

EARLY INDICATORS OF CONCERN IN CARE SETTINGS

Guidance for staff

Effective from April 2020

Due for review April 2021 – complete

Next review April 2022

**EARLY INDICATORS OF CONCERN IN CARE SETTINGS** - Guidance for staff members working with supported people in care home settings.

**PURPOSE**

To assist staff members to identify ‘low level’ indicators of concern which may, if unresolved, affect the safety and wellbeing of supported people in care home settings.

To ensure staff, working with a supported person in a care setting, are aware of the actions to be taken to develop consistent responses and practices across the Falkirk area.

**BACKGROUND**

The Adult Support and Protection (Scotland) Act 2007 gives a clear definition of an ‘Adult at Risk’ and what constitutes harmful behaviour. For these situations affecting adults in Falkirk Adult Support and Protection Procedures should be followed, you can find these by visiting our practitioner pages [here](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/adult-support-and-protection/asp-procedures/)

We are committed in Falkirk to carrying out preventative and earlier intervention to avoid adults becoming at risk of harm and this Early Indicator of Concern Guidance is one of the many ways we can do this.

Concerns about a resident in a care setting may be raised from a variety of professional sources who are regular visitors to these settings. There is an evidence base that 'low level' poor practice, if not challenged and dealt with, may deteriorate into a further lowering of standards and systemic failings with the provider organisation. Whilst the initial concern may be viewed as 'low level' on a continuum of harm, failure to identify this, view concerns collectively and respond may result in longer term difficulties or serious harm to residents. Effective information sharing is central to supporting and protecting adults with impaired self safeguarding abilities.

The expectation of this guidance is that anyone who has a concern about any aspect of care home provision or practice should report this. This pro-active response allows a decision to be taken quickly regarding the most appropriate level of response including : enabling the care home manager to act to resolve any issues as appropriate; contractual/quality monitoring; notification to the Care Inspectorate and/or holding individual care reviews depending on the focus or severity of the concern.

An Early Indicators of Concern Group also meets on a 6 weekly basis to provide multidisciplinary oversight and review of any concerns raised.

**EARLY INDICATORS OF CONCERN TOOL**

The tool was shared by Dundee Health and Social Care Partnership who since 2010 in conjunction with evidence researched by Hull University have used the tool whereby health and social care staff can identify 6 keys themes through their work with supported people in residential settings. As the basis of this work they use the main early indicators of concern in care home settings (see appendix 1). These being: -

1. Concern about management, leadership, and organisation.

2. Concerns about staff skills, knowledge, and practice.

3. Behaviours, Interactions and Wellbeing of Residents.

4. Concerns about the service resisting the involvement of external people, isolating individuals and lack of openness.

5. Concerns about the way services are planned and the delivery of commissioned support.

6. Concerns about the quality of basic care and the environment.

**WHAT DO I DO IF I HAVE CONCERNS?**

**Step 1** – ‘Tell Someone’

This initially could be a staff member or supervisor working in the care home depending on the level of concern. Use the early indicators of concern tool to help you identify and consider the context and area in which your concern(s) lie.

“Being candid promotes accountability for safer systems, better engages staff in improvement efforts, and engenders greater trust in patients and service users”. (Scottish Government, 2018)

**Step 2** – ‘Escalation’

If you feel your concern is dismissed, or has not been responded to your satisfaction, or the concerning issue appears to be ongoing, you must raise this directly with the Care Home Manager. You can do this at Step 1 if you feel your concern is not being taken seriously or you feel the manager should know of your concern.

**Step 3 -** ‘Report and Share Information’

Should you feel your concerns are still not responded to your satisfaction or the concern you have raised still appears to be ongoing and you feel it could result in harm to a supported person, this should be reported as soon as possible using the Early Indicators of Concern Reporting Tool.

Appendix 1

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| **1. Concerns about Management, Leadership and Organisation** | **2. Concerns about Staff Skills, Knowledge and Practice** |
| * There is a lack of leadership by managers, for example, managers do not make decisions, set priorities, or ensure staff are supported to complete their task successfully. * 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. * There is a high turnover of staff or shortage of staff. * The manager does not inform Social Work that they are unable to meet the needs of specific individuals. | * Staff appear to lack the information, skills, and knowledge to support people with specific needs e.g. dementia, profound and multiple disabilities, mental health, etc. * Staff appear challenged by some individual’s behaviour and do not know how to support them effectively. * Members of staff use negative or judgmental language when talking about individuals. * Record keeping by staff is poor. * Communication across the staff team is poor. |
| **3. Behaviour, interaction, and well-being of Residents – One or more of the residents:** | **4. Concerns about the service resisting the involvement of external people, isolating individuals and lack of open-ness** |
| * Show signs of injury through lack of care or attention. * Appear frightened or show signs of fear. * Behaviours have changed. * Moods or psychological presentations have changed. * Behaviours potentially put themselves or others at risk. | * 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. |
| **5. Concerns about the way services are planned and the delivery of commissioned support** | **6. Concerns about the quality of basic care and the environment** |
| * There is a lack of clarity about the purpose and nature of the service. * The service is accepting individuals whose needs they appear unable to meet. * Individuals’ needs as identified in assessments, care plans or risk assessments are not being met. * The layout of the building does not easily allow individuals to be supervised and adequately supported to socialise and engage safely with others. * Agreed staffing levels are not being provided. * Staff do not carry out actions recommended by external professionals. * The service is “unsuitable”, but no better option is available. * The collective needs of individuals/service user group appear to be incompatible. | * The service is not providing a safe environment * There is a lack of activities or social opportunities for individuals. * Individuals do not have as much money as would be expected. * Equipment is not being used or is being used incorrectly. * The home is dirty and shows signs of poor hygiene. * There is a lack of care of personal possessions. * Support for the individuals to maintain personal hygiene is poor. * Essential records are not kept effectively. * Individuals’ dignity is not being promoted and supported. |

Notes