

Promoting Safer Cultures



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Aims

- What are closed cultures
- What do we mean by "Safer Cultures"
- Learning from Safeguarding Adult Reviews



Welcome to our session today

Creating Safer Cultures

Seen

- Behaviours
- Language
- Customs
- Traditions
- Actions

Hidden

- Values
- Attitudes
- Beliefs
- Perceptions
- Habits
- Motives





Closed Cultures

Somerset NHS Foundation Trust



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Closed Culture: what is it?

The CQC define a closed culture as:

'a poor culture that can lead to harm, including human rights breaches such as abuse'.

<https://www.cqc.org.uk/guidance-providers/all-services/how-cqc-identifies-responds-closed-cultures>



Which services are vulnerable to developing a closed culture?

- Any service that delivers care can have a closed culture. This includes mental health inpatient units, community and acute hospitals, care homes, GP practices, ambulances and other community settings.
- In these services, people are more likely to be at risk of deliberate or unintentional harm.
- High profile examples include [Winterbourne View](#), [Mid-Staffordshire Hospital](#), [Whorlton Hall Hospital](#), and most recently [Joanna, Jon and Ben in Norfolk](#)

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What does a closed culture look like?

- **No-one listens to, or speaks out about concerns**, fear of repercussions (whistleblowing)
- **Poor leadership** – lack of visible, accessible senior staff or manager, poor support and direction
- **Resistant to learning** from incidents and / or safeguarding enquiries – ‘we’ve always done it this way’ mentality



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Impact on Human Rights & Equality

Are you aware of, and do you understand human rights?



- **Article 5:** right to liberty and security
- **Article 8:** right to respect for private and family life
- **Article 2:** right to life
- **Article 3:** freedom from torture and inhuman or degrading treatment

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Imbalance of power



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Safer Cultures

NHS Somerset Clinical
Commissioning Group



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Recognising closed cultures from experience

- **Making the most of our opportunities**

Assessments, reviews, visits, observations and communication

- **Digging a little deeper**

If in doubt, check it out

- **Seeking the views of others**

The individual and others supporting the individual



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Recognising closed cultures from experience

- **Restrictions**

Use of blanket restrictions, restrictions that don't appear to have been reviewed

- **Staff support**

Supervisions, debriefs and encouragement of reflective practice

- **Level of engagement with other people and services**

Response to family and professionals



Responding to closed cultures



- Be supportive
- Prompt actions
- Appropriate referrals
- Signposting
- Give time
- Individual and family input

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Expectations

Organisations will promote:

- Supervision/reflection for staff.
- Engagement
- Quality Training
- Care planning
- Duty of candour





Learning From Safeguarding Adult Reviews

Somerset Safeguarding Adults
Board



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What is a Safeguarding Adults Review?

Safeguarding Adult Boards (SABs) must arrange a Safeguarding Adults Review (SAR) SAR when an adult:

- **with needs for care and support** in its area
 - dies as a result of known or suspected abuse or neglect, **or**
 - the SAB knows or suspects that the adult has experienced serious abuse or neglect
 - **and** there is concern that partner agencies could have worked more effectively to protect the adult

Common themes of people....



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**What we walk
by...**

We accept





CULTURE

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Things that can help



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Things that can go wrong



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What can work well in responding to concerns



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CQC



Teresa Kippax, National Safeguarding Advisor
Somerset Safer Cultures Event 19 November 2021

Scope of regulation

- **23,556** adult social care services
- **145** NHS acute hospital trusts
- **272** independent acute hospitals
- **74** NHS or independent community health providers or locations
- **10** NHS ambulance trusts
- **101** Independent ambulance services
- **201** hospices
- **54** NHS mental health trusts
- **239** independent mental health locations
- **10,873** dental practices
- **6,676** GP practices
- **162** Urgent care and out of hours



- **Closed Cultures work**
- **Restraint, Seclusion and Segregation Review**
- **DNARCPR Thematic Review**

How we identify a closed culture

- **Registration – existing providers**
- **Registration – new providers**
- **Intelligence led monitoring**

• Inspections

➤ before

Review the intelligence we hold on the service, focusing especially on areas where relatives, friends or advocates have raised concerns.

➤ during

- Talk to and observe as many people and all other stakeholders as possible to gain a good understanding of the service and people's experiences of care.
- Speak to people, including staff, people using services, families and advocates etc, informally where possible. We will make sure that we speak with people where they feel most at ease and comfortable.

➤ Action if we find concerns

We will act promptly to **keep people safe** – by taking safeguarding action, this may include intervention with the provider and/or commissioning body for the service. We will also consider whether the police need to be involved.

Out of Sight – who cares?

<https://www.cqc.org.uk/publications/themed-work/rssreview>

Use of long term segregation

Therapeutic environments

Inappropriate use of restrictive practices

- **Restraint**
- **Seclusion**
- **Long term segregation**

Impact of restrictive practice

To Conclude

We ask you to think about the following:

- Are you able to have open conversations about what's working well and what needs to improve or change?
- Do you openly talk about safeguarding people and avoiding or preventing harm?
- Do you know how to raise a safeguarding concern within your organisation?
- Do you feel able to recognising a safeguarding concern?
- Does your organisation regularly check your awareness and compliance?
- Do you, and your organisation, have an open mind set to learn and grow?

What can you do to change the culture within your organisation?



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Care – supporting people to lead their best lives:



With thanks to Fremantle Trust @saraliveadeas for showing us the fun side of care.



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Links

- [CQC: Identifying and responding to Close Cultures](#)
- [CQC: Protect, respect, connect – decisions about living and dying well during COVID-19](#)
- [SCIE: Safeguarding](#)
- [Whistleblowing - how a staff member can report a problem in the NHS or an adult social care service](#)
- [LGA: Analysis of Safeguarding Adult Reviews: April 2017 – March 2019](#)
- [Joint Safeguarding Adults Multi – Agency Policy](#)
- [SSAB: Professional Curiosity Guidance](#)

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Questions



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