority and also Chair of the WSSAB at the time), with representatives from key partner agencies. The Improvement Board developed an action plan to implement the 34 recommendations. These were grouped under 6 outcomes, with an exceptions category for those actions that could not be covered by these areas, and these are detailed in today's report.

The report is based on feedback from all the relevant organisations involved in the SCR. It attempts to summarise progress over the past year in implementing the recommendations; acknowledge any slippage, and action taken to address this; and outlines action that is on-going. I would like to express my appreciation to all the participants who attended the Orchid View workshop held on the 26 June. I am particularly appreciative of the participation of the relatives, for whom these events remain personally very distressing. Once again I was very impressed by their resolve and determination to see that lessons are learned and not just locally in West Sussex. I am personally supportive of their request for a Public Inquiry to learn the lessons from the collapse of Southern Cross, and the challenges of the current fragile care market.

The purpose of the workshop on the 26th June, was not to attempt to 'repeat' the work of the Serious Case Review, but to have what we called a' big conversation', involving families and relatives of the Orchid View residents, representatives of the local agencies involved with Orchid view, and representatives from the West Sussex Safeguarding Adults Board; a chance to talk face-to-face. This was never going to be easy, but it is a compliment to the participants, and our excellent facilitator Andy Bradley, that much was achieved, and will help to shape the work of local agencies, and the Safeguarding Adults Board going forward.

Before turning to consider progress made in implementing the Serious Case Review recommendations, I want to highlight some of the national and local challenges, in the context of which, services, staff, and safeguarding operates.

1.1 National and local challenges

1.1.1 **Variations in the quality of care**

While there are some excellent providers, national data published by the Care Quality Commission (CQC) on the 1st June 2015 found that large variations remain in the quality of care services. The data indicated that 1 % of providers were rated as outstanding, and 58 % as good, however 33 % were rated as requiring improvement, and 8 % as inadequate. This mirrors the position in West Sussex, where data shows 0 % as outstanding, 60 % as good, 27 % requiring improvement, and 13 % as inadequate (3.3.2). This picture is also consistent with the Institute of Public Care's report produced for CQC regarding the state of the care market that was published last year. In addition, a budget survey by the Association of Directors of Adult Social Services (ADASS) in June 2015 points to the mounting financial pressures on social care, and highlights the challenges faced by care home providers in recruiting and retaining a skilled workforce – in short the care market remains very fragile.

1.1.2 **The impact of continuing organisational change**

One response to manage financial pressures is through improved productivity that is 'to do more for less', and this often results in organisational change. This has also been a period of considerable organisational change in West Sussex for the Local Authority, Sussex Police, Probation, and NHS among others. This places real pressures on frontline staff working in public and voluntary services, and is evidenced in a national survey undertaken by the Guardian newspaper, published on the 10th June, in which 93% of respondents stated that they felt stressed at work all or part of the time. Yet these are many of the same frontline staff who work with the most vulnerable members of society.

1.1.3 **Putting people first**

The Orchid View Serious Case Review highlighted the large number of agencies, commissioners, regulators and professional bodies charged with ensuring compliance with good standards of care. The SCR report made a number of important recommendations which, if implemented, will improve things. However, as Robert Francis stated in his report arising from The Mid Staffordshire Trust Public Inquiry (2013) a fundamental cultural change is also required that puts people, not figures, first. This cultural change will take time, and remains a major challenge for all the local agencies and providers working in West Sussex.

1.2 Progress made in implementing the recommendations

As indicated earlier, the Improvement Board grouped the 34 recommendations from the Orchid View Serious Case Review into 6 outcomes and an exceptions category, and progress made regarding implementing the recommendations is detailed in the report.

As the new Independent Chair of the West Sussex Safeguarding Adults Board, I would wish to comment on some of the areas of key progress outlined in the feedback from organisations; and to note delays; and areas for further development by the agencies concerned.

1.2.1 **Accessible information**

OUTCOME 3.1
Recommendations 10, 22, 23, 24, 25

There has been a good deal of activity in this area. The Local Authority has been updating its care guide to take into account the learning from Orchid View and, recognising that looking for a care home can be very difficult, they have linked with three local voluntary organisations to provide people with help and advice (the Relatives Support Service).

Importantly CQC has updated its guidance to social care providers, requiring them to display their 'ratings' prominently in their care home or on their website. A threshold for informing the public of safeguarding concerns in care homes has been developed, and a plan for implementing this has

been agreed by the Local Authority. This is a complex task, however the slippage in implementation is disappointing (3.1.5).

1.2.2 **Organisational communication**

OUTCOME 3.2
Recommendations 16, 17

The need for organisations to share information where there are concerns, identify trends, and provide information for front line staff was a particularly important area of learning from the SCR.

The Care Act 2014 introduced new responsibilities for CQC and Local Authorities to provide 'market oversight'. This is a complex task and work in relation to this is progressing. The key local agencies have a range of forums in place to monitor quality of care, and safety in the local care market (3.2.1). The Local Authority has developed a very innovative electronic information system ('Firefly'), which will support visits to local providers (3.2.2), and the information available through this system is being shared with relevant local agencies. Progress regarding this will continue to be monitored through the Safeguarding Adults Board.

1.2.3 **Quality of care**

OUTCOME 3.3
Recommendations 2, 3, 5, 6, 9, 13, 19, 28, 29

This was an especially important issue for CQC which launched its new regulatory and ratings system in October 2014 (3.3.1) (3.3.2). This includes: an increased focus on speaking to residents, relatives and front line staff (3.3.3); a tougher enforcement regime; a new 'Duty of Candour'; and the 'Fit and Proper Person' requirements, all of which should help.

The Local Authority has strengthened its contract monitoring arrangements (3.3.5) and is in the process of setting up a new Quality Team as part of their market oversight responsibilities (3.3.7). All this is taking time to implement and, as noted above, the CQC's own figures indicate, real challenges remain in relation to a fragile care market. The WSSAB will want to see on-going evidence of progress in this area.

1.2.4 **What good looks like**

OUTCOME 3.4
Recommendations 1, 4, 26, 27, 30, 31, 34

Many of these recommendations rely on action by providers of care, and by the CQC that is responsible for ensuring that the care standards set out are enforced, and this is in more detail elsewhere in the report.

The Local Authority's Communications Team has been working with the Orchid View relatives on two publicity campaigns relating to issues that emerged as part of the SCR, designed to improve information to the local public about 'How to raise a safeguarding concern', and 'Choosing care'.

1.2.5 **Sharing best practice**

OUTCOME 3.5
Recommendations 12, 14, 15, 32

Following its publication in June 2014, the SCR report was circulated widely and this was followed up with work that included: meetings with local providers; a multi-agency meeting in November, chaired by the Leader of the Local Authority and the Chief Executive of the Clinical Commissioning Group for Crawley that was also attended by the Orchid View relatives; Local Authority and WSSAB staff included lessons from Orchid View in twelve recent 'road shows' around the county for statutory and private, voluntary and independent sector managers and staff, to publicise the implementation of the new Care Act, which came into force in April 2015; and the Local Authority will write to all their staff again regarding the key lessons from Orchid View, as part of on-going work in this area.

However, I am not entirely clear regarding the extent to which this learning has been embedded in individual staff practice, particularly amongst local providers. This is another area that WSSAB will need to monitor.

1.2.6 **Assurance**

OUTCOME 3.6
Recommendations 8, 11, 18, 33

This area brings together many of the outcomes outlined elsewhere in the report, including: the new CQC inspection regime (3.3.1); the Local Authority's contracts and quality assurance arrangements (3.3.5 and 3.3.7); market oversight and information systems (3.2.2) and the multi-agency meetings that are taking place on a regular basis (3.2.1).

1.2.7 **Exceptions**

OUTCOME 3.7
Recommendations 7, 20, 21

- **The Exemptions Regime (7)**

The government undertook a review of the 'Exemptions Regime'(7). The CQC is responsible nationally for market oversight of large and complex care providers that would be difficult to replace; and the Local Authority has strengthened its local market oversight. However, as the example of Southern Cross demonstrated, market oversight of very large national companies, some of which have overseas funding, is very complex.

- **Reclaiming costs from providers (20)**
  The Care Act 2014 allows local authorities to reclaim from providers the costs of support in the event of failure.

- **Sharing information between the CQC and the Local Authority regarding people who pay for their own care (21)**
  The CQC does not distinguish between people who pay for their own care and people funded by the Local Authority, meaning all information and guidance covers both groups of people.

What all this tells me is that we have made progress, there has been slippage, I suspect reflecting external financial and organisational pressures, and that there is still more to do.

Finally, I would like to take this opportunity to thank the members of the Improvement Board, the relatives of the Orchid View residents, and the many local Social Care, Health and Voluntary organisations, including local Council Members in West Sussex, for their efforts over the past year in coordinating and working to ensure the implementation of the recommendations arising from the Serious Case Review.

We must now focus on the challenge that the relatives put forward to the various organisations at the conclusion of the workshop. That it is now down to them to show the continued commitment to learn the lessons from the events at Orchid View.

David Cooper
Independent Chair
West Sussex Safeguarding Adults Board

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Introduction

2.1 Background

Orchid View was a nursing home in Copthorne, Crawley which was owned and managed by Southern Cross Healthcare. It was registered with the Care Quality Commission (CQC) as a care home with nursing to accommodate up to 87 people in the categories of old age and dementia. Orchid View opened in November 2009 and was closed by its owners in October 2011. While it was open there were a number of safeguarding alerts and investigations, including the deployment within the home from August 2011 of a team of health and social care staff to mitigate the poor quality of care, leadership and management within the home.

Following an anonymous alert to the police in August 2011, there was sustained police involvement in the safeguarding investigation and the pursuit of possible criminal offences. Five members of staff were arrested and questioned but in the event, the Crown Prosecution Service determined that there was insufficient evidence to pursue criminal charges.

An inquest into the deaths of residents of Orchid View, which concluded in October 2013, found that five people had "died from natural causes attributed to by neglect" and that several other people "died as a result of natural causes" with "insufficient evidence to show that this suboptimal care was directly causative" of their deaths.

An independent Serious Case Review (SCR), led by Nick Georgiou, was commissioned by the West Sussex Safeguarding Adults Board (WSSAB) into the events which took place at Orchid View, which was published in June 2014. The SCR included a total of 34 recommendations intended to promote strengthened scrutiny of organisations and the services they provide. A copy of the report can be viewed at www.westsussex.gov.uk/social-care-and-health/social-care-and-health-information-for-professionals/west-sussex-safeguarding-adults-board/.

2.2 Action taken by the West Sussex Safeguarding Adults Board (WSSAB)

Following the publication of the SCR, the Chair of the West Sussex Safeguarding Adults Board (WSSAB), the Leader of West Sussex County Council (the Local Authority) and the Head of Safeguarding for the authority, met with the relatives of the residents who had died at Orchid View. At that meeting, a commitment was made to the relatives to maintain contact with them and to provide a progress report one year on showing if and how the recommendations had been implemented by the various agencies involved.

All members of the Safeguarding Board recognised the seriousness of the events which took place at Orchid View and fully accepted the recommendations made by Nick Georgiou, the Independent Chair of the SCR Panel. There was a shared commitment to work together to make significant changes to promote the welfare of residents within West Sussex.

In order to take this commitment forward, the Safeguarding Board established a smaller "Improvement Board" with representatives from key partner agencies and an action plan was developed. The 34 recommendations and subsequent actions were grouped under 6 outcomes and an exceptions category. These are:

- **Accessible Information** – the public are able to access information, including professional concerns, regarding care home providers so they can make informed decisions.
- **Organisational communication** – professionals are sharing concerns about providers so that cumulative concerns or trends can be identified and front line staff have the information they need to make informed decisions / judgements.
- **Quality of care** – the regulatory / inspection framework is effective in ensuring that residents receive an appropriate level of care, and professionals understand their responsibilities in ensuring good care is provided.
- **What good looks like** – professionals have a shared understanding of the care / service a good care home will provide and compliance with this is promoted through contract / commissioning arrangements, inspection and contact with professionals. This is also effectively shared with the public so they have a standard by which they can measure providers.
- **Sharing best practice** – best practice is identified and shared so professionals and providers can learn from this locally and nationally and practice can be improved.
- **Assurance** – that effective systems are in place across agencies so that concerns regarding a care home are identified at an early stage and appropriate actions can be taken to safeguard residents.
- **Exceptions** – recommendations 7, 20 and 21 did not fit under any of the desired outcomes, so were treated as individual recommendations and are contained within Appendix A: Individual Recommendations.

Since June 2014 the Improvement Board has maintained contact with the relatives in order to update them and gain feedback on actions being taken by the WSSAB. Their perspectives helped to inform actions taken by agencies to address the recommendations ensuring that we learned from their experiences and took their views into account.

2.3 Local and national context

In working to achieve these outcomes the WSSAB needed to understand both the local and national context and recognise the current challenges within the area of residential care.

Meeting the increasingly complex needs of a growing ageing population is a challenge facing all local authorities and health services across the country. Here in West Sussex the issue is particularly relevant as the county has an older age population than England, with 21 % aged 65 and over compared to 17 % nationally. West Sussex has the ninth highest percentage of residents aged 75 and over of the 152 local authorities in the country. It is predicted that the number of people aged 75 and over will increase by: 11,000 people (12 %) by 2019; 31,000 (35 %) by 2024; and 45,000 (53 %) by 2029. This trend is set to continue until 2050. The combination of larger numbers of older people and longer life expectancies increases the demand for care services as well as increasing the need for specialist skills required to meet the growing complexity of peoples' needs.

In West Sussex there are currently 385 care homes providing 9465 places for adults and older people. As the elderly population continues to grow, the need for residential care will increase proportionately. We will also need to ensure that there are a sufficient number of suitably skilled and motivated staff in relation to all the specialist skills required, particularly managers, nurses and care workers. Across the South East, this will prove a challenge, with a current workforce shortage calculated at over 1,400. Future predictions indicate that the workforce deficit could be over 8,800 by 2024 if significant changes are not made.

The changing statutory responsibilities for Local Authorities under the Care Act (2014) task them with the new role of 'market facilitator'. This requires health and social care commissioners to ensure that they understand the growing needs

of their local adult population and its demands and complexity. They must also ensure that there is a sufficient supply of care services for all the people who wish or need to use these; that those services are delivered in the right place at the right time; are safe; and of good quality.

Agencies in West Sussex will always endeavour to ensure that the care and health services people receive as patients or service users, meet the highest standards. The work summarised in this report will be on-going to ensure that the standards of residential services for all people are of good quality and safe, and are delivered in a way that promotes their dignity, and with respect for them.

In order to address the issues outlined above, the Local Authority and other partners recognise the need to have a robust system in place that provides a good oversight of key information relating to the care and health service market. This also needs to be able to capture and reflect the dynamic nature of care and health services including key areas such as: an understanding of their capacity (for example the number of places that are available in care homes); their capability (for example the type of needs they are able to meet); and their quality (for example whether there may be any concerns regarding aspects of care they may provide and what may be needed to support care providers to address this as quickly as possible).

Care and health services also need to ensure there are robust and effective processes in place for safeguarding residents of care homes and other services, and to ensure they receive good quality care.

While achieving this is a significant challenge, all the factors outlined above are inextricably linked to promoting quality of care and ensuring there are sufficient numbers of places available providing the right type and quality of care or health service for all those people requiring residential care, regardless of how these services are funded.

2.4 Purpose of this report

This report considers each of the desired outcomes in turn, and details the changes and activity that has taken place over the last twelve months to work towards achieving the recommendations made. Following each desired outcome is an analysis of the extent to which each has been achieved, and conclusions are drawn in the final section.

A specific request of the Orchid View relatives was to include each of the recommendations in numerical order with detailed information relating to how each recommendation has been addressed. This section of the report has been prepared based upon information provided by each of the responsible agencies and is included as Appendix A: Individual recommendations.

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Actions taken to achieve the outcomes identified

This section contains detailed information about progress made to achieve the six outcomes identified by the Improvement Board that are outlined in the introduction.

3.1 Accessible information

DESIRED OUTCOME
The public are able to access information, including professional concerns, regarding care home providers so they can make informed decisions.
Recommendations: 10, 22, 23, 24, 25.

Providing the general public with clear, easily accessible information regarding care home provision has been high on the list of priorities for agencies since the publication of the report of the Serious Case Review (SCR) in June 2014. A good deal of work has taken place to try to achieve this which is outlined below.

3.1.1 **West Sussex Care Guide**

The Local Authority produces an annual Care Guide to provide information and advice about care and support services for adults in the county. In the latest version of the guide, published in June 2015, they have taken the opportunity to highlight particular elements of learning from the events which took place at Orchid View including the following:

- Five bullet points in the editorial on what to look for when choosing a service along with references to a more comprehensive checklist at the back of the guide
- In both the nursing care section of the guide and in the checklist, clear advice is contained that a named nurse should be detailed in individual care plans
- Details of how to contact Healthwatch West Sussex[1] and the Care Quality Commission (CQC)[2] under the "How to make a complaint" section
- Healthwatch West Sussex has provided posters and postcards for people using care services to include in the guide to ensure that members of the public are aware of the role their organisation has in enabling the voice and experience of residents and their relatives to be heard
- Links to CQC guides regarding what should be expected from a service so that people who use services and their relatives have clear information regarding the responsibilities of care providers.

The guide is available both on-line and in printed format. Hard copies are available from Local Authority social care offices, local libraries, GP surgeries, Medical Centres, Help Points, hospitals and Citizens Advice Bureaux across the county.

1 Central Government introduced local Healthwatch organisations under the Health and Social Care Act 2012. Its unique role is to provide a community based focus on the experience of people using care and health services. It has legal powers to monitor and scrutinise care and health services which enables it to shape these services on behalf of the local community through peoples' experiences of these.
2 The Care Quality Commission (CQC) is the independent regulator of health and social care in England.

3.1.2 **West Sussex Connect to Support**

To increase the accessibility of information further, the Local Authority commissioned and implemented a new website, "West Sussex Connect to Support" in June 2014. West Sussex Connect to Support offers information and guidance about all aspects of social care and it also provides an online 'marketplace' or shopping facility. This gives the general public more choice and control over their own support, by providing the option for them to purchase care and support services to meet their needs directly from local and national organisations. The businesses on West Sussex Connect to Support offer various services and activities including care home provision, home care, care phones and equipment, luncheon clubs, transport, reading clubs and befriending schemes.

