

**Domiciliary Care provider working group 19th January 2010.
Technorth 9.30 – 11.30am**

Attendees:

Lucy Towers Vive UK Ltd
Jackie Lavellee Victoria House
Vicky Kirkbright HFT
Helen Caukwell Expert by Experience
Gill Copeland Angels Housekeeping CIC Ltd
Pepe Ruzuidzo 1st Resource
Gladys Wright Reed Social Care and
Community Care
Helen Gee Adult Social Care
Iola Shaw Adult Social Care

Apologies

Florence Doku Jays Homecare
Trevor Stephenson Social Worker on
Early Implementer project
Tony Callaghan Adult Social Care
Samina Sheikh Carewatch

This month's discussion focused on risk management and enablement.

Richard Graham, Senior Quality Assurance Officer (Safeguarding and Risk) gave a presentation around Risk management and subsequently lead a discussion. (available from the [information for providers](#) webpages). Some points from this are:

Nationally people with personal budgets are likely to have less contact with professionals than they may have done in the past. In Leeds we have found that people on direct payments are less likely to be the subject of a safeguarding referral however when they are it is of a more serious nature.

Under the mental capacity act an individual is assessed at a given time for a given decision. People can legally have capacity but still make unwise decisions. Whilst the MCA presumes capacity case law to date has indicated otherwise. People are being called to evidence there was capacity.

Duty of care overrides all other considerations, including data protection.

When looking at one's organisations risk approach there are two key aspects – what are the framework of policies and procedures you are working in and what is the risk appetite of the organisation. Is it risk averse and generic or is it enabling and person specific? Where information is gathered that may indicate a cause for concern is something done with that information or is it just filed? Ideally a holistic approach to risk taking should be developed. Therefore rather than focusing on managing specific risks in isolation consider them in the context of the individuals whole life. The 3 key questions to are are; what risks do they face from others; what is the risk someone poses to them self and the risk they pose to others?

In an organisations risk management strategy all elements of contingency should be considered – the financial element ie are their funds to pay for an alternative in a crisis is the one often focused on. However what to actually do in that crisis is the essential feature should the risk actually occur eg do you know who to phone if a worker fails to turn up to perform the personal care that was booked at midnight? This is a kind of every day situation where there is an opportunity for a new type of organisation – an AA or RAC type “service for personalisation”.

Currently Leeds ASC have written a pilot risk policy which is being tested and is available for information in it's current form. This will be amended in March in light of the experience on the pilot which ends in February. Supporting this is a risk assessment review form. This should be person specific, regularly reviewed and show evidence of progress in the outcomes for the individual to be truly personalised and reflective of the individuals current

situation. More information is available at a variety of places for example <http://www.outcomesstar.org.uk/>

A Risk enablement culture is encouraged where Independence and choice is facilitated by risk mitigation. Strategies are put in place to help change behaviour rather than limit it. When it comes to making decisions they should be appropriately escalated, rather than all decisions sitting at the highest level of management. Decisions must be defensible – so you record the information you had at the time and why you made the decision. This will be essential if things do go wrong and you are called to account for actions in court.

There are many sources of further information about risk assessment such as <http://www.iop.kcl.ac.uk/projects/default.aspx?find=TAG&go=go>
www.leedsadultprotection.net

It was asked what should Leeds prioritise? Richard suggested the top 3 priorities are

- Reviews and improving and updating risk enablement plans
- Recording
- Identifying what is needed and then what is available

What are key concerns? Some raised were

- The possibility of small companies going bankrupt
- What happens if relationships breakdown where family are providing key support
- There are too many informal relationships
- Need better risk assessment
- Get better at saying what is acceptable
- Better outcomes – and working out how best to meet these
- Reinforcing that personalisation doesn't change the fact that ASC only address substantial and critical needs
- How to address the “revolving door” situations such as safeguarding people living alone with dementia

If people have a safeguarding concern the safeguarding unit are available to consult with to determine if a referral is necessary. They can be contacted on 0113 2243511 or email safeguarding.adults@leeds.gov.uk.

If people are developing their organisational policies and procedures the NHS policy on writing policies is an excellent source of information and Richard can be contacted on Richard.graham@leeds.gov.uk

Next Session:

This is on 9th February and will be around outcomes.

This is the last session that will be facilitated by contracts and commissioning however if the group members would like to continue to meet eg to use this network as a forum to discuss sharing practice or setting up contingencies for situation such as the recent bad weather.

Helen Gee will email an evaluation form prior to the meeting and we will discuss what has been useful or not for future reference.