| **No.** | **Locality** | **Re:**  **Cases** | **Recommendation (R)** | **Reported as Complete 10.5.17/ OR Pending** | **Lead**  **(See key above)** | **Status** | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **BOURNEMOUTH** | | | | | | |  |
| 1 | Bournemouth – Health Care (RBH) | 8 | 8.3 Review what Trust policies influence how healthcare staff members work with and involve carers/ family, and how communication with carers and their involvement in their relative’s care might be improved. | May 2017  Updated October 2018 | **RBCHFT** | **Additional actions competed or in progress (July/August 2018)**   * The dementia and delirium team now run a regular Carers education programme which has been well received.   *(Evidence Ref. No RBH1)*   * Carers beds- have been trialed and agreed to purchase 5 to store centrally for overnight stays.   *(Evidence Ref. No RBH2)*   * Trialing free meals for Carers who are staying with their loved one in hospital. 3 x meal tokens each to a value of £5 per day per Carer. Held by the Dementia team but accessed for all Carers. * Survey monkey questionnaire and engagement with HR to scope the number of staff carers we have. This has been an agenda item at the Diversity and Inclusion meeting. * Development of a Staff Carer ambassador- to give advice about Carers rights as an employee. Head of Training to take on this role. * Identify a trainer and start Carer training for nursing and medical staff including identification of young Carers- Work not started yet   **Update:**  **Action embedded as part of patient and public engagement strategy for RBCH.**  **Review and monitoring in place via:**   * **Patient engagement team** * **Feedback from carers via monitoring of complaints and positive feedback cards**   **Overarching committee responsible for sustainability of action:**   * **Healthcare Assurance Committee** | |
| 2 | Bournemouth –  Health Care (RBH) | 8 | 8.4 It may be appropriate to consider whether some wards at RBH should apply for the Quality Mark for Elder-friendly Hospital Wards. | May 2017  Updated October2018 | **RBCHFT** | * There are currently no plans to repeat the quality mark across OPM. This is something that may be reconsidered following the potential merger but would not be appropriate at this time   **Update:**  **There have been many actions aiming to improve the quality of care on older people’s wards. The outcome from CQC inspection (2018) has rated medical services (including older people’s medicine wards) as good for caring, response and well led domains.**  **Board committee responsible for monitoring sustainability of action:**  **Healthcare Assurance Committee** | |
| 3 | Bournemouth –  Health Care (RBH) | 8 | 8.5 Review of discharge planning process at the Royal Bournemouth Hospital with particular reference to people with dementia, how their carers are involved in the process, and how their carers’ views are taken into account. | May 2017  Updated October 2018 | **RBCHFT** | * Additional actions completed or underway July/August 2018 * The Matrons, Clinical leads and ward MDTs continue to embed the Safer Care Bundle principles to support effective discharge planning. With emphasis on recording EDD and MRFD with electronic referral to Social Services. * A revised discharge policy and SOP has been developed and is currently been reviewed by the Deputy Director of Nursing and HONs prior to agreement for circulation across the trust. * Development of discharge planning resources on the hospitals intranet to support the wards to access.   **Update:**  **Outcome from CQC inspection has rated medical services (including older people’s medicine wards) as good for caring, response and well led domains.**  **Carer engagement embedded as part of patient and public engagement strategy for RBCH.**  **Board committee responsible for monitoring sustainability of action:**   * **Healthcare Assurance Committee** | |
| 4 | Bournemouth –  Health Care (CCG) | 19 | 19 Therapy for DID: (A named  specialist Psychotherapy) Centre provides a 2-year consultancy Service focused initially on the patient.  A therapist (either a Clinical Psychologist or other NHS therapist) is to be identified within the trust who is willing and able to take on (the person’s) therapy. Therapy would need to be seen as requiring a minimum of four years. This would start at once a week but provision needs to be made for twice a week therapy in due course. The therapist would need to be part of the Multi-Disciplinary team and be freed up to take on the extra training and supervision required.  Provision will also need to be made for (the patient’s wife) to be given regular support by a support worker who becomes familiar with (the patient’s) condition. | May 2017 | **CCG** | * (The named person) was granted funding for treatment for DID through the CCG’s Individual Treatment Panel in 2014 and subsequently started receiving treatment locally. * Case closed 2014 | |
| 5 | Bournemouth –  Health & Social Care | 8 | 8.6 Carer involvement in training:  Ensure that carers are involved in the training of health and social care staff. | May 2017  Updated August 2018 | **BBC** | **Social Care:**   * There are nine main objectives in Valuing Carers, two of these state: * Develop the workforce to understand carers’ needs, improve identification of carers and value their contributions. * Involve carers in local and individual care planning. * Carer led workshops for practitioners have taken place, but it is recognised that more needs to be done to integrate carers views into the adult social care training strategy and delivery. The establishment of a Care Academy and a grant award in 2018 for a Teaching Partnership with Bournemouth University will assist with the delivery of this. | |
|  |  |  |  | May 2017  Updated October 2018 | **RBCHFT** | * Patient stories are used across RBCH to ensure the patient and carer voice is heard. Examples include: patients and carers attending public Board of Director meeting to present on their experience of discharge and a suite of videos developed with patients and careers which are used for training staff * Sage & Thyme Training in Dec 2017, which is a patient/carer focused course designed to empower patients and carers to recognize their own support needs & networks. This foundation level communications skills course has been rolled out across the Trust to staff working with patients or carers in distress, as a methodology to support them during a difficult time. * This training programme is evidence based and according to the developers “*It was originally developed to meet the level 1 skills requirement described in the 2004 NICE guidance on ‘Improving Supportive and Palliative Care for Adults with Cancer’, although the principles are generic and can be used with anyone in distress.”* * We have recruited our first ‘patient voice’ volunteer to support our Quality Improvement programme and this will be developed further across the Trust   **Update**  **Action embedded as part of patient and public engagement strategy for RBCH.**  **Review and monitoring in place via:**   * **Patient engagement team** * **Feedback from carers via monitoring of complaints and positive feedback cards**   **Overarching committee responsible for sustainability of action:**   * **Healthcare Assurance Committee** | |
| 6 | Bournemouth –  Social Care | 8 | 8.1 Review practical and emotional support for carers available in the community with particular attention to how carers might better experience continuity of care over the course of caring for someone with a chronic illness and how carers might be supported in attending to their own needs. | May 2017  Updated September 2018 | **BBC** | A lead senior manager has been identified for carers who is accountable, following changes set out in the Care Act 2014 for ensuring that Adult Social Care provides support to a carers including a needs assessment and annual review which take into account the carer’s wellbeing and emotional health.  Commissioners have reviewed services available for carers in the community; as a result, there is a wide range available including the Carers Information Service.  Carers in Crisis -Emergency Backup System. Home based sitting service.  Carers Support Programme run by St John’s ambulance. Focus befriending scheme. A fully equipped static caravan has been purchased to offer short respite breaks and holidays for carers. A Carers Reference group is being run independently from Social Services. Reps from this group sitting on the Joint Commissioning Board.  There is a Home from Home respite day service. Across the 3 Local Authorities there is an out of hours’ service for members of the public to contact if they require assistance, the OOH officers would be able to identify appropriate support in an emergency should this be required by the Carer.  **Update:**   * **An online Carers assessment has been developed and provides an additional route for Carers to seek support** * **Carers are encouraged to join the Carers Information Service through which they learn about training courses such as First Aid and for people with dementia, Social Events, support groups, and a variety of other information they may find useful, such as offers and safeguarding issues. They also receive a Carers discount card and A – Z of carers services. Other generic services available are Befriending, access to the Carers Centre, beach huts, holiday lodges, carefree choir, assistive technology, counselling and advocacy for carers. Following Assessment carers with eligible needs may benefit from Carers in Crisis – emergency backup, replacement care, access to a variety of ways to take a short break and Direct Payments** | |
| 7 | Bournemouth –  Social Care | 8 | 8.2 Carer vulnerability: Review in  what circumstances a carer might be regarded as vulnerable. Is practice in Bournemouth the same as elsewhere, or are there areas of the country where (this carer’s) vulnerability might have been acknowledged and, if so, how would he have been approached differently? | May 2017  Updated September 2018 | **BBC** | The themed report details the improvements made for carers in this respect. Safeguarding Board policies and procedures have been updated to bring greater clarity when defining vulnerability and assurance was given during the 2016 Safeguarding Peer Review that practice was appropriate and compliant with the Care Act 2014.  **Update:**   * **Practitioners are now enabled to act when Carers are experiencing abuse or harm under provision of the Care Act 2014, whereas previously this was not a duty** * **Safeguarding Lead undertakes quarterly audits of practice and reports this to SAB Quality Assurance sub group** * **Audit commissioned by the SAB evidenced that BBC interpret the Care Act guidance consistently** * **Staff at the Carers Centre may identify vulnerability of carers and will take appropriate action including raising a safeguarding alert, contacting the carers GP and referring for advocacy** * **Quality assurance and consistency is embedded within the weekly Peer Panel process where practitioners present cases in order to explore alternative approaches and resources, guided by their peers.** * **Outcomes for carers are closely monitored through regular dissemination of management information** | |
| 8 | Bournemouth –  Social Care | 22 | 22.1 Audit information given to service users and carers to ensure that is it honest and open about the effect that cuts in budgets are having on services and how the funding agency is dealing with the financial pressures it is under. | May 2017  Updated September 2018 | **BBC** | Adult Social Care Management Team  Public information, including Factsheets and Website content has been updated. These sources of information describe in what circumstances Clients or Carers may receive services from the Council. All substantial service changes, including those which have an impact on carers, are subject to consultation and public scrutiny though Overview and Scrutiny Panels.  **Update:**   * **The Carers Reference Group are involved with all changes and developments of support for carers and made recommendations to senior manager following a detailed, independent review of carers services. They were made fully aware of the budget implications and receive and annual activity report detailing services and costs of carers support each financial year.** | |
| 9 | Bournemouth –  Social Care | 22 | 22.2 To review the process of reviewing service users and their carers with particular attention to the suggestions (this carer) has made about how the process might be improved. | May 2017  Updated September 2018 | **BBC** | The themed report describes the improvements made for carers in this respect.  **Update:**   * **An overview of the themes and issues arising from complaints is used to inform training, policy and procedure and audit themes.** * **Individual issues are fed back appropriately to operational teams.** * **Where there is opportunity for learning to be of benefit to other teams in the business unit, or where themes occur, there are forums where this information can be shared more generically to improve practice, advise of changes in procedure, and improve service delivery.** * **Feedback from Carers confirms they are keen for there to be learning from complaints and are pleased that this features in the monthly Extended Management Team meetings** | |
| 10 | Bournemouth –  Social Care | 22 | 22.3 To review the supervision of student social workers in order to ensure that they are taking on tasks commensurate with their level of training and support. | May 2017  Updated September 2018 | **BBC** | Adult Social Care has had to utilise ‘off site’ Practice Educators in the past, due to low numbers internally. Adult Social Care do not have a duty to provide Practice Educators, however, they have sought to train additional Practice Educators to increase the number of placements available to Social Work Students, but to also improve the quality of their placements and the teaching and assessment that occurs.  Practice Educators have a responsibility to monitor that a student is not being given work to undertake that is inappropriate for their skill level and must challenge it if they are; this is to protect both the customer and the student. This is more difficult to achieve if ‘off site’, which is one of the reasons for training more internally.  **Update:**   * **More experienced staff are undertaking the Practice Educator qualification which will improve the quality of student placements.** * **Closer links with the University through the now established Teaching Partnership that seeks to create strong links between academic and practice contexts to support the educational experience of students in their transition from University into qualified practice in statutory settings.** * **Proactive Principal Social Worker developing robust program for newly qualified Social Workers and working to embed quality in the approach to practice through robust induction, supervision and appraisal.** | |