As part of its continuous development, in March 2015, a new and improved version of the site went live and includes the following additional features:

- A redesigned "Market Place" to allow people to find what you are looking for more easily.
- Links to CQC, NHS Choices and Healthwatch West Sussex sites where their reports can be viewed, to promote and encourage people to find out about the different types of care and support services before deciding which service to purchase.
- A "Trip advisor" style function where people who have used services can provide their feedback directly to the Connect to Support website for publication. Negative feedback will be fed back to the Local Authority Contracts, Quality Assurance and Performance team for further investigation.
- A new dedicated section on choosing and comparing care services, giving information, advice and further links to help the public know what to look for.
- A mechanism to remove providers from the site where an agreed code of conduct has been breached. The decision to remove a provider from the site will be the responsibility of the Local Authority Head of Contracts and Performance. The Safeguarding Adults Board and the Local Authority are in the process of agreeing the thresholds for when information that relates to a safeguarding concern about a care or health service is published, and this function of the website will be essential in supporting this. Further information regarding the thresholds is outlined in Recommendations 24 & 25.

To ensure that all providers maintain up to date information on Connect to Support, work is being undertaken to make changes to existing contractual arrangements. These contractual changes will take some months to complete, however the Local Authority are already working on this and envisage it will be completed early in 2016.

The Local Authority recognises that this information needs to be accessible now, therefore as an interim measure, by September 2015 the Local Authority will provide via its website:

- Details of all care and nursing home providers with West Sussex
- A live link through to the CQC website which will include information on the care home's latest inspection report
- A link to Healthwatch that allows members of the public to write a user review
- A current list of providers who the Local Authority are not making new placements with due to significant safeguarding concerns.

3.1.3 **Relatives support service**

Many relatives who continue to support and visit their loved ones if they move to live in a care home, have previously been the main carer for him or her. The 2014 Care Act recognises the need for carers to have an assessment in their own right and to have their own needs met and places legal duties on Local Authorities in relation to this. The Act also gives recognition to carers as "expert partners in care" in relation to the person they care for where the person has one or more health conditions. This gives carers a right to ask to be involved in care plans and have a say in the treatment of their relative.

Locally, the Local Authority recognises the need for the relatives of people receiving care to have support for themselves as well as to have accurate information available to them. The West Sussex CCGs and the Local Authority have commissioned Carers Support West Sussex, which is a registered charity, to provide a single point of contact for information for all carers. A single telephone number (Tel: 0300 028 888) is now available for anyone caring for someone who has an illness, disability or long term health condition. This could be a relative, partner or friend and people contacting this number will be able to access information, advice and support.

Finding a suitable care home is a life changing decision and often has to be made at a point of crisis in a person's life, such as following a stay in hospital. This was a key area of concern highlighted by the relatives of those who died at Orchid View. It is particularly important at times such as this that people are able to access the help and the support they need easily to enable them to make informed choices and arrive at the best solution for them and their families. It is particularly important that this information is available for relatives in person in hospitals when and where it is most often needed.

Carers Support West Sussex now has Carer Wellbeing Support Workers based in acute hospitals working with other partner organisations including Guild Care; Age UK West Sussex; Age UK Horsham and British Red Cross to cover all hospitals in West Sussex. The support workers in the hospital talk to relatives, take the details of their circumstances and arrange for them to be referred to the appropriate service as a priority. The support they provide includes outlining the process and stages involved in being in, and moving on from, hospital to returning home or moving to a care home. This includes providing information on appropriate housing, care home options, and care agencies and supports and enables patients and their relatives to make informed choices at a particularly stressful time.

An information pack is provided containing fact sheets, benefits / financial guidance, checklists and guidance on selecting care homes and/ or agencies offering care at home. At the time when relatives are making decisions about accessing care, particularly if they are funding these themselves, they are often making one of the biggest financial decisions of their lives. It is therefore essential that people can make informed choices. 'Carewise' is an initiative in West Sussex that provides information and advice to help people to make the right choices for them and ease the worry of paying for care. Age UK West Sussex is a founder member of the 'Carewise' Partnership and is part of the Relatives Support service that aims to provide all families with easy access to information about the resources available to support them, including guidance specific to their individual circumstances.

In addition to advice and information, carers and relatives are also able to access support groups, counselling, equipment and a wellbeing fund as well as advice and information. When a person is living in a residential home their family members often still have a significant caring role. They may be visiting regularly and carrying out practical tasks as well as dealing with the impact on them emotionally. It is important that residents and their relatives know what they have a right to expect from care services and what their rights are and the information and support provided through these services are free of charge.

3.1.4 **Sharing and displaying of CQC ratings**

As the market regulator and the Inspector of the quality of services, the Care Quality Commission (CQC) clearly has a significant role to play in the accessibility of information, particularly relating to the standards of care in individual care homes. The CQC shares individual ratings judgements against the five key questions of Caring, Well led, Safe, Effective and Responsive together with the overall rating of a service on its website. Providers are required to display the rating clearly. Sharing the rating encourages improvement and provides people who use services and their relatives with information on which to make choices. The CQC also directs providers to services that they have identified as "Good" or "Outstanding" so they can learn from the best, as well as working with providers to identify other help or training that might support them to improve.

Since 1st April 2015, all health and social care providers are expected to display their ratings prominently within the care home and on their websites so that the public can see their rating quickly and easily. The CQC has already issued guidance to care homes on how to display their ratings and inspectors will be checking this during inspections.

In addition, this is also checked by the Local Authority Contracts, Quality Assurance and Performance team as part of their visits.

3.1.5 **Sharing safeguarding concerns**

Understandably, one of the main concerns of the relatives of residents of Orchid View was that whilst safeguarding investigations were taking place, prospective residents were not aware of the concerns.

The partner agencies working together through the WSSAB are committed to ensuring the public are fully informed of any safeguarding concerns where it is in the wider public interest to do so. However there has been a delay in implementing this recommendation, largely due to concerns raised by Health and Social Care Commissioners, who now have responsibility under the Care Act 2014 for local market oversight, regarding the wider implications of implementing the changes recommended. Commissioners are understandably concerned that the local care market is fragile, and there is a potential risk that taking action to meet these recommendations, if not implemented sensitively, could destabilise an already fragile care market and create additional risk. In addition, like all partner agencies in the Country, Health and Social Care in West Sussex have been working through the implications of the Care Act, 2014, particularly in terms of the new distinction between Safeguarding and Quality. Partners are in the process of implementing processes, thresholds and mechanisms to ensure that changes are made in a rational and safe way.

These factors have been the subject of detailed discussion at a senior level in the Local Authority and across partner agencies, which has delayed the implementation of these recommendations, which is regrettable. However the Local Authority has now agreed to a plan to meet these requirements by September 2015, which is being implemented. Once the plan is complete (outlined in detail under Recommendations 24 & 25) Connect to Support will contain details of all providers within West Sussex and alongside this there will be a live link to the latest CQC report; the ability to leave a user review; and information about whether admissions are currently suspended due to significant safeguarding concerns.

In addition practice has been developed so that when a safeguarding enquiry is being undertaken, and it is possible that other adults may be experiencing or at risk of abuse or neglect as a result of care/practice, consideration is always given to advising other residents and their representatives. In the first instance the provider is encouraged to share information regarding the concern, however there is oversight by the Contracts, Quality Assurance & Performance team (3.3.5). Where the provider appears unwilling to share this information, the Local Authority and/or NHS

Commissioners will write to advise residents of the concerns and also who they can speak to if they have any questions. The letter also includes contact details for Healthwatch and the CQC and confirms the date of a meeting for residents and their representatives to discuss the concerns. As this process develops over the next 3 months it is planned that the Local Authority and NHS Commissioning Teams will attend a selection of these meetings.

The quality of information available to West Sussex residents has significantly improved over the last 12 months, and the development of the Relative Support Service is a significant step in ensuring that relatives receive the advice and support they need. There has been some delay in developing the processes for sharing information regarding safeguarding concerns, however there is now a clear plan for this and this will be embedded in practice.

3.2 Organisational communication

DESIRED OUTCOME
Professionals are sharing concerns about providers so that cumulative concerns or trends can be identified and front line staff have the information they need to make informed decisions / judgements.
Recommendations: 16, 17

Significant improvements, designed to assure the quality of care across West Sussex, have been made to address the challenges associated with effective communication and information sharing between agencies. In addition, changes to the statutory responsibilities of local authorities introduced by the Care Act 2014 have tasked them with the new role of 'market facilitator' (2.3). This requirement has prompted additional action by the Local Authority to ensure that they have a full understanding of the demand for residential and nursing care home places to assist in ensuring there are enough safe and good quality services available to choose from.

3.2.1 **Regular meetings between agencies**

Regular meetings now take place between a wide range of agencies and concerns about providers are shared. Some of these meetings include:

- A bi-monthly "Quality Surveillance Group" chaired by NHS England South – South East and involving senior representatives from the Clinical Commissioning Groups (CCGs), the Local Authorities across Surrey and Sussex, CQC and Healthwatch, Trust Development Agency (TDA) and Health Education Kent, Surrey and Sussex takes place which brings together different agencies to: share information and intelligence; provide early warnings of risks related to quality; and opportunities to co-ordinate activities to address concerns.
- Bi-monthly senior representatives from the Local Authority and CQC along with the safeguarding lead from the CCGs, meet with the purpose of discussing safety and quality of services. Information is shared in relation to: enforcement actions being taken by the CQC; current safeguarding enquiries; and concerns identified via complaints, quality assurance visits or trends which have been identified. The CQC also share details of the compliance status of all registered providers, and any relevant history relating to this.
- Bi-monthly partnership meetings between the CCGs and the Local Authority focusing on ensuring that the commissioning and delivery of care and health services across West Sussex is carried out in a joined up manner to support the delivery of high quality, cost effective services being provided for people using these services in West Sussex.
- Monthly care governance meetings between senior representatives from the CCGs and the Local Authority help to ensure that all health and social care services delivered across West Sussex are providing safe and high quality care, and that effective arrangements are in place to monitor this. The focus of these meetings is changing to encompass 'market oversight' from June 2015.

3.2.2 **Market oversight and quality assurance database – 'Firefly'**

As a further practical aid to information sharing between agencies and in part to address the requirements of the Care Act 2014, the Local Authority have introduced a market oversight and quality assurance electronic database known as 'Firefly'. This system holds information that enables the evaluation of the capacity (e.g. the number of places available in care homes); capability (e.g. the type of needs services available are able to meet); and the quality of the health and social care services that are available in West Sussex (this is referred to as the 'marketplace'). The residential and nursing care home sector were the focus of the first phase of work in relation to this and future phases will cover other care services, for example those providing support to people at home (domiciliary services).

All the care homes in West Sussex are included on this system, and the information about these services contained there is derived from a variety of sources including from the regular quality assurance visits carried out by the Local Authority Contracts, Quality Assurance and Performance team. The information put into this system allows the team to work with providers in a proactive, supportive and proportionate manner.

This new system with its ability to provide a currently unique overview of key information relating to care services individually, and collectively, across the county (referred to as 'market oversight'). This allows the team to identify trends and risks that relate to key areas such as safety; quality; the number of care home places available; the financial stability of the care service; and the capability of staff and managers.

As part of the Local Authority's commitment to sharing key information with other agencies, access to this system (following a period of training) will be provided to West Sussex Fire & Rescue Service (WSFRS), South East Coast Ambulance Service (SECAmb) and the Coroner's Senior Officer by September 2015. The Local Authority are also in discussion regarding how this information can be shared with other agencies including the CQC, Sussex Police, the Clinical Commissioning Groups and other NHS Commissioners. They are actively encouraging appropriate information sharing with all agencies responsible and involved in promoting the continuity, safety and quality of care and health services and are in discussion with other Local Authorities regarding using this system and other approaches to improve existing information sharing more widely than West Sussex.

It is clear that the further development of existing regular information sharing meetings between agencies has improved organisational communication greatly. The outcome of these meetings is that more timely interventions, led by the Local Authority, take place when concerns are identified, with all agencies providing a coordinated response to support providers to make any improvements required. Sharing of concerns is now commonplace and the introduction of 'Firefly' has helped Local Authority commissioners to oversee the West Sussex market place effectively and to ensure that concerns relating to key areas can easily be recognised, monitored and discussed at the meetings outlined above. Extending access to the 'Firefly' system to other agencies during the remainder of 2015 will build on this further.

The Local Authority Contracts, Quality Assurance and Performance Team will provide update reports on a quarterly basis to the Safeguarding Adults Board. These will provide an overview of the market including issues relating to capacity, quality of care and any indications of emerging risk. In addition the reports will detail any significant safeguarding concerns within the residential care sector, and the details of active suspensions resulting from these.

3.3 Quality of care

DESIRED OUTCOME
That the regulatory / inspection framework is effective in ensuring that residents receive an appropriate level of care and professionals understand their responsibilities in ensuring good care is provided.
Recommendations: 2, 3, 5, 6, 9, 13, 19, 28, 29

The Local Authority and the CQC have both invested significant time and resources into ensuring that effective measures are in place to monitor the quality of care being provided to residents of care homes.

3.3.1 **The CQC new inspection framework**

In October 2014 the CQC officially launched a brand new regulatory approach for monitoring, inspecting and rating all 28,215 adult social care services in England. The CQC inspection teams are now trained and equipped to support a more consistent and robust approach to gathering inspection evidence by asking five key questions – is this service safe, caring, effective, responsive to people's needs and well-led.

Specialist teams, including people who use services, their carers or relatives known as 'Experts by Experience' together with Specialist Advisors, now support the inspection work in order to really get under the skin of adult social care services better than ever before.

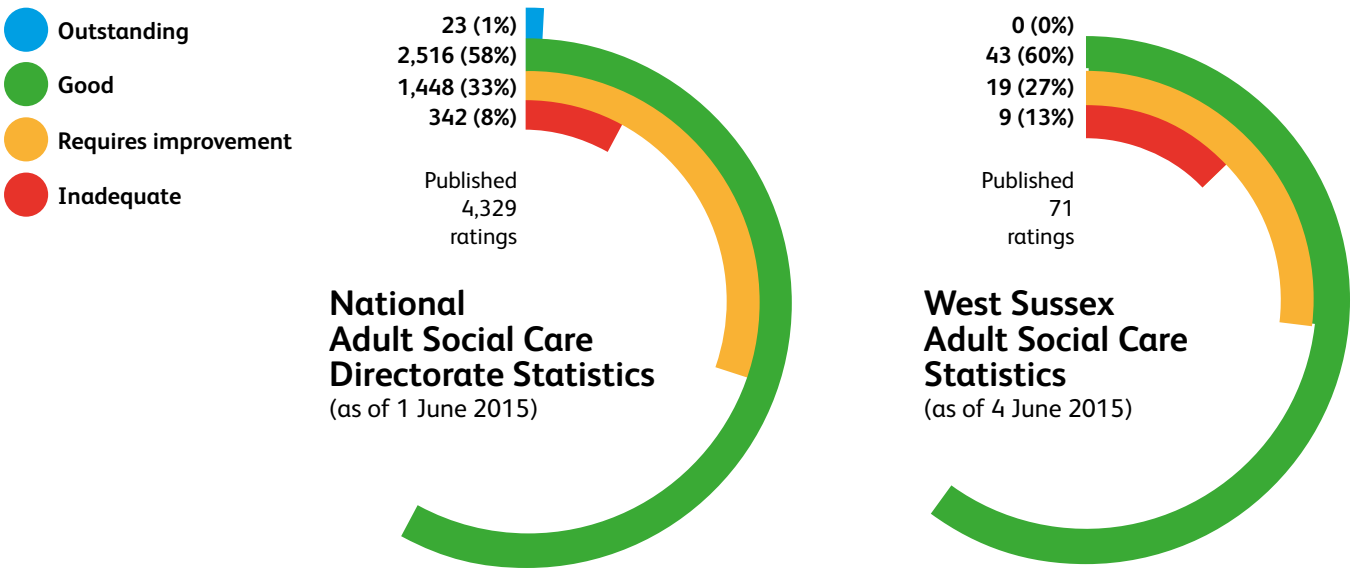
The CQC has published a specific set of prompts called 'Key Lines of Enquiry' that its inspection teams use to guide them on inspection visits to help them be consistent when making their judgements. For care providers, it can help them to understand the sorts of things that people who use services value and that the inspection teams will be focusing on.

3.3.2 **The CQC Ratings System**

The CQC launched its new ratings system in October 2014. Since then, it has set out its commitment to rate all adult social care services across England by September 2016 as 'Outstanding, Good, Requires Improvement or Inadequate' so that people can be clear about whether they think the care they receive deserves that description.

Shown below are the statistics on the comprehensive ratings inspections which have been published since the CQC began to use its new inspection methodology and the ratings judgements for these.

Continuing and improved dialogue between the CQC and Local Authority means that the Local Authority is made aware of any judgement prior to publication and in the case of inadequate judgements, work with providers to address the concerns will already have commenced before the report is published.



Ratings will not be awarded if there is insufficient evidence to do so. The CQC's ratings characteristics are an important part of setting out what 'Outstanding, Good, Requires Improvement and Inadequate' adult social care would look like across each of the 5 key question areas it routinely inspects services against.

Inspections now identify and celebrate the very best and shine a spotlight on those services where they find inconsistencies and concerns.

For those people who are using services that are simply not getting any better, this will not go unnoticed. A rating of 'Inadequate' will be a strong indication that radical steps are needed to secure rapid improvement. There are a range of enforcement actions the CQC can take to make sure that people receive safe, compassionate care which meets their needs. This can range from warning notices, in which a provider is given a fixed time period to make improvements, through to urgent cancellation of their service. The action taken is dependent on a number of factors (impact on people, seriousness of concerns, likelihood of recurrence and the provider history).

If a service is rated 'Inadequate', then it is the provider who needs to take radical action to fix the problems within a period of time specified by the CQC. What form that action will take is up to that provider. CQC will re inspect within 6 months.

With the launch of the new 'Special Measures' regime for adult social care services inspected and rated from 1st April 2015, CQC now has the power to close down providers who do not improve because it recognises the dreadful impact failing care can have on people.

3.3.3 **The CQC intelligence**

The CQC is now more responsive to safeguarding and other risk triggers by being clear about its expectations of services, listening to people using services and their families and responding when concerns are raised.

Information provided by people using services, their families and carers as well as staff who raise concerns are increasingly being used to help focus inspection activity.

Inspection techniques have also improved by making sure that inspectors always speak to residents, their families and carers as well as providing staff training across relevant areas. This new approach to inspections puts the person at the centre. Being alert to warning signs, holding managers and owners to account, sharing information clearly, encouraging services to improve and taking firm action when necessary are all part of the improved service.

