



Adult Social Care Select Committee
6 March 2014

Progress of recommendations arising from the Serious Case Review – Gloria Foster

Purpose of the report: The purpose of the report is for the Adult Social Care Select Committee to scrutinise progress against the recommendations arising for Adult Social Care from the Serious Case Review into the death of Gloria Foster

Introduction

1. It is with regret that nothing can change the circumstances surrounding the tragic death of Gloria Foster. In Adult Social Care, we will ensure that the learning and the recommendations identified have been acted upon and have been taken very seriously and that there is reflection upon that learning within our every day practice.
2. Following the death of Gloria Foster in 2013 a Serious Case Review (SCR) was commissioned by the Surrey Safeguarding Adults Board (SSAB)
3. At the conclusion of the Review, recommendations were made for each agency involved. The recommendations were transferred into an action plan sent to each agency's chief officer by the Chair of the Surrey Safeguarding Adults Board.
4. The Personal Care and Support Leadership team have taken responsibility for the Adult Social Care action plan and progress reports are submitted to the Chair of the Board as requested.
5. In addition, internal audit are also currently undertaking an audit into the implementation of the actions within the Adult Social Care action plan.

Recommendation 1: Completion by 28th February 2014

6. That consideration should be given to informing all service users of providers that cease to be part of the SCC Framework Agreement following a round of tendering, that the agency's status has changed. This would ensure that all service users are able to make an informed choice about whether to continue to use the service or consider changing to a provider that is part of the Framework. This should include service users who are directly funded by Surrey, those using direct payments and self-funders.
7. **Action taken** - A letter has been drafted and has been referred for legal advice. Legal Services have advised that they are currently reviewing the letter and will advise of the outcome of their review.
8. The point of legal consideration is whether SCC can enforce this action with those Providers where we are not commissioning a service.

Recommendation 2: Completion upon guidance relating to the Care Bill being issued by the Department of Health

9. That the County Council should ensure that it has a clear policy on its responsibility towards people who are self-funding packages of care, particularly those where the council has been involved in helping to facilitate the arrangements.
10. **Action taken** - The timescale for this action will fall outside of the timescales of the action plan as this work will be in direct response to the Care Bill and funding reform clauses in particular. The completion of this action is dependent on guidance being published and once received local plans will be in place prior to the Care Bill becoming law.

Recommendation 3: Completion by 31.03.14

11. That where the County Council has a duty to carry out annual reviews of packages of care provided for service users that there are robust systems to ensure that these occur at the right time and include all relevant people.
12. **Action taken** - In November 2013 Locality Teams commenced a review of all open cases. The purpose of this action is to review all cases to ensure that they are in the right function within the team i.e. Long Term or In Touch and also to review if any cases need to be re-prioritised for reviews, assessment or any other interventions.

13. The Locality Teams are continuing to work on this task and are on target to complete this by the end of March 2014. The feedback to date has indicated that there are no significant pieces of work or action that have been required to date. It has highlighted a number of cases that are now being closed as there is no ongoing input required for Adult Social Care. Any closures are done so in line with the closure guidance.
14. Within the Team Appraisal process the teams have a requirement to undertake regular audits of a small sample of cases and this is ongoing work that is being undertaken.
15. The Personal Care and Support Leadership team meet monthly to review the management information on work completed in teams including reviews. This information is also shared at local management boards and is part of the suite of management information reviewed in Quarterly Accountability meetings which are held in each area.

Recommendation 4: Completed

16. That the role of the "In Touch" service should be considered to make it clear to what extent it operates on a reactive or proactive basis and that people understand what being open to this service actually means in practice.
17. **Action taken** - Since early 2012, regular county wide meetings have been held with staff from the 'In Touch' service to develop a consistent and robust 'In Touch' service. These regular meetings provided an opportunity to update the 'In Touch' Guidance and to obtain feedback from the frontline staff on how the service was working and to clarify the criteria for allocating cases to the 'In Touch' service.
18. An information guide explaining the In Touch service has been produced for service users and carers.
19. An In Touch development group has been set up to oversee the ongoing effectiveness of the In Touch service, to guide its future development and monitor its performance. This group comprises of four members, one from each geographical area of Personal Care & Support. Meetings are held on a quarterly basis.
20. The revised guidance was approved on 2 January 2014 and has now been published on the S Net.