| 11 | Bournemouth –  Social Care | 22 | 22.4 Explanation and apology: In the spirit of the Duty of Candour senior managers at social services to prepare an explanation for (the carer) of how it came about that a student social worker believed her son’s services should be cut regardless of his needs assessment and how they will avoid a similar occurrence in future, and to offer her an unqualified apology for the distress she and her son have gone through. | May 2017  Updated August 2018 | **BBC** | This action was delayed because the manager responsible for this action has left the organisation; it has, however, now been completed. | |
| 12 | Bournemouth –  Social Care | 22 | 22.5 To review the involvement of service users and carers in social care staff training at all levels and to consider ways of increasing their involvement. | May 2017  Updated September 2018 | **BBC** | See point 5 above  **Update:**   * **AMHP Panel involves experts by experience in scrutinising AMHP’s competency** * **Carers were involved in domiciliary provider interviews as part of a framework procurement exercise.** | |
|  | | | | | | | |
| 13 | Dorset Health  Care (CCG) | 17 | 3.6 CHC funding reviews: Funding organisations should audit whether regular review of CHC funded placements is taking place; whether review includes the issue of whether care needs are being met as well as continuing eligibility for funding; and whether there are processes in place to ensure that timely reviews take place.  Funding organisations need to have an agreed way of dealing with concerns about unsatisfactory care in those people receiving CHC, eg by drawing them to the attention of the regulator and/or by moving the person receiving care to a placement which meets their needs. | May 2017  Updated August 2018 | **CCG** | Regular audit now takes place for CHC.  There is a clear process for raising concerns/complaints and escalation to the Ombudsman if people are not happy with the outcome.  There is a new Quality Assurance Tool for CHC which the CCG is signed up to - this is monitored by NHS England.  Policies and procedures have been reviewed and updated for the appeals process and this is in line with the National Framework.  New framework (October 2018) focusing on Clinical Review NOT eligibility, further strengthening quality of care. | |
| 14 | Dorset –  Health Care | 5a, 5b | 5.1 It would be helpful if the NHS were able to write to person b (and person a) to give some reassurance that his medical records are fully recorded, complete and networked on systems in the event of person b being admitted to any hospital in the future – especially if person a is in some way involved in that admission. | May 2017 | **CCG** | Not able to confirm if this has been done. The individual will need to check with his GP. The Dorset Care Record is being progressed. Some GP systems are compatible with hospital systems and all records are visible across the system, but this is not the case for all areas at present. | |
| 15 | Dorset – Health  Care | 5a | 5.2 Psychological assessment/treatment: In respect of case 5a: (carer) to be seen and assessed at home by an independent person with appropriate expertise and qualifications in psychological treatments and with a commitment to follow (and where necessary fund) the recommendations of that independent person. | May 2017 | **CCG** | Psychological support has been offered to case 5a. Individual Treatment Request application was not approved for specialist treatment as the person had not followed the usual NHS pathway of care and other options were available for her. However, she has been informed, in January 2016, that the panel would be willing to review a further request if evidence is supplied that all local mental health treatment pathways have been followed by her prior to the referral. Her GP is aware of the situation and offering referrals as deemed appropriate. | |
| 16 | Dorset – Health  Care | 5b | 5.3 Specialist recommendations:  In respect of case 5b: the recommendations made in (a specialist’s) report regarding (service user’s) follow up care and treatment to be enacted at the earliest opportunity and, because of the complexity of (his) needs and (carer’s) needs, this to be done in the community. | May 2017  Updated August 2018 | **CCG** | Person 5b’s GP  Ongoing  Case 5b has been discussed with his GP and GP is aware of  (the specialist’s) recommendations. GP has offered referrals accordingly. | |
| 17 | Dorset – Health  Care (CCG) | 5a | 5.6 If not recently done, CCG to audit how families/ carers are involved in the process of assessing eligibility for NHS CHC funding with particular attention to how families/ carers might have confidence that their voice has been heard. | May 2017  Updated August 2018 | **CCG** | This is now part of the regular CHC audits and CHC Quality Assurance Tool (as described under 13)  **Complete** | |
| 18 | Dorset – Health (CCG) | 5a,5b | 5.7 If not recently done, CCG to review the appeal process relating to assessments for NHS CHC funding with particular attention to how families/ carers might have confidence that their voice has been heard. | May 2017  Updated August 2018 | **CCG** | Appeal process has been reviewed and policy updated. It is in line with the National Framework for CHC.  **Complete** | |
| 19 | Dorset – Health  Care (CCG) | 5a,5b | 5.8 If not recently done, CCG to review the training undertaken by health and social care staff involved in eligibility assessments with particular attention to their training in working with service users and carers and how to ensure a person-centred approach. | May 2017  Updated August 2018 | **CCG** | A full programme of training for staff involved in eligibility assessments has taken place over the past two years. This involves both health and social care staff. It has been well evaluated.  **Complete** | |
| 20 | Dorset – Health  Care (CCG) | 5a,5b | 5.10 In respect of the recommendations that the person leading the CHC Multidisciplinary team meeting about the Decision Support Tool ratings on 13/11/2014 should have training in conflict management and communication skills (in response to their complaint); (the carer and service user) would like to know whether this was carried out and they should be informed whether it was or not. | May 2017  Updated August 2018 | **CCG** | Not able to confirm this due to historical nature and no evidence  of this specifically taking place. However, a full programme of training for staff involved in eligibility assessments has taken place over the past two years. This involves both health and social care staff. This includes training around communication and conflict when undertaking assessments.  **Complete**  **NHSE providing training on conflict resolution specifically relating to CHC.** | |
| 21 | Dorset – Health  & Social Care (CCG) | 4,17 | 3.5 Commissioners should review services to support carers in the community including respite/ rotational respite and out-of-hours services. | May 2017  Updated August 2018  and October 2018 | **DCC**  **CCG** | **Social Care & Health**  The themed report describes the improvements made to support Carers  A carers Vision has been co-produced with carers and wider stakeholder Pan Dorset.  All carers services are being reviewed in line with the requirements and objectives set out within the vision and in line with a local review of needs and services in each local authority area.  Respite is a key component of the review and in additional to traditional options such as the Domiciliary sitting service and residential care, other community based options are being explored.  The new Dorset Care framework is currently being commissioned which provides opportunities to better meet respite options in both domiciliary care and residential through block contracts but is opening up opportunities for alternative forms of respite from the voluntary sector and community groups.  **Complete**  **Update (Oct):**  **The themed report describes the improvements made to support Carers**  **All carers services are being reviewed in line with the requirements and objectives set out within the Carers vision co-produced with stakeholders,  and in line with a local review of needs and services in each local authority area.**  **Respite is offered through a variety of options including traditional registered  Domiciliary Care,  residential care and buildings based day care.  For people caring for people with diagnosed mental health problems, a flexible ‘breakaway’ fund was set up managed directly by our contracted partner Rethink. Similar  community based options are being explored as part of the development of the new specification for the carers offer in Dorset**  **This responds to feedback from Carers for a more flexible and responsive approach in the Dorset Care Framework, let in December 2017, for alternative forms of respite from the voluntary sector and community groups.** | |
| 22 | Dorset – Health  & Social Care (CCG) | 5a | 5.4 Review practical and emotional support for carers available in the community with particular attention to how carers might better experience continuity of care over the course of caring for someone with a chronic illness and how carers might be supported in attending to their own needs. | May 2017  Updated August 2018  and October 2018 | **DCC**  **CCG** | **Social Care & Health:**  The themed report describes the improvements made to support carers  A carers counselling service has recently been commissioned and went live 1st April 2017 to meet the emotional support needs.  Training for carers is being reviewed to develop local co- produced options to provide practical advice and training as well as access to health and wellbeing training through Public Health funded courses.  The focus of the service review and development of a new picture of services is to ensure that carers gain back control of their lives through advice, support and training that will enable them to successfully manage their caring role and provide time for their own needs and welfare.  **Complete**  **Update (DCC)**  **Time to Talk**  The is a Pan Dorset therapeutic counselling service accessible since 2017, and contracted by each council until 2020, available through the carers case workers which offers dedicated skilled counselling for carers. The service includes an initial evaluation of anxiety, distress and depression (Depression Anxiety Stress DASS21 scale) and a further scoring evaluation at the end of the sessions. Carers caseworkers have reported strong success in a number of individual cases. Uptake has been limited to 17 to date.  Therefore protocol has been reviewed (Sept 2018) to enable quicker access to service. A newsletter for councillors to promote link with carers Case Workers will be launched in Nov 18.  **Further changes in progress** (links to recommendations 22 5a, 23 5a and 24)  **To extend the capacity of formal support and increase the universal and responsive approach to carers throughout Dorset, a new specification for the advice and support offer for carers is now in development. This will contract for  new arrangements by April 2019, which aim to boost the prevention offer for carers. This would particularly benefit carers where the cared for person may not meet eligibility criteria or declines formal support themselves. The new offer, based on extensive consultation and engagement with carers themselves, will bring together the following:**   * **Carer identification and registration with goals to increase number and diversity of carers registered. Carry our regular communications to those registered carers, including sending out relevant material and communications** * **Use the carer intelligence to develop and share information and ideas for ways carers can be supported including wherever possible peer support.** * **Provide a dedicated Helpline** * **Support carers to benefit from technology enabled care services including the pressure they come under in a wide variety of ways.** * **Host/ facilitate carers support groups/ reference groups in line with principle of co-production and peer support.** * **Harness community support for carers and work in partnership with commissioners to promote the voice of carers and encourage local organisations to hold events or activities to reach and help carers in their community.** * **Oversee specialist service contracts e.g. Rethink dedicated support for carers of people with mental health diagnosis.** | |
| 23 | Dorset – Health  & Social Care (CCG) | 5a | 5.5 Senior member/s of staff at Social Services and the CCG to prepare evidence and explanation for (the carer) about how services have learned (or propose to learn) from her experiences, in order to improve services for future carers by answering the eleven questions as set out on page 20 (of the Report). | May 2017  X Social care  Updated August 2018 | **DCC**  **CCG** | Commissioning Manager 31 Aug 2017  The themed report describes the improvements made to support carers. This case, as with all cases that have an impact on the work in this area, will be considered by the Carers Board3 and appropriate steps put in place to implement key lessons learned. This case will form an agenda item for the next meeting.to check that all could have been done has been done.  **Update:**  **See Further changes under recommendation 22, 5a** | |
