

Welcome

Connected Lives Resources & Evidence

Next Steps for Hertfordshire Care Providers

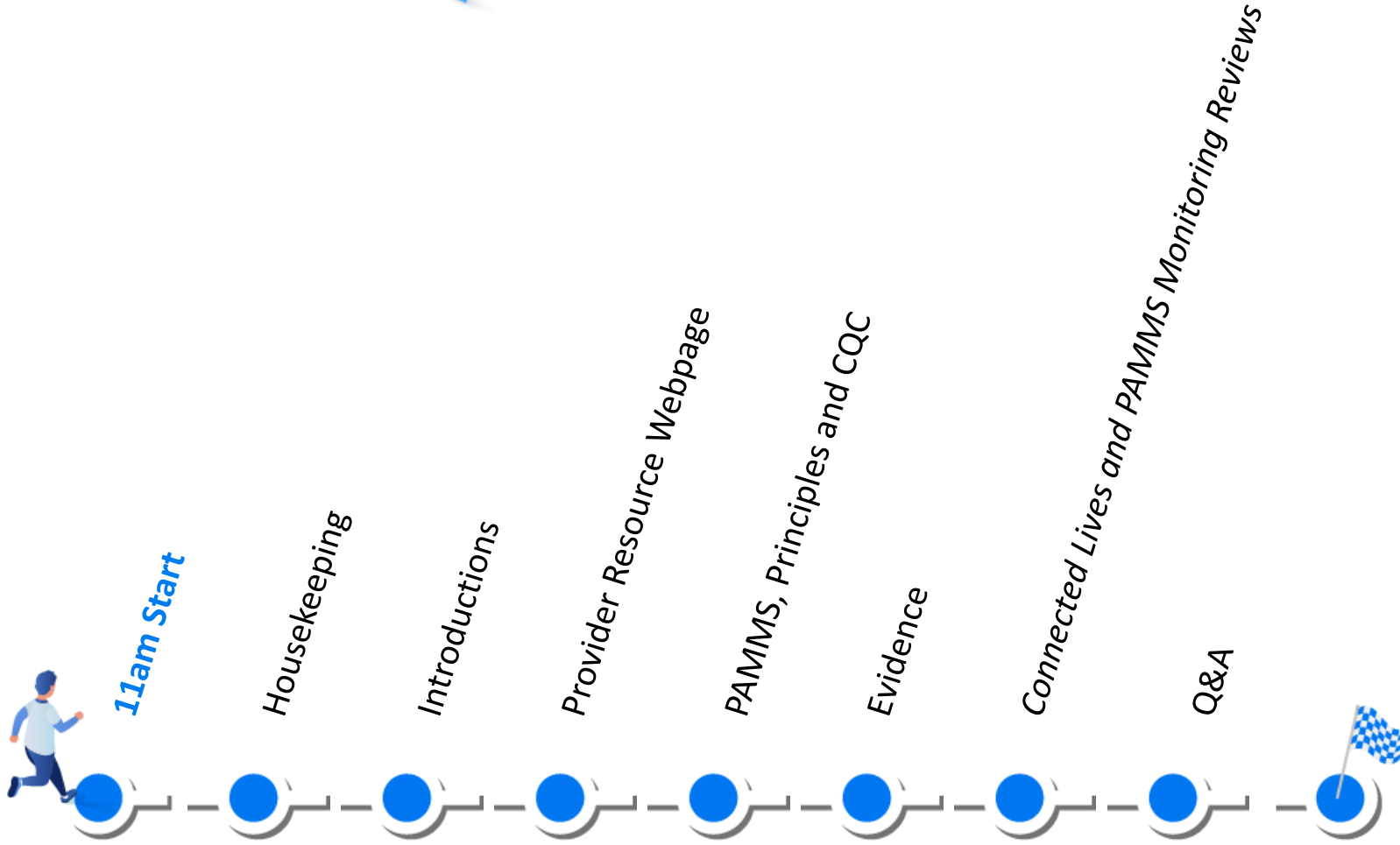
22/09/2023

Session will begin shortly





Agenda



Connected Lives Principles

Independence and Citizenship
Every contact is strength based and risk positive
Think Community
Safeguarding
Clear Understanding of the Legal Frameworks
Timely and Defensible Decision Making
Embed Connected Lives at Every Step
Working with partners and providers to deliver outcomes
Support for our staff

**Mixture of Practice and Commissioning Principles*



Connected Lives

In Hertfordshire we want to empower and support our staff to deliver excellent professional practice leading to positive outcomes for people. Our Connected Lives model puts choice, independence, enablement and citizenship at the heart of everything we do. It gives us an opportunity to look at real and innovative solutions that enable people to live their lives to the full.

