

Social Care Newsbrief



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Welcome

Welcome to the Spring 2019 edition of Hempsons Social Care Newsbrief.

At the time of writing we are still awaiting the green paper on social care and social care colleagues fight tirelessly to try and bring social care to the top of the political agenda. Brexit remains unresolved and those providers with overseas employees will be concerned to ensure their status is secure as well as ensuring supplies and medication will be readily available.

This edition of the Social Care Newsbrief, as ever, has some interesting and informative articles which I trust will assist you in whatever walk of social care you are involved with. CQC issues continue unabated, with evidence that CQC are using their teeth more than ever before with increasing numbers of prosecutions and issues being seen across a range of sectors, but they don't always get it right and we would urge Providers to look at challenging CQC if you don't agree with their approach.

Clare Flynn at Brightening Minds gives us excellent top tips on how to maximise your CQC experience and therefore your rating. Hempsons works frequently with Brightening Minds in supporting the bespoke training sessions they deliver to a range of social care providers. Clare's tips are sometimes common sense and straightforward but her article is a good reminder of how to sell your service to CQC.



Philippa Doyle, Partner
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On the contractual side you are reminded to ensure the contracts you hold with your residents are fit for purpose, and also take the time to review your staffing arrangements and ensure you are employing the right people for the right job.

This issue's Client Spotlight focuses on RDCP Care, a growing Provider who Hempsons have had the pleasure of working with and assisting in their expansion.

And finally the long awaited amendments to the Deprivation of Liberty Safeguards – to be known as the Liberty Protection Safeguards – our resident Mental Health expert Stephen Evans analyses the likely impact on care homes.

I hope you find something of interest within the Newsbrief and if you have any queries or matters you would like us to cover in future issues or seminars, please do get in touch.

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Social Care advice line

CQC

- a brave new world

2019 is turning into an interesting year as January saw the announcement of Kate Terroni as the new Head of Adult Social Care at the CQC. Time will tell how she will fill Andrea Sutcliffe's shoes and the Mum Test, but her arrival in May comes at a time when the outward perception of the CQC is changing.

January also saw the publication of details of CQC's first prosecution under the Duty of Candour rules that came into force in 1 April 2015. Bradford Teaching Hospitals NHS Foundation Trust found themselves subject to a £1,250 fine from CQC due to a delay in compliance with the Duty of Candour notification timeframes. CQC issued a fixed penalty notice (FPN) to the Trust (which generally amounts to 50% of the fine that could be ordered by the Court). In a press statement CQC said:

"Under the Duty of Candour, all providers are required to be open with patients or their families when something goes wrong that appears to have caused significant harm.

The action that we have taken against Bradford Teaching Hospitals does not relate to the care provided to this baby, but to the fact that the Trust was slow to inform the family that there had been delays and missed opportunities in the treatment of their child. Patients or their families are entitled to the truth and to an apology as soon as practical after the incident – which didn't happen in this case."

