

**Southampton Safeguarding Adults Board  
Serious Case Review re Mr A  
Multi-Agency Action Plan**

Recommendation	Action required	Intended outcome	Professional and agency responsible	Timescale	Progress (please do not use 'ongoing'). Progress : Red = Not commenced, Amber= Progressed, Green= Completed	RAG status
<p><i>1. Where a safeguarding strategy meeting has been called which involves more than one vulnerable adult, the meeting must give equal attention to each vulnerable adult.</i></p> <p><i>Wider safeguarding issues must be taken into account at the meeting to include healthcare, social care support currently provided and any other risks; the effects of the interrelationship with the other vulnerable adult(s).</i></p> <p><i>The meeting should ascertain that each individual's needs are assessed and appropriate steps taken to address these.</i></p>	<p>Update revised local multi-agency Safeguarding Adults policy to include practice standards regarding allocation and case management of interventions involving 1 + people.</p> <p>Ensure separate care managers allocated to each person during the Safeguarding Adults process.</p> <p>Revise Safeguarding Adults meeting templates to include a review of health needs, appropriateness and reliability of current support provided and any other risks.</p> <p>Include in Safeguarding Adults plan template</p>	<p>Enables a clear analysis of the needs and risks of each person involved.</p> <p>Risk and safeguarding assessments undertaken are holistic in nature.</p> <p>Safeguarding interventions identify any gaps in current needs and care and results in more targeted support and improvement in service user's overall well being.</p>	<p>Local Authority safeguarding lead (Sue Lee) in conjunction with IAMC.</p> <p>Southampton City Council Adult Social Care Senior manager and manager (Carol Valentine and Andy Biddle)</p>	<p>October 2012</p>	<p><b>Southampton City Council Adult Social Care</b> – Safeguarding Adults multi agency policy and procedures have been revised to ensure separate care managers are allocated in cases involving more than one Vulnerable Adult. Safeguarding Adults meeting templates have been revised to address health needs and appropriateness of current support arrangements. A specific addition to trigger consideration of health and social care needs has been included. These amendments have fed into Safeguarding Adults training for Adult Social Care staff.</p>	

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	trigger questions on health and social care needs. Revise the Contract Review Schedule.					
<p><i>2. Monitoring of care contracts must include:</i></p> <p><i>Initial monitoring of the level of support needed for each individual service user and confirmation that the agreed support plan accurately reflects the identified needs;</i></p> <p><i>Ongoing review of the level of support offered and quarterly checking of the records showing how that support has been provided and the outcomes of the interventions;</i></p> <p><i>Provision for spot checks of the property to ensure the cleaning and maintenance of the physical environment is of a satisfactory standard</i></p> <p><i>Discussion with service users to ascertain their views about the support received.</i></p>	Update Quality Monitoring Framework (QMF) to include standards re cleaning, maintenance of the physical environment in residential, supported living and private accommodation. Quality Monitoring Framework to require care agencies, landlords, contract monitoring officers and care managers to monitor the physical environment and to spot check properties to ensure they are maintained to an adequate standard. Quality Monitoring Framework to require care managers to check and sign off support plans and to regularly check the 1:1 support actually delivered a part of the care review.	<p>Implementation by commissioners of a robust Quality Monitoring Framework.</p> <p>Approach enables preventive action and early intervention where risks re maintaining a healthy environment have been identified.</p> <p>Quality monitoring is embedded in the care management role.</p>	Social Care and NHS commissioners Stephanie Ramsey (Primary Care Trust), Matthew Waters, Kate Dench (SCC)	December 2012	<b>SCC Commissioning</b> - plan in place to visit all care homes by the end of March 2013. This includes learning disability care provision in the city and in care homes outside of the city where SCC has a substantial number of residents. New Domiciliary Care contracts are about to be commissioned, with a view to commencing in June/July 2013. The contracts include higher expectations of quality, reporting and reviews. Quality Assurance work has recently concluded visits to 10% of all older people clients. Report being collated of findings. Domiciliary Care Audit Tool in process of agreement. Commissioning will be providing to care managers on Quality	