HCPA has worked with Hertfordshire County Council to create this resource page to support Adult Care Providers have a one stop shop of resources to support evidenced delivery of connected lives.

Each section below covers one of the nine practice principles and has tools, resource and support related to that principle.

New Resource- Triangulating evidence across CQC, PAMMS and Connected Lives. [Click here](#). Use this tool to Cross reference evidence you have that can be used for these three areas of monitoring and regulation.

Key Links and Learning

- [Connected Lives Overview Webinar- Recording](#)
- [Connected Lives Evidence Webinar- Slides and Recording](#)
- [Hertfordshire County Council Connected Lives Website](#)
- [Hertfordshire Care and Support Planning Best practice Guidance](#)
- [E-Learning An Introduction to Connected Lives](#)
- [E-Learning Connected Lives outcomes](#)

**Independence
and citizenship**

**Every contact is
strength based
and risk positive**

**Think
Community**

Safeguarding

**Clear
Understanding
of the legal
framework for
adult social care**

**Timely and
Defensible
Decision making
and recording**

**Embed
Connected Lives
at every step**

**Working with
partners and
providers to
deliver good
outcomes**

**Support for our
staff**

CLOSE

1. Independence and citizenship

Independence and the ability to maintain/develop roles as citizens is our ultimate aim but this means different things for different people. For some, this may be learning new skills to build upon independence whilst for others, this may mean exploring the potential for further recovery and rehabilitation. With the right support, everyone can achieve some independence. We want to support people to maximise their own potential for control over their lives.

Tools and Resources:

[Hertfordshire Care Planning toolkit](#)

[An Enabling Care Approach Guide](#)

[Sit Less Move More Guide](#)

[Staying Healthy At Home Booklet for individuals](#)

[Stop Falls Mobile App](#)

[Hertfordshire County Council One Off Direct Payments Guide](#)

[LGBTQ+ learning framework for people in later life](#)

[My Purple Folder](#)

[NICE Guidelines and Toolkit](#)

[PAL Guide for Activity Provision](#)

Potential Evidence:

Is there evidence to support that the individual has been involved in setting goals. If so, how have these goals been set and how are the improvements being measured? Goals are appropriate to the individual's ability and age (i.e. Nursing would be looking at low level goals). Goals are personalised – not generic and agreed with service user and/or family.

Care Plans detail individuals strength and independence skills and staff are aware of how to support individuals to maintain skills

Care plans detail goals and include clear steps as to how these can be achieved; these are updated when any progress is made. Reviews are outcome focused and documented.

Individuals are offered support and activities that encourage independence and choice at all times and again this is supported by observation of staff interaction.

Staff are observed to maintain the core care values of the service.

Staff are aware of and are observed promoting alternative methods to encourage choice and independence



Care Planning Toolkit



The aim of this document is to support you to support the people you are working with, so you can -

- Deliver personalized care and support.
- Deliver considerate support by competent people.
- Support people to live the life they want, whilst keeping safe and well.
- Deliver flexible integrated care and support
- Listen, see people as unique and support decision making

The toolkit will detail the types of information you will need in your care/support plan to ensure you have all the information you need to support the person well and meet your contractual and statutory obligations

New Individuals - Guidance for supporting Individuals new to your service
How to Understand Local Authority Needs Assessment Eligibility Decision-making

Care/ support planning - Best Practice for Care/ support planning, Best Practice for Risk Assessments, Care/ Support Plan Contents Checklist, Guidance for Digital Implementation

Appendices

Appendix 1: Good Care/ support plan Example, Appendix 2: Template for Risk Assessment

How Can I Use One Off Direct Payments for the People I Support?



As part of our Connected Lives approach, One Off Direct Payments can be used to connect people to the resources they need to enable them to achieve the outcomes that matter to them

What is a Direct Payment?



Role: Support Worker

Use this reflection tool to consider your current practice approach. Think about how you work currently and what areas you could develop in. Work with your manager and colleagues to continually develop in line with Connected Lives

Connected Lives Self-Assessment

Think about how you can work in ways that are more person-centred, strength-focused and risk-positive in line with Connected Lives to move higher up the scale

For each statement rate your current approach on this scale from 1 (low) to 5 (high)	1 Rarely	2 Occasionally	3 Some-times	4 Often	5 Always
Work in an enabling way and use positive language remembering that I support the person to do things, I do not do the things for or to them					



Role: Provider Services

This persona is a self-reflection tool and should be used to support you to consider how you can continually develop and improve your Connected Lives practice

Questions about Connected Lives

What more do I need to learn and understand about Connected Lives?