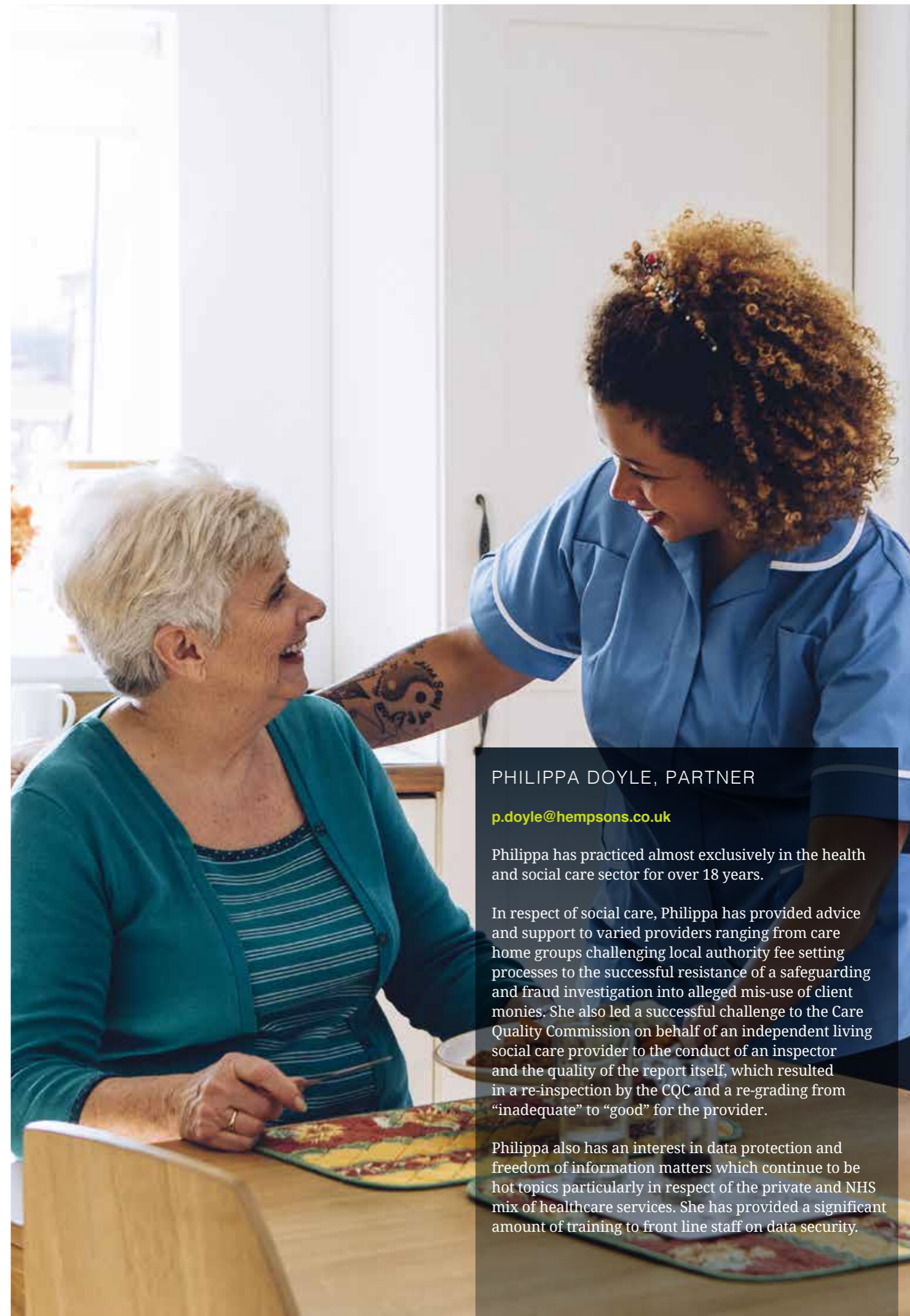
It demonstrates a change in approach by CQC, having never taken action against any Provider under Duty of Candour before, but comes at a time when we have seen an increase in the range of prosecutions, including:

- threatened prosecution for delay in securing a replacement registered manager at a care home, and for a home care service;
- threatened prosecution for the delivery of unsafe care to a hospital trust and an actual prosecution of a care home for delivery of unsafe care;
- threatened prosecution for failure to notify CQC of safeguarding concerns.

These are all matters that to date CQC might only have down graded in a Provider's report, but the last six months have seen CQC start to use the teeth they have had for many years.

Providers in all sectors need to be aware of their duties and responsibilities pursuant to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They also need to be acutely aware that if they are found in breach, they are now apparently very likely to face prosecution or be presented with a FPN.

If you receive a notice of intended prosecution, this does not automatically mean the CQC will go ahead, so Providers are urged to use the 28 days available to them to seek to challenge their approach. We see many instances of an inconsistent approach being taken by CQC in different areas of the country – those Providers who operate across different counties may find one service challenged, and another not, over the same alleged misdemeanour. Do use the opportunity to bring this to the attention of CQC – don't automatically accept the FPN – you might save yourself money, and a blemish on your reputation.



PHILIPPA DOYLE, PARTNER

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Philippa has practiced almost exclusively in the health and social care sector for over 18 years.

In respect of social care, Philippa has provided advice and support to varied providers ranging from care home groups challenging local authority fee setting processes to the successful resistance of a safeguarding and fraud investigation into alleged mis-use of client monies. She also led a successful challenge to the Care Quality Commission on behalf of an independent living social care provider to the conduct of an inspector and the quality of the report itself, which resulted in a re-inspection by the CQC and a re-grading from "inadequate" to "good" for the provider.

Philippa also has an interest in data protection and freedom of information matters which continue to be hot topics particularly in respect of the private and NHS mix of healthcare services. She has provided a significant amount of training to front line staff on data security.

