

# Commercial Team – People Services

## GUIDANCE

### Poor Practice Concern Process

Revised September 2016

#### Overview

This document outlines the process for reporting Poor Practice Concerns (PPCs). Please refer to this guidance when deciding if a concern is 'poor practice' or a 'safeguarding' concern.

#### Purpose

The purpose of the Poor Practice Concern process is:

- To identify early concerns about service delivery so that they can be collated and used as intelligence to inform the contract management and quality monitoring of service providers

By working in a proactive and responsive way we aim to prevent the concerns escalating into a more significant risk of harm to people using the services.

#### Which services does the process apply to?

This process applies equally across all contracted service provision, including:

- Residential and Nursing Care short term and long term care (in county and out of county)
- Homecare (domiciliary care)
- Home Based Reablement Service (formerly Independent Living Team)
- Day Care
- Extra Care
- Community Supported Living

The process **does not** yet apply to any internal service provision or services that are being paid for with a Direct Payment.

#### Who can raise a PPC?

Any staff member can raise a concern through this process. A concern can be raised on behalf of a Service User, carer, family member or representative.

#### What is a PPC?

It is a concern which relates to the quality and standards of service delivery. If the concern gives you cause to suspect that an adult may be experiencing or at risk of abuse or neglect it should be treated as a safeguarding concern and you should consult the Safeguarding Policy and Procedures.

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## What is a PPC? continued...

See Appendix B for examples of appropriate poor practice concerns.

The Poor Practice Concern process **should not** be used to report safeguarding concerns.

If you remain unsure about whether or not a concern is poor practice or safeguarding seek advice from your Principal Practitioner or a Contract Officer.

## Terminology

Submitter	The person that is completing the form. This is usually a practitioner (Social Worker, Community Care Officer, Principal Practitioner either from the Area Team or the CSC)
Originator	The person who has identified the concern. This can be the same as the submitter where the practitioner has identified the concern directly. Alternatively, it could be the service user or their carer/family member/representative.
Service User	The service user that the concern relates to. This can be the same as the originator.

## The Process

### Step 1 – Identify the concern and attempt to address

The concern may be identified by a practitioner, a service user, a service user's carer/friend/relative.

In the first instance the practitioner/person receiving the concern should attempt to resolve the concern directly with the provider.

### Step 2 – Is there reasonable cause to suspect that the adult may be experiencing or at risk or abuse or neglect?

If yes, follow the process outlined in the Adult Care Safeguarding Policy and Procedures

If no, continue to follow this process

### Step 3 – Complete and submit the PPC form

A revised version of the form was created in Microsoft Word in August 2016

If the concern has been resolved the Contract Officer will review the concern alongside other intelligence to determine if and what further action should be taken.

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## The Process continued....

Complete the form in full – any incomplete forms will be returned to the submitter.

Ensure the information is evidence based, factual and written in a professional manner as the form will be sent directly to the provider.

If appropriate, the detail of the PPC should ascertain the person's views and wishes regarding how they want the PPC to be handled and the outcome they are looking for.

If a response is required (either to the originator or service user) this should be made clear within the narrative.

If either the service user or the originator wishes to remain anonymous please make sure the appropriate fields are marked on the form

- Please note: Where anonymity is requested it can limit the quality of investigation the provider can undertake without full details
- If you have any questions regarding the completion of the form, please contact the Commercial Team – People Services
  - [poorpracticeconcerns@lincolnshire.gov.uk](mailto:poorpracticeconcerns@lincolnshire.gov.uk)
  - 01522 5554023, 01522 554578 or 01522 553797

Send the form to [poorpracticeconcerns@lincolnshire.gov.uk](mailto:poorpracticeconcerns@lincolnshire.gov.uk)

### Step 4 – Update AIS

The submitter should create a Case Note on AIS to record that a PPC form has been submitted and include a brief (one sentence) outline for the reason for the concern.

### Step 5 - Process the PPC form

The Commercial Team will receive the PPC, log it for monitoring and reporting purposes and save a copy against the providers file. They will review the PPC taking into account history of incidents, previous substantiated and un-substantiated concerns, risks and patterns – if there is reason to suspect that the adult is experiencing, or is at risk of, abuse or neglect, the Commercial Team will raise a Safeguarding Concern and inform the submitter of this decision.