| 24 | Dorset – Health  & Social Care |  | 5.9 In the case of each of the above Action Points (5.4-5.8) evidence of improvement should be provided to (the carer, service user,) and Advocare in order to address the aims set out earlier. | May 2017  X  Updated August 2018 and October 2018 | **DCC**  **CCG** | Social Care & Health:  Commissioning Manager 31 Aug 2017  The themed report describes the improvements made to support carers  See response to recommendation 23.  **Update (DCC):**  **Lessons learned (links to recommendation 23 5a)**  **The need for professionals to  identify early on in the general care assessment process/ referral process where there is a  need to ensure skilled professional carer assessment.**  **This helps to ensure the carers individual and  personal support needs are recognised and met in tandem with the support of their caring role.**  **The complexity and challenges of some caring situations make the dual support role very challenging for the social worker in meeting the needs and rights of both cared for and carer.**  **More accessible and responsive support is needed for carers ‘stuck’ in difficult scenarios, which is not necessarily lined to the formal Adult Social care offer, but which recognises the need for many carers to have somewhere to go to talk through their situations, alleviate distress and starts to empower them individual to find solutions. Accessible support should include easy read versions of information.**  **Changes Made (also links to recommendation 23 5a)**  **Since this episode Dorset County Council has funded and created 8 Carer Caseworker roles (CCW). These roles have been reviewed and refocused in order to ensure there is enhanced understanding of the particular complexities of carers needs, within the context of eligible needs assessments for the cared for person. They are based within the Local Teams, line managed by Area Practice Managers, with the overall performance overseen though the governance of the Better Care Fund Plan.**  **This includes a wide range of key performance indicators in relation to recognition and help for Carers in Dorset for which both the CCG and DCC are signatories. The CCW roles allow a separation of support between cared for and** **carer particularly where there is complexity and conflict in the support environment and personal needs of each individual.**  **See Further changes in progress noted under recommendation 22, 5a** | |
| 25 | Dorset – Social  Care | 11 | 11.4 Complaints: Encourage relatives to complain when they find care in Homes to be unacceptable: review what information is given to carers of people moving into Care and routinely give them information about how to complain, and how to access support in making complaints. | May 2017  Updated October 2018 | **DCC** | **Social Care:**  Complaints information is available. It is a CQC requirement for homes to provide this to people moving into a home.  Quality assurance visits now take place to care homes- residents and their carers are listened to during these visits and encouraged to raise concerns.  A complaint leaflet has been in place since August 2014. The expectation is that complaints are made with the home in the first instance and if service users remain unhappy they can contact the Council’s complaints team.  **Update:**  **Rethink (links to recommendation 25 & 27)**  **Rethink has been contracted to establish a network of carer support. In Sept 2018 a carers feedback survey was completed focusing on the impact of careering and preferred ways to receive support in a caring role. This feedback has been combined with that received from the carers reference groups across the county (completed in May/June 2018) and has informed the new specification.** | |
| 26 | Dorset – Social  Care | 11 | 11.5 To review the involvement of service users and carers in social care staff training/ continuing development at all levels and to consider ways of increasing their involvement. | May 2017 | **DCC** | The themed report covers improvements made for carers.  The carers vision has an objective in respect of training to professionals.  Plans to be drawn up by individual stakeholders i.e. CCG, LAs and Health Trust to evidence this work. This is monitored by the Dorset Carers Steering Board which has representative carers as members.  **Update:**  **Involvement of carers and service users in staff training (links to recommendation 26)**  **Workflow currently in progress. Exploring opportunities and using feedback (from completed surveys as highlighted in 25 & 27 above)) to design and devise an appropriate training offer. Budget agreed for carer engagement in framework design.**  **Making It Real Forum established in May 2016. Meets on a quarterly basis and enables a co-production approach to the delivery and design of services.**  **Carer involvement included in staff recruitment and selection panel for restructure in April 2018. Also involved in selection of candidates for social work training. A new generation of carers now needs to be recruited to influence training for all staff.**  **The induction pathway for new staff will incorporate carers needs. Carers case workers meet with ASYE social workers to contribute to their ongoing training and awareness.**  **Community Care Inform is available to all staff and includes specific modules relevant to carers. DCC also subscribes to Research in Practice which all staff can access for research and ongoing practice development.** | |
| 27 | Dorset – Social Care | 11, 15 | 11.6 Involvement of Carers in ASC: To review how carers are currently involved in adult social care and consider whether they could be more involved in order that their voice is heard at all levels and in all relevant fora. | May 2017 updated October 2018 | **DCC** | The themed report covers improvements made for carers.  Dorset ASC has a carers reference group that is consulted on changes in services and their views on what is important, what works and what needs improving. It is currently used by the commissioning team but could be open to other colleagues in social care if they wish to engage with carers.  A database of carers is held for wider consultation purposes. The Dorset Carers Steering Board which developed the Pan Dorset Carers Vision is made up of key stakeholders and carers that represent specific local authority areas and caring types.  **Update:**  **Rethink (links to recommendation 25 & 27)**  **Rethink has been contracted to establish a network of carer support. In Sept 2018 a carers feedback survey was completed focusing on the impact of careering and preferred ways to receive support in a caring role. This feedback has been combined with that received from the carers reference groups across the county (completed in May/June 2018) and has informed the new specification.** | |
| 28 | Dorset – Social  Care | 15 | 15.2 Complaints: Encouraging relatives to complain when they find care in Homes to be unacceptable: review what information is given to carers of people moving into Care and ensuring that information about how to complain, and how to access support in making complaints, is included. | May 2017 | **DCC** | The current leaflet is being updated in June 2017 to reflect  changes in corporate policy. Support is available to relatives in making a complaint through local advocacy services including Dorset Advocacy, Dorset Mental Health Advocacy and the CAB. Complainants may be supported to make a complaint through the complaints team members who are willing to meet with service users or take complaints over the telephone. | |
| 29 | Dorset – Social  Care | 15 | 15.3 To review the involvement of service users and carers in social care staff training/ continuing development at all levels and to consider ways of increasing their involvement. | May 2017 | **DCC** | See response to recommendation 26 above.  The creation of the Making it Real Board4 is the opportunity to start building in a co-production approach moving forward. Contact has been made and this is being actively followed up.  Service users and carers are currently involved with recruitment onto qualification training for social workers and it is recognised that they make an invaluable contribution to the process. The workforce development group recognise that this good practice  needs to be expanded to other areas of training and continuing professional practice. We intend to incorporate learning from complaints into the design and development of learning and development opportunities.  We are keen to extend the involvement from service user led organisations such as People First Dorset and the Shaw Trust. | |
| 668 | Dorset -  Safeguarding | 4 | 3.7 Safeguarding: Dorset’s Multi-Agency Safeguarding Adults Policy and Procedures should be reviewed to ensure that where carers have been alleged to have  caused harm they have the right to know what has been alleged; a right to give their account of what happened; and a right to appeal against the outcome of the safeguarding process. | May 2017 | **DCC**  **BoP** | **Safeguarding Adults Board**  The Safeguarding policies have been reviewed and updated to reflect the Care Act requirements. They can be found on the Safeguarding Boards’ websites.  **Borough of Poole Update.**  The Bournemouth, Dorset & Poole, Multi-Agency Safeguarding Adults policy & procedures have been completely reviewed and re-written since the implementation of the Care Act. In addition, there has been the introduction of a new way of working based on a person –centred approach known as Making Safeguarding Personal (MSP). This approach is based on the need to put the person at the centre of all safeguarding interventions and support. The person and their carer are asked what outcomes they would like to see. Where an informal carer is alleged to have caused harm a risk assessment of the situation would be undertaken to establish if the person was considered to be at high risk ie: domestic violence. Based on the outcome of the assessed risks and whether the police need to be involved a decision would be made to involve the carer. The carer would be asked to give an account of any allegation. It should be noted that a significant change in practice has taken place and it has been made clear to staff working in Social Care that it is not their role to prove innocence or guilt and that, if there is an informal.  Carer, they are likely to require support in their caring role. The 3 Local Authorities all now have dedicated safeguarding teams and this has meant a more consistent and person centred approach is taken. In addition, at the beginning of the safeguarding process the person and their carer are asked how they would like to be kept informed of the progress of any enquiry, including whether or not they would like to attend any or all safeguarding meetings. People are also asked if they would like to have an independent advocate present at any meetings.  This is a more person centred way of engaging with people and their carers. Staff working in safeguarding have had refresher training on this new approach and at the closure of the safeguarding enquiry the person and their carer are asked about their experience of the support they have received and whether they felt safer at the end of the enquiry. Fact sheets are also available for people and their carers explaining what they can expect if there is a safeguarding enquiry. | |
| **POOLE** | | | | | | | |
| 30 | Poole Hospital | 2 | 2.1 That the service user be informed whether the surgeon has undertaken Advanced Communication Skills training, which is now recommended for all clinical staff involved in the treatment of cancer, and if the surgeon concerned has not undertaken the training that this should be expedited urgently. | May 2017  Updated October 2018  Complete but keep under review | **PHT** | In June 2015, the former Director of Nursing confirmed that the  surgeon involved had met with the service user and reflected on his communication skills. Since this time, the surgeon has deceased, so it is not possible to pursue this further.  Poole Hospital now has a multidisciplinary team (MDT) process for investigating, diagnosing, communicating and treating cancer. Each cancer has a site specific MDT that usually meets weekly. The core members of the MDT include all of the services that are involved in the process, for example, Physician, Surgeon, Oncologist, Clinical Nurse Specialist. The MDT process ensures that decisions are made jointly, and the information communicated to patients is appropriate, standard and definitive. As a result of the integrated working of Cancer MDTs, it is now common practice that when a cancer diagnosis is given outside of the oncology environment, the site specific Cancer Nurse Specialist will also attend the consultation.  It is a requirement for all core members of each MDT to undertake advanced communication skills training and this is monitored as part of the MDT annual review process.  Additional training relating to communication skills includes a one-day course on communication and breaking bad news. Recently it has become mandatory for all FY1 doctors at Poole Hospital to attend a 1-day workshop on communication skills in end of life care.  The Trust has a clear framework for conducting annual appraisals for all consultants and non-training grade medical staff. During this appraisal, professional development needs are identified and appropriate training/skill development put in place. This includes advanced communication skills training, where this is appropriate. This system of appraisal and revalidation meets the external standards set out by the General Medical Council, Medical Royal Colleges and the Department of Health.  **Update:**  **An individual response to case 2 has previously been provided.**  **General communication training**  **Communication is an integral part of the training in place for all staff involved in breaking bad news. The following courses are available for all staff to attend.**   * **Advanced communication skills** * **Communication and breaking bad news** * **Communication skills in end of life care** * **Communicating DNACPR decisions**   **Communication training for medical staff**  **It is mandatory for all FY1 doctors at Poole Hospital to attend the 1-day workshop on communication skills in end of life care.**  **This provides a basis for on-going development and honing of skills. The annual appraisal and on-going development processes for consultants includes opportunity for all professional development needs to be identified; this includes the review of any involvement in incidents and/or complaints. Appropriate training/skill development is put in place and this includes advanced communication skills training, where this is appropriate. This system of appraisal and revalidation meets the external standards set out by the General Medical Council, Medical Royal Colleges and the Department of Health.**  **Communication with regards to a cancer diagnosis**  **A joint multidisciplinary team (MDT) approach is taken to investigate, diagnose, communicate and treat cancers. Each cancer has a site specific MDT that usually meets weekly. The physician, surgeon, oncologist and clinical nurse specialist are core members of the MDT and are all required to undertake advanced communication skills training. Attendance is audited as part of the MDT annual review process and this ensures that the information communicated to patients is appropriate, consistent and definitive.**  **It is now common practice that when a cancer diagnosis is given outside of the oncology environment, the site specific Cancer Nurse Specialist will also attend the consultation.**  **Evaluation and on-going improvement**  **The 2017 National Cancer Patient Experience Survey results demonstrate positive feedback in response to questions relating to communication:**   1. **When with the Clinical Nurse Specialist, patients get understandable answers to important questions all or most of the time.**   **Poole Hospital: 92% (national average 88%)**   1. **Patient given complete explanation of test results in an understandable way.**   **Poole Hospital: 81% (national average 79%)**   1. **Patient completely understood the explanation of what was wrong**   **Poole Hospital: 74% (national average 73%)**  **A quarterly report is provided to the End of Life steering group, summarising complaints received by the Trust. During the 12 month period ending 30 June 2018, the Trust did not receive any complaints relating to communication at the time of a cancer diagnosis.**  **In summary, feedback is telling us that generally, communication associated with being given a cancer diagnosis has not been raised as an area of concern by our patients. However, we recognise that communication continuously requires review and on-going training and therefore, whilst this action is complete, it will also be kept under review.** | |