Top tips for preparing for a CQC inspection

Brightening Minds training is led by experienced Health and Social care practitioners who have worked in residential, domiciliary care and healthcare organisations. Having experience of working towards and achieving 'outstanding' ratings from CQC, they now share their experiences to support other organisations to 'demystify' the key lines of enquiry and develop organisational confidence in preparation for their conversations with the CQC, at inspection time and across the year.



Here they have shared some of their top tips for preparing for CQC inspection.

1. Use the information CQC give you.

CQC's website is a really useful (if sometimes challenging to navigate) resource. The CQC has produced detailed information about the areas that its inspectors are looking at, and specific questions that they should be able to answer when inspecting a service. Becoming familiar with these two particular CQC documents will give you insight into what the inspector is looking for, and different sources of evidence to demonstrate this:

CQC Key Lines of enquiry, prompts and ratings characteristics (<http://bit.ly/cqckeyprompts>) will take you to CQC's Key Lines of enquiry, prompts and ratings characteristics for adult social care services. This really useful document helps you to consider where your service is currently and check that you have the basics in place; and look at what other things you can do to enhance your service delivery to provide even better support to you customers.

Sources of Evidence (<http://bit.ly/cqcevidence>) is a document that suggests some possible sources you can use to describe and evidence your organisational

compliance and the quality of service delivery around each specific key line of enquiry.

When you look at these documents they can seem large and overwhelming so maybe take heed of Top Tip 3 when formulating how to approach this!

2. Identify where you are currently in quality of service delivery, where you want to be and how you are going to get there.

Where do you rate your organisation as a service provider currently? Have a think, and be really honest with yourselves, maybe ask your team for input. Look at what CQC say a good social care provider will be doing and consider if this describes your service.

Next think about where you would like to be and why. What are the challenges in your way to achieving this?

Remember that we can always improve so being really honest at this point about what some of the challenges or weaker areas are is a great basis for a conversation with your inspector about how well you know your service and what you are doing to make it even better.

3. We are always stronger together; this is a team responsibility and needs a team approach.

Share out the responsibility of this inspection process just as you share out the responsibility for care and support delivery. If you are employing people and trusting them to deliver a service in your organisation's name then why not seek their cooperation in making this service the best it can be!

Involve the team in identifying your current position; perhaps use the ratings characteristics referred to in Top Tip 1 in a team meeting or supervision to make a baseline assessment of the service currently. Then talk to people about what they think you could all do to provide an even better service.

What are people most proud of about their work? Enable your team to speak about the great things they do to instill a culture of positivity and to celebrate the great things the team does already.

Perhaps allocate roles around the key lines of enquiry to ensure everyone takes a lead on one area to feed back to the Registered Manager. Remember this is about everyone's participation and input!

4. Know your service and tell people what you know!

You are the experts in your service, in the people it serves and the staff who deliver the service. The CQC inspector's expertise is in the key lines of enquiry and applying those to what they see, hear and understand about a service.

If you aren't explicit about what your service does and how that makes a difference to the lives of the people you support, how will the inspector know? They might do some digging and exploring to find out but make it easy for them by having examples to talk about, and by sharing information about the great things you do (appropriate sharing of course) with all the stakeholders of your service and all of your partners.

If everyone who 'shakes hands' with your service or receives a service from you feels positive about it, then the continuous message an inspector receives will be positive.

5. Use your incidents to continuously improve your service.

We dread them, we lose sleep over them, and we hate the paperwork they create. However, reality tells us that sometimes things go wrong. One of the best and most helpful things an organisation can do is honestly report every incident and then use this honest report to grow and improve.

Celebrate the staff member who reports the most to encourage people to report! (I may be being over exuberant here, but we need to be more positive about incident reporting.)

6. Value your values!

Time for a bit of research. Ask 10 people of all different roles or contact in your organisation what the organisation's values are. Could they answer? If so, fabulous, now how do they relate to the key lines of enquiry? If not, then here is another development opportunity.

Your values are there to guide your service and to give confidence to people receiving the service of what they can expect you to do. However, if we are to work to the values we really need to know them.

Find creative ways to embed these values; map them to the key lines of enquiry and build your supervisions, audits, team meetings, training and service planning

around them. Sing them, act them out, rap them, be as creative as you like. But make sure everyone knows them and knows what they mean for their role in the organisation.

7. Impact impact impact! The 'so what' question.

When talking to people about your service, when auditing your service, when managing your team, when describing what it is you do, how often do you ask yourself 'so what'?

We think it's a really helpful question in enabling you to refocus on why you are doing what you are doing, whether it is truly beneficial or just a process, and who it impacts on and how.