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			<p>Jaki Metcalfe (Southampton, Hampshire, Isle of Wight, Portsmouth NHS).</p> <p>SCC Adult Social Care (Carol Valentine)</p>		<p>Assurance. Beyond this, there is a need for the care management reviews to be robust as spot packages and the initial support plan are the responsibility of care managers to get right.</p> <p><b>NHS Southampton</b> – Continuing Health Care nurses are required in statue to review at three months and then annually as a minimum. Frequency increased if concerns raised. In view of monitoring the environment, the quality assessment tool now used by the Continuing Health Care teams has been amended and the tool prompts the nurse to consider safeguarding referrals if standards are below the acceptable level.</p> <p>Review of care management recording tools to include specific care delivery through care plan</p>	

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3. When professionals visit service users in supported accommodation the provider staff have the responsibility to			SCC Housing (Nick Cross)		<p>compliance. Team Manager's to address this through clinical supervision.</p> <p><b>First Wessex</b> – Review of effectiveness and monitoring underway – due for completion Nov 2012 – initial meetings proved positive – First Wessex to update on completion. Regular formal meetings underway to gather tenant feedback and findings reviewed quarterly to ensure compliance with responsibilities. Resident Involvement Manager responsible for responses, actions and timeframes to address information gathered via consultation and monitoring.</p>	Orange
	Recording guidelines to be issued to all care agencies.	Ensures recommendations made are translated into care delivery and ensures	Social Care and NHS commissioners Stephanie	September 2012	<b>Southampton City Council Commissioning</b> - New Domiciliary Care contracts are about to be	

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<p><i>write a summary of their assessment, advice or the outcome of their visit in the service user's ongoing record.</i></p>	<p>Recording standards to be added to all contracts and service specifications.</p> <p>Visiting professionals on subsequent visit to check actions requested have been carried out.</p>	<p>continuity of care and treatment provided.</p> <p>Promotes accountability.</p>	<p>Ramsey (Primary Care Trust), Matthew Waters, Kate Dench (SCC).</p>		<p>commissioned, with a view to commencing in June/July 2013. The contracts include higher expectations of quality, reporting and reviews. Quality Assurance visits are being undertaken. Issues relating to individuals are related back to Care Management. There is a process for reviewing findings from QA visits – e.g. follow-up visits to check on actions etc.</p> <p><b>NHS Southampton</b> - A template letter has been introduced to the Continuing Health Care teams for completion following every Continuing Health Care review and safeguarding review. This letter is for the provider and states what good practice was found, what lapses have been identified and the expectations of the provider to improve. It also states whether a safeguarding referral has been made.</p>	

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			<p>Care Agencies</p> <p>Southampton City Care Adult Social Care (Carol</p>		<p><b>Wessex Regional Care</b> - A provision and document for professionals to write summaries is available and there is evidence of staff in different services completing detailed summaries of visits to medical appointments. Visitors comment form is available for professionals to utilise. Services actively encourage visiting professionals to complete detailed entries in support plans outlining details of the visit including advice and further instructions.</p> <p><b>First Wessex</b> – Training completed to ensure staff fully aware and competent re understanding and completion of documentation.</p> <p><b>Southampton City Council Adult Social Care</b></p>	

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			Valentine) ;  NHS Trusts (Southampton Hospital Foundation Trust, Solent, Southampton Hampshire Isle of Wight, Portsmouth Primary Care Trust)		– recording standards have been reviewed regarding care management staff and areas of improvement identified. Team managers to address this through clinical supervision and ensure standards are unified and raised. Specific attention to be paid at all training delivery re recording standards and best practice guidelines.  <b>Solent</b> - All Solent safeguarding policies and date recording guidelines clearly state that staff are to record in a variety of specified ways in patient held health records in their own home. Events are summarised by visiting health professionals such as District Nurse's and ongoing care plans are translated into actions.	
4. When professionals visit service users and have any concerns about the standard of	Include as part of the review of the multi agency safeguarding training	Professionals in health and social care organisations take	Local Authority safeguarding lead (Sue Lee	November 2012	<b>Southampton City Council Adult Social Care</b> – Safeguarding Adults	

