

Early Indicators of Concern

Our Aim

Our ambition is that people are safe from harm.

The Purpose of the Early Indicators of Concern

The early indicators of concern are a structured way of identifying any concerns about practice in a care setting at any early stage. The aim of undertaking quality reviews and considering any early identification of risks or concerns is to prevent abuse and neglect and with that prevent organisational abuse wherever possible.

The indicators of concern are at Appendix 1 and are aligned with the indicators of organisational abuse.

We have published these so that individuals, carers and family members can also be aware of what to look for when visiting a care setting and can report these concerns to our safeguarding teams.

What Is Our Approach?

To identify early indicators of concern, we undertake the following: -

The Sheffield City Council (SCC) Quality & Performance Team undertakes quality monitoring at least: -

- One visit in a 12-month period to care homes in Sheffield, with a plan to increase this over next year so that there is one announced and one unannounced. Quality monitoring is undertaken jointly with South Yorkshire Integrated Care Board's (SYICB's) Quality in Care Homes Team, sharing intelligence and working with providers.
- 4 times a year for home support, though the new Care & Wellbeing contract.
- 4 times a year for SCC provider services. Three of these visits are announced and one is unannounced.

The Adult Multi-Agency Safeguarding Hub (MASH) initially receive all safeguarding contacts of all people not known to SCC. If the contact is regarding a quality-of-care issue, these are recorded on an Intelligence Reporting Form (IRF) and sent to Q&P to collate. All deaths of residents in Care Homes are reported to MASH and all are sent to The Quality and Performance Team, Commissioning (Q&P) on an Intelligence Reporting Form (IRF). MASH attend weekly OSA meetings with CHT, Q&P, ICB to share information and discuss Safeguarding Contacts, concerns and IRF's received to form a holistic overview.

All of the Social Care Teams respond to intelligence from safeguarding concerns, complaints, incidents, social worker feedback, information from other professionals (district nurses, CHC, GPs, advocates), providers, staff members (whistleblowing), partners and information from individuals in receipt of care and support, their families and friends.

We analyse the information received to look for trends and patterns and apply professional curiosity to explore what is happening in the provider context, enquiring deeper and using questions to gain more information and deciding what action may be needed to safeguard people and improve quality.

Any professionals visiting a care home or who are involved with a person living in their own home are asked to contact the Quality teams at the SCC/ICB or Safeguarding teams to share intelligence.

We ask that Professionals should never assume that what they have seen has already been reported or actioned – they should always report what they have seen to the quality and safeguarding teams.

What Do We Do If We Find Indicators of Concern?

If we find indicators of concern, the Quality & Performance Team will: -

- Speak to the Registered Manager of the Care Provider.
- Set an action plan for the registered service with clear timescales for completion and clear monitoring arrangements until the action plan is completed.
- Share information between MASH, social work teams and the ICB, drawing on specialist help such as infection prevention and control, DoLS, medication optimisation, dietician to decide if additional intervention is needed at the home
- Undertake a risk assessment against the [5 CQC key questions and quality statements](#), the provider's willingness and ability to engage in making improvements. This provides guidance on whether escalation is necessary.
- Consider with ICB Quality Team, SCC social work and Q&P on whether individual reviews or safe and well checks are needed
- Discuss at the Organisational Safeguarding meeting and make a decision as to whether the concern meets the Organisation Safeguarding threshold. See appendix 4: Organisational Safeguarding Criteria

There is a separate document which is part of the Quality Assurance Framework (QAF) for Care Homes (December 2023) that outlines what our expectations are (see appendix 2 Quality Assurance Framework Care Homes (QAF)). These align with the Key Performance Indicators (KPI's) in the SCC Care Homes Contract and the [quality statements from the CQC](#).

The QAF's also includes six principles that underpin our work to drive quality improvement and safety through the monitoring activity described within. This includes a focus on proactivity, proportionality, recovery and a developmental approach. Ensuring there are learning from mistakes and creating a positive learning culture. Partnership working with the provider, SYICB, Social Work Teams and other professionals is essential to our work to ensure people can live the life they want to live.

The SCC Provider Services QAF (see appendix 3) aligns where possible and practicable with the QAF for Care Homes and the Care and Wellbeing Contract Provider Services. The principles that underpin quality assurance activity within these services align with the [quality statements of the CQC](#). If early indicators of concern are identified within our SCC provider services robust action plans are developed, communicated and monitored with the appropriate individuals eg. Service Manager, appropriate Senior Leaders and CQC (where appropriate). The Practice Development Officer maintains regular contact with the Manager of the Service to monitor improvements against the action plan and to provide assurance to Senior Management. The Practice Development Officer also provides support to services to make the identified improvements.