What difference does the support you provide make to the people you provide it to? What is your impact and how do you measure it?

Following an incident what improvements or changes have you put in place? What was the impact of this change? So what?

8. A portfolio of your achievements will give you organisational confidence.

Having evidence to back up and inform the conversation you have with your CQC inspector is really valuable. Preparing a portfolio of useful evidence and information is one way that you can do this.

Gather feedback from customers, families, commissioners, other disciplines and other services that you partner with. Show your complaints and how you use them to inform service improvement, dissect an incident report and investigation, and use all of this information as evidence of how well you know your service.

We find case studies can be helpful in making the link between what you do and the impact it has. An inspector isn't going to have time to look through years of care and support plans for someone, so if you can capture some information about the support you have provided and the impact it has in a case study it gives a snapshot of some really positive work.

We have a suggested template for a case study for you to follow available on our website:

<http://www.brighteningminds.co.uk/resources/4594357199>: (<http://bit.ly/bmtresources>)

For more information about how Brightening Minds can help you feel more prepared and confident please visit www.brighteningminds.co.uk, email hello@brighteningminds.co.uk or telephone 01423 561119.

Client Spotlight

– RDCP Care



Sameer Rizvi, Founder and CEO, RDCP Care

News about the care home and nursing home sector is often dominated by stories about owners wanting to sell and get out. But there are investors who are keen to move into the market – and have the capital behind them to acquire these businesses. Backed by London-based private equity firm RD Capital Partners, RDCP Care is one such investor.

RDCP Care may not be a household name yet but has ambitions to become one of the largest operators in the country. The driver behind this is the demographics of the nation, with an increasing percentage of the population who will be requiring nursing and dementia care over the coming years, according to founder and chief executive of RDCP Care, Sameer Rizvi.

“Currently 12.2m of the population are over 65 – 18 per cent of the overall population of the UK. By 2027, this figure will rise to 14.7m – a 20 per cent increase. The opportunity to be a sizeable operator has never been more compelling,” he says.

The company recently tripled its number of nursing homes when it acquired four nursing homes in the Birmingham area. It now has 254 beds and employs 280 members of staff. The portfolio is valued at around £30m with revenue of £9m.

And despite the challenges the sector faces, Mr Rizvi believes there are real opportunities. “The sector has seen a decline in the non-corporate father-son or husband-wife style of businesses. It is becoming increasingly difficult for these businesses to grow and stay profitable,” he says. Similarly many of the institutional investors – private equity and real estate funds – who came into the market right after the last financial crisis are now at the end of their fund cycle and are contractually required to exit. There are also those who acquired large care home groups pre-financial crisis, overpaid and borrowed substantially, he suggests, and their debt is now looking unsustainable. If we couple this with Brexit uncertainty, there are numerous opportunities to acquire profitable, attractive healthcare groups at bargain prices.

While care and nursing homes may not have the glamour of many other investment sectors, he believes there is an opportunity for those who can combine financial discipline with the ability to manage care quality well. “At the moment the sector is filled with either healthcare professionals who don’t understand their balance sheets or institutional investors who have got over-excited and overpaid,” he says. His company’s approach has been to look for purpose built or converted care and nursing homes at reasonable prices, and to ensure a good working environment for staff. All six of the company’s homes currently have “good” ratings with the Care Quality Commission or the Welsh equivalent.

And unlike some players in the sector he is not tempted by the top end of the market, which is dominated by private payers. Creating these sorts of five-star hotel-style homes is extremely costly and may not produce a sustainable long-term revenue model that will survive business cycles, he points out. “It costs so much money to build these that breakeven is often some years down the line. And you have to persuade people to pay £1500 to £2000 a week.”

“I look at the numbers and it is just so hard to make it work – and they are the opposite of recession proof. People can always move to a cheaper alternative.”

Instead he is aiming for the middle market with homes which attract some self-payers but will also be affordable for those whose costs are paid by the state. Homes offering nursing and specialist dementia care will always be in demand, he reasons. “We still see a decent amount of stock on the market.” A number of the company’s homes also offer potential for expansion to increase the number of beds.

So far the business has been centred around the West Midlands where homes have been reasonably priced. “Our plan is to continue to expand – we are looking both in the Midlands and in the South. We want eventually to have around 2000 beds which would be a sizeable percentage of the UK market.”

Having that number of beds would offer economies of scale for the company whilst giving it more clout in negotiations with government and local authorities, he adds. After that the company may look at other countries in Europe, many of which have the same demographic issues as the UK.