| 31 | Poole Hospital | 2 | 2.2 Records: The service user has requested that his records should include a note to the effect that there was a misdiagnosis. This does not seem unreasonable, should be done and confirmation that it has been done sent to the service user. | May 2017  Updated October 2018 | **PHT** | Case 2 service user healthcare records have been reviewed. There is a 2009 clinical entry indicating a suspicion of cancer and a plan to proceed to surgery. Case 2 was subsequently referred for a second opinion and the notes from this specialist have been obtained, with the consent of the service user, via Advocare. The second opinion clinical letter confirms suspicion of inflammation linked to an infected cyst and cancer is not suspected.  The Trust has added this second opinion into case 2’s healthcare records. The intention to do this was shared with Advocare in November 2017.  The healthcare records therefore now show the chronology of investigation and diagnosis throughout 2009/10, which confirms the diagnosis as being a probable infected cyst and NOT a cancer.  **Update:**  **An individual response to case 2 has previously been provided.**  **All staff who contribute to the written and/or electronic patient records are expected to maintain clear and accurate notes, in line with professional and Trust guidance. If a patient believes there to be an inaccurate entry in the healthcare records, the patient can raise this directly with the professional involved or via the Patient Experience Team. A discussion and/or meeting will usually be arranged and in most instances, any discrepancies are usually resolved. In the unusual event where a patient and clinician do not agree on the content of the healthcare record, a letter or any additional information provided by the patient or their representative can be added to the healthcare records.** | |
| 32 | Poole Hospital | 20 | 20.1 Poole Hospital and their PALS be made aware of the findings of this report and to be satisfied that due consideration is made to record-keeping of patients’ property and the needs of patients and carers on discharge. | May 2017  Updated October 2018  Complete but keep under review | **PHT** | The case 20 report has now been shared, by Advocare, with the Head of Patient Experience at Poole Hospital. The report and key findings were subsequently shared with the Patient Experience Team/PALS for reflection and learning.  Record keeping, including records kept about patient property, is a high priority for all nursing staff. Any concerns raised about lost property are investigated thoroughly by the senior sister of the ward and a member of the **Patient Experience** team. The Patient Property Policy is currently being reviewed and updated and will continue to reflect the requirement for accurate record keeping.  The appointment of a Carer Support Lead, who works closely with the Trust Discharge Team, has made a significant difference to the quality of care offered to carers, both throughout their loved ones stay in hospital, and **preparing for** discharge.  **Update:**  **An individual response to case 20 has previously been provided.**  **Accurate record keeping, including records kept about patient property, is a high priority for all Trust staff. The Trust takes steps to minimise the risk of loss or damage to property brought into hospital, but it is acknowledged that keeping patient property safe from loss or damage throughout a patient’s admission and discharge is an increasing challenge for hospitals. The Trust policy for managing patient property explains what records should be kept to ensure, as far as is practical and reasonable, the safekeeping of patient’s belongings. The current policy review is in final draft version September 2018 and includes an annual audit of patient property record keeping, so that practice can be evaluated, reviewed and improved.**  **Any concerns raised about lost property are investigated thoroughly by the senior sister of the ward and where appropriate, a member of the Patient Experience team. Unfortunately, despite thorough searches, property is occasionally misplaced and where this is found to be due to an act or omission of a member of staff, the Trust will consider fair and proportionate reimbursement.**  **The Carer Support Lead maintains regular contact with carers though out the hospital stay which means that any concerns about lost property can be raised and addressed at the time of loss and therefore recovery of the item much more likely. This has reduced concerns raised by carers about loss of property.**  **The ‘This is Me’ document includes information about carer involvement and staff make every effort to involve carers in all decisions about discharge. The nursing staff and discharge coordinators work together to ensure this is effective. If there have been any gaps in communication, the Carer Support Lead is available, if required, to support and re-establish carer involvement in discharge planning.** | |
| **33** | **Poole Hospital** | 20 | 20.3 Face to face meeting: The Chief Nursing Officer and Chief Executive, who have offered to listen to carers in person be invited to meet with (carer). She welcomes this and believes it would help her to achieve closure of these issues which continue to trouble her. | May 2017  Updated October 2018  Complete/ongoing | **PHT** | The Trust welcomes the opportunity to meet with patients and carers, to hear first-hand, their experience of Trust services. This is reflected in our Board meetings that all begin with a patient story. The videoed experience of care from the carer’s perspective was recently presented at a Board meeting.  A carer has recently shared their story at a training session with medical staff and this will also be shown to Board. The offer to meet this carer and to hear their experience remains open.  Carers are invited to the Trust’s Patient Experience and Engagement Steering Group meetings.  Two offers have been made, via Advocare, for case 20 to meet with the Chief Executive and the Director of Nursing. The offer made in July 2017 was declined due to ill health. The offer made in December 2017 was subsequently declined due to studying commitments.  **Update**  **An individual response to case 20 has previously been provided.**  **The Trust welcomes the opportunity to meet with patients and carers, to hear first-hand, their experience of Trust services. We encourage patient feedback via a variety of different routes and are in the highest quartile for % response in the Friends and Family Test.**  **Our commitment to this is reflected in our Board meetings that all begin with a patient story. The videoed experience of care from a carer’s perspective was recently presented at a Board meeting and a different carer has been invited to meet with the Ward Leaders in the near future.**  **The Chairman and Director of Nursing regularly meet with patients, carers and families; both to listen to their experience of care and to support resolution of their concerns.**  **The Trust runs various patient and carer groups and the members are active in giving their feedback and are encouraged to participate in the development of our services.**  **The Trust is actively involved in the Better Together carers’ strategy 2016-2020, ‘Valuing Carers in Dorset’. This includes actively working with carers, aiming to raise awareness and improving the carer experience at Poole Hospital by welcoming, supporting and involving them as experts in care.** | |
| 34 | Poole Hospital | 21 | 21.1 Detailed response for carer:  Senior members of staff at the hospital to prepare a detailed response to the points raised by (carer), concentrating on how the Hospital proposes to improve the care of people with dementia in future and what can be learned from (the service user’s) experience, and with reference to the recommendations below. | May 2017  Updated October 2018  Complete but keep under review | **PHT** | The Trust is able to review the points raised regarding improving the care of people with dementia, although would not necessarily be able to comment on any historic care issues unless these are documented in the service user’s healthcare records. A key project for the Trust this year is Dementia and significant work has already taken place to improve quality of care, including the care environment and the level of training offered to all staff. The Trust has a Dementia Nurse Specialist and a Carer Support Lead in post, both working to deliver improvements in care and experience.  The Trust has participated in the Kings Fund Enhancing the Healing Environment for people with Dementia and successfully refurbished one of the wards within the Philip Arnold Unit to embrace these principles. Further environmental improvements form part of our charity priorities this year.  The Trust would welcome the opportunity to share this work with the service users involved. Please contact the Patient Experience Team at Poole Hospital for this action to be progressed.  **Update:**  **The Trust has a Dementia Steering Group, through which, compliance with NICE Quality Standard for Dementia is monitored and actions for improvement agreed.**  **All patients admitted to Poole Hospital, aged 75 or over are screened for dementia by one of the dementia team, comprising of two dementia nurse specialists and two dementia screening nurses.**  **A positive diagnosis of dementia leads to a series of steps and resources, including a referral to the Trust Carer Support Lead who will visit the carer to offer support and advice whilst the cared-for is in hospital.**  **Various resources are available to support care and communication including: the ‘This is Me’ booklet; ‘forget me not’ magnets and blue clips to aid identification; information leaflet for carers and staff to support people with dementia; dementia pain scoring system (Abbey pain scale); agitation inventory; and carer referral form. The Trust Dementia Champions, working in wards and departments throughout the Trust, support this work.**  **The Trust cares for an average 2,100 people with a known diagnosis of dementia annually, we also know that many more of our patients may have undiagnosed dementia and these numbers are increasing. The Trust therefore recognises that providing high quality health care for people with dementia continues to be challenging and we will continue to review our services and how we involve and support carers in helping us achieve this.**  **In 2017, Poole Hospital was rated fourth best in the country by carers of patients with dementia for the care provided. The National Audit of Dementia looks at a range of performance indicators, as well as surveys of patients and carers. Nearly 90 per cent of carers questioned said that the care their loved one received was high quality. More than 80 per cent said that communication with them by staff was good, placing the hospital 11th in the country.**  **The hospital was also placed 16th best in the country for its governance – how well dementia care is monitored and how well-led the service is - for patients with dementia. The audit also found areas that could be improved, including communication between staff, and recommendations and actions have been agreed through the Trust’s Dementia Steering Group.** | |
| 35 | Poole Hospital | 21 | 21.2 Review of discharge planning process at Poole Hospital with particular reference to people with dementia, how their carers are involved in the process and how their carers’ views are taken into account. | May 2017  Updated October 2018 | **PHT** | The Trust has improved processes to identify and support carers  throughout their stay, including robust discharge planning. Last year, we launched a Carers Commitment and now have an on- going active carers project that involves a care partnership document (similar to a carers passport), to help staff understand to what extent, and how, a carer wants to be involved in their loved one’s care. This ensures that carers feel welcome, are orientated to the ward and are recognised as experts in care. We can also offer discounted parking and meals for active carers.  **Update:**  **The Trust carer documentation, similar to a ‘carer’s passport’, helps staff to understand the carers wishes to stay involved. This ensures that carers feel welcome, are orientated to the ward, recognised as experts in care and kept involved in discharge planning.**  **We aim to fully involve carers with the discharge planning process, which begins at the point of admission.  Ward staff are expected to actively seek carers views and they are encouraged to be actively involved in all decisions about the future care of the cared-for. The** [**'planning your discharge' leaflet**](https://intranet.poole.nhs.uk/uploads/discharge/documents/Discharge_Planning_Leaflet.pdf)**, initial estimated date of discharge and named nurse/discharge coordinator to contact about the plans are** **given to the carer on admission. Communication is maintained and patients or carers given or directed to written information when required.**  **Prior to discharge, the patient or carers are encouraged to arrange transport or transport is arranged for them if necessary. Medication counselling, written information and a copy of the IDS are given to the patient/carer on discharge.**  **As well as the ward staff and discharge coordinator, the Carer Support Lead is also available to keep in touch with the carer and ensure that their information and support needs are met and they are kept fully informed of the discharge plans.**  **Poole Hospital now has an integrated discharge team comprising health and social care professionals from the three Local Authorities in Dorset and the hospital discharge team. Communication has improved following the co-location of these teams.   Progress with discharge planning is reviewed daily by clinical staff on the wards, with further meetings involving senior health and social care staff held regularly to ensure that any barriers to discharge can be resolved.** | |