### Step 6 – Submit to the Provider

The Contract Officer will send the PPC to the provider, via secure email. The provider will be given 10 working days in which to investigate the concern, respond to the service user/originator and submit their response back to their Contract Officer and [poorpracticeconcerns@lincolnshire.gov.uk](mailto:poorpracticeconcerns@lincolnshire.gov.uk).

Note: If either the originator or service user wishes to remain anonymous the PPC form will be redacted accordingly before being sent.

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## The Process continued...

### Step 7 – Providers response

The provider will respond to the original secure email to ensure their response is sent back to LCC in a secure manner.

### Step 8 – Review the response

The Contract Officer will review the response received by the provider.

If they are dissatisfied with the response, they will go back to the provider for clarification/more information.

If they are satisfied, they will assess the response and determine whether or not the PPC is substantiated, partially substantiated or un-substantiated and update the form accordingly. Where it is not possible to make the assessment the Contract Officer will record 'unable to determine'.

The response will be saved on the providers file and forwarded to the submitter for their information and for indexing and back to the provider for their record.

Where appropriate – the submitter may contact the originator to confirm they are satisfied with the response and/or action taken by the provider.

### Step 9 - Index on AIS

The submitter should index the complete PPC form (which includes the providers response) to the service users record on AIS.

## Expectation on providers

A Provider Guidance Note will be developed clearly outlining our expectations around the quality of response required from providers.

The provider will be expected to:

- Clearly outline the activity taken to investigate the concern and detail what action has been or is proposed to be taken as a result.
- Detail any temporary or permanent changes that have been put in place as a result of the concern.
- Identify how the action taken will resolve the issue, how it will be reviewed and when:
  - How will you know action taken has been effective?
  - How will the action prevent future reoccurrences?
  - What are you going to do to monitor and review the effectiveness of your response?
  - How will you gauge service user satisfaction?
  - Will any action impact on other service users or result in policy or process changes? E.g. Prompt a quality audit across wider service provision or a change in policy/the way the service is delivered

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## Expectation on providers continued...

Be proportional – is the remedial action proportionate to the complaint issue or concern?

- Detail any communication they have had with the service user/originator:
  - Who have they communicated with e.g. service user and/or family

## Monitoring and Reporting

PPC's are recorded and analysed for a number of purposes:

- Contract Management Meetings
  - As part of regular contract management meetings the Contract Officer will review all PPC's received to identify any patterns or emerging trends with provision.
- Risk Matrix
  - The volume of PPC's is part of the assessment that determines a providers risk rating.
- Service Quality Review Meetings
  - A report is provided to the meeting analysing concerns across all provider types in Lincolnshire, this is in addition to reviewing any concerns with a particular provider.
- Safeguarding
  - The level of nature of PPC's will be reviewed with Safeguarding on a monthly basis to identify where the volume or nature of concerns should become a safeguarding concern.
- Market Development
  - Analysing primary areas of concern by provider type and geographical location will help to inform the work of the Quality Assurance Team and focus workforce development activity via LinCA.
- Practitioner Reports
  - On a quarterly basis, a report will be sent to County Managers for cascade to their teams. The report will summarise the volume of PPC's raised and will include analysis on areas of concern. The report will be supported by commentary regarding any specific issues, either with individual providers or with internal process.

# Commercial Team – People Services

## Contact

If you have any queries regarding the content of this guidance note, please contact:

Commercial Team – People Services

Room 4-07

Orchard House

Orchard Street

Lincoln

LN1 1BA

[asc\\_contractingteam@lincolnshire.gov.uk](mailto:asc_contractingteam@lincolnshire.gov.uk)

## Appendix A

### Adult Social Care Poor Practice Concern (PPC) Form

Please refer to the PPC Guidance when deciding whether or not to raise a PPC or a Safeguarding concern. The guidance also contains further information regarding the purpose and process.