Anyone can share concerns with CQC, anonymously if they would like, particularly where they feel they are not being listened to, or do not feel able to speak directly to those who are responsible for providing their care. The CQC have trained staff to ensure whistleblowing concerns are dealt with appropriately.

3.3.4 **The CQC tougher powers**

The CQC will always take firm action against poor care because it is determined to be on the side of people who are using services, so that they can get the best care possible. Additional changes designed to help the CQC take that action came into force in April 2015 and include:

- Fundamental standards with a new set of regulations. The CQC has produced guidance to help providers learn how to meet these standards. This is available to the general public who can also use this guidance to see what level of care they should expect from care providers.
- New registration application and variation forms for providers to take account of the changes to regulations.
- A new enforcement policy which outlines the additional powers now held by the CQC to compel improvement where the quality or safety of a service has fallen to unacceptable

levels. This is supported by a tougher, more robust assessment to determine if a provider should be granted registration.

- A Duty of Candour requirement to promote openness and transparency in services and support the development of a safety culture. Providers will be expected to inform people when things go wrong and to provide support, truthful information and an apology. CQC will check that these arrangements are in place and implemented at registration and on inspection.
- A Fit and Proper Person requirement to ensure that directors, or their equivalents, are held accountable for the delivery of care and are fit and proper to carry out their role. It is important that providers ensure that their recruitment of directors tests whether candidates meet this requirement. CQC will check at registration and will respond to concerns if they are raised.

3.3.5 **Local Authority Contracts, Quality Assurance and Performance Team**

During 2014, the Contracts, Quality Assurance and Performance team at the Local Authority developed and implemented a new methodology and approach to the adult social care market. The teams stated purpose is to 'work with emerging and existing providers within the health and social care economy[3] to facilitate a market that continuously strives to deliver the highest quality and safety of services and support'. They now focus their efforts to ensure that the market has:

- Sufficient capacity (supply) – to offer all service users quality and choice
- Capability – a suitably skilled, competent and highly motivated workforce
- Quality – safe, person centred services that not only meet regulatory standards but exceed customer expectations.

Using multi-disciplinary skills and expertise, the team works with providers to enable them to sustain and grow their business in a climate of complexity and competition. The team has a proactive, supportive and proportionate approach, with the aim of supporting the development of a market place where the choice, independence and wellbeing of people using its services is upheld, and where those who work in the care sector are valued.

As part of the work carried out by this team, all care homes in West Sussex will be visited at least once a year and this includes those care homes that do not have a contract with the Local Authority. The visits are designed to develop a more proactive, supportive and proportionate relationship with providers of care, and the team has been redesigned to work more effectively with providers to promote quality of care. The response from care providers has been very positive and the discussions that take place provide general key data on each care home which is then added to the 'Firefly' system (3.2.2). The team can then gain an oversight of individual homes as well as of the overall care home sector across West Sussex. This enables any concerns regarding an individual care home to be monitored and shared with other agencies where necessary.

As of 16th June 2015 within West Sussex there are eight providers who the Local Authority are not making new placements with, five of which relate to Older People/Dementia services. Of these five, one provider is voluntarily suspended to support new building works; one relates to a safeguarding concern and three relate to CQC enforcement/safeguarding concerns.

One example of a successful intervention by this team is described on the following page.

3 The health and social care economy is a term used to describe all the health and care services in an area and the various factors that affect these.

How we work together to support providers

A small family run service, providing nursing and residential care was judged by the Care Quality Commission as non-compliant in a number of areas including clinical risk assessments, care planning, record keeping, medication administration and staffing arrangements. These concerns were shared with the Local Authority.

A multi-agency approach involving social workers, nurses and quality and performance staff was taken. Members of the multi-agency team visited the home and met with staff, residents and their representatives to review the well-being of the residents, with a clear focus on the residents' safety. The team then worked positively and collaboratively with the service and its manager to support them to create an action plan; and work with the home's staff to deliver improvements in the required areas.

The support included: specific training and guidance to improve areas of practice; sign-posting managers and staff to good practice guidelines and templates; and providing reference material to support specific identified areas of service improvement.

The service was subsequently revisited by health and social care staff and the improvements which had been achieved were reviewed. Residents commented positively on the improvements they had experienced and praised the home's staff. The review visit confirmed that the service had made significant progress in delivering their planned improvements regarding providing safe and person-centred care for all residents.

The **home owner** commented…

"We appreciate the help we have received from the Health and Council team members and are now considering expansion"

3.3.6 **Local Authority Learning and Development Gateway**

The West Sussex Learning and Development Gateway (www.westsussexcpd.co.uk) supports continued professional development and training for staff working in West Sussex. The Gateway provides an online searchable directory and booking system for learning opportunities and training. It has been developed to support the objective of West Sussex having a highly skilled and professional workforce in place across statutory agencies and the private, voluntary and independent (PVI) sector.

The Gateway helps streamline and improve communication so that staff and organisations are able to identify appropriate development opportunities. It provides access to a wide range of development and training opportunities offered through the Local Authority. The site has also been developed to include a dedicated link to training opportunities for different workforce sectors including: the Corporate County Council; the Children and Young People's workforce; and Adult Care services.

Training packages for Adult Care services have been updated following the events at Orchid View and care providers throughout the county are reminded, on a monthly basis via a newsletter, of the courses which are available for their staff to attend.

Some types of training packages that are available is shown below: the example relates to Health and Safety training.

3.3.7 **The Care and Business Support Team (CaBS Team)**

The Local Authority and the Clinical Commissioning Groups take their role in promoting quality of care within West Sussex seriously and recognise the challenge facing the local residential care sector. For this reason, they are making a substantial investment in a new Care and Business Support (CaBS) team to supplement the work of the existing Contracts, Quality Assurance and Performance team.

Since July 2013 the quality assurance function has been developed and strengthened within the Local Authority. This has involved prioritising the existing resource within the contracts and performance function and recruitment of additional staff to focus on quality assurance. The CaBS team will be a multi-disciplinary team which will build on over 12 months of learning from the Contracts, Quality Assurance and Performance team. Informed by the Local Authority's review of the West Sussex market and the on-going requirements of the Care Act 2014, the team's objective will be to stabilise and strengthen the following areas of care provision across West Sussex:

- residential care
- residential with nursing and care
- support at home

The team will complement existing quality assurance and safeguarding resources located across the health and social care system although, unlike traditional models of quality

assurance that focus primarily on the quality and safety of care for an individual, the CaBS team will focus on the quality and safety of the place (or service) in which care is delivered.

The team will include professionals with experience in business, social care and clinical care who will work with providers and will be able to offer support to all areas of their business. Proactive, supportive and proportionate in their role, they will be able to offer a range of support services designed to assure that there is sufficient capacity, capability and quality of care services across the county. For people using care services in the county, this means choice.

The CaBS team is currently being recruited to, and it is anticipated that it will be in place by July 2015.

Whilst the CQC's new inspection and regulation framework is now in place and fast becoming embedded across the whole of England, it provides one important aspect of assuring the quality of care services, however this cannot be relied upon as the sole solution or approach to ensuring this outcome is achieved. The problems evident in West Sussex have been recognised by the Local Authority and other partner agencies. A solution has been identified and this will be implemented over the coming months as the new team starts to meet with providers to provide tailored support. This work will continue to develop and progress and be shared nationally.

3.4 What good looks like

DESIRED OUTCOME
Professionals have a shared understanding of the care / service a good care home will provide and compliance with this is promoted through contract / commissioning arrangements, inspection and contact with professionals. This is also effectively shared with the public so they have a standard by which they can measure providers.
Recommendations: 1, 4, 26, 27, 30, 31, 34

Achieving improvements in this area has proved challenging, as making changes are ultimately the responsibility of service providers. The Improvement Board therefore had to think more broadly about how these recommendations could be achieved by making sure that providers were aware of these and by actively ensuring residents and their relatives are aware of what they have a right to expect from care and health services and what indicates good quality care. In order to achieve this, the following has been done:

3.4.1 **CQC guidance**

The Care Quality Commission, as the industry regulator has a well-defined picture of "what good looks like". It has produced clear and concise guidance for both professionals and adult social care providers around the standards of care which they are expected to provide. It quality assures this provision by the use of its new inspection regime. Similarly, the Local Authority promotes and assures compliance to its expectations around quality of care via its Contracts, Quality Assurance and Performance team.

3.4.2 **Information sources**

The general public now have a range of options to find information about care home provision and the required standards they should be looking for. These include:

- The 'West Sussex Connect to Support' website and the 'West Sussex Care Guide' publication which both provide detailed guidance and checklists for the general public when looking for care.
- The CQC's 'Social Care - Top Tips' leaflet provides guidance to the general public on the sorts of things to look out for when finding a care home.
- The CQC's website contains a number of case studies which help to showcase homes which are providing 'outstanding care' and which should be the benchmark for comparisons with other providers.

3.4.3 **Healthwatch West Sussex 'enter and view'**

Healthwatch West Sussex use trained representatives to carry out visits to health and social care services to find out how these are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. 'Enter and View' visits can take place if people tell Healthwatch there is a problem with a service, and visits also take place where services have a good reputation, so that Healthwatch representatives can learn about, and share examples, of what works well from the perspective of people who experience the service first hand. Healthwatch publish its findings online – www.healthwatchwestsussex.co.uk.

3.4.4 **Local Authority promotional campaigns**

In addition, the Local Authority Communications Team have been working with relatives of Orchid View residents, Healthwatch West Sussex, Officers and Members of the Local Authority and other key partners on two quality of care promotional campaigns:

Choosing care

This campaign aims to help people know what to look for when choosing care. It will give people a checklist of good care indicators when choosing either a care home or care at home. Work has already started on this through: promotions in the council's residents' newspaper, 'Connections'; new information online through the website West Sussex Connect to Support; via the Relatives Support Service and through the publication of the new Care Guide in June 2015.

The campaign will now focus on piloting promotional material in the Crawley area, particularly engaging with GPs and other front line professionals who are often best placed to distribute relevant and timely information to ensure people have the information they need to make informed choices. Depending on the success of the pilot, the aim is to roll the campaign out to the rest of the county by Autumn 2015. The campaign in Crawley started in June 2015.

How to raise a concern

This campaign is about reaching relatives and those who know someone in a care home, to make them aware of who they can contact if they have low-level concerns regarding care. It also aims to restore reassurances to the general public about feeling confident that they can and should talk to the care provider or others if they are worried.

Using a wide range of promotional materials, including flyers and posters, the campaign will give relevant contact information about when and how to raise a concern. People will be directed to Healthwatch West Sussex (0300 012 0122), an impartial and independent consumer champion, who will monitor enquiries, looking for trends and themes in the reports that they receive. Healthwatch will share anonymised information through the multi-agency information sharing meetings. Promotions around this campaign aim to complement the care homes own information to their residents.

The campaign will start at the beginning of July 2015.

The Local Authority Communications Teams, together with their communication team colleagues in the Clinical Commissioning Groups and other partners, have also supported, and will continue to support, a number of initiatives throughout the year to promote and raise awareness of good care. These include:

- The Care Accolades – an annual award event organised by West Sussex Partners in Care, celebrating outstanding care provided in West Sussex.
- National Care Homes open day (19th June 2015) – local people will be able to look around the care homes taking part in the open day. The initiative aims to create

positive links between care home providers, residents and staff teams and their local communities.

- The production of a 'pull out' Care Supplement in Connections Autumn 2014 edition. 'Connections' is a newspaper produced by the Local Authority that is delivered to every household in the county. This edition included a specific piece around what good care looks like and highlighted the key places to get further information. It also included useful numbers and highlighted the new West Sussex Connect to Support website. Work continues to ensure relevant information features in future issues of the newspaper relating to choosing care and raising concerns, as well as to raise the profile of the care market.

Healthwatch West Sussex, the new independent consumer champion created to gather and represent the views of the public, will also play a role at national and local level to ensure that the views of the public and people who use services are taken into account, and promoting 'what good should and does look like'.

Recognising the importance of getting a rounded opinion of good care, the WSSAB approached a well-respected and experienced member of the care sector for her viewpoint. Rosemary Pavoni, owner and Registered Manager of a care home in Horsham, and Chair of "West Sussex Partners in Care" was asked for her assessment of "what good looks like in a care home?" On the following page, you can see what she told us.

This area of collaborative activity will continue to develop and progress and the WSSAB will take ownership of the on-going drive to improve awareness of what good care looks like.

3.5 Sharing best practice

DESIRED OUTCOME
Best practice is identified and shared so professionals and providers can learn from this locally and nationally and practice can be improved.
Recommendations: 12, 14, 15, 32

3.5.1 **Learning the lessons**

Learning the lessons of Orchid View and promoting and sharing best practice has been central to the work of all agencies during the last twelve months.

Immediately following the release of the report from the Serious Case Review in June 2014, a letter was sent from the West Sussex Safeguarding Adults Board (WSSAB) to all care home providers in West Sussex enclosing a copy of the report. The letter highlighted nine recommendations which directly related to care homes and requested that all providers begin putting actions in place to address the recommendations.

Following up on this letter on 25th November 2014, the Local Authority hosted a workshop for Care Home Managers to facilitate learning from the Orchid View Serious Case Review. Over 80 providers were represented at this event, which covered a wide range of subjects including opportunities to work together, the role and approach of the Local Authority Contracts, Quality Assurance and Performance team, and specific learning from Healthwatch's "Can't Complain" project regarding customers' experiences of care home complaints processes. Nick Georgiou, the Independent Chair of the SCR Panel, spoke at the event which gave providers, who had a wide range of experience and knowledge, an opportunity to share some of the good practice that already exists in care homes across the county. It provided a forum to generate and share ideas that focused on the learning from Orchid View, and to agree actions that could be taken to achieve the required improvements and to safeguard residents. A summary of the session was circulated to all social care providers with a number of managers

CASE STUDY

What does 'good' look like?

Rosemary's thoughts on what 'Good looks like' in a care home:

"If you judge a good care home only on what it looks like you may be sadly disappointed. Co-ordinated carpets and curtains in corporate colours and polished floors with staff in crisp, ironed matching uniforms does not necessarily make for a good care home. Looking good is simply not good enough and we must not accept 'good enough' when care homes should be striving for excellence. Other senses are needed to judge if the care home passes the 'Mum' test.

What does excellent look like?

- A clean, tidy and pleasantly decorated home with ornaments and pictures in the communal areas making it a comfortable and homely environment.
- A garden that residents can easily access either with a carer or on their own - including places to sit.
- Bedrooms which are personalised with the resident's photos, pictures and small pieces of their own furniture.
- A private lounge for visitors who can stay overnight if necessary.
- Evidence of structured activities ensuring that the residents have a meaningful day reflecting their individual wants and wishes.
- Residents who look well cared for, well dressed and alert and interested in their surroundings.

What does excellent feel like?

- A warm friendly atmosphere, where visitors are greeted in a welcoming way.
- A home where the residents feel safe, relaxed and secure and are treated with compassion in order that they can live the life they choose by being treated as individuals and celebrating their individuality.

What does excellent smell like?

- Clean and fresh with the smell of home cooking

What does excellent sound like?

- Staff actively chatting to the residents in a friendly and interested manner.
- Residents engaging with each other.
- Sometimes the sound of laughter and music – at other times a peaceful calm.

What does excellent taste like?

- A choice of nutritious varied hot cooked meals that residents are given at a time and place of their choice, and assisted with compassion and patience.

Only once all these senses pass the 'Mum' test will it be time to go into the details of how individual care is provided (including person-centred care plans, relationships with the community and end of life care).

being happy for their contact details to be given to other colleagues to discuss some of the work they are doing. Some examples of the ideas shared include:

- welcome packs including a comprehensive resident's handbook and information about the complaints process;
- all residents allocated a keyworker and a co-worker;
- a relatives' group with a monthly social meeting, where relatives also meet with the home manager afterwards;
- staff who are 'champions' in specialist areas such as dementia, end of life care, medication and wound care;
- essential information available about each resident for ambulance crews or out of hours doctors to see quickly;
- new staff allocated a mentor as well as a supervisor/manager;
- apprenticeships and work placements for school leavers studying health & social care to promote working in care;
- large care homes in rural locations helping their staff by providing transport from the care home to train stations.

On 27th November, a further event entitled "Beyond Orchid View" was arranged by Louise Goldsmith, Leader of the Local Authority and Dr Amit Bhargava, Chief Executive – Crawley Clinical Commissioning Group (CCG). Senior Officers from partner agencies were invited to attend. The purpose was to ensure agencies had a shared understanding of the lessons from Orchid View, to hear what actions had been taken to ensure lessons learnt are leading to improved multi-agency practice, and that future residents are safeguarded in the most effective way possible.

Having implemented the action plan and made changes to procedures and practice, a briefing note has been prepared for circulation to all Local Authority Adults' Services staff, highlighting lessons learnt from Orchid View and other large scale investigations, and linking these lessons to new duties to safeguard adults under the Care Act 2014. This briefing note aims to ensure that staff clearly understand the changes made and will be shared with all Local Authority Adults Services staff (700+) and will be available by the end of June 2015 to incorporate any further learning from the workshop to be held on the 26th June 2015.

Most recently, in order to fulfil their duties under the Care Act 2014, the WSSAB Team and Local Authority Adults Safeguarding Unit, together with the Contracts, Quality Assurance and Performance Team, the Clinical Commissioning Groups and Local Authority Learning and Development team ran a series of roadshows to highlight care workers' responsibilities in relation to safeguarding. The road shows incorporated learning from a number of Serious Case Reviews nationally as well as including the learning from Orchid View. Attendance at the road shows was high with the messages being communicated to over one thousand two hundred proprietors, managers, and staff from statutory, private, voluntary and independent sectors.

3.5.2 **Sharing best practice**

To promote the adoption of best practice in the field of health, NHS England has written to all of the GP Primary Care practices to advise them of their expectations with regards to information sharing, safeguarding and the Care Act 2014. Those expectations included:

- Co-operating with requests for information and investigations, including those of Safeguarding Adults Boards
- Recommendation to appoint a GP lead for adult safeguarding in each practice by April 2015

NHS England South East has clarified to all GPs across Surrey and Sussex that practices are expected to work within professional guidelines to safeguard vulnerable adults. This includes co-operating with requests for information and investigations, as outlined in the General Medical Council (GMC) Good Practice Guidelines.

Whilst much has been done to highlight, promote and share best practice, it remains the responsibility of providers to implement this best practice and for the CQC and the Local Authority Contracts, Quality Assurance and Performance to monitor and regulate the providers.