| 36 | Poole Hospital | 21 | 21.4 Involvement of carers/families: Review of how carers/family members are involved in the care of people with dementia | May 2017  Updated October 2018  Complete but keep under review | **PHT** | Further work is planned as part of the Dorset Carers Strategy ‘Valuing Carers in Dorset’.  **Update:**  **The Trust encourages carers to remain involved in the care of the cared-for with dementia, throughout their stay in hospital.**  **This is supported by the carers support service and the Dementia Champions.**  **The Carer Support Leads visits all known carers, to offer information and support, ensuring the care’s needs are met and if they wish to, to ensure they are able to stay involved in care-giving. For those carers who continue to care, subsidized meals and free parking are available.**  **The Dementia Champions are ward or department based and promote best practice within their ward or department. Their action plan for 2018 includes the promotion of information and support for carers, encouraging carers to continue in their caring role and to ensure the Dementia Champions use the system for electronic referral to the carer support service, as early in the patient stay as possible.**  **Progress on achieving this is reported via the Patient Experience and Engagement Steering Group and the Dementia Steering Group. The Trust will continue to promote carers being actively involved in care decisions and care giving; and will find ways to engage carers to feedback their experiences, so we know if we are achieving this.**  **The Trust is working with carers, via the Valuing Carers in Dorset steering group, to improve documentation, with specific focus on having the right information available when the cared-for is admitted as an emergency.**  **Other on-going work to continue to promote carers and carer involvement across the three acute Trusts in Dorset is planned as part of ‘Valuing Carers in Dorset’.** | |
| 37 | Poole Hospital | 21 | 21.5 Audit of staff training in dementia care: Has Poole Hospital audited their staff against this Quality Standard (NICE Dementia Quality Standard Statement 1)? If so, how did they perform and what mechanisms are in place to ensure that this Standard is met? If not, then an audit of staff training in dementia care is recommended. | May 2017  Updated October 2018  Complete/ongoing | **PHT** | The Trust induction now includes dementia training for both employed staff and volunteers. This training is now mandatory. A formal audit of compliance has therefore not been considered necessary, but the Trust will review this in light of this recommendation.  **Update:**  **The Trust induction now includes dementia training for all new staff. The Tier 1 basic dementia awareness training is provided to all levels of staff and volunteers. The Tier 2 training is provided for all patient-facing staff. This is a more in-depth level of training, requiring four hours of study, including:**   * **Dementia identification, assessment and diagnosis** * **Person - centred dementia care** * **Health and well-being in dementia care** * **Communication, interaction and behaviour in dementia care** * **Living well with dementia and promoting independence** * **Families and carers as partners in dementia care** * **Legal aspects of dementia care**   **The Ward Dementia Champions receive additional on-going training to support them in their role and the two Specialist Dementia Nurses provide additional training and support for all Trust staff.**  **These training packages ensure that all staff have the right level of dementia care training, consistent with their roles and responsibilities. This meets the NICE Quality Standard for Dementia.** | |
| 38 | Poole Hospital | 21 | 21.6 It may be appropriate to consider whether some wards at Poole Hospital should apply for the Quality Mark for Elder-friendly Hospital Wards (Royal College of Physicians 2014). | May 2017  Updated October 2018  Complete/ongoing | **PHT** | The Trust has participated in the Kings Fund Enhancing the Healing Environment for people with Dementia. Further consideration will also be given to the Quality Mark for Elder- friendly Hospital Wards at Poole Hospital.  **Update:**  **The Trust has participated in the Kings Fund Enhancing the Healing Environment for people with Dementia and successfully refurbished one of the wards within the Philip Arnold Unit to embrace these principles. Further environmental improvements form part of our charity priorities this year.**  **The Trust Dementia Steering Group are responsible for on-going implementation and service improvements in line with the NICE Quality Standard for Dementia.** | |
| 39 | Poole & Alderney Hospital | 14 | 14.1 Recording Next of Kin. The Trust might review their practice regarding how NOK is recorded and how difficult issues regarding NOK might be addressed; for example, through information management training for staff and/or audit of NOK recording practices. | May 2017  Updated September 2018 | **DHC** | DHC – letters and action plans already shared as evidence.  **Update:**  **DHC– It is noted that this episode of care took place in 2008 and significant changes have taken place since that time. An Electronic Patient Record is in place and audits are undertaken on an annual basis.**  **Letters and action plans in relation to this specific case have been shared as evidence but are not reproduced here to maintain confidentiality**  *(Evidence Ref No. DHC 1)* | |
|  |  |  |  | Updated October 2018  Complete | **PHT** | Poole Hospital. All patients are asked to give the name and contact details of their next of kin on admission. Where contact details are given, they are routinely recorded on the patients’ healthcare records.  **Update:**  **PHFT. All patients are asked to give the name and contact details of their next of kin on first contact with the hospital. Where contact details are given, they are routinely recorded on the patients’ electronic healthcare records. If a patient is readmitted to hospital, they have the opportunity to update/change the details of the next of kin should they so wish.** | |
| 40 | Poole &  Alderney Hospital | 14 | 14.2 Relationship with carers/families: Review what Trust policies influence how healthcare staff members work with and involve carers/ family, and how communication with carers and their involvement in their relative’s care might be improved. | May 2017  Updated September 2018 | **DHC** | Update – letters and action plans already shared as evidence (As recommendation 39)  **Update:**  **DHC-– It is noted that this episode of care took place in 2008 and significant changes have taken place since that time. Quality Mark Awards have been achieved as detailed in recommendation 43. John’s Campaign has been rolled out & Carers Passport has been introduced into all Community Hospitals. Implementation of Triangle of Care is ongoing. A Carer’s Lead has been employed. Trust Induction includes a carer perspective.**  **As per recommendation 39 - Letters and action plans in relation to this specific case have been shared as evidence but are not reproduced here to maintain confidentiality.** | |
|  |  |  |  | Updated August 2018 | **PHT** | Update – letters and action plans already shared as evidence (As recommendation 39)    PHFT: please see sections 33-36 | |
| 41 | Poole &  Alderney Hospital | 10, 14 | 14.3 In respect of vulnerable older people, the Trust might consider using a letter of authorisation for information sharing in order to ask patients who are capable of deciding to specify with whom they want information about them to be shared. | May 2017  Updated September 2018 | **DHC** | Update – letters and action plans already shared as evidence  **Update –**   * **DHC - It is noted that both these episodes of care took place in 2008 and significant changes have taken place since that time** * **As per recommendation 39 - Letters and action plans in relation to the two specific cases have been shared as evidence but are not reproduced here to maintain confidentiality**   *(Evidence Ref Nos. DHC1, DHC 2 and DHC3)* | |
|  |  |  |  | Updated August 2018 | **PHT** | **Update – letters and action plans already shared as evidence**  **The Trust has a clear policy on data protection and information sharing, compliant with the Data Protection Act and General Data Protection Regulations. Where information is requested about a person who lacks capacity, the information will only be shared with a person who has legal responsibility for the data subject; for example a person with the appropriate power of attorney.**  **In circumstances where a patient does have capacity, the Trust will ask with whom they wish their information to be shared and this is documented in the patient’s healthcare records. This may be one or more people but often, the patient and/or family and friends will be asked to nominate one person to act as the main conduit of communication, to reduce risks of miscommunication when care or treatment changes for example. The Trust has considered the use of letters of authorisation in line with this recommendation, but decided not to adopt this approach because the person with whom the patient wants their information shared may change over time and in these circumstances, tracking the validity of letters of authorisation may become problematic.** | |
| 42 | Poole &  Alderney Hospital | 14 | 14.4 Audit basic standards of care eg nutrition, communication. | May 2017  Updated September 2018 | **DHC** | See response in recommendation 39  Ward Managers undertake record audits which include nutrition, care plans and carers involvement  **Update:**   * **DHC – It is noted that this episode of care took place in 2008 and significant changes have taken place since that time. Ward Managers undertake local record audits which include nutrition, care plans and carers involvement** * **As per recommendation 39 - Letters and action plans in relation to this specific case have been shared as evidence but are not reproduced here to maintain confidentiality** | |
|  |  |  |  | Updated October 2018  Complete/ongoing | **PHT** | **Update:**  **See response in recommendation 39**  **Ward Managers undertake record audits which include nutrition, care plans and carers involvement**  **PHFT:** **Meeting the nutrition and hydration needs of our patients is a high priority for the Trust and this is set out in our Food and Drink Strategy, the implementation of which is monitored through the quarterly meetings of our Trust Nutrition Strategy Group.**  **The importance of eating and drinking in people with dementia is explained in an information leaflet designed for carers and families. The Trust has found our finger-food menu for people with dementia to be helpful in improving nutritional intake. Carers are encouraged to complete a food and drink preferences form, to ensure the most appropriate foods are chosen if the carer is not available to help with the selection. This form also opens the dialogue with the carer as to whether they wish to come into hospital to help at mealtimes.**  **We have Mealtime Companions at the Trust; volunteers who are appropriately trained in the safety aspects of helping people to eat and drink. Currently we are trying to recruit more volunteers into this role, to help support patients who need help at mealtimes.**  **There are various mechanisms of audit and assurance in place relating to nutrition:**   * **Screening of malnutrition (MUST audit) in line with the NICE clinical guideline 32 and Quality Standard 24. The Trust is working to the target for screening 95% of patients within 24 hours of admission, in-line with CQC and CCG requirements.** * **The hospital catering patient feedback questionnaire, includes questions about menu choice, ordering, portion size, food quality and temperature. Results are reviewed by the Nutrition Strategy Group and improvement plans agreed.** * **A recent audit of patient experience of mealtimes, will be triangulated with a volunteer-led patient experience of mealtime survey and used to progress further work to improve the patient experience of mealtimes** * **The national Patient Led Assessment of the Care Environment (PLACE) incorporates nutrition and hydration as part of the annual inspection of the hospital environment.**   **The Trust has considered different opportunities to audit communication across the Trust and aware that improving communication is an on-going aim for many healthcare organisations. Improvements in communication training have been put in place (see section 30) and the Trust is currently planning other opportunities for communication and customer care based training.** | |