- How will I ensure I always work in a Connected Lives way?
- What more can we do to use a Connected lives approach beyond using personalised support?
- How do we make Connected Lives work for those with complex needs or dementia?



Role: Manager for Support Providers

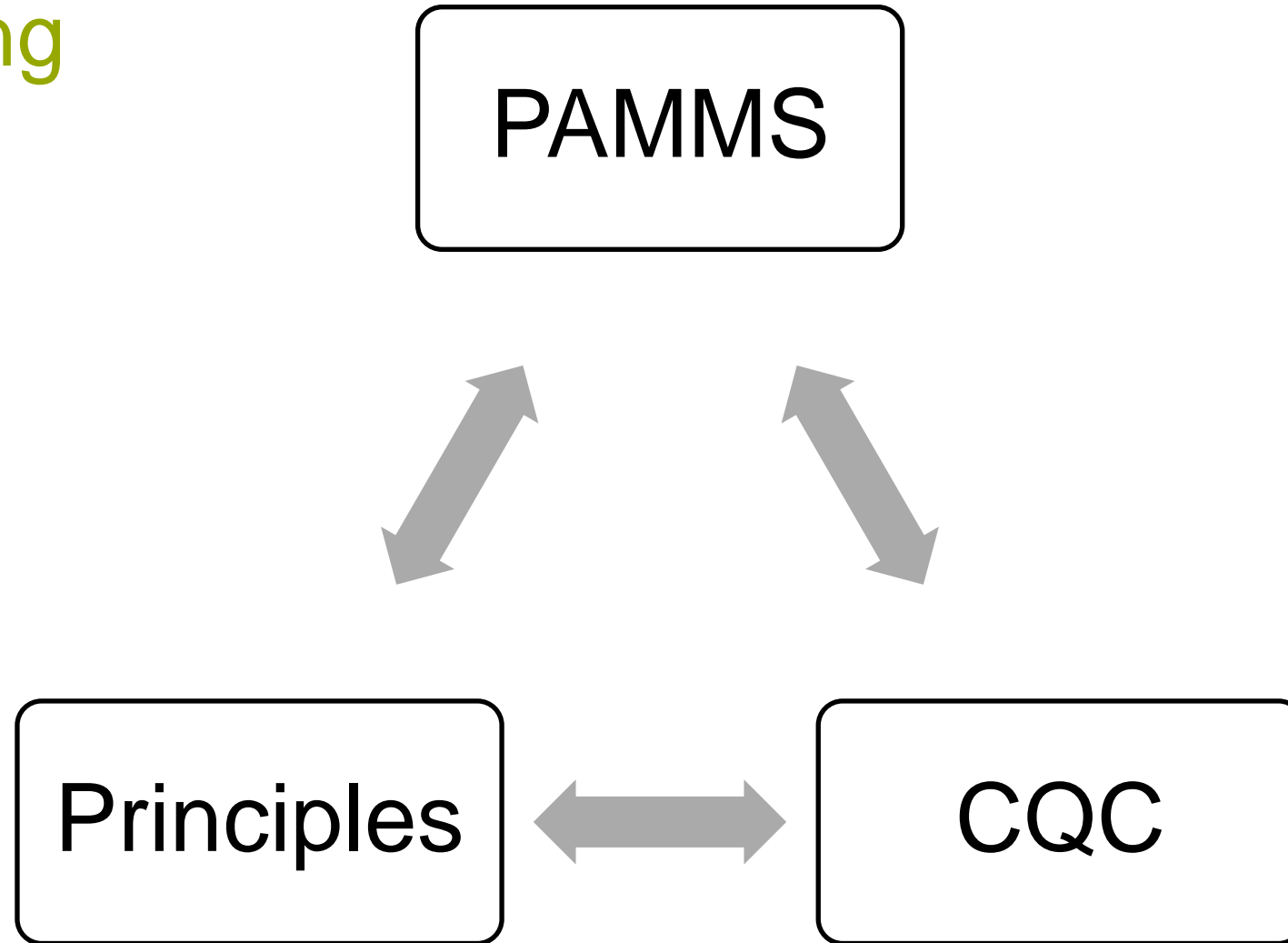
This persona is a self-reflection tool and should be used to support you to consider how you can continually develop and improve your Connected Lives practice

Questions about Connected Lives

What more do I need to learn and understand about Connected Lives?

- How will I ensure I always work in a Connected Lives way?
- What more can I do to support my staff to use a Connected lives approach beyond using personalised support?
- How do we make Connected Lives work for those with complex needs or dementia?