#### Which provider does the concern relate to?

<b>Provider Name</b>	Homecare R Us
<b>Providers Address</b>	1, Round the Corner, Down the Road, Lincoln
<b>Service Type</b>	Homecare
If Other, please specify:	<a href="#">Click here to enter text.</a>

#### Submitters details (i.e. person completing and submitting the PPC on behalf of the originator)

<b>Name of submitter</b>	Mary Portas	<b>Team</b>	Adult Care Skegness
<b>Contact telephone no.</b>	01522 559999	<b>Email</b>	Mary.portas@lincolnshire.gov.uk
<b>Relationship to service user</b> (e.g. Social Worker, Community Care Officer)	Social Worker		

#### Originators details (i.e. person who has identified the concern)

*Not all PPC's will require a response back to the originator. Contact details are needed wherever a response back to the originator is required.*

<b>Name of originator</b>	Theresa May		
<b>Contact telephone no.</b>	07712 345678	<b>Email</b>	t.may@yahoo.co.uk
<b>Relationship to service user</b> (e.g. Service User, Daughter, Son, Neighbour, Friend)	Daughter		

<b>Does the originator wish to remain anonymous?</b>	No
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#### Service User's details (if applicable)

<b>Name</b>	Vera Duckworth	<b>Address</b>	12 Coronation Street, Skegness
<b>AIS Number</b>	123456	<b>Primary Support Reason</b>	Physical Support
<b>Does the Service User wish to remain anonymous?</b>	Unknown		

#### Primary area of concern (please select one)

Missed calls
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## Appendix A

### Other areas of concern (select all that apply)

Attitude of staff	✓	Medication	<input type="checkbox"/>	Missed calls	<input type="checkbox"/>
Poor standard of care	✓	Loss of care staff	<input type="checkbox"/>	Early/Late calls	<input type="checkbox"/>
High turnover of carers	<input type="checkbox"/>	Poor communication	✓	Single carer on multiple carer calls	<input type="checkbox"/>
Nutrition/hydration	✓	Breach of confidentiality	<input type="checkbox"/>	Carers not staying for planned duration of care call	<input type="checkbox"/>
Care planning	<input type="checkbox"/>	Environment/atmosphere	<input type="checkbox"/>		
Recording of information	<input type="checkbox"/>	Cleanliness	<input type="checkbox"/>		
Other (please specify)	Click here to enter text.				

### Details of the PPC

<b>Date of PPC</b> (witnessed or reported)	Monday 1 <sup>st</sup> August and Tuesday 2 <sup>nd</sup> August	<b>Has the PPC been resolved?</b>	No
<b>Please provide details of the Poor Practice Concern:</b>			
<p>I received a telephone call from Theresa May (daughter) on Friday 5<sup>th</sup> August stating that there had been two missed visits to her mother (Vera Duckworth). These were lunchtime calls and as a result her mother was left without lunch and a hot drink. Theresa contacted the office of Homecare R Us and spoke to Sonya. Theresa stated that Sonya was rude and uncommunicative, didn't apologise and couldn't explain why this had happened.</p> <p>Theresa has confirmed that all lunchtime calls have been made since the incident.</p> <p>Theresa is looking for assurance from Homecare R Us that this won't happen again and wants to speak to the Branch Manager.</p>			
<b>Please provide details of the action you, as the submitter, have taken to address the PPC prior to this referral being made:</b>			
<p>As I was due to be in the area on Monday 8<sup>th</sup> August I called in to see Vera and check her care plan and call logs. The call logs do not appear to be being filled in correctly, missing information (dates, times, signatures etc.). I checked the record for 1<sup>st</sup> and 2<sup>nd</sup> August and there is an entry on both dates for a lunchtime call.</p> <p>I rang Homecare R Us on Monday 8<sup>th</sup> August and spoke to Natalie, Branch Manager. I explained the situation and also raised the issue of the attitude of Sonya. Natalie said she would look into it and respond. I confirmed with Natalie that I would be raising a PPC.</p> <p>Despite another chase up call on Wednesday 10<sup>th</sup> August I still have not yet had a response from Natalie.</p>			

*Instructions for the PPC Submitter: The completed form should be emailed to [poorpracticeconcerns@lincolnshire.gov.uk](mailto:poorpracticeconcerns@lincolnshire.gov.uk)*