| 43 | Poole &  Alderney Hospital | 14 | 14.5 It may be appropriate to consider whether some wards at Poole and Alderney Hospitals should apply for the Quality Mark for Elder-friendly Hospital Wards (Royal College of Physicians 2014). | May 2017  Updated September 2018 | **DHC** | See response under recommendation 39  DHC - The following wards achieved Stage 1:   * Ryeberry and Langdon wards, Bridport Community Hospital * Hanham Ward, Victoria Hospital, Wimborne * The Willows Unit, Yeatman Hospital, Sherborne   The following wards were awarded the Quality Mark:   * Fayrewood Ward, St Leonards Hospital * Jersey Ward, Alderney Hospital * Radipole Ward, Westhaven Hospital * Stanley Purser Ward, Swanage Hospital * Tarrant Ward, Blandford Community Hospital  Dorset HealthCare is the first community trust to participate in the programme and be awarded the Quality Mark.**Update:****It is noted that this episode of care took place in 2008 and significant changes have taken place since that time.**  **The following wards achieved Stage 1 of Quality Mark for Elder Friendly:**   * **Ryeberry and Langdon wards, Bridport Community Hospital** * **Hanham Ward, Victoria Hospital, Wimborne** * **The Willows Unit, Yeatman Hospital, Sherborne**   **The following wards were awarded the Quality Mark:**   * **Fayrewood Ward, St Leonards Hospital** * **Jersey Ward, Alderney Hospital** * **Radipole Ward, Westhaven Hospital** * **Stanley Purser Ward, Swanage Hospital** * **Tarrant Ward, Blandford Community Hospital**   **Dorset HealthCare is the first community trust to participate in the programme and be awarded the Quality Mark.** **As per recommendation 39 - Letters and action plans in relation to this specific case have been shared as evidence but are not reproduced here to maintain confidentiality** | |
|  |  |  |  | Updated August 2018 | **PHT** | **Update:**  **See response under recommendation 39**  **DHC - The following wards achieved Stage 1:**  **Ryeberry and Langdon wards, Bridport Community Hospital**  **Hanham Ward, Victoria Hospital, Wimborne**  **The Willows Unit, Yeatman Hospital, Sherborne**  **The following wards were awarded the Quality Mark:**  **Fayrewood Ward, St Leonards Hospital**  **Jersey Ward, Alderney Hospital**  **Radipole Ward, Westhaven Hospital**  **Stanley Purser Ward, Swanage Hospital**  **Tarrant Ward, Blandford Community Hospital**  **Dorset HealthCare is the first community trust to participate in the programme and be awarded the Quality Mark.**  **PHT: please see sections 33-36** | |
| 44 | Poole &  Alderney Hospital | 14 | 14.6 Senior member/s of staff at the Hospitals to prepare an explanation for (the carer) about what happened to her husband and how the Hospitals propose to learn from her experience and to improve the care of people using services in future. This explanation would be best offered to (the carer) through a neutral third party, or in writing, and perhaps in partnership with Advocare. This approach might be equally appropriate in the case of other carers who have had similar experiences. | May 2017  Updated September 2018 | **DHC** | DHC: Letter as per recommendation 39  **Update:**  **DHC - As per recommendation 39 - Letters and action plans in relation to this specific case have been shared as evidence but are not reproduced here to maintain confidentiality. A written response and investigation report has been shared with the patient’s carer** | |
|  |  |  |  | Updated August 2018 | **PHT** | **Update:**  **DHC: Letter as per recommendation 39** | |
| 45 | Poole –  Alderney Hospital | 3,4,17 | 3.1 Culture of care: If the wards at Alderney Hospital are not already involved in the AIMS-OP programme then involvement in the programme could be considered as a way to demonstrate that inpatient care meets appropriate standards, and as a way of reassuring carers who have been through bad experiences that things are changing. | X10  May 2017  Updated September 2018 | **DHC** | Dorset University Healthcare Foundation Trust - In regard to the Elder Friendly Ward we are formally on this program and have introduced it into 9 of our community hospitals and rolling it out to the others this year.  The following wards achieved Stage 1:   * Ryeberry and Langdon wards, Bridport Community Hospital * Hanham Ward, Victoria Hospital, Wimborne * The Willows Unit, Yeatman Hospital, Sherborne   The following wards were awarded the Quality Mark: Fayrewood Ward, St Leonards HospitalJersey Ward, Alderney HospitalRadipole Ward, Westhaven HospitalStanley Purser Ward, Swanage HospitalTarrant Ward, Blandford Community HospitalJohns campaign including the introduction of the carers passport has been introduced in all community hospitals. **Update:**  **2017 CQC Report rated ‘Caring’ in DHC as Good**. | |
| 46 | Poole –  Alderney Hospital | 3,4,17 | 3.2 Anti-psychotic drugs and psychological/ psychosocial interventions: Other possible actions might include auditing the use of anti-psychotics (this may have already been done); auditing what training staff have undertaken relating to psychological/ psychosocial interventions as a prelude to identifying future training priorities and arranging necessary training; auditing the availability and range of activities on the wards. | May 2017  Updated September 2018 | **DHC** | All wards have a nominated pharmacist and pharmacy technician to review drug charts and advise nurses and doctor in regard to medication options. The Trust participates in the national medication audits and undertakes local audits.  Staff identify any training needs during their appraisal and line management supervision.  Ward activity co-coordinators are now present on the wards to support activity planning and interventions with the patients and consider a wide variety and diversity of activities.  (information received 19/5/2017)  **Update:**  **All wards have a nominated pharmacist and pharmacy technician to review drug charts and advise nurses and doctor in regard to medication options. The Trust participates in the national medication audits and undertakes local audits. Medicines Management Service Specification sets out this service provision**  **Staff identify any training needs during their appraisal and line management supervision.**  **Ward activity co-coordinators are now present on the wards to support activity planning and interventions with the patients and consider a wide variety and diversity of activities.**  **Medicines Management Service Specification attached.**  *(Evidence Ref No. DHC 4)* | |
| 47 | Poole –  Alderney Hospital | 17 | 3.3 Smoking policy: When a person with dementia who smokes is admitted to hospital the care plan needs to include appropriate management of their smoking which will include measures to deal with any withdrawal symptoms if they are in a non- smoking environment, eg nicotine replacement treatment. | May 2017  Updated September 2018 | **DHC** | Dorset HealthCare went ‘smoke free’ on 1 April 2017 across all inpatient units (mental health and community health). Staff have been trained in brief intervention and there is a stop smoking champion on each ward trained to a higher level. Nicotine Replacement Therapy is available for patients who do smoke and are supported not to use tobacco whilst an inpatient.  (information received 19.5.2017)  **Update: - Smoke Free information already submitted** | |
| 48 | Poole –  Alderney Hospital | 3,4,17 | 3.4 Relationship with carers: It is good practice to encourage the involvement of carers and to ask them to give routine regular feedback about ways to improve the environment where their relative is being cared for.  Simple things can be built into the system to help carers stay fully informed and involved, and should be considered eg meeting them regularly; involving them in review meetings; copying letters relating to their relative’s care to them (with their relative’s consent); giving them copies of treatment and discharge plans (with their relative’s consent).  Enquiring about LPAs and recording their existence should be routine practice. | May 2017  Updated September 2018 | **DHC** | DHC - Please see details set out at recommendation 40. DHC signed up to John’s campaign into all Community Hospitals. This includes introduction of carers passport. DHC also has a lead for carers.  **Update:**  **DHC signed up to Johns campaign into all Community Hospitals. This includes introduction of carers passport. DHC also has a lead for carers.**  Poole Hospital - The Trust has improved processes to identify and support carers throughout their stay, including robust discharge planning. Last year, we launched a Carers Commitment and now have an on-going active carers project that involves a care partnership document (similar to a carers passport), to help staff understand to what extent, and how, a carer wants to be involved in their loved one’s care. This ensures that carers feel welcome, are orientated to the ward and are recognised as experts in care. We can also offer discounted parking and meals for active carers. | |
| 49 | Poole –  Alderney Hospital | 3,4,17 | 3.9 Assessment: An admission care pathway with agreed criteria for admission of people with dementia should be considered (if not currently in operation). | May 2017  Updated September 2018 | **DHC** | Service Director for mental Health and LD – Dementia care pathway in place.  In 18/19 all community hospitals we have a quality priority where all CH’s are signing up to the Dementia Hospital Charter. All have joined their local alliance.  **Update:**  **Since these episodes of care took place a Dementia care pathway has been introduced.**  **In 18/19 all community hospitals are signing up to the Dementia Hospital Charter. All have joined their local alliance. The action is part of DHC Quality Priority for the year.** | |
| 50 | Poole –  Alderney Hospital | 10 | 10.1 Senior members of staff at the hospital (Alderney) to prepare a detailed response to the points raised by (the carer), concentrating on how Alderney Hospital proposes to improve the care of people using services in future, what can be learned from (her husband’s) experience, and what has changed since (his) admission; response to be produced in partnership with an Independent Medical Assessor to act as an impartial third party.  It is likely that production of the response will need to include a senior member of nursing and of medical staff in order to address all the questions raised. | May 2017  Updated September 2018 | **DHC** | Author: a copy of a letter which contained the response requested in this action point was supplied to the author.  **Update:**   * **- It is noted that this episode of care took place in 2008.** * **Letters and action plans in relation to this specific case have been shared as evidence but are not reproduced here to maintain confidentiality. A written response and investigation report has been shared with the patient’s carer.**   *(Evidence Ref Nos DHC2 and DHC3)* | |
| 51 | Poole –  Alderney Hospital | 10 | 10.2 Working with carers/ families:  Review what Trust policies influence how healthcare staff members work with and involve carers/ family, and how communication with carers and their involvement in their relative’s care might be improved. | May 2017  Updated September 2018 | **DHC** | Author: the answer to recommendation 48 addresses these points.  Action plan and letter as per recommendation 50  **Update:**   * **It is noted that this episode of care took place in 2008 and significant changes have taken place since that time.** * **Please see details set out at recommendation 40, 48 & 50. DHC signed up to John’s campaign into all Community Hospitals. This includes introduction of carers passport. DHC also has a lead for carers.** | |
| 52 | Poole –  Alderney Hospital | 10 | 10.4 Visit: A senior staff member kindly offered to take (the carer) to visit the ward and meet the ward sister and (the carer) was pleased to accept this offer. If possible (subject to their agreement and practical arrangements) (she) would like to talk with patients and relatives whilst she is there. | May 2017  Updated September 2018 | **DHC** | Author: the carer’s visit took place on 13 August 2015.  Action plan and letter as per recommendation 50  **Update:**   * **DHC - the carer’s visit took place on 13 August 2015. Action plan and letter as per recommendation 50** * **Letters and action plans in relation to this specific case have been shared as evidence but are not reproduced here to maintain confidentiality** | |
| 53 | Poole –  Alderney Hospital | 10 | 10.5 (A senior staff member) will check whether relatives/ carers are made aware that care plans relating to the treatment of their relatives are available. | May 2017  Updated September 2018 | **DHC** | Update – action plan and letter as per recommendation 50  **Update:**   * **It is noted that this episode of care took place in 2008 and significant changes have taken place since that time** * **Please see details set out at recommendation 40, 48 & 50. DHC signed up to John’s campaign into all Community Hospitals. This includes introduction of carers passport. DHC also has a lead for carers.** | |
| 54 | Poole –  Alderney Hospital | 10 | 10.6 Staff training: Advocare will give (the carer’s) contact details to (a senior staff member) so that (the carer) can be contacted with a view to recording her experiences/ story for use in training staff. | May 2017  Updated September 2018 | **DHC** | Author: a meeting took place to arrange this.  Action plan and letter as per recommendation 50  **Update:**   * **This meeting took place in July 2015.** * **Action plan and letter as per recommendation 50.** * **Letters and action plans in relation to this specific case have been shared as evidence but are not reproduced here to maintain confidentiality** | |
| 55 | Poole –  Alderney Hospital | 10 | * 1. A senior staff member has   agreed to feed back to (a specialist who provided a report) the specific comments and views of (an Advocare representative) that (the carer)   * + 1. did not have poor recollection of events as he states in his report   ii) was bullied by the OT  iii)and this was not a negative misinterpretation (only she can say what her experience was). Good communication on behalf of staff would have prevented both of these. | May 2017  Updated September 2018 | **DHC** | Author: this was done.  Action plan and letter as per recommendation 50  **Update:**   * **DHC – This feedback was provided in July 2015** * **Action plan and letter as per recommendation 50.** * **Letters and action plans in relation to this specific case have been shared as evidence but are not reproduced here to maintain confidentiality** | |
| 56 | Poole –  Alderney Hospital | 10 | 10.8 (An Advocare representative) and (a senior staff member) have agreed to meet and explore how Advocare might work with the Trust in the interests of carers and patients. | May 2017  Updated September 2018 | **DHC** | Author: a meeting took place on 17 September 2015.  Action plan and letter as per recommendation 50  **Update:**   * **DHC – this meeting took place in September 2015.** * **Action plan and letter as per recommendation 50.** * **Letters and action plans in relation to this specific case have been shared as evidence but are not reproduced here to maintain confidentiality** | |