3.6 Assurance

DESIRED OUTCOME
That effective systems are in place across agencies so that concerns regarding a care home are identified at an early stage and appropriate actions can be taken to safeguard residents.
Recommendations: 8, 11, 18, 33

The WSSAB identified this as a crucial area of improvement, since the early identification and sharing of concerns are essential to ensuring that residents of care homes are protected from poor quality care. Work is on-going to make sure that all agencies work together to get this right, ranging from picking up on trends from multiple low level concerns which may be indicative of a bigger problem, through to intervening when it is apparent that support is required.

Many of the improvements which have been made to address these concerns have already been outlined earlier in this document and include the introduction of:

- the CQC's new inspection and regulatory framework (3.3.1) introduced in October 2014 which involves a new approach to the monitoring, inspection and rating of all of the adult social care services across England to ensure that services provided are safe, effective, caring, responsive and well led. Tougher powers introduced in April 2015 help the CQC to compel improvement where the quality or safety of a service has fallen to unacceptable levels.
- the new methodology and approach of the Local Authority Contracts, Quality Assurance and Performance team (3.3.5) which focuses on ensuring that there is sufficient capacity, capability and quality in the West Sussex care sector and involves the team working with providers to support them to provide high quality care.
- the Local Authority market oversight and quality database, 'Firefly'(3.2.2), which supports the assurance role of the Contracts, Quality Assurance and Performance team by providing a view of the entire West Sussex market place and enabling the identification of trends and risks relating to safety, quality and capacity.
- the new multi-disciplinary Care and Business Support (CaBS) team (3.3.7) being introduced to build upon the learning of the Local Authority Contracts, Quality Assurance and Performance team that will provide specialist targeted support where required to further promote quality with providers and help to strengthen the West Sussex care sector.
- the vastly improved information sharing forums (3.2.1) where concerns are shared between agencies and timely joint initiatives are developed to support providers where improvements are required.

All of the above will help to ensure that appropriate interventions take place as and when necessary to safeguard residents. Work will continue to progress over the coming months as 'Firefly' is rolled out to other agencies and the CaBS team is launched and builds upon the work already being carried out by the Contracts, Quality Assurance and Performance team, and Safeguarding teams/social workers working with individual clients and their relatives and friends. The Safeguarding Adults Board will continue to monitor the progress of the improvement plans and to hold accountable those who fail to deliver against these.

3.7 Exceptions

The remaining three recommendations do not fit under the outcomes groupings, and have been treated as individual recommendations.
Recommendations: 7, 20, 21

The responses to these individual recommendations can be found in Appendix A: Individual Recommendations.

04
Conclusion

In June 2015 the Association of Directors of Adult Social Services (ADASS) issued a press release detailing their call to government to commit additional funding for the care and protection of older and vulnerable people. They expressed concern that the £1.1 billion budget cut expected for 2015/16 could result in the reduction in vital home care packages and fewer people receiving funding for residential care. Ray James, ADASS President, stated 'the on-going clamp-down on fees to providers is beginning to have an inevitable clamp-down on staff skills, staff training, staff remuneration and staff satisfaction. Yet a well-paid, properly valued workforce is the rock on which the safety, care and security of so many of our vulnerable population is based. Without one, it is becoming increasingly obvious that you cannot have the other'.

Working within this context is a particular challenge in West Sussex as the elderly population is larger than most and is set to increase. West Sussex is home to over 821,000 residents and 21 % are over the age of 65. Almost 10,000 people in West Sussex have residential provision as their home, and it is predicted that demand for residential care will increase considerably year on year. Within this context, there is a need to stabilise, strengthen and improve the quality of existing provision whilst growing the residential sector as a whole. In view of the national context and the reductions in funding, achieving this is a significant challenge.

The local and national context has been a significant factor to consider over the last year as the West Sussex Safeguarding Adults Board (WSSAB) have worked to make required changes and improvements. Members of the WSSAB have demonstrated a clear understanding of the factors that contributed to the events at Orchid View, and a commitment to making the required changes. The response to the recommendations made by Nick Georgiou are based upon an increased understanding of how this happened, and also the recognition that these circumstances are not unique to Orchid View, or Southern Cross and that a new way of working is required if we are to reduce the risk of this occurring elsewhere.

The WSSAB also recognise that service providers do, in the main, want to deliver good care and have staff that show considerable commitment and compassion. They work incredibly hard to meet the needs of their residents, who increasingly have a variety of complex needs. At such a challenging time for the residential care market we need to engage these staff, and the many examples of good providers, so that we can share their skills and learn from best practice.

West Sussex County Council and other agencies deeply regret what has happened and have learnt important lessons from Orchid View. As this report demonstrates, there have been significant changes since Orchid View was closed in 2011. The WSSAB have worked to achieve the six outcomes outlined at the beginning of the report and considerable progress has been made in each of these areas. It is acknowledged that some actions have taken longer to achieve than we would have wished, however this relates back to the context and the need to balance risks and to consider carefully the most appropriate way to proceed.

The information available to the public regarding providers is improving, and over the next three months this will significantly improve as all providers are added to Connect to Support and the process for sharing significant safeguarding concerns is implemented. This

was identified as a priority area for change by the relatives and in view of this the delay in implementation is clearly unfortunate. However there is a commitment to delivering this and the relatives will be informed when the implementation is complete.

There have been significant improvements in the information shared between agencies on both an individual case basis, and at a strategic level. This will continue to develop and the launch of the Care & Business Support (CaBS) team will play a significant part in developing this further. The Care Quality Commission has made significant changes to their inspection framework, which ensures a more consistent and robust approach, and improved information for the public. The further roll out of 'Firefly' will also ensure that trends and concerns can be identified and acted upon at the earliest possible point. Some of the more difficult recommendations to achieve are those that depend on the actions of providers, and where there is no regulatory or contractual requirement to comply. However the WSSAB has thought more creatively in relation to these areas regarding how we could work to achieve this. As with many of the recommendations, we are not yet at a point where we can evidence a change in behaviours or improved outcomes, but we can outline the actions taken to achieve changes.

When the relatives of the residents at Orchid View met with Nick Georgiou they raised a number of questions, which were combined into four key questions in the original report:

- How can the public be confident that:

  a. the organisations they trust their care to, or that of their loved ones, are properly managed, with good governance and financial security?

  b. they provide the good quality of care that they advertise and receive payment for from private individuals and from the public purse

- How can people be confident that they or their relative will be safe and well cared for?
- What support is available to residents and their relatives, how do they know about it and how to use it if there are concerns about the service
- How can organisations and individual professionals be held accountable for the safety, quality and practice in their services?

Whilst the action plan implemented was structured around 6 outcomes, we also continued to consider these questions to ensure that the actions being taken were working towards answering these. The CQC changes, and the new statutory duties introduced under the Care Act have supported improvements, such as increased responsibilities for Local Authorities and the CQC to oversee the market. In addition the introduction of the Duty of Candour for independent sector organisations and the Fit and Proper Person scrutiny are positive steps forward. The Local Authority has made a significant investment in the Care and Business Support team and there have been actions to improve support to relatives and the information available to them. There are also now mechanisms in place to support effective information sharing, which allows for concerns to be identified and for more timely and effective interventions to be coordinated to address safeguarding concerns. Whilst the WSSAB cannot ever guarantee absolute safety, the action taken is working towards agencies doing what is possible to promote and enable good care and safety, and to ensure that concerns are recognised by professionals, relatives or communities at the earliest possible point so that action can be taken to prevent the risk increasing.

The publication of this report does not mark an end to improvements that the members of the WSSAB will make. Whilst much has been done, it is fully understood that there is still more to do. The commitment to this has

been shown through the new investment by the Local Authority in the Care & Business Support team, the further roll out of 'Firefly' and the implementation of a process for sharing safeguarding concerns with the public. The very recent implementation of the Care Act 2014 brings new requirements in relation to safeguarding and quality assurance, and embedding these into practice will require considerable further change, much of which will support the recommendations of the Serious Case Review.

The WSSAB also recognises the need to share the learning from the Serious Case Review, both in terms of the initial report, and the action taken in response to the recommendations. In view of this the Chair, and members of the WSSAB, will feed this into local and national networks following publication of this report. The WSSAB members will extend the offer of peer support to any Board facing similar issues, in order that they can benefit from the learning of all partner agencies involved in responding to the events that occurred at Orchid View.

Finally the WSSAB would like to thank the relatives of the residents at Orchid View for their time and contributions over the last year. It has been crucial to hear their experiences as these provide such a clear reminder of the issues we are working to resolve. In addition their growing knowledge and expertise in the area has been invaluable, as have the astute questions and challenges posed. As the WSSAB continue to make changes and improvements we would value on-going input and consultation with the relatives, as the lessons from their personal experiences are so crucial to improvement.

05
Relatives' response

Following the workshop we asked the relative's to give a summary of their thoughts from the initial response and workshop.

The 'Orchid View – One Year On' initial response is a step in the right direction and the workshop was useful; bringing all the agencies together to have conversations with them and hear their commitments towards change. However, the initial response is very much geared to identifying when things have already happened rather than prevention, therefore there needs to be more evidence of the different agencies working together at the coal face to keep people safe. We are not satisfied that this document does enough to ensure that vulnerable people are safe or that their needs are met. More people are living with complex needs in care homes who are not protected enough by law, regulators, social workers, GP's, Nurses etc. and this has to change.

We want assurance that this is not just another document and that all agencies will proactively work together; to develop more robust systems from the learning of Orchid View and to ensure this never happens again in West Sussex.

As relatives we are left feeling that not enough has been done over the past twelve months and that the care industry remains vulnerable. The CQC and WSCC cannot for one moment take their eye off the ball, because what happened at Orchid View could happen again. This is why we the relatives are calling for a Public Inquiry to ensure the questions that were not asked at the coroner's inquest in 2013; concerning employees of Southern Cross and WSCC are now asked and those individuals are held to account.

The purpose of the inquest was to establish the cause of death of 19 residents at Orchid View; in doing so it exposed "institutionalised abuse" within the home and a policy of "profits over care" within Southern Cross, as well as serious failings in West Sussex County Council's and multi-agency partners' abilities to safeguard the elderly and vulnerable across the county.

The coroner feels that an in depth Public Inquiry is in the public's interest and is the only way these unanswered questions can be highlighted and fully addressed, in order to protect the public nationally.

06

Appendix A
Individual recommendations

Each recommendation from the Orchid View Serious Case Review is outlined in this Appendix together with detailed information regarding action taken to date.

RECOMMENDATION 1
That all care homes with nursing ensure that Care Plans contain the name of the responsible nurse for the resident and that the resident and their relatives or advocate know the name and contact arrangements for this member of staff.

Whilst the responsibility for carrying out this recommendation clearly lies with the service provider, a number of agencies have introduced actions to highlight this requirement to care homes and check that they are implementing it:

- Immediately following the publication of the Serious Case Review, the West Sussex Safeguarding Adults Board (WSSAB) wrote to every care home in West Sussex highlighting nine of the recommendations relating to practice in care homes, including this one. The letter requested that all care homes take action as soon as practical to incorporate this into standard practice. A further reminder was provided at a workshop for care home managers hosted by the Local Authority on the 25th November 2014, where a review of the learning from Orchid View was undertaken and providers were invited to share examples of good practice. A summary of the session was circulated to all social care providers with a number of managers being happy for their contact details to be given to other colleagues to discuss some of the work they are doing. An example of this was new staff allocated a mentor as well as a supervisor/manager
- Mandatory questions have been added to the review forms on the Local Authority Adults Services electronic recording system which ask practitioners to confirm that they have reviewed the residential home or nursing home care plans. They must also confirm that the person and/or their family/representative is aware of the responsible nurse or person to contact if they have any concerns. These changes will ensure that practitioners identify and address any gaps.
- Quality Assurance visits from the Local Authority's Contracts, Quality Assurance & Performance team also advise providers to include the details of the responsible nurse on all care plans and the new Care and Business Support (CaBS) team will include practitioners who will be best placed to support providers to understand what good care planning looks like.
- To further safeguard the care provided to older people, GP practices in England are now required under the 2014/15 GP contract to assign all patients aged 75 years or over a 'named and accountable GP' to ensure that they have access to 'multi-disciplinary care that meets the needs of the patient'. This requirement has been extended to all patients in the 2015/16 contract and must be implemented by 30th June 2015.

RECOMMENDATION 2
That the process, timeliness and quality of pre-admission assessment from hospital settings is explicitly tested within the CQC inspection process with an emphasis on the staffing levels and skills within the home to deliver safe and good quality care within the home's conditions of registration.

The Care Quality Commission (CQC) has introduced a "Fresh Start" approach to inspections which strengthens the process, quality and reliability of CQC's work. The new approach, launched in October 2014, focuses on five questions:

1. Is the service safe?
2. Is the service effective?
3. Is the service caring?
4. Is the service responsive?
5. Is the service well led?

These are aligned with key areas of the Regulations. The answers to these questions will form a rating of the service (Outstanding, Good, Requires Improvement or Inadequate).

From 1 April 2015 the CQC are inspecting to a new set of Regulations set out by the Care Act 2014. These new regulations align closely with the five questions above and make the impact of poor care clear to members of the public, people who use services, providers and partner agencies in its reports.

Under the new methodology, there are Key Lines of Enquiry (KLOEs) linked to each question to ensure that a clear and robust picture has been evidenced. Assessment of staffing levels, safe recruitment, staff training and effective care planning are all mandatory KLOEs which must be evaluated at each inspection. Therefore each report will judge how well services are assessing people's needs and ensuring sufficient numbers of suitable staff.

RECOMMENDATION 3
That all service providers are required to ensure that their induction of new employees and the continuing training of staff includes clear guidance on the necessary procedures and actions where a death occurs, be it an expected or unexpected death.

The responsibility for this lies with service providers, however action has been taken to promote this.

Immediately following the publication of the Serious Case Review, the West Sussex Safeguarding Adults Board (WSSAB) wrote to every care home in West Sussex highlighting nine of the recommendations relating to practice in care homes, including this one. The letter requested that all care homes take action as soon as practical to incorporate this into standard practice. A further reminder was provided at a workshop for care home managers hosted by the Local Authority on the 25th November 2014, where a review of the learning from Orchid View was undertaken and providers were invited to share examples of good practice.

During their quality assurance visits, the Local Authority's Contracts, Quality Assurance and Performance team check that adequate induction processes are in place for new employees and that training plans are in place for all staff. Any concerns around these issues would lead to recommendations being made to undertake additional training packages. The introduction of the Care and Business Support (CaBS) (3.3.7) team is also intended to offer "hands on" induction support.

West Sussex Learning and Development have a suite of training packages available on the Learning Gateway (3.3.6) which can be accessed by care providers. Regular newsletters are sent out to providers highlighting specific training such as "End of Life Care" and "Do Not Attempt Resuscitation" (DNAR) training which is delivered by health teams and hospices.

In the North of the County, Sussex Community NHS Trusts' Integrated Response Team also have a rolling programme of training packages which are provided free of charge to nursing staff and health care assistants working in care homes.

RECOMMENDATION 4
That care homes are required to provide contact details, e.g. a named person, contact phone number that will be answered, method of entry, etc. to the emergency services when they contact them, especially important at night to enable access to the home without delay.

Immediately following the publication of the Serious Case Review, the West Sussex Safeguarding Adults Board (WSSAB) wrote to every care home in West Sussex highlighting nine of the recommendations relating to practice in care homes, including this one. The letter requested that all care homes take action as soon as practical to incorporate this into standard practice. A further reminder was provided at a workshop for care home managers hosted by the Local Authority on the 25th November 2014, where a review of the learning from Orchid View was undertaken and providers were invited to share examples of good practice.

This recommendation is not a regulatory requirement and therefore relies upon service providers recognising the importance of this and complying with it. To support this, the Local Authority's Contracts, Quality Assurance and Performance team actively promote contact details on the door as best practice. Emergency contact details are recorded on 'Firefly'[4] at the time of quality assurance visits and advice is given to display emergency contact details in a prominent position. The South East Coast Ambulance Service (SECAmb) will have access to 'Firefly' by September 2015 and will be able to access these details.

SECAmb have also made changes to information taken at the initial point of contact. The full details of the caller and the patient are routinely taken, along with a contact number, following a change of triaging software. However, work continues with regards to capturing specific information around named staff and specific access information.

RECOMMENDATION 5
Recognising the increased potential for nursing staff to work in more isolated settings, providers of nursing home care should provide and facilitate the continuing professional development of their staff. Information about the training undertaken should be provided to the CQC and local commissioners.

This is a further recommendation which providers need to achieve, however action has been taken by agencies to support providers.

Immediately following the publication of the Serious Case Review, the West Sussex Safeguarding Adults Board (WSSAB) wrote to every care home in West Sussex highlighting nine of the recommendations relating to practice in care homes, including this one. The letter requested that all care homes take action as soon as practical to incorporate this into standard practice. A further reminder was provided at a workshop for care home managers hosted by the Local Authority on the 25th November 2014, where a review of the learning from Orchid View was undertaken and providers were invited to share examples of good practice.

As part of the CQC's new inspection methodology, the recruitment, training and supervision of all staff (including the training and skills of nurses) are mandatory "key lines of enquiry" which must be inspected and reported on at every inspection. As part of this, inspectors speak with providers, Registered Managers and nursing staff about their on-going programme of training and development, the qualifications of skilled staff and how both staff and providers ensure up-to-date clinical skills.

4 'Firefly' is the market oversight and quality database implemented by the Local Authority's Contracts Quality Assurance & Performance team to capture data specific to individual care homes.

At the Local Authority, the role of the Contracts, Quality Assurance & Performance team has been aligned to that of the CQC, but at a more local level. Assessments are carried out by the team to assure the capability and quality of providers including ensuring there are professional development programmes for staff. One of the roles of the new CaBS[5] team (3.3.7) will be to provide support and mentoring from the team for nurses working in isolated settings, and to promote models of working such as job sharing between hospital based and residential settings, with the primary aim of removing the feeling of isolation described. The Local Authority are also redesigning their learning and development support including the training offer for clinical specialists to make it more focussed, streamlined and easily accessible.

From the perspective of the Nursing & Midwifery Council (NMC), all registered nurses and midwives should be meeting certain Continuing Professional Development (CPD) requirements in order to maintain their NMC registration. However, the NMC is aware that access to good quality CPD can be more of a challenge in the care home sector. As a result the NMC have published a leaflet for employers about the benefits and responsibilities of employing registered professionals. This is available on the NMC website and is being promoted through sector bodies and events. In the countdown to Revalidation (see Recommendation 32) the NMC will work with system regulators, including the CQC, to ensure their definition of 'well led' encompasses access to good CPD and annual appraisal.