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<p><i>care and/or the general state of the environment they should raise their concerns with the senior member of staff on duty; ask for details of the provider organisation and the commissioning organisation contracting the service; be aware of their professional code of practice to highlight any sub-standard care; be aware of their responsibilities for the safeguarding of vulnerable adults.</i></p>	<p>strategy.</p> <p>General Practitioner training linking safeguarding duties to professional codes of practice</p> <p>Ensure referral pathways are clear</p> <p>Publicity, information and awareness training for General Practitioner's and other professionals.</p>	<p>appropriate action if they are concerned about the welfare of vulnerable adults (living in care settings and at home) in line with their safeguarding responsibilities and professional codes of practice.</p> <p>Concerns are reported to the local safeguarding authority in a timely fashion.</p>	<p>Southampton Hampshire Isle of Wight and Portsmouth NHS (Jaki Metcalfe )</p> <p>NHS Trusts (Southampton Hospital</p>		<p>policy and practice guidance updated due for dissemination Jan 2013.</p> <p><b>Wessex Regional Care</b> – Specific communication form has been devised and distributed to all services and homes. Evidence is in place that this form has been used in some services by visiting professionals. Wessex Regional Care staff will continue to be pro active in encouraging visiting professionals complete the form across all services and to ensure full supply of forms is maintained in each service.</p> <p><b>NHS Southampton</b> – up date not available - 08/11/12</p> <p><b>Solent</b> – Safeguarding Adults policies and</p>	



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			Foundation trust, Solent Healthcare).		associated teaching to staff clearly states that if they have any concerns they have a duty to report to a senior manager – 'speaking out'. This is reiterated through out the policy and in flow charts on every ward, in-house units and clinical areas. Staff are instructed to either report to the local authority or Solent.  <b>First Wessex</b> – Assumed responsibility for day to day housing management of units therefore front line staff are clearer of roles and responsibilities at Service Level Agreement.	
<p>5. Senior managers of all provider and commissioning organisations of supported accommodation for vulnerable adults must ensure that their staff are aware that:</p> <p><i>the assessed needs identified and the services arranged to meet those needs in the service</i></p>	<p>Quality Monitoring Framework and Contracts include targets re:</p> <p>Providers' internal quality monitoring activity;</p> <p>Internal Mental Capacity Act training and practice development and</p>	<p>Reliable and consistent support to meet identified needs.</p> <p>A range of strategies are available to support people who refuse or disengage with support.</p>	<p>Social care and NHS commissioners Stephanie Ramsey (Primary Care Trust), Matthew Waters, Kate Dench (SCC).</p>	<p>December 2012</p>	<p><b>SCC Commissioning</b> - plan in place to visit all care homes by the end of March 2013. This includes learning Disability care provision in the city and in care homes outside of the city where SCC has a substantial number of residents. Domiciliary care Audit tool</p>	

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<p><i>users' care plans must be provided;</i></p> <p><i>when a service user disengages or refuses support there are techniques available to assist service users to positively use their support;</i></p> <p><i>Use of the Mental Capacity Act 2005 is required so staff can check whether a service user has capacity in relation to a particular decision, such as whether or not to make use of services.</i></p> <p><i>Senior managers must ensure there is a simple tool outlining Mental Capacity Act principles to aid care workers in understanding the Act and its role in decision making.</i></p>	<p>Mental Capacity Act in Voluntary Independent Provider Training Calendar.</p> <p>Hampshire 4LSAB to produce practice guidance on self neglect and refusal of care/support.</p> <p>When an individual refuses to engage and attempts to reengage are unsuccessful, then the agency will refer back to the Care Manager, who will carry out review of care.</p>				<p>in the process of being agreed (interim tool in place and being used). Understanding of the Mental Capacity Act is a requirement in commissioned contracts. Southampton City Council is providing training on the Mental Capacity Act for providers via residential forum and for domiciliary care through our training programme. Discussion underway re making attendance on the in-house training mandatory within new contracts. Where there is non-engagement from service users, providers are already expected to liaise with care management teams to flag this up and resolve. This has been reiterated to LD dom care providers recently.</p> <p><b>NHS Southampton</b> – up date not available - 08/11/12</p>	