Triangulating Evidence



Evidence

Well-led				
By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.				
Code	Key line of enquiry / prompt	Connected Lives Principle	PAMMS	Resources
W1	Is there a clear vision and credible strategy to deliver high-quality care and support, and promote a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people?			
W1.1	Are managers aware of, and do they keep under review, the day-to-day culture in the service, including the attitudes, values and behaviour of staff and whether they feel positive and proud to work in the organisation?	6. Timely and Defensible Decision making and recording 7. Value for money, effectiveness and efficiency 9. Support for our staff	F4,F5,F6,F7,F8,F9,F10,	
W1.2	How does the service promote and support fairness, transparency and an open culture for staff?	6. Timely and Defensible Decision making and recording 7. Value for money, effectiveness and efficiency 9. Support for our staff	F4,F5,F6,F7,F8,F9,F10,	
W1.3	How do managers make sure that staff are supported, respected and valued; have their rights and wellbeing protected; and are motivated, caring and open?	6. Timely and Defensible Decision making and recording 7. Value for money, effectiveness and efficiency 9. Support for our staff	F4,F5,F6,F7,F8,F9,F10,	
W1.4	Does the service show honesty and transparency from all levels of staff and leadership following an incident? How is this shared with people using the service and their families in line with the duty of	6. Timely and Defensible Decision making and recording 7. Value for money, effectiveness and efficiency 9. Support for our staff	F4,F5,F6,F7,F8,F9,F10,	

Areas 1- Safe

CQC- S1.2-How do systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect? How are these monitored and improved?

Connected Lives Principles- Safeguarding, Clear understanding of legal framework for adult social care, Support to our staff

PAMMS- A5, A7, A8,A9,A10, C4M, C5, A17,B21,E8

Examples of Evidence

- Key worker system
- Safeguarding agenda fixed during key worker meetings
- Team meetings with safeguarding as fixed agenda
- Safeguarding sessions with families and people you support
- MUST and Waterlows as a preventative tool
- Personal Evacuation Plan (PEEPS) in place
- Health plan/passport
- Safeguarding posters on display in appropriate places
- Safeguarding training all up to date
- Safeguarding discussed in supervisions
- Awareness sessions with people we support

Areas 3- Effective

CQC- 1.3 How is technology and equipment used to enhance the delivery of effective care and support, and to promote people's independence?

Connected Lives Principle- Alternatives to traditional care services, Value for money, effectiveness and efficiency, Working with partners and providers to deliver good outcomes

PAMMS- A2, A10, A11, A12, A15, B1, B4, B14, B17

Examples of Evidence

- Communication aids for people you support- social stories, books, PECS, Easy Reads, Voice activated devices and reminders.
- Training for staff regarding any technology used to deliver care-Digital Care Systems
- Care plans detail goals and include clear steps as to how these can be achieved; these are updated when any progress is made. Reviews are outcome focused and documented.
- Healthy eating literature/ pictorials are available.
- Supporting family to come in & service users to go home with use of appropriate equipment.
- Bring in voluntary sector e.g. Befriending- use of technology

Areas 3- Caring

CQC-C1.4 Do staff know and respect the people they are caring for and supporting, including their preferences, personal histories, backgrounds and potential?

Connected Lives Principle- Independence and citizenship, Every contact is strength based and risk positive, Clear Understanding of the legal framework for adult social care, Support for our staff

PAMMS- A1, A2, A8,A9, A10, A11,A12, A16, B1, B2

Examples of Evidence

- Holistic assessment of needs with support plan
- Training matrix based on current needs of people supported in the service
- Competency checks such as PBS or medications
- Risk assessments updated in line with need and policy.
- Complaint process discussed with people you support on regular basis
- Care Reviews
- Dols and Best Interest decision making.
- Key worker system
- Regular forums and feedback including family.
- Advanced statements
- One Page Profiles

Areas 4- Responsive

CQC-R3.2 How are people, and their family, friends and other carers, involved in planning, managing and making decisions about their end-of-life care?

Connected Lives Principle-Timely and Defensible Decision making and recording, Working with partners and providers to deliver good outcomes, Alternatives to traditional care services- Think community

PAMMS-A15,B14,A1,A2,B1,B2,A8,A9

Examples of Evidence

- Advanced support planning,
- Advance decisions and meetings with family, friends and other carers- Records clearly included.
- Care & Support plans include effective arrangements for when service users are transferred to another service-Hospital grab sheet.
- Staff know who is the next of kin, LPA- evidence such as supervisions/ team meetings/ signed care plans
- Homes Statement of Purpose, Service User Guide

Areas 5-Well-Led

CQC-W 1.5 Do leaders have the skills, knowledge, experience and integrity they need to lead effectively – both when they are appointed and on an ongoing basis?