RECOMMENDATION 6

That care businesses in development and currently trading, can evidence robust plans to recruit and sustain a trained workforce to meet the needs of those people dependent on the care they as individuals, or the statutory sector, purchase to meet their needs. Delivery of this requirement should be monitored by the CQC.

Immediately following the publication of the Serious Case Review, the West Sussex Safeguarding Adults Board (WSSAB) wrote to every care home in West Sussex highlighting nine of the recommendations relating to practice in care homes, including this one. The letter requested that all care homes take action as soon as practical to incorporate this into standard practice. A further reminder was provided at a workshop for care home managers hosted by the Local Authority on the 25th November 2014, where a review of the learning from Orchid View was undertaken and providers were invited to share examples of good practice.

In order to ensure monitoring of this requirement, the CQC made changes to its registration application forms (for new providers) and from 1 April 2015 there will be more rigorous tests extended to all providers intending to register. New providers will be asked to evidence how they will deliver services which are safe, effective, responsive, well led and caring. The fitness of providers will be assessed, taking into account those who sit on a board of directors. New providers (and those who are involved in their governance) will be subject to more scrutiny as part of these new processes. At registration stage the CQC assess their workforce planning strategy and the provider must evidence how they intend to recruit and train their staff over time.

As part of pre-inspection planning, they ask all providers to complete a Provider Information Return (PIR) which asks them to provide evidence about how well they are meeting the key questions. Part of this asks the provider to

5 Care and Business Support team – the new multi-disciplinary team consisting of business, social care and clinical professionals who will work with providers to support all areas of their business. This team is currently being recruited to, and is expected to be in place by July 2015.

explain their workforce development strategy which the CQC will test at the time of inspection.

The CQC have also developed a Pre Inspection Information Pack for Inspectors that contains all the data and intelligence the CQC hold about a service. This includes information the provider has reported to Skills for Care[6] (NMDS)[7] about workforce statistics. This assists inspectors in judging whether workforce development may be an area of concern to explore in more depth at the inspection.

At the time of inspection, Inspectors review the location's workforce to assess whether there are sufficient numbers of suitably qualified and trained staff. This is a mandatory 'Key line of enquiry' which will be assessed at every comprehensive inspection. If necessary, the CQC will use its enforcement powers to take action against a provider who fails to comply with these standards.

At every inspection the CQC will check whether a service is complying with their Registered Manager condition. Most services will have, as a condition of their registration, a requirement to have a registered manager in place. Where there has been no registered manager, or the registered manager has left the service, without a reasonable excuse, the CQC will take further action which may include a Fixed Penalty Notice. In addition, the absence of a Registered Manager at a service is a limiter on their rating for the "Well Led" question.

Currently the CQC intelligence team are in communication with the Local Authority to link into the new market oversight "Firefly" system (3.2.2) as a further means for information/intelligence sharing. The Local Authority will continue to monitor separately until the systems have been joined.

The Local Authority also recognise that recruitment and retention of trained professionals is a particular challenge in West Sussex and has carried out extensive research and analysis to identify how big the challenge is likely to be in the years to come. Population projections suggest that a further 45,000 of our residents will be aged over 75 yrs in the next fifteen years and many will have multiple long term health conditions. The need for residential care and care and support at home will increase proportionately.

As the demand for residential services grows, the need to ensure that there is a sufficient number of suitably skilled and motivated staff of all specialisms, in particular managers, nurses and care workers, will also increase. Across the south east this will prove a challenge, with a current workforce shortage calculated at over 1,400 and predicted workforce deficit believed to be over 8,800 by 2024.

It is for this reason that the Local Authority and CCGs have committed to the substantial investment into the CaBS Team described in section 3.3.7 of the main report. In addition to the Contracts, Quality Assurance and Performance team, one of the key roles of this team will be to support providers of care to recruit, train and value staff.

The recruitment and training of staff in the care sector is also a priority of the West Sussex Health and Well Being Board (WSHWB). The WSHWB leads on improving the co-ordination of commissioning across the National Health Service (NHS), social care and public health services.

The WSHWB brings together elected Local Authority members, leaders from the NHS, social care and the voluntary sector to work together and support one another to improve the health and wellbeing of the local population and reduce health inequalities. The WSHWB provides a forum for challenge, discussion and the involvement of local people. The WSHWB also has responsibility for development of the Better

6 Skills for Care is the employer-led workforce development body for adult social care in England. Home of the National Skills Academy for Social Care, they offer workforce learning and development support and practical resources from entry level right through to those in leadership and management roles.

7 National Minimum Data Set for Social Care - an online database which holds data on the adult social care workforce. It is the leading source of workforce intelligence and holds information on around 25,000 establishments and 700,000 workers across England.

Care Fund plan to support the transformation of the health and social care system in West Sussex to meet the combined challenges of the demands of a growing older population and reducing budgets for West Sussex.

A specific priority for the WSHWB is the recruitment and retention of workforce with the following potential outcomes:

- To increase the proportion of working age people who work in health and social care
- To increase the proportion of workforce who work flexibly by targeting carers (including parents) and people aged 55+
- To reduce turnover of staff
- To support care homes to improve their offer to low paid workers
- To improve job satisfaction and reduce sickness absence in health and social care workers

RECOMMENDATION 7
That in its review of how the exemptions regime is working the Department of Health specifically considers the possible extension of the provider licence to care homes owned and managed by large national businesses with a turnover, from all sources, in excess of £10m.

A copy of the Serious Case Review was forwarded to Jeremy Hunt upon publication in June 2014 and a response to this recommendation was requested. This request was subsequently followed up and the following is an extract from the response received:

"As you may be aware, in 2014 the Department of Health published a consultation document seeking views on whether NHS continuing healthcare and NHS-funded nursing care services should remain exempt from Monitor's[8] licensing regime[9]. The consultation ran from 6 June to 15 August and included the following options:

- To allow the current nursing care licence exemption to expire; or
- To continue with the licence exemption for organisations that provide NHS continuing healthcare and NHS-funded nursing care.

The majority of respondents were in favour of continuing the licence exemption. However, there was a collective view that the exemption should not extend to nursing care services that are designated as Commissioner Requested Services (CRS[10]).

The Department decided to maintain the exemption from holding a Monitor licence for nursing care providers under the £10million threshold except for CRS. CRS providers and those above the £10million threshold would be required to hold a Monitor licence. The National Health Service Amendments Regulations 2015 came into effect on 1 April.

Finally, the Department has published revised guidance on licence exemption. It is available at https://www.gov.uk/government/publications/nhs-licence-requirements.

This response therefore confirms that whilst the Department of Health has undertaken a review and considered the extension of the provider licence, no changes to licencing requirements have occurred. It is noted that there is a full review of licencing arrangements in 2016/17 so further changes could be made following this.

There have, however, been significant changes in the role of the CQC in this area. Since April 2015 the CQC have been given responsibility for market oversight of the most difficult to replace providers of adult social care. The purpose of the scheme is to protect individuals who may be placed in vulnerable circumstances if their care provision stopped. If the CQC thinks it is

8 Monitor is the sector regulator for health services in England.
9 All providers of NHS healthcare services in England will need a licence from Monitor from April 2014, unless they are exempt. The licence sets out the conditions that licence holders will have to meet in order to provide NHS services.
10 Commissioner Requested Services (CRS) are those services which commissioners consider would need to continue if a provider became financially unsustainable because removal of the services would cause harm to patients, and there are no alternative providers.

likely that business failure will happen and that services will stop, the CQC now inform Local Authorities who can put in place arrangements to ensure people continue to receive the care they need.

The CQC deliver this scheme by looking at the overall quality performance of the "difficult to replace" providers, and alongside this analyse financial performance. This is because quality and finance are so closely linked.

For a residential care provider to be defined as "difficult to replace", the provider must have bed capacity:

- of at least 2,000 anywhere in England (i.e. significant size of provider); or
- between a total of 1,000 and less than 2,000 with at least 1 bed in 16 or more Local Authority areas (i.e. significant scale regionally or nationally); or
- between a total of 1,000 and less than 2,000 and where capacity in at least 3 Local Authority areas is more than 10 per cent of the total capacity in each of these areas (i.e. significant scale in a local or geographic area).

There are 43 corporate providers who meet the criteria to be part of the scheme and these have been published on the CQC website. These 43 providers include 400 registered providers, and deliver care from 4000 locations. Being part of the scheme does not mean that these providers are more likely to fail, only that they meet the definition of being difficult to replace and therefore must be closely monitored.

At the Local Authority, the role of the Contracts, Quality Assurance & Performance team has been aligned to that of the CQC, but at a more local level. The Local Authority has now developed and introduced a market oversight function that looks at the stability of individual providers from a number of different perspectives including:

- Liquidity
- Business model and ownership
- Occupancy levels
- Customer mix (complexity-funding)
- Staffing levels (including recruitment, retention and training)

This will enable the team to monitor the market place and intervene in a timely way where problems arise in order to assure continuity and quality of services.

RECOMMENDATION 8
That where large scale reorganisation and the introduction of additional responsibilities to meet legislative change is being implemented, it is imperative that an impact assessment is undertaken to ensure the organisation maintains the ability to carry out their routine responsibilities while at the same time implementing the reorganisation.

The CQC fully recognises the potential impacts on the day to day activities of staff during a period of transformational change and has implemented new processes accordingly.

As CQC began a period of change in methodology and a move to three separate directorates, a Director of Transformation was appointed to ensure that change was monitored and managed closely. New staff have been recruited to fill vacancies and the CQC has been working to grow other resources including experts by experience and specialists who assist with their inspection activity.

The CQC remains committed and focused on responding to risk-based intelligence including information of concern they receive and following up on previous regulation breaches. Although the CQC has achieved this, it will continue to be vigilant through to the end of this change process which will be when all Adult Social Care locations are rated by 2016.

RECOMMENDATION 9
That as the CQC develops its inspection framework and process, specific attention is given to invite and include discussion with the relatives of residents, and offers the opportunity of private discussion with a member of the inspection team.

The CQC inspection methodologies in the past have included time for inspectors to speak with people who use services, relatives and others in the home who may wish to share their praise or concern about a service. However it has expanded upon this further in its new methodology and places an even greater emphasis on the 'voice of the people who use services'. The CQC now routinely use "Experts by Experience" to gain the views of people who use services and those involved with their care. It has also developed a new questionnaire for people who use domiciliary care which provides clear feedback about what the service does well and any area for improvement. People who use services, relatives and other professionals are encouraged to share their views both during the inspection and in between inspections.

Outside of an inspection process, the CQC place great value on the intelligence it receives via its National Customer Service Centre from people who use services, relatives and others as it helps them to target and plan their inspection activity. It is currently developing and testing posters that may be used to inform care home residents of an inspection and who they can speak with about any feedback they may have.

RECOMMENDATION 10
That where there is no Registered Manager in place, this information is made public by the CQC on its website. (CQC)

The CQC reports now routinely state whether there is a Registered Manager at the service and / or who is in day-to-day control of a service. The absence of a Registered Manager without reasonable cause will limit the rating for 'how well led the service is' to 'requires improvement'. It will take action against a location which has been without a Registered Manager without a reasonable excuse. This could include issuing a Fixed Penalty Notice, or other enforcement action.

In addition to this, the Local Authority captures details of providers without a Registered Manager during the quality assurance visits of the Contracts, Quality Assurance and Performance team. These details are recorded on 'Firefly' and overseen appropriately by the team.

RECOMMENDATION 11
WSCC and partner agencies should review the current processes and systems available for collating information relevant to safeguarding, in order to identify emerging patterns or concerns. This should include analysis of the impact and effectiveness of action plans over time where a number of investigations have been required in relation to the same provider service.

In response to the above recommendation and in order to meet the requirements of the Care Act 2014, the Local Authority have agreed a revised approach to Safeguarding and Quality, whereby in addition to considering safeguarding concerns for individuals, at the same time an equal focus is given to the place where care is delivered.

The Local Authority Contracts, Quality Assurance and Performance team has implemented a new market oversight and quality electronic database called 'Firefly' (3.2.2) which enables the capture of data and subsequent evaluation of the capacity, capability and quality of the health and social care market. A key area within this system is the capturing of data that could signal a potential safeguarding concern. The dashboard reporting system enables a visual representation of the location of safeguarding concern in the county, thereby easily highlighting clusters and trends. As part of the Local Authority's commitment to the sharing of information with other agencies, access to the system (following a period of training) will be provided to West Sussex Fire & Rescue Service (WSFRS), South East Coast Ambulance Service (SECAmb) and the Coroner's Senior

Officer by September 2015. The Local Authority is also in discussion with other agencies including the CQC, Sussex Police and the Heads of Quality for NHS Commissioners. They are actively encouraging the appropriate sharing of information with all of the agencies involved in promoting continuity, safety and quality of care. In addition to this, the Local Authority is in discussion with other Local Authorities with the intention to share information wider than just West Sussex.

Having made changes to procedures and practice, a further briefing note has been prepared for circulation to all Local Authority Adults Services staff, highlighting lessons learnt from Orchid View and other large scale investigations, and linking these lessons to new duties to safeguard adults under the Care Act 2014. This briefing note aims to ensure that staff clearly understand the changes made and will be shared with all Local Authority Adults Services staff (700+) and will be available by the end of June 2015.

The South East Coast Ambulance Service NHS Foundation Trust (SECAmb) has made many changes to practice since Orchid View closed in 2011. SECAmb staff have been expected, since 2007 when the procedure was implemented, to make referrals regarding concerns of poor practice or allegations of abuse or harm and referral rates have grown every year since. In April 2015 a new data repository for referrals was brought on line. This will ensure that analysis of referrals being made for a particular premises or individual will now be possible for all information managed through the SECAmb safeguarding team.

RECOMMENDATION 12
That the WSSAB make available information to safeguarding boards across the UK about their approach, experience and learning points from the work carried out within Orchid View by the joint health and social care team.

The Local Authority, its partners and the WSSAB have made every effort to share experiences and learning from the work carried out at Orchid View by the joint health and social care teams.

On 25th June 2014, a briefing note written by Nick Georgiou, the Independent Chair of the Orchid View Serious Case Review was issued to members of the Association of Directors of Adult Social Services (ADASS) and to the Chairs of Safeguarding Adults Boards. The note picked out three key areas of concern around quality of care, lack of accessible information and the general public's understanding of safeguarding.

The Local Authority Safeguarding Adults lead shared the key learning of the report with colleagues at the SE Association of Directors of Adults Social Services (ADASS) Safeguarding Adults Leads network forum shortly after the report was published. The report itself was also circulated to the ADASS Safeguarding Adults Leads network and was made available on the Local Authority website.

The WSSAB also recognise the need to share the learning from the Serious Case Review, both in terms of the initial report, and the action taken in response to the recommendations. In view of this the Chair, and members of the WSSAB, will feed this into local and national networks following publication of this report. WSSAB partner agencies will extend the offer of peer support to any Board facing similar issues, in order that they can benefit from the learning of all partner agencies involved in responding to the events that occurred at Orchid View.

RECOMMENDATION 13
That NHS England ensure that GPs are provided with clear guidance about their responsibilities in regard to care homes in their practice area as provided for within the General Medical Services contract.

And RECOMMENDATION 14
That this good practice in providing personalised healthcare is promoted by the local CCG / NHS England encouraging primary care practices across the UK to adopt such positive engagement by local GPs with residents and staff in their local home(s).

NHS England South – South East and the Local Medical Committee (LMC) agreed a joint communication for distribution to both GP Primary Care practices and NHS Clinical Commissioning Groups, disseminated through the LMC networks and NHS England Primary Care professional networks. The information provided is summarised below:

- NHS patients in care homes are entitled to the same essential services as any other patient.
- All registered NHS patients including care home residents over 75 are entitled to a "Named GP". From April 2015, this contractual clause is extended to all adult NHS registered patients and this is likely to improve co-ordination and accountability of care.
- Many practices already participate in the Unplanned Admissions DES (Direct Enhanced Scheme) introduced in 2014/15 and to be extended to 2015/16. Many care home residents would be included in the 2% cohort of patients identified by this DES as being at risk of unplanned hospital admission and will therefore have a care plan developed designed to improve and co-ordinate the delivery of care.
- Crawley CCG and Horsham and Mid Sussex CCG have developed a Primary Care - Care Home Service Level Agreement to support the delivery of primary care in care homes. This is a local agreement which supplements the Unplanned Admission DES and significantly contributed to the positive reflections of the Serious Case Review on the performance of Primary Care in relation to the support of patients in Orchid View.
- It is acknowledged that patients within a care home may be registered with several different GPs. Even if a patient moves outside the boundary, GPs can choose to permit patients to remain registered. Residents of a care home are not required to register with one practice, since this would be against the principle of patient choice.
- There is no contractual requirement for GPs to
  - visit care homes on a regular or weekly basis
  - complete medical records within the home
  - write out or sign care home prescription charts
  - undertake new patient medicals, "ward rounds" or drug reviews on a scheduled basis
- However, these are all services which care homes may be able to negotiate on a retainer basis if the practice is willing to provide them.
- Practices who do not have access to a local Service Level Agreement such as that created by Crawley CCG and Horsham and Mid Sussex CCG may wish to instigate regular visits to create predictable ways of dealing with clinical and administrative issues.
- In the case of Orchid View, regular visits enabled the practice to reduce risk and manage the chaotic practices of the care home. However, this is discretionary and does not have to be adopted by all practices that have patients registered at one home.

RECOMMENDATION 15
That discussions are progressed between the WSSABB and the NHS England Area Team and local CCGs to develop information sharing and involvement of primary care practices in safeguarding work.