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			<p>Local Authority safeguarding lead (Sue Lee) Southampton City Council Adult Social Care Senior manager and manager (Carol Valentine and Andy Biddle)</p> <p>Care Agencies</p>		<p><b>Southampton City Council Adult Social Care</b> - Full audit of Mental Capacity Act 2005 has been completed to include both Southampton City Council staff and provider services. Action plan from subsequent recommendations being completed. Full review of Mental Capacity Act training to both Southampton City Council staff and Voluntary Independent Private sector – action plan and amendments completed.</p> <p><b>Wessex Regional Care</b> - Monitoring sheet for each scheduled support session is in place and is being used. Policy and procedure in place for feedback to commissioning bodies when service user has refused support. At each annual service review a Mental</p>	

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					<p>Capacity Act assessment is made to ensure that the service user's capacity to make a decision on sharing information has not changed. Care Management team to be advised of changes. Additional training on communication skills in relation to engaging service users in their support hours has been designed and has been scheduled to begin in November 2012. Internal training for Mental Capacity Act is in place and is refreshed along with safeguarding annually. Key members of management staff have attended and completed approved Mental Capacity Act assessment training provided by Hampshire County Council. A clear simple flow chart of the Mental Capacity Act process has been designed and distributed to all services.</p>	

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					<p><b>First Wessex</b> – All roles and responsibilities revisited and reinforced – clear protocol in place for raising concerns. Team Leaders training re Housing law / possession and interrelated issues completed Dec 2010 refresher courses to be completed December 2012.</p>	
<p>6. <i>When a service user is ill, and he/she is known to have close relatives then the care providers should inform the close relatives about the illness and offer them the opportunity to visit so that they can be involved in decision-making around the service user's care.</i></p>	<p>Commissioners to provide guidance to all care providers and to include this requirement in contracts and service specifications.</p> <p>Care providers to clarify and record individual wishes re family involvement.</p> <p>Care providers to ensure that NOK contact details are kept up to date.</p> <p>Care providers to implement an internal illness reporting protocol which includes maintaining</p>	<p>Relatives are kept informed of and are given the opportunity to be involved in decision making where this is agreed by the service user as part of their care plan.</p> <p>Service users are able to access support of family members at time of illness (where this is agreed as part of their care plan)</p>	<p>Social care and NHS commissioners and care providers Stephanie Ramsey (Primary Care Trust), Matthew Waters, Kate Dench (SCC).</p>	<p>September 2012</p>	<p><b>Southampton City Council Commissioning</b> – In process of writing to providers outlining the expectations. This is part of care management plans and contact details, and also needs to be part of each agency's plans with users, where agreed by the user.</p> <p>There needs to be an ongoing programme within care management reviews to update permissions to share on an annual basis.</p> <p><b>NHS Southampton</b> – up date not available - 08/11/12</p>	

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	up to date details of NOK and informing them in case of illness or emergency.		Care Agencies		<p><b>Southampton City Council Adult Social Care</b>– Increased partnership working with families and inclusion in decision making where appropriate supported by team managers and senior practitioners to front line care management staff through regular supervision and via quality audits of casework.</p> <p><b>Solent</b> as a care provider – Staff are instructed to inform relatives when person is unwell where there is permission to share. The difficulty in cases if the client does not wish information to be shared and complex cases such as self neglect is addressed in policy and teaching to ensure communication wherever possible is made. Staff are to follow the patients wishes</p>	

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					<p>unless in immediate danger. Where it is necessary to go against the persons wishes staff will utilise the General Practitioner and social care as they often have a much wider understanding of family dynamics.</p> <p><b>Wessex Regional Care -</b> Verification of sharing of information with service users' families is established in initial assessment and then re-assessed and updated at annual reviews; respecting Mental Capacity Act and personal choice. Training on illness recognition and management is provided for all members of staff. Specific management of illness protocol and procedure devised. All domiciliary services provide a weekly report to Domiciliary Manager and monthly report to Service Manager which would</p>	