What Is Organisational Abuse?

An overview of Organisational Abuse

Not all abuse that occurs within settings that provide health or social care will be organisational; incidents between users of the service or actions by individual members of staff may occur without any failings on the part of the organisation. It is important that our safeguarding arrangements are built upon transparency, trust, and multiagency cooperation – respecting the role each team plays in promoting the welfare of people with care and support needs.

Organisational abuse occurs when the routines, systems and regimes of an organisation result in poor or inadequate standards of care which affects the whole setting and denies, restricts, or curtails the dignity, privacy, choice, independence, or fulfilment of adults at risk.

Safeguarding is not a substitute for:

- Care Providers' responsibilities to provide safe and high-quality care and support.
- Commissioners. Quality Assurance and Social Work Teams regularly assuring themselves of the safety and effectiveness of a care provider.
- Ensuring that regulated providers comply with the fundamental standards of care, health and care regulations or by taking enforcement action.
- The core duties of the police to prevent and detect crime and protect life and property.

It is important to differentiate between concerns that require an organisational abuse S42 enquiry, and those that require an individual S42 enquiry. When an accumulation of separate individual enquiries or patterns of concern occur in a regulated environment, this will require an organisational enquiry.

What Are the Organisational Abuse Criteria?

Indicators of Organisational abuse may result in an organisational abuse enquiry. The need to undertake an organisational abuse enquiry may be determined by using the below framework to identify the areas of concern. This methodology was developed by Hull university research (2012) and supports decision making. <https://www.hull.ac.uk/work-with-us/research/site-elements/docs/groups/early-indicators-of-concern-for-older-people.pdf>

There are six areas of concern, the domains of concern are:

1. **Concerns about management and leadership** - This is about the people who manage the home or service and other managers in the organisation. What are they doing, or not doing that gives you cause for concern?
2. **Concerns about staff skills, knowledge and practice** - This is about people who work in the home or service. What are their skills and practice like? What are they doing, or not doing that gives you cause for concern? This is not just people who work as care workers or nursing staff but also includes for example cleaners, catering staff and managers performing care tasks.
3. **Concerns about residents' behaviours and wellbeing** - This is about the people who live in the home or use the service. How are they? Are they behaving in ways which suggest that their support is ineffective or inappropriate? Are there noticeable changes in people's presentation or their appearance?
4. **Concerns about the service resisting the involvement of external people and isolating individuals** - Are the people in the home cut off from other people? Is it a "closed" or an "open" sort of place? Does the service resist support from external agencies or professionals?
5. **Concerns about the way services are planned and delivered** - This is about the ways in which the service is planned and whether what is actually delivered reflects these plans. For example, are people receiving the levels of care which have been agreed? Are the residents a compatible group? Is the service clear about the kind of support they are able to deliver?
6. **Concerns about the quality of basic care and the environment** - Are basic needs being met? What is the quality of the accommodation like?

(See Appendix 1 for further detail in each of the domains).

Abuse is found to be associated with a spread or range of indicators. For example, concerns may be noted about the manager, together with concerns about staff knowledge and concerns about the quality of basic care and the environment. When such a spread or a pattern of indicators of concerns is identified this does suggest that actions need to be taken to change and improve the service delivered. If the lack of improvements persists despite service improvement plans, or there is a lack of confidence in the service regarding the inability to lower the risk that abuse, or neglect will take place an organisational enquiry should be instigated.

See appendix items

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Appendix Number	Title	Document
1	Quality Assurance Framework Care Homes (QAF)	 QAF December 23.docx
2	Quality Assurance Framework Provider Services (QAF)	 ACW Provider Services QA Framewc
3	Provider Service Quality Assurance Activity	 ACW PS QA Activity.docx
4	Organisational Safeguarding Criteria	 Organisational Safeguarding Criteria.

Early Indicators of Concern

Early Indicators of Concern Table

Hull University Research (2012) The term “adult(s) used below refers to people who may live in a care setting, supported living setting etc or be patients on a hospital ward or use a provided home care service.

The indicators on the left side of the chart below are adapted from University of Hull research. On the right side of the chart is what a Quality Officer, Social Worker, Social Care Practitioner or other professional should consider. Not all the indicators would be seen by everyone – it would depend on the type of contact / intervention undertaken and the amount of information available. Teams across Commissioning, Safeguarding and Social Work share information to create a whole picture of a service.