Recommendation 5: Completed

21. That the County Council should include in its provider failure protocol a requirement that would ensure that the practitioner reads the case notes for all service users who are not currently open cases before making contact with them. *(ASC interpret this action as being for cases that are closed)*

22. **Action taken** - Although this recommendation is considered by ASC to be 'a given' in terms of an expected standard of professional practice that would be expected of every social care practitioner, the Provider Failure Protocol has been revised to include specific directions for the Practitioner/Responsible Manager to read the case note for all cases that are not open at the time in question.

23. The revised version is published on the S Net.

Recommendation 6: Completed

24. That the County Council should ensure that the provider failure protocol is used for all agencies in all cases including those where the provider operates outside of Surrey or is not part of the Surrey Provider Framework.

25. **Action taken** - The Provider Failure protocol has been used on a number of occasions since its implementation. This has been in relation to domiciliary agency failures/closures and in relation to residential homes failures and closures.

Recommendation 7: Completed

26. That Surrey County Council should consider including in their Provider Failure Protocol a statement on communication between staff to the effect that this should principally be between the responsible senior manager and those who are required to provide information or take actions. As a general rule people should not be copied into emails unless there is a specific need to do so.

27. **Action taken** - A statement has been added to the Provider Failure Protocol document and is included in the version published on the S Net.

Recommendation 8: Partially Completed (pilot to be monitored and reviewed as necessary)

28. If not already in place Surrey Adult Social Care may want to consider whether mechanisms for monitoring and controlling workloads are in place and are operating effectively to ensure that the service is as safe as possible.

29. **Action taken** - ASC have considered this recommendation and have agreed that a tool would be beneficial. Teams have been selected to help develop a casework modelling tool in response to the requirements of the social work reform board. This issue has also been highlighted by a range of teams in the recent health check discussions. A casework modelling approach is needed in order that we can:

- Make sure we have resources in the right place to reflect demands
- Prepare simple guidance for staff, unions and managers on the appropriate work levels of staff
- Make sure that we have efficient approach to managing casework as it passes through our teams

Recommendation 9: Completed

30. Ensure that its disciplinary actions related to the care of Mrs Foster include investigations of:

- i) how the key safe and client lists supplied by the Metropolitan Police prior to the raid were made use of by Surrey ASC,
- ii) the absence of any record in their telephone systems of a call being made to Mrs Foster to check her welfare,
- iii) the veracity of recording of key events.

31. The SCR panel received conflicting information. It is important to understand what happened to ensure that the arrangements for potential service provider failures are as effective as possible and informed by experience.

32. **Action taken** - The disciplinary investigation is now complete. A hearing Chair has been appointed and arrangements are in place to take forward hearings.

Recommendation 10: Completed

33. There should be multi-agency guidance on best practice in recording

34. The SCR panel was troubled by some of the recording encountered whilst undertaking its work. In particular it would expect that all recording is a true and honest representation of the facts, like to emphasise the importance of recording file notes contemporaneously and that safeguarding meeting records should have clarity of actions and accountability

35. **Action taken** - All staff have again been advised of the need for recording in a timely and accurate way. This has been built into the Team Appraisal in that staff need to undertake recording in a timely way with the Team Appraisal standard of same day recording.
36. Recently all field work staff have been issued with blackberries as a tool to help them to do so. The piece of work currently being undertaken in teams to review all of the cases provides an opportunity to check that the shift to timelier recording is underway.
37. Guidance on best practice recording has been reviewed and new guidance developed. This has been circulated to all Teams and will be published on the S Net.
38. There is an active review of induction training in place that will include best practice in recording. This will be completed during February 2014
39. As an action for the Surrey Safeguarding Adults Board arising from the SCR, the Board's Policy and Procedures Group are also currently developing a Multi Agency guidance in recording that will be disseminated to all agencies.

Recommendation 11: Completed

40. Advise all safeguarding professionals chairing meetings, in Sutton and Surrey, of the importance of having the right people in attendance, that clear and concise minutes are written and that the right actions are taken and known to be taken.
41. The SCR panel was keen to ensure NHS safeguarding leads have early involvement in service provider failures as quite often the most regular contact is via health workers and that chairs are clear in their minutes and able to insist on accountability for actions including across local authority boundaries where necessary.
42. **Action taken** - The Safeguarding meeting for Gloria Foster was convened by the London Borough of Sutton who have as a consequence of this recommendation revised their procedures, guidance and training for their Chairs of safeguarding meetings.
43. The Surrey Safeguarding Internal procedures were reviewed in light of this recommendation and found to be fit for purpose. In addition the content of the Chairing Skills training was reviewed and found to be fit for purpose. Reference to this recommendation has also been included.