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					include health and well-being.	
<p>7. When Hampshire Constabulary Safer Neighbourhood Team and/or a Police Safeguarding Officer notice an increase in the level of calls from an address where vulnerable adults are known to live they should alert the Adult Safeguarding Team about the level of incidents at the address and <b>not</b> raise a CA 12 Form (Vulnerable Adult at Risk form) for each individual living at that address but a general alert regarding the incidents logged from the property.</p>	<p>Guidance to frontline police officers.</p> <p>Designated resource within the Central Referral Unit to complete trend analysis on CA 12's received.</p> <p>Central Referral Unit and local authority safeguarding leads to agree a threshold to trigger a safeguarding referral (on a property).</p>	<p>Better informed risk assessments.</p> <p>More effective responses to Anti Social Behaviour.</p> <p>Prevention and early intervention re Anti Social Behaviour.</p>	<p>Hampshire Constabulary (Bob Maker)</p>	<p>December 2012</p>	<p><b>Hampshire Constabulary</b> - All Safer Neighbourhood Team and Target Patrol Team officers have been requested to review their beats in order to identify locations of concern and submit CA12s. In addition the Central Referral Unit are now monitoring repeat locations and the Hants Constabulary Safeguarding Adults policy is being updated to include this in guidance to officers.</p>	
<p>8. The pan-Hampshire Safeguarding Adults Policy Review should include guidance on situations where service users disengage from, or refuse, support.</p>	<p>Publication of a policy on managing refusal of or disengagement from support.</p> <p>Dissemination to NHS, ASC staff and care agencies.</p>	<p>Refusal and/or disengagement from care and support is proactively managed within a clear risk management framework. Capacity, consent and best interests are at the centre of this process.</p>	<p>Sue Lee local authority safeguarding lead via Inter Agency Management Committee</p>	<p>November 2012</p>	<p><b>SCC &amp; Inter Agency Management Committee</b> - Specific self neglect policy written and agreed Southampton Hampshire, Isle of Wight, Portsmouth wide. Disseminated via the Inter Agency Management Committee to both NHS and Adult Social Care staff. To be included within the</p>	



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					revised Safeguarding Adults policy and included in relevant NHS staffing policy & procedures. Clear risk management and assessment tool devised to be implemented with Safeguarding Adults policy launch across Southampton, Hampshire, Isle of Wight, Portsmouth Adult Social Care & NHS staff.	
9. Organisations should revisit their investigations in the light of established facts highlighted by the Coroner's Narrative Verdict and the Serious Case Review Panel's Findings and re-examine the areas where the discrepancies occurred in order to validate their investigation.	Contributing agencies to the Serious Case Review should review their Internal Management Review against the findings of the overview report in order to identify any discrepancies.	Individual agency Internal Management Review recommendations are based on reliable and valid evidence.  The root causes of the incident are fully understood to enable lessons learned to be implemented within the organisation.	Chief officers of contributing agencies.	Sept 2012	<b>NHS Southampton</b> - review from NHS Hampshire completed. No issues were uncovered regarding the NHS Chronology of previous investigation.  <b>SCC Commissioning</b> - Visited social care provider and reviewed management and worker policies and practice. Reviewed housing management arrangements. Ensured relationship and roles of care provider and landlord	

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					<p>are clear and understood so that incidents do not reoccur. Built into future contracts electronic monitoring to provide an enhanced level of monitoring with providers. Providers will be monitored based upon risk assessment criteria.</p> <p><b>Hants Constabulary</b> – This is a standard procedure which is carried out by Police Serious Case Review team who write the Internal Management Review's. Review completion confirmed by Kevin Walton for this specific Serious Case Review.</p> <p><b>Wessex Regional Care</b> - This agency's Internal Management Review along with the Serious Case Review Final Executive summary and Multi Agency Action Plan, have been examined, revisited and</p>	

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					<p>reviewed as of 16/10/12, by the Service Manager; the Internal Management Review Author and the Human Resources advisor. Between the investigations just after the event, the initial investigation and the investigations made by the Internal Management Review author as the report was shaped and revised, under the guidance and instruction of the Serious Case Review panel, no further discrepancies were discovered or resolved. No further evidence was found regarding unresolved situations or events. Full Safeguarding in Provider Services process including improvement plan and specified actions completed and reviewed – findings sent to Safeguarding in Provider Services for information. Contributing factors to the difficulties in establishing events, such as effective report writing, have</p>	

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					<p>been addressed through procedure improvements and training.</p> <p><b>Solent</b> - did not conduct an Internal Management Review as they do not have responsibility for learning disability in this area – no other community nursing services were involved. Solent were not required to conduct a review.</p>	

DRAFT