| 57 | Poole –  Alderney Hospital | 10 | 10.9 Audit: A senior staff member referred to the PDS audit ‘get it on time’ and will check whether it is being undertaken. | May 2017  Updated September 2018 | **DHC** | Author: feedback received was that wards undertake ward based audits and reviews of medicines management and timeliness of medications.  Action plan and letter as per recommendation 50.  **Update:**   * **It is noted that this episode of care took place in 2008 and significant changes have taken place since that time.** * **Feedback received was that wards undertake ward based audits and reviews of medicines management and timeliness of medications.** * **Action plan and letter as per recommendation 50.** | |
| 58 | Poole – Health  Care (CCG) | 3 | 3.6 CHC funding reviews: Funding organisations should audit whether regular review of CHC funded placements is taking place; whether review includes the issue of whether care needs are being met as well as continuing eligibility for funding; and whether there are processes in place to ensure that timely reviews take place.  Funding organisations need to have an agreed way of dealing with concerns about unsatisfactory care in those people receiving CHC, eg by drawing them to the attention of the regulator and/or by moving the person receiving care to a placement which meets their needs. | May 2017  Updated August 2018 | **CCG** | Regular audit now takes place for CHC.  There is a clear process for raising concerns/complaints and escalation to the Ombudsman if people are not happy with the outcome. There is a new Quality Assurance Tool for CHC which the CCG is signed up to- this is monitored by NHS England. Policies and procedures have been reviewed and updated for the appeals process and this is in line with the National Framework.  See recomendation 13 | |
| 59 | Poole – Health  Care | 16 | 16.4 The care offered to (the patient) in the Poole NHS Trust was not of the standard expected and there are significant differences between the family’s account and that recorded in the medical record.  The carers wish to:   1. Understand who took the decision to put the Medicines Management Team out to Tender;    1. Why they were not provided with any warning or made aware of the consultation?    2. Was the new service specification identical to the existing service?   Why were they not informed that the service had ceased during   1. his admission? | May 2017  Updated October 2018  Complete | **PHT** | The Trust would welcome the opportunity to investigate any outstanding issues the family may have, where it is possible to undertake an investigation and reach a conclusion. This will depend on the specific concerns raised and any associated time lapse.  If these concerns cannot be adequately investigated, the Trust would welcome the opportunity to invite the family in to discuss, understand and learn from the issues that arose at the time.  Author: a meeting took place on 19 Oct 2015 and a response was produced by a senior member of staff, which to some extent addressed these three points. It may not be possible to achieve greater clarity.  **Update:**  **The decision to put the Medicines Management Team out to tender was made by Bournemouth and Poole Primary Care Trust in May 2008.** | |
| 60 | Poole – Health  Care | 16 | 16.5 The carers wish to:   1. Have copies of the relevant PIC's community care notes; 2. Have copies of documentation (which may include the relevant Poole PCT Board minutes) relating to the decision to tender   the Medicines Management service   1. Meet with the appropriate person to discuss these issues which may be the Chief Executive at the time. | x11  May 2017  Updated October 2018 | **PHT** | Author: the meeting on 19 Oct 2015 brought the carers together with senior staff to discuss issues of concern and further documentation was provided following that meeting. It may not be possible to achieve greater clarity due to the time elapsed.  **Update:**  **As recommendation 59.** | |
| 61 | Poole – Health  Care | 16 | 16.6 The carers wish to be  provided with reassurance that there have been changes to the hospital process to;   1. ensure all injuries to patients are recorded on incident forms. 2. that there has been an improvement in communication with families regarding the use of DNAR and Liverpool Care Pathway (or its equivalent). 3. That staff are reminded to   complete and correctly time all entries into the medical notes.  j) (The IMA) would also suggest that the nursing Kardex is reviewed as at times he found it almost impossible to follow the flow of information. | May 2017 Updated October 2018  Complete/ongoing | **PHT** | The Trust has a robust electronic system of recording all incidents, including all injuries that occur on hospital premises  This relates to patients, carers and the wider public.  The Trust has undertaken various service improvement initiatives regarding end of life care, and communication of DNACPR. We would welcome the opportunity to share this with the carer concerned. Please contact the Patient Experience Team at Poole Hospital for this action to be progressed.  **Update:**  **The Trust has a robust electronic system of recording all incidents or injuries that occur on hospital premises, whether this involves patients, carers, families, staff or the wider public. The completion of the electronic system is well embedded in practice.**  **Please see item 30 relating to end of life communication.**  **Please see item 32 relating to record keeping.** | |
| 62 | Poole – Health  Care (CCG) | 21 | 21.3 The CHC assessment and  decision making process:   1. Clarify what the role of the mental health service is in the CHC assessment and decision making process (particularly in relation to people with dementia in acute care) and when the mental health service might contribute to the overall assessment. 2. Review how staff teams ensure that carers/family are kept fully informed and able to contribute to the process. | May 2017  Updated August 2018 | **CCG** | Mental health teams are involved in providing information on individuals in order for a full assessment of care needs and a complete DST to be undertaken. They are involved in MDTs as appropriate.  Families and carers are now integral to the process- this is monitored by audits and the CHC Quality Assurance Tool.  Dorset Clinical Commissioning Group together with the 3 Local Authorities have produced a protocol to ensure staff working within NHS Borough of Poole up date.  Dorset CCG, together with contracted providers are clear about the case management responsibilities relating to people who are in receipt of NHS funded Continuing Healthcare. It also sets out the transfer arrangements between organisations when a person becomes eligible for CHC or is reviewed and found to be no longer eligible. The protocol also ensures that patients and their families/carers know who is managing their care arrangements when funded by any of the organisations referred to above.  **Complete** | |
| 63 | Poole – Health  & Social Care | 3,4 | 3.5 Commissioners should review services to support carers in the community including respite/ rotational respite and out-of-hours services. | May 2017  Updated September 2018 | **BoP** | **The themed report describes improvements made for carers in this respect**  **A lead senior manager has been identified for carers who is accountable, following changes set out in the Care Act 2014 for ensuring that Adult Social Care provides support to a carers including a needs assessment and annual review which take into account the carer’s wellbeing and emotional health.**  **Commissioners have reviewed services available for carers in the community; as a result, there is a wide range available including the Carers Information Service.**  **Carers in Crisis -Emergency Backup System. Home based sitting service.**  **Carers Support Programme run by St John’s ambulance. Focus befriending scheme. A fully equipped static caravan has been purchased to offer short respite breaks and holidays for carers.**  **A Carers Reference group is being run independently from Social Services. Reps from this group sitting on the Joint Commissioning Board.**  **There is a Home from Home respite day service. Across the 3 Local Authorities there is an out of hours’ service for members of the public to contact if they require assistance, the OOH officers would be able to identify appropriate support in an emergency should this be required by the Carer.** | |
| 6412 | Poole – Health Care | 3 | 3.8 Services for people with early onset dementia should be reviewed to ensure that people are not disadvantaged by virtue of developing dementia at a young age, and that the carers of younger people with dementia have access to community support. | May 2017  Updated September 2018 | **PHT**  **BoP** | The themed report covers improvements made for carers.  Memory Support and Advisory Services have been commissioned for early help, at any age.  **Borough of Poole**  Carers of younger people with dementia are able to access support in the community. There are a range of generic service that carers access, and many of these can include the cared for person, because it is well known that carers are not always able, or want to leave the person they care for without them being present.  There is also respite services commissioned for people with learning disabilities. The sitting service for replacement care in order to have a short break does not need to be as passive as the title suggests. The agency will carry out a risk assessment so they can support the person in the way that suits them best, such as going for a walk, or undertaking activities, this ensures the carer is reassured that the person they care for will be happy in their absence. There is training available for carers of people with dementia and this includes early onset dementia. The Home Safely bracelet is also suitable for younger people with dementia who may become lost.  Dementia services are currently under review across the system  **Borough of Poole Update - The integrated services model should assist in ensuring as a multi-agency approach, carers are being discussed at GP MDT’s and virtual wards and community hubs.** | |
| 64 | Incorrectly listed as Poole – Health and Social Care moved to list under Poole - Health Care but original number retained | | | | | | |
| 65 | Poole – Health  & Social Care | 16 | 16.2 Evidence of change: The investigator recommends that the hospital and other agencies need to respond to these issues by informing (carers) of how situations have changed since the events subject of this investigation and what measures have been put in place to safeguard vulnerable patients both in Hospital care and on discharge under care plans. | May 2017  Updated September 2018 | **BoP**  **PHT** | **Borough of Poole**  Over recent years a number of safeguarding enquires have been undertaken in relation to hospital discharge at Poole Hospital. The hospital compiled an action plan that was over seen and monitored by the Hospital Safeguarding Lead, the Safeguarding Lead from the CCG and the Safeguarding Coordinator from BoP. As a result, new discharge procedures have been put in place and are being monitored to ensure safe discharges from PGH wards. PGH have also introduced “My Ticket Home” which is a planning document completed from the start of the admission to PGH and is fully completed prior to discharge.  This helps staff, the patient & family involved in the patient’s care to ensure they are updated on progress and engaged in planning to discharge to home in a safe manner as soon as the patient is medically stable to leave hospital. In addition, PGH have introduced a Welcome to Poole Hospital letter which outlines what the patient can expect from their admission. PGH has also produced a best practice document compiled with staff, partners and patients. Plus, they have introduced a card system “Hello my name is” which includes the date the patient is due to be discharged, their name and address to avoid any potential mistakes - especially important for patients who have communication concerns or dementia.  Social Workers are available 7 days a week **during periods of peak demand.**  Step up step down beds are available to facilitate speedy safe discharge for short term respite and assessment to enable suitable ongoing support and placements to be identified.  Reablement service home care is available for a specific period to help rehabilitation.  Health watch are available to assist with any health or Social Care Complaints & are independent for the Local Authority and Health Units.  **Update Borough of Poole: Trusted Assessors and Discharge to Assess pathways have safeguarding embedded within them.** | |
| 66 | Incorrectly listed under Poole – moved to Dorset but recommendation number retained | | | | | | |
| 67 | Poole – Social Care | 15 | 15.4 To review how carers are currently involved in adult social care and consider whether they could be more involved in order that their voice is heard at all levels. | May 2017  Updated August 2018 | **BoP** | The themed report covers improvements made for carers.  The responsible Service Manager undertakes a bi monthly carers engagement group so they have a voice within Adult Social Care. Carers are involved in all the groups connected to the Learning Disability Partnership Board. Carers have been closely involved in the development of ‘Valuing Carers’ the strategic vision 2016 – 2020, and there is a well established Carers Reference Group informing commissioning in Bournemouth and Poole. Carers are increasing involved in the commissioning process, from Service specification to tendering evaluation. Carers have been involved in the Care at Home contract development, and tender evaluation. | |
| 68 | Poole – Social  Care | 15 | 15.3 To review the involvement of service users and carers in social care staff training/ continuing development at all levels and to consider ways of increasing their involvement. | May 2017  Updated September 2018 | **BoP** | Carers have been involved in producing a number of short films to support staff training and awareness. There are nine main objectives in Valuing Carers, two of these state:  Develop the workforce to understand carers’ needs, improve identification of carers and value their contributions.  Involve carers in local and individual care planning.  Carer led workshops for practitioners have taken place, but it is recognized that more needs to be done to integrate carers views into the adult social care training strategy and delivery. The establishment of a Care Academy and a grant award in 2018 for a Teaching Partnership with Bournemouth University will assist with the delivery of this.  **Update:**   * **Teaching Partnership has now been established** * **Training events, including several led by the SAB, have focused on adopting a whole family approach** | |