Recommendation 12: Completed

44. Ensure there are agreed clear policy and practical arrangements for multi-disciplinary assessment, review and care coordination for people with complex needs and long term conditions - irrespective of their funding, current care package or with which agency the need arises.
45. **Action taken** - We have engaged with the five Surrey Acute Trusts and community health providers with the overall aim of improving the patient pathway.
46. We applied the Rapid Improvement Event (RIE) methodology to this engagement. The outcome is that we have an agreed standard operating framework for discharges that all partners are signed up to. Within this is guidance on best practice for working with patients and their family's through the multi-disciplinary approach.
47. A key aspect of this is that we have not differentiated between those who are self funders and those who would require funding from Adult Social Care.
48. The Operating Framework identifies that all patients and their families will have regular communication, advice and support for discharge from a member of the multi-disciplinary team.
49. We have also agreed as a first step for key staff in Acute Hospitals to have read only access to our AIS information data base. This will help them to be able to check any relevant background Social Care support and have a clearer understanding of any community support that is in place for patients and any issues that they may need to be aware of for discharge.
50. On 14th February we undertook a review of all the RIE initiatives with our health partners in order to identify the progress on the local implementation and to review any further work that may be of benefit to undertake.
51. We have identified two new additional posts of Social Care Development Coordinators for each Acute Hospital. A key aspect of their role will be to provide advice and information and to help people to find, set up and amend services to meet their needs for discharge irrespective of if they are getting funding from Adult Social Care or are self funders.
52. The posts will be part of our social care team that offers a 7 day a week service in the Acute Hospitals. We currently have an advertising campaign under way to recruit to these posts.

Recommendation 13: To be completed by April 2014

53. Review and consideration that the Community Matron and Virtual Ward service has continued funding and investment to develop and embed the service on a long-term basis and is appropriately commissioned with key performance indicators that lead to the right outcomes. Further that this service is continued to be promoted amongst GPs, health and social care professionals.
54. **Action taken** - We currently are reviewing our joint commissioning of services with CCGs under the Better Care Fund. We have agreed principles and there is a shared commitment and understanding of the need to invest in community services in order to ensure that people are supported and that we can prevent unnecessary admissions to Hospitals.

Recommendation 14: Completed

55. Establish a regular forum where partners can bring, share and discuss data, information and intelligence about safeguarding concerns with service provider organisations in the spirit of sector-led improvement (also included as an action for the SSAB).
56. **Action taken** - The Quality Assurance Manager for ASC Commissioning attends the Quality Surveillance Group of NHS England Surrey and Sussex where concerns in relation to individual Providers are raised. Other members include CCG's and Surrey Healthwatch.
57. The ASC Assistant Director for Commissioning, ASC Safeguarding Lead and Commissioning Senior Manager for Quality Assurance Manager also meet quarterly with CQC local managers to share local intelligence. Information is then shared with the Area Quality Assurance Managers where appropriate, with the Interim Area Assistant Directors or is used to request information from Providers.
58. The Surrey Care Association has been commissioned to provide a number of workshops and develop a toolkit for Providers based on issues relating to the learning from the Gloria Foster Serious Case Review. Workshops are being run by the Border Agency to raise awareness of the potential issues of recruiting staff from abroad.
59. In addition ASC Commissioning has developed a 'Horizon Scanning' tool that identifies findings from CQC inspections regarding Surrey Providers. The Learning Disability Commissioners are also signed up to receive similar information from CQC in relation to Providers that are out of County. All information received is recorded and referred to the relevant Manager for consideration and action.

Recommendation 15: Completed

60. Test the provider failure protocol with a view to establishing multi-agency ownership

61. **Action taken** - The Provider Failure Protocol was jointly developed with colleagues from the Surrey Downs Clinical Commissioning Group, and involved co-design with multi agency input from the voluntary, community and independent sector.