NHS England South – South East has developed a programme of work to ensure that primary care practices across West Sussex are meeting required standards in relation to adult safeguarding. NHS England South – South East is working closely with the West Sussex CCGs to deliver this programme of work. Initiatives include the following:

- NHS England South – South East and Surrey and Sussex Local Medical Committees (LMC) issued a joint letter to all GPs in West Sussex to outline expectations in relation to adherence to professional guidelines to fulfil safeguarding duties and responsibilities and to clarify expectations in response to information sharing. The following clarification was provided:
  - GPs are expected to work within professional guidelines to safeguard vulnerable adults. This includes co-operating with requests for information and investigations, as outlined in the General Medical Council Good Practice Guidelines, a requirement to fulfil contractual responsibilities
  - GPs are expected to use the information sharing flow chart that was developed in partnership with Crawley CCG and Horsham and Mid Sussex CCG
  - GPs are expected to meet General Medical Council requirements and GMS contractual requirements to be appropriately trained in adult safeguarding, as well as meeting Care Quality Commission Outcome 7 requirements
  - A GP Lead for adult safeguarding was recommended as a good practice indicator
- A training signposting document was developed by NHS England South – South East in partnership with CCGs across Surrey and Sussex. It has been shared with GPs across West Sussex to clarify safeguarding training requirements and to provide information regarding how and where to access training.
- NHS England South – South East awarded funding to the West Sussex CCGs to support the delivery of adult safeguarding training for GPs across West Sussex
- A specialist primary care Safeguarding Clinical Advisor role was developed and funded by NHS England South – South East. This development ensures that safeguarding clinical advisors are now available to undertake safeguarding enquiries that specifically require a primary care medical opinion.
- NHS England South – South East in partnership with CCGs across Surrey and Sussex developed a flow chart for General Practice Safeguarding Clinical Advisors and colleagues across the safeguarding system to provide clarification regarding the decision making processes for primary care safeguarding enquires, serious incident processes and General Practice performance issues.
- The adult safeguarding prompt cards that were developed in 2012 have been reviewed and re-written to reflect changes following the Care Act (2014). The revised prompt cards have been developed in partnership between NHS England South – South East and CCGs across Surrey and Sussex to increase primary care awareness of adult safeguarding best practice. The revised prompt cards will be published by August 2015; a copy will be provided to each GP across Kent, Surrey and Sussex.
- Following the awarding of NHS England South – South East funds to West Sussex CCGs, training in Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) has been rolled out to all member practices with a projection of more than 90 % of general practices receiving training by the end of August 2015. Training sessions have

also been provided to practice nurses through locality training events. A pan-Sussex tool has been developed to assist in the quality assurance process for safeguarding and this includes compliance with MCA and DoLS. This will be added to the NHS contracts for acute, community and mental health providers 2015/2016.

RECOMMENDATION 16
WSSAB to establish as part of its process that the emergency services are notified of all Level 3 and 4 safeguarding investigations within their catchment area. This has a dual purpose: firstly they can be asked for information as part of the investigation and secondly that the concern can be flagged and the information accessible to staff from the emergency services.

The purpose of this recommendation was to ensure that where a safeguarding investigation had been triggered due to serious concerns relating to a care or health service, and in other circumstances where appropriate, the emergency services are aware of this.

As part of the work to revise the Sussex Safeguarding Adults Policy and Procedures in line with the Care Act 2014, levels of investigation no longer apply. The focus of the safeguarding procedures is the person directly affected by abuse or neglect and their wishes, and the response to safeguarding concerns is determined by this and consideration of risks for them and others. Where a safeguarding concern relates to issues regarding the quality of care in a residential care home and risk to others is indicated, emergency services will always be advised.

The Local Authority Adults Services' electronic recording system (Frameworki) has been updated to include prompts for practitioners receiving safeguarding concerns, to ensure they pass on their concerns to the police, the CQC, the Local Authority's Contracts, Quality Assurance & Performance team, and the appropriate CCG where relevant.

Additional work has also been undertaken within Adults Services to create monthly anonymised reports which are shared with safeguarding leads within South East Coast Ambulance Service (SECAmb) and the Coroner's Office, enabling them to cross reference concerns received by Adults Services with addresses where the Coroners Officer or SECAmb may have noted concerns in order to identify patterns. These reports are now being produced and circulated.

The Local Authority's Contracts, Quality Assurance and Performance team have implemented their market oversight and quality database 'Firefly' (3.2.2) which enables the capture of data and subsequent evaluation of the capacity, capability and quality of the health and social care economy. A key area within this system is the capturing of data around safeguarding concerns.

As part of the Local Authority's commitment to the sharing of information with other agencies, access to the system (following a period of training) will be provided to West Sussex Fire & Rescue Service (WSFRS), SECAmb and the Coroner's Senior Officer by September 2015. The Local Authority is also in discussion with other agencies including the CQC, Sussex Police and the Heads of Quality for NHS Coastal, NHS Crawley and NHS Horsham & Mid Sussex CCGs.

RECOMMENDATION 17
Concerns raised by Coroner's Officers about possible patterns or high numbers of deaths linked to individual services or organisations are reported to the police using the formal police crime and intelligence systems. Any new safeguarding concerns are alerted directly to adult social care.

Coroner's Officers continue to monitor possible patterns or high numbers of deaths linked to individual services or organisations. Initially these concerns are reported to the Senior Coroner's Officer, who in turn passes these concerns direct to safeguarding in adult social care. Through having an identified lead for all deaths in care homes, it provides greater oversight and an ability to identify any trends

of patterns of concern. There is also now a set pathway through to the Senior Coroners Officer for any concerns mortuary assistants identify regarding potential incidents of poor care. Any reports also go via the Police crime and intelligence system. 'Firefly' (3.2.2) will provide additional oversight to the Coroner.

Sussex Police have adjusted their existing processes to ensure that Coroner's Officers can record any concerns via the Police crime and intelligence system. This will ensure that an audit trail exists and concerns are actioned. Also, where there are Police investigations into providers with more than one establishment, Sussex Police now make enquiries with partner agencies, including Adult Social Care, to establish if the concerns which are the subject of the investigation are also apparent in other establishments of the provider.

RECOMMENDATION 18
That WSASB and the Royal Pharmaceutical Society reinforce with all pharmacies the importance of raising an alert in circumstances where there is an immediate concern with regard to the safe management and administration of medication, even if there is a belief that the issue has been identified by the CQC.

The Royal Pharmaceutical Society (RPS) has considered how best they could address the above recommendation and have taken action in the following ways.

- RPS raised this issue at a meeting of pharmacy superintendents, the most senior pharmacists in pharmacy chains, in May 2014. RPS followed this up with an email asking superintendents to consider the report and take appropriate action within their businesses.
- RPS wrote to pharmacy trade bodies, which represent pharmacy owners, in July 2014 to ask them to propagate the message regarding raising concerns about medication management issues in care homes to their members that include small independent pharmacies as well as large multiples.

In July 2014 RPS wrote to all pharmacists, who are RPS members, alerting them to the Orchid View report, the guidance and support they have available around whistleblowing and safeguarding and featuring this news prominently on the RPS website. RPS also emailed this out to all of their members. The news item can be viewed at www.rpharms.com/what-s-happening-/news_show.asp?id=1270

The official journal of the RPS – the Pharmaceutical Journal - produced a learning and development feature on whistleblowing and safeguarding with specific reference to Orchid View which was published in September 2014. This can be viewed here: www.pharmaceutical-journal.com/learning/learning-article/reporting-concerns-and-whistleblowing/20066208.article

From a Local Authority perspective, the new Care and Business Support team (3.3.7) will be proactively assuring the capability and quality of care providers and will have direct access to a pharmacist who will provide support and guidance on the safe management and administration of medicines.

RECOMMENDATION 19
That care commissioners and the CQC check that contractual arrangements are in place between nursing homes and pharmacists and that these arrangements are being adhered to.

This recommendation has been addressed locally by both health and social care commissioners. As part of their annual visits, the Local Authority Contracts, Quality Assurance and Performance team ensure that each care home has an appropriate link with a pharmacist for the control of medicine management. This includes checking and recording which pharmacist they contract with, how often they visit, what advice was provided and whether this has been adhered to. The output of this process will be to generate a list of county wide pharmacists who engage with care homes, which can then be used for targeted marketing campaigns. In addition, the CaBS team (3.3.7) will have specialist pharmacy support.

The NICE guidelines - Managing medicines in care homes which were published in April 2014 highlight the responsibility of Care Home providers in relation to having medicines management policies and processes in place.

The CCG's are working with Care Homes in a number of ways to improve the management of medicines in care homes and in light of the recommendations in the report have reviewed their current monitoring and management of these contracts to ensure compliance. Any further opportunities for improvement will be acted on accordingly. The following support services are available to care homes:

- Proactive care services from primary care (in reach) into care homes (as a locally commissioned service)
- Integrated Response Team (as a national standard contract with Sussex Community NHS Trust)
- Medication administration record (MAR) chart (as a locally commissioned service)

These services aim to help and advise residents and carers in care homes to manage medicines safely and appropriately.

From a CQC perspective, the safe management of medicines is now a mandatory Key Line of Enquiry that is reviewed at every comprehensive CQC inspection. This includes how medicines are obtained, dispensed, recorded and destroyed. This may include asking the registered manager or provider about their arrangements with their local GP or pharmacy. The CQC will report on unsafe arrangements in relation to people's medicines and take action against providers who put people at risk as a result of poor medicines management practices.

At inspection the CQC will test 'good practice' (as outlined by NICE, RPS and relevant legislation) and whether registered managers and staff understand their responsibilities in relation to this. It will report on what they find.

The CQC uses pharmacy inspectors with specialist knowledge and expertise in this area to assist inspections where there may be concerns about safe medicines management.

RECOMMENDATION 20
That commissioners of health and social care services review their contracts to ensure that they have robust contractual clauses to protect the public purse against claims from organisations that do not deliver the quality of care stipulated in the contract.

NHS funded residents of nursing homes have their care contracted through the Continuing Healthcare Team (CHC). The CHC team work closely with the Local Authority to integrate the residential contracts. In addition, the CHC Team has recently established a Quality and Assurance Team to work with residential homes initially, to be followed by home care providers. The remit of the team is to measure the quality of care provided to NHS funded residents, thus providing assurance on the robustness of the NHS contractual arrangements. A Quality and Assurance strategy is currently under development, which will include a performance measure tool. This will clearly define what 'good' looks like, in line with the CQC's requirements for residential and domiciliary care providers. This is aligned to the Local Authority Contracts, Quality Assurance and Performance team.

Local authority contractual arrangements with care homes are in the process of being further reviewed, however the introduction of the Care Act 2014 specifically allows local authorities to reclaim from providers the cost of support in the event of provider failure. The Local Authority has commenced work to calculate the costs incurred whilst supporting a fragile, unsustainable or failing provider.

RECOMMENDATION 21
That the CQC develops guidance to service providers in consultation with their national organisation and local authorities about information to be shared with commissioners regarding people who pay for their own care.

The CQC does not differentiate between those who pay for their own care and social services

funded clients when judging good quality care and compliance with regulations. Its inspections and reports do not make this distinction as a minimum quality of care would be expected for all people using a service.

Guidance for the public and providers (both leaflets and information on their website) is published by the CQC about what standard of care can be expected and what "good" looks like in different types of services. Following the introduction of its new methodology, the CQC introduced guidance for providers on meeting the regulations and a provider handbook about the CQC's processes.

The CQC does not plan to publish guidance specifically for people who fund their own care as its current guidance is relevant to all people accessing care. A provider's information sharing arrangements with Local Authority commissioners is not, however, a specific requirement or regulation which the CQC monitors or enforces.

RECOMMENDATION 22
That the CQC pursues the development of an information App that provides up to date information about care services that proactively enables public awareness of services they might be using or be interested in using.

Rather than pursuing the development of an information App, the CQC has focused on developing their external website to be more accessible to mobile devices including mobile phones and tablets. Its reports are now easier to read using these devices. The CQC developed their new website format using extensive public testing including eye movement software which informed it about what people looked at the most on the website.

Members of the public can use the website to sign up for email alerts, whereby they would receive an alert when a report has been published or new information has been updated about a service.

The CQC's Chief Inspector for Adults Social Care has a public blog and Twitter page where she shares information and reflections on their work with members of the public who use social media.

RECOMMENDATION 23
That WSCC pursues the development of an information App as part of the development of the electronic Care Directory.

The aim of the recommendation was to improve the accessibility of information for the public when they are identifying possible care home provision. Rather than developing an App which may only assist a limited part of the community, the decision was made by the Local Authority to improve the quality of information available through the Care Guide (3.1.1), which is available both in hard copy and in electronic format, and via the development of West Sussex Connect to Support (3.1.2). This is a new website for people needing support in West Sussex. It contains information on local and national products and services including Care Home providers in West Sussex. It has been developed to be fully compatible with mobile devices.

RECOMMENDATION 24
WSCC and NHS commissioners share impartial information about concerns in services with existing and prospective residents and their families. This will support people to make informed decisions about the suitability of the service to meet their needs.

And RECOMMENDATION 25
That the WSASB develop a threshold for informing the public about significant safeguarding concerns, and a means of making the public aware that they can access this information.

In 2015 West Sussex Safeguarding Adults Board (WSSAB) published revised Safeguarding procedures in light of the new requirements of the Care Act. A proposed addition to local procedures has now been drafted, which outlines the threshold for sharing

information about safeguarding concerns that relate to the quality of social care and health services has been drafted which recommends information will be shared when:

'…a section 42 (Care Act 2014) Safeguarding Enquiry is in progress and there is information to suggest that adults are experiencing or at risk of abuse or neglect relating to the quality of care/practice. No new placements should be made until the issues have been resolved'

While decisions about risk and communication will be made in consultation with the senior responsible manager in the Local Authority Adult Services and the relevant commissioning manager, which will provide clear lines of accountability..

However there has been a delay in implementing recommendations which relate to sharing impartial information with prospective residents. This is largely due to concerns raised by Health and Social Care Commissioners, who now have responsibility under the Care Act 2014 for local market oversight, regarding the wider quality implications of implementing the recommended changes.

Commissioners are understandably concerned that the local care market is fragile, and there is a potential risk that taking action to meet these recommendations, if not implemented sensitively, could destabilise an already fragile care market and create additional risk. They have therefore sought more time to implement these changes. This has been the subject of detailed discussions at a senior level in the Local Authority, and has delayed the implementation of these recommendations, which is regrettable. However the Local Authority has now agreed to a plan to meet these requirements by September 2015 which is being implemented.

Within this plan the Local Authority will provide information via its website on:

- Details of all care and nursing home providers with West Sussex
- A live link through to the CQC website which will include information on the care homes latest inspection report
- A link to Healthwatch for each provider that allows members of the public to write a user review
- A current list of providers who the Local Authority are not making new placements with due to significant safeguarding concerns

The above will be completed by September, however further work is being undertaken to make changes to existing contractual arrangements to ensure all information can be easily accessed via the new Connect to Support website which the Local Authority is developing. These contractual changes will take some months to complete, however the Local Authority are already working on this and envisage it will be completed early in 2016.

Over the last year, practice has been developed so that when a safeguarding enquiry is being undertaken, and it is possible that other adults may be experiencing or at risk of abuse or neglect as a result of care/practice, consideration is always given to advising other residents and their representatives. In the first instance the provider is encouraged to share information regarding the concerns, however there is oversight by the Local Authority and were the provider unwilling to share this information, the Local Authority and/or NHS Commissioners take action to share this. They write to advise residents of the concerns and also who they can speak to if they have any questions. The letter also includes contact details for Healthwatch and the CQC and confirms the date of a meeting for residents and their representatives to discuss the concerns. As this process develops over the next 3 months it is planned that the Local Authority and NHS Commissioning Teams will attend a selection of these meetings.

This information will be shared with those who fund their own care as well as those with provision funded by the Local Authority or NHS Commissioners. The 'duty of candour' for providers to share information where there has been a death, serious injury or harm, and

the Local Authority's duty regarding 'provider failure' in its area now assist the Local Authority in obtaining information regarding all residents. These were both introduced with the Care Act.

RECOMMENDATION 26
Care providers should be contractually required to hold open meetings with residents and their relatives on a regular basis to discuss issues of general concern and to make relatives aware of any significant safeguarding concerns in their home. The Local Authority should be notified of such meetings and able to attend, with minutes from them shared with commissioners.

Immediately following the publication of the Serious Case Review, the West Sussex Safeguarding Adults Board (WSSAB) wrote to every care home in West Sussex highlighting nine of the recommendations relating to practice in care homes, including this one. The letter requested that all care homes take action as soon as practical to incorporate this into standard practice. A further reminder was provided at a workshop for care home managers hosted by the Local Authority on the 25th November 2014, where a review of the learning from Orchid View was undertaken and providers were invited to share examples of good practice.

Whilst not currently a contractual requirement, the Contracts, Quality Assurance and Performance team at the Local Authority check, as part of their quality assurance visits, that there are regular open meetings being held at care homes and review the minutes of these meetings during their visit. Local Authority commissioners will be including this as a contractual requirement when contracts are next reviewed by April 2016. In addition, the team wrote to all care home providers again in May 2015 reminding them of this recommendation, and requesting a schedule of meetings for the forthcoming year. They have also provided a single email address (contracts@westsussex.gov.uk) where all schedules of meetings and copies of minutes should be directed to.

Similarly, when asking whether a service is well led, part of the focus of the CQC is on whether the provider has an open, transparent and inclusive culture. Regular meetings with residents and relatives help to evidence this.

In all cases where there is a risk to a resident, the Local Authority and / or NHS Commissioners will either write, or ask the provider to write to all residents and their relatives / representatives and confirm that this has happened via safeguarding meetings. This is to advise residents of the concerns and also who they can speak to if they have questions or concerns. It also includes contact details of Healthwatch and the CQC. These letters also confirm the date of the meeting for the residents and their representatives to discuss the concerns. As this process develops over the next 3 months it is planned that the Local Authority and the NHS Commissioning teams will attend a selection of these meetings.

This information will be shared with those who fund their own care as well as those with provision funded by the Local Authority or NHS Commissioners. The 'duty of candour' for providers to share information where there has been a death, serious injury or harm, and the Local Authority's duty regarding 'provider failure' in its area now assist the Local Authority in obtaining information regarding all residents. These were both introduced with the Care Act 2014.

RECOMMENDATION 27
Care homes to be required as part of their contractual terms, to display in prominent communal areas their complaint process, as well as guidance to neutral agencies such as local Healthwatch to facilitate relatives' and residents' ability to raise concerns, minimising any anxiety about the possible consequence to the resident.

Immediately following the publication of the Serious Case Review, the West Sussex Safeguarding Adults Board (WSSAB) wrote to every care home in West Sussex highlighting nine of the recommendations relating to

practice in care homes, including this one. The letter requested that all care homes take action as soon as practical to incorporate this into standard practice. A further reminder was provided at a workshop for care home managers hosted by the Local Authority on the 25th November 2014, where a review of the learning from Orchid View was undertaken and providers were invited to share examples of good practice.

Again, as a part of their annual quality assurance visits, the Contracts, Quality Assurance and Performance team at the Local Authority check that providers display their complaints process prominently in communal areas and also check the contents of comments / suggestions books, including how they have been adequately followed up. The team have also distributed leaflets about Healthwatch West Sussex to all care home providers and have requested that these are made available to residents and their relatives.

In November 2014, Healthwatch West Sussex published a report - Care Home Complaints - which reviewed their work helping care homes to learn more from complaints and feedback.