Connected Lives Principle-Timely and Defensible Decision making and recording, Clear Understanding of the legal framework for adult social care, Support for our staff

PAMMS-B6, B8, B11,C1,F3,F5,F10,F11

Examples of Evidence

- Team meeting notes with appropriate structure and topics,
- Mentoring of staff-one to ones,
- Supervision notes,
- Partnership working to achieve outcomes-evidence in care plans
- Lunch and learn sessions,
- Personal development plans,
- Certificates-Academy,
- Review of culture and response to complaints and comments-Culture Check HCPA
- Medication audits, pharmacy audits, care plan audits, IPC audits, H&S audits.
Environmental audit. Call bell audits.

Case Study

- Ida* is 81 years old. She has lived in her care home for 6 months having previously lived at home with her husband. Her health conditions include vascular dementia, osteoporosis, hiatus hernia and poor vision. She currently takes 9 different medications.
- She frequently presents on the care home GP round with complaints of abdominal pain. The team leader brought Ida for discussion at the virtual ward regarding her abdominal pain, but both she and the GP had also wondered about low mood being a component of Ida's presentation.
- Following discussion Ida was visited separately by the consultant geriatrician and the consultant psychiatrist. As well as depressive symptoms, she expressed a wish to die although denied any thoughts of self-harm.
- A collaborative management plan was then agreed at the next weekly virtual ward meeting. Ida's bone protection was altered to further limit gastric irritation, and she was prescribed an antidepressant. The geriatrician noted that the only topic of conversation that sparked her interest was about her previous pet dog.
- A referral to the Pets as Therapy (PAT) dogs was therefore arranged. The team also liaised with the home regarding a potential move of floors to improve Ida's social opportunities. Her progress was monitored by the care staff and fed back through the virtual ward.
- By the psychiatrist's next regular visit to the home, Ida had significantly improved in mood and her complaints of abdominal pain had ceased. She had made a friend on her new floor of the care home and was enjoying her weekly visits from the PAT dog.

What principles can you identify as met in this Case Study?

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Case Study

Leo's story

Leo* had been in and out of a mental health hospital for most of his life, before he was supported to move into a flat. Leo has mental health needs including a diagnosis of schizophrenia.

When he first moved into his flat, Leo was reluctant to engage with the team supporting him and barely left his new home. As time went on, his two Key Workers accessed more training for specialist mental health courses which enabled them to build positive and trusting relationships with Leo, who gradually felt comfortable enough to share his thoughts and concerns with them.

Leo's diagnosis meant that he could sometimes forget to take his medication. His support team took over managing this, ensuring that he always took the dosage he had been prescribed, the team worked with Leo to gradually pass this responsibility to Leo over the 6 months of support. Leo's mental health improved rapidly as a result.

This improvement in his wellbeing opened up a range of opportunities for Leo, including being supported to develop his independence skills. The team helped Leo to manage his finances, to understand budgeting and how to pay his bills.

The transformation in Leo since he began living at the flat has been significant. He has become much more confident and independent and recently joined the swimming pool which was accessed through support with one off direct payment.

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Connected Lives and PAMMS Monitoring Reviews

PAMMs Monitoring and Connected Lives

- PAMMs is the monitoring tool used to assess the contract compliance and quality of care homes, supported living and home care provision across Hertfordshire
- The tool for residential and nursing homes focuses on personalisation throughout which aligns to the Connected Lives ethos
- The two main sections which most closely link to Connected Lives are Section A *Care Planning and Assessment Records* and Section B *Service User Experience*. However there are other questions throughout which can also be used to evidence a Connected Lives approach
- A review of the current evidence bank in PAMMs suggests 31 questions in total which have a clear Connected Lives element

Monitoring and Commissioning Link

- The outcomes from monitoring visits directly feed into the Commissioning cycle, for example informing beds to be commissioned.
- Intelligence is used to help shape service provision as well as to understand areas of the care market that need further support to improve – on both an individual provider level and wider market trends and themes. For example informing training sessions through HCPA, feeding into service improvement processes and intelligence sharing through forums such as SQIG (Service Quality Improvement Group)

Areas for Development

- Remember: Currently the feedback and outcomes from Monitoring visits and reports do not routinely focus on Connected Lives but do look at more general areas such as Personalisation, positive risk taking and understanding of key legal requirements. This is being developed.
- Support to understand the link between monitoring, contractual requirements and how you can / do evidence a Connected Lives approach

Q&A



Please give us feedback