Indicator	What we look for on a quality visit and from intelligence
<p style="text-align: center;">Concerns about management and leadership</p> <ul style="list-style-type: none"> • There is a lack of leadership by managers, for example, managers do not make decisions or set priorities • The service/home is not being managed in a planned way, but reacts to problems or crises • Managers appear unaware of serious problems in the service • The manager is new and doesn't appear to understand what the service is set up to do • A responsible manager is not apparent or available within the service. 	<ul style="list-style-type: none"> • Speak to the staff and people receiving care and – does the manager appear approachable and responsive • Accidents and incidents analysis – how does the manager undertake follow up and trends and risk reduction. • Does the manager have a good knowledge of people receiving care and support • Are the audits completed by a manager, or reviewed by the provider at a higher managerial level, identifying issues in timely manner and are they followed through, included in a service improvement plan • Is a registered manager in post and if not what are the recruitment plans and cover in place. • What support is in place for the manager from the provider and what quality checks are undertaken by the provider
<p style="text-align: center;">Concerns about staff skills, knowledge and practice</p> <ul style="list-style-type: none"> • Staff appear to lack the information, skills and knowledge to support older people/people with dementia • Staff appear challenged by some people' behaviours and do not know how to support them effectively • Members of staff are controlling of people • Members of staff use negative or judgemental language when talking about people • Record keeping by staff is poor 	<ul style="list-style-type: none"> • Speak to staff about their roles and responsibilities. • Look at the training matrix to establish that training is being undertaken and regularly refreshed • Daily notes are person-centred, contemporaneous • Service undertakes spot checks on staff delivering care to ensure that interactions are not just task-led, what language is used about people, how is the support given and that training is embedded into practice <p style="text-align: center;">In care homes and SCC Provider Services:</p> <ul style="list-style-type: none"> • Observations of interactions that are not just task-led, what language is used about people, how is the support given • Are people expected to be in one lounge, are bedroom doors locked, are restraints used
<p style="text-align: center;">Concerns about people's behaviours and wellbeing</p> <ul style="list-style-type: none"> • One or more of the people show signs of injury through lack of care or attention, appear frightened or show signs of fear • Behaviours have changed • Moods or psychological presentation have changed 	<ul style="list-style-type: none"> • Speak with people, staff and relatives • A detailed look at one or more care plans for people at particular risk (e.g. falls, distressed behaviours) and evidence in daily notes that the care plan is followed <p style="text-align: center;">In care homes and SCC Provider Services:</p> <ul style="list-style-type: none"> • Observations of people, activities and mealtimes

<p>Concerns about the service resisting the involvement of external people and isolating individuals</p> <ul style="list-style-type: none"> Managers/staff do not respond to advice or guidance from practitioners and families who visit the service The service is not reporting concerns or serious incidents to families, external practitioners or agencies Staff or managers appear defensive or hostile when questions or problems are raised by external professionals or families 	<ul style="list-style-type: none"> Review intelligence received through safeguarding concerns and information from professionals and families View accident and incident records, complaints, safeguarding and CQC notifications Discuss findings with the manager, agree actions and assess the response Risk assessment of the quality visit looks at provider / manager engagement Escalate within the SCC/SYICB quality assurance framework as appropriate
<p>Concerns about the way services are planned and delivered</p> <ul style="list-style-type: none"> There is a lack of clarity about the purpose and nature of the service The service is accepting people whose needs they appear unable to meet People' needs as identified in assessments, care plans or risk assessments are not being met The layout of the building does not easily allow people to socialise and be with other people 	<ul style="list-style-type: none"> Speak to people, relatives about their views of the service Speak to staff and manager about their practice and roles and responsibilities Review intelligence received from social work team, hospital discharge, safeguarding concerns Review of care plans and daily notes <p style="text-align: center;">In care homes and SCC Provider Services:</p> <ul style="list-style-type: none"> Observations undertaken of activities, numbers of people in bed and environment at the home
<p>Concerns about the quality of basic care and the environment</p> <ul style="list-style-type: none"> The service is not providing a safe environment There are a lack of activities or social opportunities for people People do not have as much money as would be expected Equipment is not being used or is not being used correctly The home is dirty and shows signs of poor hygiene 	<ul style="list-style-type: none"> Review of care plan and daily notes Periodic reviews on how people's finances are managed in line with fraud prevention Service is completing audits and spot checks on moving and handling practice and equipment Service is alerting to poor hygiene in people's private homes / hoarding and supporting and escalating as appropriate <p style="text-align: center;">In care homes:</p> <ul style="list-style-type: none"> Consider Infection Prevention Control (IPC), cleaning schedules, maintenance audits, health and safety audits, fire exits and whether the people's needs are being met by the different spaces Observation of activities <p style="text-align: center;">In care homes and SCC Provider Services:</p> <ul style="list-style-type: none"> Observations of moving and handling