Recommendation 16: Completed

62. Develop a simulation training exercise around the provider failure protocol as part of leadership development.

63. **Action taken** - The provider failure protocol has been used in 'real time' on several occasions in different situations, both with home based care and care home providers so this has been tested in real time at this point. A Business Continuity simulation is being organised and will take place by end of April 2014 and the protocol will form part of this simulation exercise.

Recommendation 17: Completed by 31.03.14

64. Surrey County Council to continue its focus on ensuring that it's organisational and social work cultures are ones that develop and sustain best practice.

65. The Surrey IMR recommends effective mechanisms for monitoring and controlling workload. Doing this presents a good opportunity for reinforcing organisational and professional messages. Using the organisational health check will provide a solid understanding of what is working well and what needs improvement.

66. **Action taken** - We have undertaken a program of health checks with all staff in Personal Care and Support. . We have held feedback sessions with staff during February linking with the work in relation to the piloting of the case work modelling tool.

Recommendation 18: Completed

67. Undertaking an audit of organisation and profession specific Mental Capacity Act training to see if there are any gaps requiring attention.

68. **Action taken** - An audit was completed by our Training and Development team and Practice Development Manager, and did not identify particular gaps that needed attention.

69. The MCA was implemented in 2007 and The Deprivation of Liberty Safeguards (DOLS) in 2009. SCC has provided introductory multi agency training for both MCA & DOLS to hundreds of social care practitioners including all care homes in Surrey.
70. MCA e-learning and a full one-day training course has been identified as essential training for all front-line staff in Personal Care and Support (PCS) and forms part of the Team Appraisal checklist.
71. MCA awareness and applied knowledge is also taught in relevant safeguarding training courses which staff are also required to attend as essential training.
72. Since 2006 we have had an MCA e-learning training programme available on a multi-agency basis. This was also an essential requirement for PCS staff to complete.
73. We have been running the MCA one-day programme six times per year from 2007 - 2009 and four times per year since 2010; in 2014/15 this will be increased to 6 times per year (25 - 30 people per session. In addition, in 2013, ten team presentations were delivered and these are likely to continue to a similar level in 2014.
74. The training is supported by on line access via SCC external website to the relevant codes of practice and other relevant links and since the SCR new recording forms for assessing mental capacity and making best interest decisions have been introduced.
75. The DOLS / Deputyship Team provide support and advice for any Deputyship (MCA) issues, Mon - Fri, 9-5 by a number of Deputyship Officers. and MCA / DOLS advice is available from two full time Senior Practitioners (MCA Specialist Leads / Best Interest Assessors and Practice Development Manager (MCA).
76. A duty system is run every day to manage Deputyship enquiries, and the BIA's and DOLS manager are always available for consultation and support regarding MCA & DOLS issues. Advice and support are also offered to partner agencies in Surrey, who are encouraged to call the DOLS team for discussion if they require support around DOLS or MCA issues.
77. We have introduced specific requirements for legislative literacy into Job profiles for front-line staff and at Senior Social Worker (P2 Practitioner) MCA knowledge is tested in interview and by written exercise.

78. Overall the evidence is that we provide a comprehensive MCA training offer and that there are no specific gaps that need addressing in the context of this SCR.

Recommendation 19: Completed

79. Promote the use of assisted living technology in improving quality of life and personal safety

80. **Action taken** - The service has an established programme promoting the use of assisted Technology.

81. We have appointed an Assistant Senior Manager to provide support for Occupational Therapy practice and included in this is work on the assisted technology agenda.

3. Conclusions:

82. The findings of the Serious Case Review regarding Gloria Foster identified learning for ASC in relation to practice and process and each of the recommendations have been considered and addressed.

83. In addition all Teams have read the SCR report and had sight of the action plan arising from the review in order for all staff to understand the responses that have been made.

84. Our safeguarding training content has been reviewed to encompass the learning from this tragic incident; this is particularly in relation to the Safeguarding Chairing Skills training, Practitioners and Managers training in relation to Safeguarding, Risk and MCA.

Recommendations:

85. That the remaining actions from the Gloria Foster action plan are completed and implemented within the stated timescales in relation to:

Recommendation 1
Recommendation 2
Recommendation 3
Recommendation 8
Recommendation 13

86. That upon completion of all recommendation that there is a review of all the implementation of the actions in a further 6 months time to ensure that revised and new practice and process is robust

Next steps:

87. To implement and review all actions yet to be completed within stated timescales.

88. To review all responses to the action plan in August 2014 to ensure robustness.

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