The project work that led to it and the report itself were presented at two key events in the same week at the end of November: 'Care Home Managers Workshop – Learning from Orchid View' and, 'After Orchid View – Ensuring an effective system-wide response'. The key message to the audiences was to ask those professional leaders to use this report to reflect on practice and include the knowledge gained in commissioning and inspecting, and Healthwatch will be following this up during 2015.

The project came about from Healthwatch's concern about the low level of response received from care homes to their earlier work on complaints that resulted in the report called "Can't Complain?" which was published in January 2014. They worked with a number of provider organisations, visited sixteen of their homes, gathered evidence through interviews and conversations with the home manager, staff, residents and families, and issued each with a summary report.

You can read the report on their website: www.healthwatchwestsussex.co.uk/sites/default/files/care_home_complaints_published.pdf

The report, which also contains useful tips for care homes, will be of interest to care home managers, staff, residents and families. Healthwatch are now in discussion with Skills for Care (www.skillsforcare.org.uk) about developing the work into a national toolkit.

In addition to the above, a communications campaign will begin in July 2015 to highlight to the general public how to raise a concern (3.4.4).

RECOMMENDATION 28

That stringent checks are carried out by the employer to be confident that staff do have the qualifications they claim and that where appropriate their professional registration is current. In the case of professionally registered staff this will include obtaining the person's registration PIN.

Immediately following the publication of the Serious Case Review, the West Sussex Safeguarding Adults Board (WSSAB) wrote to every care home in West Sussex highlighting nine of the recommendations relating to practice in care homes, including this one. The letter requested that all care homes take action as soon as practical to incorporate this into standard practice. A further reminder was provided at a workshop for care home managers hosted by the Local Authority on the 25th November 2014, where a review of the learning from Orchid View was undertaken and providers were invited to share examples of good practice.

As part of their quality assurance visits, the Contracts, Quality Assurance and Performance team at the Local Authority check with providers what measures they have in place to ensure staff have the qualifications and experience reported. File checks, random samples and Personal Identification Number PINs for registered nurses and midwives are all checked and recorded within 'Firefly' (3.2.2).

Furthermore, as detailed under recommendation 29 below, the CQC

check safe recruitment practices, and that clinical staff are suitably qualified.

To strengthen the Nursing & Midwifery Council's (NMC) existing registration renewal process, they are introducing Revalidation for UK nurses and midwives in 2016. Revalidation is a process that all nurses and midwives will need to engage with to demonstrate that they practice safely and effectively throughout their career. It is designed to help nurses and midwives develop as professionals, however at the same time it actively promotes the completion of training on an on-going basis and successful revalidation will be dependent upon this.

All nurses and midwives are currently required to renew their registration every three years. Revalidation will introduce new requirements that focus on:

- up-to-date practice and professional development
- reflection on the professional standards of practice and behaviour as set out in the Code, and
- engagement in professional discussions with other registered nurses or midwives.

Revalidation is being introduced as a continuous process that nurses and midwives will engage with throughout their career. The NMC is doing a lot of work to raise awareness of Revalidation in the care home sector with the support of sector bodies.

RECOMMENDATION 29
That service providers are required to demonstrate to the CQC that they have established training, supervision and appraisal processes for their staff, both qualified and unqualified, and that the regulator spot checks training records – with the necessary agreements as required.

During an inspection, the CQC reviews the location's workforce to check sufficient numbers, safe recruitment practices, training / development / supervision processes and that clinical staff are suitably qualified. These are mandatory "Key lines of enquiry" which will be assessed at every comprehensive inspection. As part of this it would look at staff training records, supervision and/ or spot check records, recruitment records and provider policies in relation to this.

Where gaps or concerns are raised in these records, it would ask the registered person to account for this and explain what action they will take. The CQC would also speak with staff and their registered manager about recruitment, training and supervision to confirm whether these are managed consistently and safely. If necessary, the CQC will use enforcement powers to take action against a provider who fails to comply with these standards.

As part of their annual quality assurance visits, the Contracts, Quality Assurance and Performance team at the Local Authority also carry out assessments of training, supervision and appraisal processes for staff and suggest additional training which can / should be undertaken where necessary and appropriate via the Learning & Development Gateway (3.3.6).

RECOMMENDATION 30
Where there are specific needs to be addressed among care staff such as in cultural understanding, communication and language difficulties, there are evidenced processes to mitigate any possible diminution in the quality of care offered as these needs are addressed.

Immediately following the publication of the Serious Case Review, the West Sussex Safeguarding Adults Board (WSSAB) wrote to every care home in West Sussex highlighting nine of the recommendations relating to practice in care homes, including this one. The letter requested that all care homes take action as soon as practical to incorporate this into standard practice. A further reminder was provided at a workshop for care home managers hosted by the Local Authority on the 25th November 2014, where a review of the learning from Orchid View was undertaken and providers were invited to share examples of good practice.

Both the CQC's inspection team, and the Local Authority's Contracts, Quality Assurance & Performance teams visits include checking the skills and competencies of staff, including where there may be communication barriers. Where there have been instances where communication barriers have become apparent, these have been highlighted within inspection reports. Suggestions for further appropriate training to overcome these barriers are made where a potential issue becomes apparent.

The Local Authority has recently undertaken a review of their current learning and development offer (3.3.6) to ensure that training and professional development meet the needs of the diverse workforce. They are also preparing a submission to the Local Enterprise Partnership to secure European Funding to expand the skills and training offer available.

Regular provider events (3.5.1) ,held by the Local Authority, highlight training opportunities available for care staff, facilitate the sharing of best practice and promote the sharing of common concerns or issues.

RECOMMENDATION 31
As part of its regulatory role the CQC should require information from service providers on all referrals made to the Nursing and Midwifery Council (NMC) and the Disclosure and Barring Service. This information to include the person's PIN where applicable.

There are certain 'statutory notifications' which providers are required to inform the CQC about, including serious events that affect the running of a service or the safety of people who use services. Although the CQC does not currently require a specific notification to be made about an NMC referral, it may obtain this information through its existing notifications. For example, if the referral was made to the NMC about the registered manager, the CQC would expect to be notified of this via a notification of registered manager absence or an application to cancel their registration. If a nurse employed at a service was referred to the NMC due to poor standards of care or has placed people who use services at risk of abuse or neglect, this would be a notifiable safeguarding or serious injury notification. If the CQC had concerns about a provider's transparency in relation to serious staff conduct concerns, it could use its Section 64 powers to request information about these matters. Failure to respond to a Section 64 request is an offence and could lead to further criminal or civil enforcement.

The CQC also has a memorandum of understanding with the NMC in being able to share information about nursing practices in registered care services. CQC inspectors have been invited to give evidence at NMC hearings and to refer nurses to the NMC where serious concerns are identified during an inspection.

The CQC is therefore satisfied that, through these methods, relevant information about nurses who have been referred to the NMC for misconduct would be shared.

As outlined above, the NMC now has an information sharing agreement and operational protocol with the CQC and similar in development with the other UK system regulators. Information about fitness to practice cases can be shared routinely under these arrangements with the CQC. The NMC has only recently been given the power to collect comprehensive employment data relating to registrants, and it will take some time to populate its database with this information for every registrant. This will enable the NMC to generate setting-based reports on fitness to practice and other matters that may be indicative of problems in a setting or sector such as registration lapses or, from 2016, failure to revalidate.

The NMC has also agreed in principle to explore the development of materials to ensure that NMC case managers understand how to handle referrals that may contain a safeguarding dimension. Similarly, the NMC can contribute to the development of materials for Designated Adult Safeguarding Manager (DASM) post holders in local authorities and other agencies so that they are clear when a safeguarding case should be referred to the professional regulator.

From 1st April 2015, the Care Act 2014 requires each agency member of the Safeguarding Adults Board to have a Designated Adult Safeguarding Manager. The role is a statutory post that manages and oversees allegations or serious concerns about people working/ volunteering with adults. The DASM is responsible for the management of complex cases and allegations in respect of an employee/ volunteer. The Local Authority DASM provides advice and guidance and liaises with other agencies as necessary. The DASM will monitor the progress of cases to ensure that they are dealt with as quickly as possible, that is consistent with a thorough and fair process. It is anticipated that the introduction of this role will improve the timeliness of referrals being made to the NMC, as the DASM would follow up with the employer to ensure that this has been completed.

As part of their quality assurance visits, the Contracts, Quality Assurance and Performance team at the Local Authority check with providers what measures they have in place to ensure staff have the qualifications and experience reported. File checks, random samples and PINS are all checked and recorded within 'Firefly' (3.2.2).

RECOMMENDATION 32
The WSASB to take forward discussion with the NMC to explore learning from this situation that is more generally applicable in respect of nurses working in independent sector settings in both practice and managerial positions.

The NMC is introducing Revalidation for UK nurses and midwives in 2016 and as part of its preparatory work it has identified the needs of nurses working in care homes, particularly as the sole registrant in the setting. The NMC is doing a lot of work to raise awareness of Revalidation in the care home sector with the support of sector bodies. Some of the Revalidation requirements are explicitly designed to encourage nurses who may be working in isolation to foster professional links beyond their setting in order to meet the requirements. In addition, the Local Authority Care and Business Support team (3.3.7) will support this work to promote. Continued Professional Development for staff working in independent sector settings.

RECOMMENDATION 33
That the CPS commissions learning events / awareness training in relation to the types of situations that prompt safeguarding concerns and the potential for criminal activities with regard to ill-treatment or wilful neglect.

Cases of the gravity and complexity of Orchid View are dealt with by a specialist unit within the Crown Prosecution Service (CPS). These specialist units have developed expertise across the organisation and have strong links with the corporate manslaughter lead based at CPS Headquarters. This lead holds the portfolio for Corporate Manslaughter and provides advice and guidance where necessary.

The CPS has also recently developed a virtual national Serious Casework Hub site. Lawyers are encouraged to use the Hub to further their expertise and seek good practice from other units who may be prosecuting similar cases.

The new offences of ill-treatment or wilful neglect by a care worker and/or care providers came into force on 13 April 2015. Sections 20-25 and Schedule 4 of the Criminal Justice and Courts Act 2015 creates two new criminal offences of ill-treatment or wilful neglect applying to individual care workers and care provider organisations. Prior to the introduction of these offences, prosecutions for a statutory offence of ill-treatment or wilful neglect can only occur in respect of persons receiving treatment for a mental disorder, persons who lack mental capacity or, in certain circumstances, children.

The CPS will publish legal guidance on the new offences and will publish these on its website; the legal guidance will incorporate guidance regarding safeguarding vulnerable people. Furthermore, comprehensive guidance concerning safeguarding was published in the Child Sexual Abuse guidelines in October 2013.

The legal guidance can be accessed through the prosecutor`s Serious Casework Hub as well as standing alone both on the internal and external CPS websites.

Recommendation 34: that the CPS should obtain expert advice when considering possible offences relating to neglect and safeguarding, to better understand the expected practices and procedures of care settings.

Where the CPS has been approached for a charging advice from the police, an expert report may be requested from the police depending on the circumstances of the case and in order to assist the CPS with their charging decision. The CPS must abide by the Code for Crown Prosecutors in relation to whether or not to prosecute and each and every charge in every case will be considered separately to ensure the criminality of the offending is fully reflected.

Here is the link: www.cps.gov.uk/publications/code_for_crown_prosecutors/

06

Appendix B
Glossary of terms

Association of Directors of Adult Social Services (ADASS)	ADASS is the association of directors of adult social services in England. They are a charity and the association aims to further the interests of people in need of social care by promoting high standards of social care services and influencing the development of social care legislation and policy. The membership is drawn from serving directors of adult social care employed by Local Authorities. **www.adass.org.uk**
Age UK Horsham	An independent local charity, providing activities and services that promote, influence and improve wellbeing and quality of later life in Horsham District. **www.ageuk.org.uk/horshamdistrict • 01403 260560**
Age UK West Sussex	A local charity supporting older people in the community. **www.ageuk.org.uk/westsussex • 01903 731 800**
British Red Cross	The British Red Cross helps people in crisis, whoever and wherever they are. They are part of a global voluntary network, responding to conflicts, natural disasters and individual emergencies. They help vulnerable people in the UK and abroad prepare for, withstand and recover from emergencies in their own communities. **www.redcross.org.uk**
Care and Business Support Team (CaBS)	The new multi-disciplinary team consisting of business, social care and clinical professionals who will work with providers to support all areas of their business. This team is currently being recruited to, and is expected to be in place by July 2015.
Care Phones	Also known as a 'personal alarm', a care phone is a telephone-based unit that summons help to your home in an emergency.
Care Quality Commission	The independent regulator of health and social care in England. **www.cqc.org.uk • 03000 616161**
Carers Support West Sussex	Provides individual support to people caring for someone with any long term illness or disability. This includes access to our Carer Wellbeing Fund, a range of equipment to support independent living and information on financial support that may be available. **www.carerssupport.org.uk • 0300 028 8888**

Carewise West Sussex	Carewise West Sussex was set up by the local, Age UK West Sussex, West Sussex Partners in Care (formerly West Sussex Forum) and the Society of Later Life Advisers to promote and deliver the benefits of seeking early, specialist, financial advice on paying for long-term care. It offers access to trusted independent financial advice to help you afford the best quality care at home or in your preferred care home. **01243 642121**
Clinical Commissioning Group (CCG)	NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.
Continuing Health Care (CHC)	NHS continuing healthcare is the name given to a package of care which is arranged and funded solely by the NHS for individuals outside of hospital who have on-going health care needs. You can receive NHS continuing healthcare in any setting, including your own home or in a care home.
Contract	The agreement entered into between local authority / health purchasers and providers of care homes / care homes with nursing services to secure personal care and / or nursing care.
Deprivation of Liberty Safeguards (DoLS)	The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home, hospital or supported living arrangement only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them.
Exemptions Regime	All providers of NHS services will require a licence from Monitor, unless they are exempt. The exemptions are designed to avoid imposing unnecessary or disproportionate regulation on providers. It is also intended to make sure that Monitor concentrates on protecting the interests of patients where there is the most risk. During the next Parliament, the Government intends to review how licensing is operating, including the exemptions.
'Firefly'	The market oversight and quality database implemented by the Local Authority's Contracts Quality Assurance and Performance team to capture data specific to individual care homes.
Guild Care	A registered charity which aims to deliver innovative and life-changing care services which help older people, younger people with special needs, those with a dementia or a learning difficulty, and their carers, to share and enjoy a richer family and community life. **www.guildcare.org • 01903 528600**

Health and Social Care Commissioners	Professionals working for the Local Authority or the NHS who proactively identify and secure services to meet the health and
Healthwatch West Sussex	Central Government introduced local Healthwatch organisations under the Health and Social Care Act 2012. Its unique role is to provide a community based focus on the experience of people using care and health services. It has legal powers to monitor and scrutinise care and health services which enables it to shape these services on behalf of the local community through peoples' experiences of these. **www.healthwatchwestsussex.co.uk • 0300 012 0122**
Integrated Response Team	The team provides support for care homes in North West Sussex. The team provides training and information for care homes that provide care to older people. The aim is to support care homes to deliver high standards of care. There is close liaison with GPs ; the Local Authority; South East Coast Ambulance Service; community nurse, community based services and safeguarding and quality teams within Clinical Commissioning Groups.
Local Authority	West Sussex County Council **www.westsussex.gov.uk • 01243 777100**
Local Practice Guidance	Sitting under the Sussex Safeguarding Adults Policy and Procedures, West Sussex, East Sussex and Brighton and Hove have developed individual practice guidance that provides additional detail to enable them to implement the Sussex wide Procedures as effectively as possible, and to take account of any local, relevant issues. Where an area develops local practice guidance that could apply, or be of benefit, across all three areas, this is considered as part of the formal, regular review of the Sussex wide Safeguarding Adults Policy and Procedures.
NHS Choices	Information from the National Health Service on conditions, treatments, local services and healthy living. **www.nhs.uk**
Medical Administration Record (MAR) chart	MAR charts are the formal record of administration of medicine within the care setting and may be required to be used as evidence in clinical investigations and court cases.
Mental Capacity Act 2005 (MCA)	The Mental Capacity Act 2005 is a law that protects and supports people who do not have the ability to make decisions for themselves. This could be due to a learning disability, or a mental health problem or condition such as dementia. The act applies to people aged 16 and over in England and Wales.
Monitor	Monitor is the sector regulator for health services in England. **www.nhsproviders.org/influencing-and-policy/regulation/monitor/**

Nursing and Midwifery Council (NMC)	The regulator of nurses and midwives in England, Wales, Scotland and Northern Ireland. Set standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare throughout their careers.
NMC Personal Identification Number (PIN)	Nurses and midwives must be registered on the Nursing and Midwifery Council register. Every registrant is issued a personal identification number issued by the Nursing and Midwifery Council, this number is unique to the individual Registrant.
Sussex Safeguarding Adults Policy & Procedures	Commissioned and agreed by the three Safeguarding Adults Boards for West Sussex, East Sussex, and Brighton and Hove, these set out arrangements for how agencies and organisations will work together with adults, and their support networks to prevent, and respond to, abuse and neglect of adults in their area. The Procedures are reviewed and updated at least annually. The Care Act 2014 introduced a statutory duty for Local Authorities to undertake enquiries, or cause enquiries to be made by others, where an adult is, or may be at risk of, or experiencing abuse or neglect. The Care Act Guidance 2014 outlines the key areas local policies and procedures should cover. Prior to the introduction of the Care Act 2014, the Sussex Multi Agency Policy and Procedures for Safeguarding Adults at Risk were in place and reflected the Statutory Guidance 2000 issued by the Department
Providers	The person, business or not for profit organisation providing care home and/or care home with nursing services in West Sussex.
Quality Surveillance Group	Quality Surveillance Groups (QSGs) were established in advance of the new health and care system going live on 1 April 2013. They were introduced following the publication of the National Quality Board's (NQB's) report Quality in the New Health System: Maintaining and Improving Quality from April 2013. The NQB brings together the leaders of national statutory organisations across the health system, alongside expert and lay members. This report sets out how different parts of the new system should work together, as part of a culture of open and honest cooperation, to identify potential or actual serious quality failures and take corrective action in the interests of protecting patients. **www.England.nhs.uk**
Residential Care	Care homes and care homes with nursing services in West Sussex.
Safeguarding Adults Prompt cards	This is a pocket sized resource/ aide memoir for staff which outlines: Responsibilities in relation to Safeguarding Adults; Categories of abuse; Staff role as alerter; Information sharing; Capacity and consent; Pressure ulcer categories and grading; the Mental Capacity Act 2005; Deprivation of Liberty Safeguards; Prevent and Channel and a list of further resources.