### Section to be completed by the Provider:

*The completed form should be returned within 10 working days of receipt.*



## Appendix A

### Provider response (if 'for action')

<b>Please provide details of the action taken to investigate the concern:</b>
<p>I have checked our ECM record for the whole period 25<sup>th</sup> July to 12<sup>th</sup> August. It did confirm that there were no lunchtime calls undertaken on the 1<sup>st</sup> and 2<sup>nd</sup> August. However, these were the only calls missed during this time.</p> <p>I have checked which carer was due to attend these calls and have undertaken a check against our ECM record for four of her other clients; this check showed these two clients were visited as required.</p> <p>I have looked back at the call logs for this particular carer, both for Vera Duckworth and two other clients, and this has identified the call log had been completed incorrectly.</p>
<b>Please provide details of the action taken as a result, including details of your response to the Service User and/or originator:</b>
<p>I have called this carer into the office for her quarterly supervision. I have raised my concerns about the quality of call log completion and the fact that calls were logged when the ECM evidenced no visit.</p> <p>The carer has been given a formal warning and has assured me that this will not happen again. Feedback from other clients is that this carer is good at her job and is usually very reliable.</p> <p>The team leader will undertake close monitoring over the next three months with unannounced visits to some calls and thorough checking of visits against the ECM and quality of call logs.</p> <p>This has identified a gap in our own internal audit process which is now being addressed.</p> <p>I have spoken to Theresa May this morning and have reassured her that this has been addressed with the carer and that we have made some changes to our internal processes to ensure this does not happen again.</p>

*Instructions for the Provider: The updated form should be returned to [poorpracticeconcerns@lincolnshire.gov.uk](mailto:poorpracticeconcerns@lincolnshire.gov.uk) and your Contract Officer*

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### Section to be completed by the Contract Officer:

|                                                                                                                                       |               |
|---------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <b>Please state whether or not the PPC is 'substantiated', 'un-substantiated', 'partially substantiated' or 'unable to determine'</b> | Substantiated |
|---------------------------------------------------------------------------------------------------------------------------------------|---------------|

## APPENDIX B

### Examples of Poor Practice Concerns

|                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Person does not have within their care plan a section that addresses a significant need such as: <ul style="list-style-type: none"><li>- Management of behaviour to protect self or others</li><li>- Liquid diet because of swallowing difficulty</li><li>- Bed rails to prevent falls and injuries, but no harm occurs</li><li>- LCC Moving and Handling Plan</li></ul> |
| Person's needs are specified in the care plan. Plan not followed, needs not met as specified, but no harm occurs. e.g. not staying for the sufficient length of time, only sending one carer when the care plan specifies two, not emptying bins/washing machine/doing dishes when specified in the care plan                                                            |
| Person does not receive necessary help to have a drink/meal.                                                                                                                                                                                                                                                                                                             |
| Person does not receive the necessary help to get to the toilet to maintain continence, or have appropriate assistance such as changed incontinence pads.                                                                                                                                                                                                                |
| Person, who is known to be susceptible to pressure sores, has not been formally assessed with respect to pressure area management, but no discernible harm has arisen yet.                                                                                                                                                                                               |
| Person does not receive recommended assistance to maintain mobility.                                                                                                                                                                                                                                                                                                     |
| Appropriate moving and handling procedures not followed or staff not trained and competent to use the required equipment, but person does not experience harm.                                                                                                                                                                                                           |
| Person is spoken to once in a rude, insulting and belittling or other inappropriate way by a member of staff. Respect for them and their dignity is not maintained, but they are not distressed.                                                                                                                                                                         |
| Person does not receive a scheduled homecare visit (or consistently receives late visits) and no other contact is made to check on their well-being, but no harm occurs.                                                                                                                                                                                                 |
| Adult in need of medical care such as dental, optical, audiology assessment, foot care or therapy, does not received required/requested medical attention in a timely fashion.                                                                                                                                                                                           |
| Person's care plan is of insufficient quality (e.g. missing, unclear and out of date information).                                                                                                                                                                                                                                                                       |