Safe pathways, systems and transitions

Score: 3

3 - Evidence shows a good standard

What people expect

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

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The local authority commitment

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

Safety management

There was an awareness focussing on the safety of people in their care journeys from both frontline staff and senior leaders. The risks relating to people on waiting lists for assessment for example, was monitored by managers to ensure people were prioritised with the greatest risk. There were policies and processes in place to help manage risk so immediate provision could be made by social work teams while someone waited for assessments. Locality teams for example, were trained and able to put in place basic equipment in people's homes to support safety. There was a safeguarding specialist within the out of hours team to ensure that safeguarding issues were dealt with appropriately. The out of hours teams monitored trends in the issues arising such as emergency respite for unpaid carers. These issues were addressed both on a weekly basis for individual cases as well as the wider implications for learning and managing risk for the future.

Where services were delivered with partners, for example, in hospital discharge, there was a joint understanding about safety. Weekly meetings enabled operational staff to manage risks. Learning was shared at operational meetings to improve processes and drive improvement.

Safety during transitions

Teams worked closely with partners to manage risks for example, with discharge from hospital. When people were discharged from hospital, there was a trusted assessor model in place which enabled health staff to complete assessments for people leaving hospital in a timely way which were then shared with adult social care. A trusted assessor is someone who is trained to carry out assessments on behalf of the local authority. This was supported by daily meetings to discuss discharge. For people discharged from the mental health trust, AMHP's working in the local authority had access to health records to ensure they had access to the relevant information.

Transitions from children to adult services worked well. Data from children's services was used to predict workflow and adult social care started to work with young people from 16, attending meetings jointly with children's services. People told us the process worked well and they had felt supported to achieve their goals and maximise their independence.

If people were placed in services away from West Berkshire, their case would remain open to the local authority. However, they did not have named workers attached. The local authority was reliant on monitoring by the host local authority to share intelligence but did not actively seek this feedback for themselves. We heard of an example with a homecare agency closed and there had been timely liaison with the host local authority and people were quickly moved to a new service. For people with mental health needs there was closer monitoring. AMHP's worked closely with a specialist section 117 worker who carried out reviews including reviews for people out of area.

There was a potential risk around people who could no longer fund their own care. The high costs of care, particularly in the self-funder market, meant that people may have to move to a different care home, which was within the local authority fee rates once they could no longer fund their own care. Staff recognised that there was a need to forward plan where this might be the case to support safe transition if necessary.

Contingency planning

The local authority had in place contingency planning to ensure they were prepared for possible interruptions in the provision of care and support. The care market within West Berkshire was relatively stable and care was of good quality, this was not a high risk for the local authority. Resourcing in the care quality team, meant interruption to the provision of care and support put pressure on the team and impacted other monitoring activities. The local authority worked closely with neighbouring local authorities to support their resource in this area. We had some feedback from partners that sometimes the local authority was slow to respond in these situations and did not always move people from failing care homes in a timely manner. The local authority was currently revising their provider failure policy.