Service providers	The person, business or not for profit organisation contracted to provide care home and/or care home with nursing services in
Society of Later Life Advisers	Founded in 2008 as a not for profit organisation, to meet the need of consumers, advisers and those who provide financial products and services to the later life market. Their aim is to ensure that consumers are better informed about the financial issues of later life and can find a fully accredited adviser quickly and easily. **www.societyoflaterlifeadvisers.co.uk**
Sussex Community NHS Trust	Sussex Community NHS Trust are the main provider of NHS community health services across West Sussex and Brighton & Hove. **www.sussexcommunity.nhs.uk**
West Sussex Health and Wellbeing Board (WSHAWB)	The West Sussex Health and Wellbeing Board leads on improving the co-ordination of commissioning across the National Health Service (NHS), social care and public health services. It brings together elected members, leaders from the NHS, social care and the voluntary sector to work together and support one another to improve the health and wellbeing of the local population and reduce health inequalities. For further details of the work of this board, **www.westsussex.gov.uk/about-the-council/how-the-council-works/committees-and-decision-making/other-meetings/west-sussex-health-and-wellbeing-board/#what-the-wshwb-does_tab**
West Sussex Partners in Care	The largest representative body for community care in West Sussex, working on behalf of small, medium and large private, voluntary and not for profit organisations. They seek to provide a single unified voice on behalf of their members and the health and social care sector across the County. **www.westsussexpartnersincare.org • 07801 194091**
West Sussex Safeguarding Adults Board (WSSAB – formerly WSASB)	WSSAB (formerly referred to as the WSASB – title changed to reflect the new Care Act 2014 terminology of Safeguarding Adults Boards rather than Adults Safeguarding Boards). The Care Act 2014 required Local Authorities to set up a Safeguarding Adults Board (SAB) with core membership from the Local Authority, the Police and the NHS (specifically the local Clinical Commissioning Group/s) and the power to include other relevant bodies.

06

Feedback from the Orchid View – one year on Workshop on 26 June 2015

The purpose of the workshop was to bring the relatives of Orchid View together with the agencies involved in the recommendations; giving everyone involved the opportunity to:

- Review the 'Orchid View – One Year On' report and feed views and opinions into the publication
- Enable each agency to report and update the relatives on what has been done over the past 12 months to achieve the recommendations
- Offer relatives the opportunity to ask questions and have conversations with agencies about the work achieved

The workshop was planned and developed with the relatives to ensure they had the opportunity to have the conversations that mattered most to them, with the agencies involved in the recommendations. The day was facilitated by Andy Bradley from Frameworks 4 Change, an independent organisation.

A copy of the Initial Response report was given to the relatives a week before the workshop to give them the opportunity to review the report and begin thinking through the types of questions they wanted to ask the different agencies.

This report includes a sample of the questions asked by relatives and the responses given by the agencies.

If you would like a full copy of the questions and responses gathered from the agencies please email: SafeguardingAdultsBoard@westsussex.gov.uk

Q What exactly does a good induction look like?

A Response from the CQC
The Care Certificate was launched earlier this year by Health Education England, Skills for Care and Skills for Health, in response to the Cavendish Review. This includes fifteen standards which staff are expected to be trained and assessed in. One of the standards focuses on dementia. CQC has welcomed the introduction of the Care Certificate and we have been clear that we expect providers to be meeting this standard in their inductions of new staff.

A Response from WSCC
Skills for Care together with the National Skills Academy have developed toolkits for providers to use to support Values Based Recruitment. There are some core expectations around induction, regardless of the service or customer group. Induction for all care staff after April 2015 will include the mandatory Care Certificate. Where services are "specialist" additional training may be required beyond the Care Certificate. It is the responsibility of the provider to ensure the competency of the individual.

Care providers are encouraged to sign up to The Social Care Commitment, the adult social care sector's promise to provide people who need care and support with high quality services.

Note: who, where and how training will be provided will vary given the diversity of providers in the market ranging from micro businesses to national/international corporations. No judgment should be made upon this.

Q How exactly is safe staffing levels assessed? What are safe staffing levels? How can this be monitored? We heard lack of Staff was a real problem at OV – what is going to change?

A The regulator (CQC) does not set a staff: resident ratio for care services. The number and skills of staff has to be sufficient to meet the needs of the residents in the service.

WSCC Contracts, QA & Performance Team, record the number of staff on duty throughout the day and night and the type of staff based on the number of residents and the complexity of care being delivered.

Where there are concerns around perceived staffing deficits this is discussed with the provider, how this is being managed and any risks mitigated and also brought to the attention of CQC. Local agencies consider support which may need to be offered to temporarily mitigate.

Q What is West Sussex doing for bed spaces in Crawley with all the homes shutting down, where are SS funded residents going?

A There have been a number of closures in Crawley, and this is reflective of the wider market in West Sussex. WSCC support families to secure provision as far as practicable in a geographical location suited to the resident and their family. Given the emphasis on supporting people to retain their independence and remain at home for as long as practicably suitable, alternative models of care are also being explored.

Q Why did the NMC not bring in every nurse involved in OV? As this culture of poor care and lack of whistle blowing and non-adherence to their code of conduct went right across the whole nurse team throughout the whole existence of OV making the journey of our loved ones truly appalling. Even if only to warn them this is not acceptable and show they are protecting the public by doing so. A letter even warning them this has been noted.

A In the case of Orchid View we experienced challenges tracing nurses, gathering information and securing evidence because of the demise of Southern Cross – we did not have access to comprehensive records that might have given us enough evidence to open cases proactively.

We agree with the Orchid View families that issuing warnings at the investigations stage would be a powerful regulatory marker. This is a statutory power that other regulators have and we have been pressing for.

Q There appears to be better relationships between care homes and the NHS in the North than in the South and West, does this stem back to the days of 5 PCT's. How do we fare now, what is being done to improve the situation and to learn from best practice?

A NHS Coastal West Sussex Clinical Commissioning Group is working closely with West Sussex County Council (WSCC) and local NHS providers of acute hospital care and community care, in order to find innovative ways to support care home staff, and further improve the quality of care that our residents receive.

NHS Coastal West Sussex CCG has commissioned four Community Matrons for care homes via Sussex Community Trust (SCT). These Community Matrons will provide bespoke training, including end of

life care. In Coastal West Sussex, SCT has recently run a pilot linking the Community Matrons via a tele-health system (DOCOBO) to care homes, so that the care homes can contact the Community Matron direct if there are issues of concern for an individual resident. This project has led to real improvements for the care of residents and has reduced admissions to hospital for those residents. The CCG and SCT are currently considering how this pilot can be extended.

NHS England is leading a number of key initiatives to support the improvement of both primary care and provider services such as care homes. In January 2015, NHS England invited organisations and partnerships to become 'vanguard' sites for the New Care Models Programme as one of the steps towards delivering the Five Year Forward View and supporting the improvement and integration of services.

Jeremy Hunt, Secretary of State for Health also announced in his speech on 19th June 2015, that we need an effective, strong and expanding general practice to better meet the needs of our growing older population. He identified the need to improve the quality and continuity of care for the older population and to deliver better access to primary care, seven days a week.

Q What can CQC do if the fit and proper person is no longer fit? Do CQC have powers over and above that of the HR legal framework of the employer? Can the CQC actually do anything about it?

A Where a provider is unable to demonstrate that it has undertaken the appropriate checks when appointing directors, this may potentially be a breach of the regulation. We will use our Enforcement policy to decide whether there is a breach of the regulation and, if so, what regulatory action to take. Additionally, individuals may be fit for their roles while collectively the board demonstrates a lack of fitness. In this case, we would address the matter as a governance issue or, in the most serious cases, through special measures. In all situations we will need to determine the most appropriate, relevant and proportionate approach in meeting this regulation on a case-by-case basis.

Q Do CQC when doing inspections see if critical incidents within the care home are reported, discussed, actioned and feedback, should this not need to be part of the inspection process and be made compulsory to do?

A Providers have a legal obligation to report notifiable incidents to CQC. This is monitored on an on-going basis by us and the provider's systems for managing these notifications are assessed at inspection.

Under our new regulation for Duty of Candour providers have a responsibility to be open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Inspectors may receive information about complaints or concerns about a provider which could trigger a focussed inspection. Inspectors also review the complaints procedure within a service during their inspection, and also review how complaints have been managed and responded to.

Q We heard several managers were not registered? What in reality does this mean? Does this absolve them from responsibility if things go wrong?

A We take this very seriously. Failure to have a registered manager in post will limit ratings and we will pursue this through our enforcement policy and decision tree.

We cannot take action against persons who are not registered but can report individuals to the police if we believe a crime has been committed. The provider has a duty to ensure people receive good quality care that does meet the requirements of Regulations. We can take action against the provider.

Q How was it that my mother arrived at the hospital without the carer being able to provide details upon my mums complex needs and the medication she desperately needed. By the time she arrived at the hospital with no medical records to accompany her she was in a terrible state. What assurances can SECAmb and hospital staff provide that they are aware of a patients often complex needs when they are admitted into the hospital particularly if this takes place at night time or weekends.

A Response from SEACamb
Information gathered during the call which would not include any information about the patient's medical history, medical records or other needs. However, SECAmb has invested in a system whereby external health providers can share detailed care plans, and details around complex patients with the ambulance service. These notes can be accessed by clinical staff in the control centre and are used to help inform crews of specific care plans or care pathways which have been previously agreed. The expectation for care settings to have care plans/notes available for our crews to view at the time of a 999 call remains the most common way for specific patient needs to be shared. We would still expect to have basic information regarding medication, next of kin, allergies, GP, any known medical conditions, etc. to be shared. We would not usually take a nursing home care record to the hospital, but the information gained would be included in the patient record completed by the crew and would be handed over to the receiving hospital staff. The hospitals will contact the care setting directly for further information should it be needed.

Response from Healthwatch
Healthwatch West Sussex can work with others to raise awareness of the Alzheimers Society's downloadable 'This is Me' leaflet (or 25 hard pre-printed copies can be purchased for £3.20 + package). This is a communicate tool, that details more about the person and what is important or distressing to them. It can be prepared in advance but would need to be accessible, along with medication, when there is an emergency to be of any value to hospital staff.

Q What training has Police/CPS had in respect of cases where victims cannot give evidence?

A At the time of Orchid View, the offence of Ill Treatment and Wilful Neglect could only be committed by an individual, not by a corporate entity. One also had to show the victim lacked capacity. The main challenge to prosecutions under this piece of legislation were that we had to be able to identify, named victim, named offender, time date and place of offence. General evidence of neglectful behaviour over a sustained period of time would not suffice.

Q What training has CPS/Police had to ensure they understand what neglect in care home looks like?

A The legal term of wilful neglect has a higher threshold than its day to day meaning. In cases of this nature the police will take advice from experts in this field and then weigh that against the legal requirements.

There is shared learning within Safeguarding Investigation Teams in relation to investigations, particularly around neglect and care homes

The investigation liaised with partners in Adult Social Care and NHS (Lynn Phair) to ensure that the worst cases of neglect (which provided the best chance for a prosecution) were the ones considered by the CPS. There is a difference between the levels of evidence that were considered between CPS and at Inquest. CPS and Police have to consider the evidence against the very high standard of

beyond reasonable doubt. At the Inquest the Coroner was considering evidence against the balance of probabilities, a lower standard.

The leads for CPS and Police are also reviewing joint training following the event on 26 June.

Q What has been done to ensure health/ social care/GPs, etc., are aware of what type of evidence needs to be collected when in these situations in the future to ensure better evidence is collected. What actually would have been needed to charge those arrested?

A All agencies need to ensure that they properly record actions and interactions with the individual/patients. The legal rules for evidence are complex and it would be unworkable to train everyone on them. In the event of an investigation the police will then meet with partners to agree the strategy for the sharing and collation of evidence.

Q What measures will be taken to ensure that care plans are not just adequate at face value?

There needs to be consistency in the quality of care plans that can be accessed by health and social care professionals. We need more than the reassurance that care plans contain the name of the responsible nurse for the resident, etc. As relatives of residents we need to be involved in the drawing up of the care plans and would welcome being able to see examples of what a good care plan would look like. We need assurances that this is a REAL working document.

Q Are all care plans the same or is every home able to provide their own version?

A Good 'care/support planning' should include the following.

- Gathering and sharing stories: the views of all concerned, including the persons/child's, family/carers, and professionals views
- A systematic review of the areas of need and how they will be met
- Exploring and discussing information: to help work out what's most important to and for the person
- Goal setting: what do we want to achieve?
- Action planning: what are we going to do, who is responsible, and when will it be reviewed?
- Risk Management: how do we make your care as safe as possible?

The care/support plan document can take many forms and shapes. It should, however, incorporate some principal points which are determined by the individual's needs and outcomes.

A care/support plan is:

- A record of needs, actions, and responsibilities;
- A tool for managing risk;
- A plan which can be used and understood by service users/patients, families and carers and other agencies, as well as colleagues, in a crisis;
- Something which people feel they own;
- Based on a thorough assessment of need;
- A multi-professional, multi-agency endeavour;
- Co-ordinated by the most appropriate person, such as a Care Co-ordinator;
- Produced in the most appropriate forum;
- Shared effectively with those who are part of it;
- The written record of a plan of action negotiated with the person to meet their health and social needs

The plan should be:

- Recorded so that it can be easily understood.
- Shared with other people who are involved, such as the GP, and including family and carers where appropriate.
- Agreed with all those providing services.
- Checked and reviewed regularly to make sure it's still OK.
- Focus on peoples strengths
- Reflect the individuals cultural and ethnic background as well as their gender and sexuality
- Include action and outcomes in all relevant

aspects of an individual's life
- Include risk, crisis and contingency arrangements;
- Reflect transfer details if appropriate
- Identify unmet needs
- Give the date of the next planned review (within a year).

A Care/Support plan for all service users should include:
- Why are we doing this? (aims)
- What are we planning to achieve? (outcomes)
- How are we going to do it? (actions)
- Who will do it? (responsibilities)
- Where will it be done? (times, locations)
- When will it be done by? (timescales)
- Any needs relating to REGARDS (race and culture, economic disadvantage, gender, age, religion/ spirituality, disability or sexuality)
- Any risks involved and how these will be addressed or permitted (positive risk taking)
- The views of the individual receiving care and support (where not possible must involve an advocate or representative)

The CQC carry out checks on care planning as part of their inspections, specifically – "Outcome 09 Person Centred Care". This requires that:
- Providers must work in partnership with the person, make any reasonable adjustments and provide support to help them understand and make informed decisions about their care and treatment options, including the extent to which they may wish to manage these options themselves.
- Providers must make sure that they take into account people's capacity and ability to consent, and that either they, or a person lawfully acting on their behalf, must be involved in the planning, management and review of their care and treatment. Providers must make sure that decisions are made by those with the legal authority or responsibility to do so, but they must work within the requirements of the Mental Capacity Act 2005, which includes the duty to consult others such as carers, families and/or advocates where appropriate.

For further details: www.cqc.org.uk/content/regulation-9-person-centred-care

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The workshop opened with one main question to keep everyone focused for the day, **'Are people safer now than they were a year ago?'**

During the morning session the relatives and agencies were split across five tables, so that the relatives could ask the questions they wanted. Members of the Safeguarding Adults Board team, Independent Lives and Carers Support took on the role of independent table facilitators, to help focus discussions based on the relative's questions, summarise and ask:

Q What one thing would you change to make a difference?

A Here are some of the key responses
- I would like to see a Board of governors in every care/nursing home as standard practice
- Ensuring that a structure is in place to protect against profits and business objectives being put before the safety of residents in care homes
- Get clear information out to care homes and to relatives about where and who to call if you have a concern
- Better testing and scrutiny of the registered managers, more questions and testing is required to get the right person in post and ensure they continue to be the right person
- Agencies have got to keep talking to one another to get it right and create a culture of working and communicating together
- Having clear information about your choice of GP in residential care; do you stick with the family GP or move to the GP that is linked to the care home
- Better training, support and marketing is needed to attract new care workers to

make this role a career choice
- Professionals and support staff must be empowered to stand up without fear of reprisals
- Create a culture of learning within the statutory, private and voluntary sectors, not this continued culture of blaming and pointing the finger
- How do members of the public know "what good looks like"? When things go wrong and right. Need to start with "what good looks like" and work back

During the afternoon session, agency representatives and relatives were divided to give them both the opportunity to discuss their interactions from the morning, and explore what happens next.

Q What can we do to improve residential care in West Sussex?

A Here are some of the key responses
- Care workers matter and are essential to the success of "what good looks like"
- Raise awareness
- Support whistle-blowers
- Adult safeguarding work should have a professional profile
- Collaborative working between the GP and care home
- Safe environment
- Shift in culture
- Take care of the care industry
- Care of the elderly needs to be as important as caring for children
- The challenge facing the care sector, how do we respond?
- Where can the public go to get information?
- Recognise the barriers to communication and communicate better
- How do we make care homes an attractive place to work?
- Create a culture of openness
- Need a big public awareness campaign
- System re-design for benefit of customers
- System re-design to integrate health and social care
- To focus on the positive in the care market

Q Where are we now?

A Key responses from the relatives
- Quite positive about the changes that have happened but in the end will people be safe? Care staff did not have time
- We have Healthwatch, could there be a Homewatch within every residential home?
- Communities need more opportunity to engage with care homes, create more volunteer opportunities and make care homes less scary, help them to become a bigger part of the community
- Relatives were impressed by how many agencies showed compassion and care at the workshop and they could see that agencies want to create and develop a better care system
- The current model of care is not right; there are many models of good care. West Sussex/UK should look to other countries to learn from good practice
- It would be fantastic to see West Sussex being a trail blazing authority, developing a more robust care system and creating a culture that is compassionate and responsive
- Need to increase the public's confidence in raising concerns, particularly within a care home environment – developing a Home-watch model could help increase confidence
- There needs to be more robust scrutiny of big organisations delivering care services and setting up care homes
- A lot of cynicism remains, the relatives can see that agencies want to make a difference but, health and social care is a national issue
- Agencies need to work and communicate together to join the dots
- Changes are needed within the law around sanctions and finances. No real deterrent against poor and unlawful practice
- Recognition that some issues are beyond WSCC's control, but we have to remember that people are not commodities
- The workshop has been a lot more positive for relatives, but not much confidence

amongst the relatives should they need to go into a care home themselves

Throughout the Orchid View relatives' workshop lots of discussions kept coming back to "what does good look like"? Here are some of the key words captured to help us start thinking about "what good should look like".