| 69 | Poole – Social  care | 15 | 15.2 Complaints: Encouraging relatives to complain when they find care in Homes to be unacceptable: review what information is given to carers of people moving into Care and ensuring that information about how to complain, and how to access support in making complaints, is included. | May 2017  Updated September 2018 | **BoP** | The Quality Assurance (QA) team produce an Adult Social Care Information pack which front line operation staff (such as Helpdesk and the Assist team) give to service users. It contains copies of factsheet which give further information and signposting in areas such as charging, carers support and also includes information about the complaints process. This information is also published on the Borough website.  In addition to the above:  The Complaints and Improvement Officer runs regular complaints training which all social care staff are encouraged to attend, so that they can be confident they know how to advise and signpost a service user or carer wishing to make a complaint.  On receipt of a complaint consideration is routinely given as to whether the service user or carer would benefit from an advocate when making a complaint and if necessary this is arranged.  The QA team manager and complaints officer attend regular meetings with their opposite numbers in partner organisations such as DHUFT, local acute hospital trusts and other local authorities to ensure best practice and experience is shared, and keeps abreast of changes and developments within complaint handling within health and social care. The team also attend carers’ events to be on hand to provide advice to those who may need it.  **Update:**   * **Carer’s information can be readily found, including information about complaints and care homes, on the online information website My life my care and the recently re designed CRISP website.** * **The complaints factsheets and carer’s factsheets are now distributed widely across Poole in all GPs surgeries, pharmacies and are being rolled out to community centers/services and places of worship.** | |
| 70 | Poole – Social  Care | 20 | 20.2 Complaints about domiciliary services: Adult social care to review their stance when complaints are made to their staff about domiciliary services for which they have a commissioning responsibility and in particular the way in which concerns and complaints are recorded, actioned and monitored. | May 2017  Updated September 2018 | **BoP** | Principal Officer, Commissioning Unit, Borough of Poole  All complaints notified to the complaints team are logged, monitored and actioned where necessary. If requested by the service user or their representative/carer the complaints team will assist them with making a complaint to an independent provider (where commissioned by the Council) alternatively they can complain directly to us and they will undertake a full investigation. The complaints team are also available to provide advice to self-funding individuals if needed.  The Service Improvement Team who monitor provider services log any complaints that are received in the team, but do not respond directly as these are dealt with by the Complaints Officer, or the care manager if the complaint has not been taken down the formal route. The themes logged are then looked by the SIT as part of the contract monitoring process.  **Update:**   * **Commissioning practice and plans have been reviewed to ensure there is a stronger focus on quality assurance when embedding a service, including that all complaints and feedback given to services are considered appropriately. This has been the practice for the newly commissioned Extra Care Housing provider and mobilisation of the new domiciliary care framework.** * **The annual Adult Social Care Survey and bi annual carers statutory survey indicate levels of satisfaction. This information is analysed and when experiences around homecare are highlighted as being an area of concern an action plan is put in place to make improvements. For this year, it included getting a balance of views from a sample of users, undertaking a provider engagement event to feedback the findings and designing a new factsheet in order for users to understand what they can expect from their homecare service to better manage expectations.** | |
| 71 | Poole – Social  Care/ Safeguarding | 18 | It is reasonable that Adult Services  … write to (the carer) tendering an appropriate apology for the period of time that elapsed before this new approach was adopted. | May 2017 | **BoP** | Completed. A formal letter of apology was sent to the carer by Jan Thurgood (which also apologised for the delay).  Author’s Note: Apologies. This recommendation was accidentally omitted from the version of Table 4 circulated to agencies prior to May 2017 but has been added since then. | |
| **Recommendations arising from case 9 (additional to the 71 recommendations in table 5)** | | | | | | | |
| 72 |  | 9 | For the hospital concerned to review the  procedures for deciding which deaths are reported to the Coroner with particular attention to how junior doctors communicate with consultants and to post-operative deaths. | May 2017  Updated October 2018 | **RBCHFT** | RBCHFT has reviewed the procedures and has a Mortality Surveillance Group which is chaired by the Medical Director  The Trust is currently piloting a new Medical Examiners model and reviewing bereavement support that will enhance and improve liaison with bereaved families, ensuring alignment with new NQB guidance published in July 18.  **Update:**  **Pilot of new Medical Examiner (ME) model Oct 18. Model will include junior doctor discussion with ME prior to issuing death certificate (MCCD), discussion with Coroner and with bereaved families. Trust bereavement leaflet currently being updated.**  **Overarching committee responsible for sustainability of action:**   * **Mortality Surveillance Group** | |
|  |  |  |  | Updated October 2018  Complete/ongoing | **PHT** | During 2017/18, 70% of hospital deaths were reviewed as part of the Trusts commitment to Learning from Deaths. Integral to this is a review of how staff escalate concerns and communicate with families.  Going forwards, the Trust is committed to increasing this to 100%.  **Update:**  **The Trust is working towards implementation of the National Guidance on Learning from Deaths (NQB, 2017).**  **This provides a framework for identifying, reporting, investigating and learning from deaths. During 2017/18, 70% of hospital deaths were reviewed as part of the Trusts commitment to learning from deaths and plans are in place to increase this to 100%. Integral to this is the involvement of families, giving them the opportunity to raise questions and concerns.**  **This more robust system of investigating and reporting deaths gives junior doctors a framework in which to work when reporting deaths to their consultant colleagues and referral to the Coroner.** | |
| 73 |  | 9 | For the hospital concerned to audit what is  recorded in clinical case notes regarding conversations between medical staff and the Coroner’s Office. | May 2017  Updated October 2018 | **RBCHFT** | This information is currently recorded within Patient Affairs. In future this will also be recorded as part of the Daily Medical Examiners process.  The Mortality Surveillance Group will consider the audit requirements  **Update:**   * **Electronic process currently being developed as part of new Medical Examiner procedures.** * **Electronic process will facilitate routine data collection and audit.**   **Overarching committee responsible for sustainability of action:**   * **Mortality Surveillance Group** | |
|  |  |  |  | Updated October 2018  Complete | **PHT** | PHFT: The auditing of records made regarding conversations between medical staff and the Coroner has been considered. Referral to the Coroner is now completed electronically.  **Update:**  **PHFT: Historically, the Trust has not routinely audited the records of conversations held between medical staff and the Coroner. Referral to the Coroner is now completed electronically. The Trust will consider how this information can be recorded as part of the patient’s healthcare records.** | |
| 74 |  | 9 | For the hospital concerned to review their teaching delivered to medical staff on death certification and reporting deaths to the Coroner. | May 2017  Updated October 2018 | **RBCHFT** | This is currently included in Junior Doctors induction.  It will also be included in the Medical Examiner induction.  In addition, education sessions on the Coronial process have been provided to clinical staff in July (45 attending) with additional sessions fully booked for September and October.  **Update:**   * **Medical Director has presented to Grand Round (Sept 18).** * **Education sessions on the Coronial process ongoing.** * **Training Included in induction.**   **This action is complete. Overarching committee responsible for sustainability of action:**   * **Mortality Surveillance Group** | |
|  |  |  |  | Updated October 2018 – Complete/ongoing | **PHT** | Induction of junior doctors includes training on death certification. Guidance is also available from the consultant and bereavement office.  Training for all grades of doctors, regarding how to refer to and deal with the Coroners court is planned for this month.  Most specialties have monthly mortality and morbidity meetings, which have an integral training element.  **Update:**  **PHFT: Induction of junior doctors includes training on death certification. Guidance is also available from the consultant and bereavement office.**  **Training for all grades of doctors, regarding how to refer to and deal with the Coroners court was delivered, September 2018**  **Most specialties have monthly mortality and morbidity meetings, which have an integral training element.** | |
| 75 |  | 9 | For the hospital concerned to check with the  local Coroner whether they have a set of guidelines on reporting deaths either available online or that could be made available on the Trust’s intranet. | May 2017  Updated October 2018 | **RBCHFT** | Included in current policy. In addition, education sessions on the Coronial process have been provided to clinical staff in July (45 attending) with additional sessions fully booked for September and October 18  *(Evidence Ref No. RBH3)*  **Update: This action is complete** | |
|  |  |  |  |  | **PHT** | PHFT: Guidance is available on the Trust’s intranet. | |
| 76 |  | 9 | For a suitably qualified person to meet with the family of the person concerned (should the family wish a meeting to take place) and explain the IMA’s report to them. | May 2017  Updated August 2018 | **RBCHFT** | RBCHFT has received no additional contact from the family, relating to the case and therefore no action has been taken.  The Trust has processes in place to support and answer the questions of bereaved families. This would include a face to face meeting if required as part of our process going forward.  *(Evidence Ref No. RBH4)*  **Update:**   * **As happened in this case it is our normal practice to meet with families to address any concerns or answer any questions** * **One of the key roles for the new Medical Examiners will be family liaison, ensuring that they understand what has been entered on the medical certificate of cause of death. Relatives will also be asked about any concerns in care and all significant concerns will feed through our enhanced mortality review/serious incident process** | |
|  |  |  |  | Updated August 2018 | **PHT** | PHFT: Any next-of-kin wishing to meet with staff to discuss their concerns relating to a death are offered this opportunity. | |
| 77 |  | 9 | To inform the Coroner that following this  Investigation there is reason to suspect that death was due to post-operative rather than natural causes with a view to a possible Inquest. | May 2017  Updated August 2018 | **RBCHFT** | There has been no contact with the coroner regarding this historic case and therefore no action taken  There is a process in place to liaise with the coroner – enclosed in the mortality review policy as per action 75.  **Update:**  **As previously submitted this case was discussed with the coroner at the time of death. As part of the investigation process, the independent reviewer submitted a request for further review of this case to the coroner.**  **The trust has received communication from the Coroner’s Office in October 2018 to confirm that no inquest was held into the death of this patient and this was recorded as natural causes.**  **This action is therefore complete** | |
| **Recommendation providing evidence that the aims of the Investigation have been met** | | | | | | | |
| **No.** | **Recommendation** | | | **Reported as Complete 10.5.17/ OR Pending** | **Name of Person** | **Status** | |
| 78 | That the following information *for each of the*  *last three financial years* is provided to the group that monitors the enactment of recommendations arising from this Report in a spirit of openness and partnership working and with the intention of furthering improvements in health and social care:   1. No. and type of complaints re    * Poole    * Bournemouth    * Dorset Social Services. 2. No. and type of complaints re safeguarding   in Dorset.   1. No. and type of complaints re CHC/ PHB   applications in Dorset.  No. and type of complaints re IFRs in Dorset | | | May 2017  Updated August 2018 | **DCC**  **RBCHFT**  **PHT**  **CCG** | RBCHFT - A document is enclosed with the number of complaints over the past 3 years for RBCH. Please note: there have been some changes with the definitions so direct comparison is not possible  For more information on the themes and learning please see the Trust Annual complaints report and Quality Account  *(Evidence Ref No. RBH5)*  PHT - Number and type of complaints  Poole Hospital: Number of complaints received 2015/16: 364; 2016/17: 222; 2017/18: 266. Type of complaints: clinical treatment and care (40-49%); values and behaviours (11-20%); communication (8-16%). | |