Throughout the company’s growth, Hempsons has been a key advisor. “The primary person we have worked with at Hempsons is Faisal Dhalla. He has been the single most important advisor since we started,” he says. “I can ask him about any legal queries or commercial issues – he has been our “go to” person for the last four years. He’s always working and is super quick – if there is ever a delay in a deal, we rest assured it’s never down to Hempsons!”

During the company’s growth over the last couple of years, the advice provided by Hempsons has broadened. Initially Mr Rizvi and senior partner Iryna Dubylovska – both of whom previously worked as investment bankers at the Royal Bank of Scotland – were able to fund purchases themselves and they needed help with the mechanics of the purchase and due diligence work. As the company looks to grow from 254 beds to 2000 beds, there is now a need to bring in institutional capital from outside. Hempsons will continue to advise on this aspect of growth.

If you are thinking about buying or selling a business within the social care sector and would like help with the legal issues please contact:



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Time to say goodbye?

Julia Gray looks at how settlement agreements can be used in social care and how the tax position has changed

It may seem counter-intuitive at a time of crisis in social care recruitment to be thinking about sacking staff, but ensuring you have the right people working for you means that dismissing the unsuitable, unwilling and incapable is an inevitable (if unfortunate) part of good management practice.

Or perhaps – so starting on a more positive note...

We are all aware that ensuring you have the right people working for you is essential for your business, there may come a time when it is also business essential to dismiss the unsuitable, unwilling and incapable. This aspect of good practice management is often shied away from and while it may seem counter-intuitive at a time of crisis in social care recruitment to be thinking about sacking staff, having processes and support in place can help when the time comes.

Most managers have come across settlement agreements (formerly known as “compromise agreements”) as a way of achieving a lower-risk and mutually beneficial exit. But managers still have misconceptions about the severance process. To add to the confusion, the rules about what can be paid tax-free have changed, so this article is a reminder of the basics and an update on the legal changes.

The most common circumstances in which our social care clients use settlement agreements are where:

- the employee is facing possible or probable dismissal (for example for redundancy, misconduct, performance issues or a breakdown of working relationships). For the employer, an agreed exit can reduce time and risk; for the staff it can minimise stress and maintain dignity;

- one or both parties want to keep the circumstances of a dismissal, or events leading up to it, confidential;
- the parties acknowledge that the employee has been mistreated in some way and they want to resolve a potential legal claim by agreeing an out-of-court settlement;
- the parties have amicably agreed to go their separate ways and want a binding severance to set out their respective obligations and achieve a tax-efficient exit.

Settlement agreements are the only legally binding way for an employee to waive legal rights, such as the right to claim unfair dismissal or discrimination. They can also be used to waive the right to bring other claims such as for personal injury. Once those rights are waived, they can't be pursued in a court or tribunal. Settlement agreements can be used during the employment relationship (for example to settle a wage claim) as well as in the context of termination. They are also sometimes used to settle an existing employment tribunal claim. Settlement agreements only have legal effect if they conform to certain statutory requirements. Those requirements change from time to time, so it's important to ensure that an old agreement you might have used in the past has been updated.

A settlement agreement is a contract and as such, it's essential that both parties understand the terms and that they each have something to gain from signing it, even if no money changes hands. The agreement isn't binding until the employee has received legal advice from a qualified and insured professional (such as a solicitor). A solicitor acting for the employee will explain the terms and effect of the agreement, including the types of legal claim it stops them from bringing. This is sometimes seen by employers as a major disadvantage of using a settlement agreement: the possibility of bringing a claim might not have occurred to the employee and their solicitor might push for better terms. That risk is just one of the factors that will need to be weighed up when considering the suitability of a settlement agreement.

The most common key terms in a settlement agreement are:

- an agreement that the employee will be paid a certain amount of money (sometimes called an “ex gratia” payment. It's important to note that there is no legal requirement for the employee to receive any money under a settlement agreement and the parties shouldn't assume that it will necessarily involve a “pay-out”;
- if the employment is going to end, the date on which that will happen and clarification about whether notice will be worked, paid in lieu, a combination of the two, or neither;
- confirmation about how any accrued holiday will be accounted for;
- an agreed reference and or wording for an internal announcement;
- a confidentiality clause (but it should be made clear that the employee won't be prevented from blowing the whistle, for example in relation to malpractice or abuse);
- a clause setting out any company property which the employee will be expected to return such as uniforms, keys and electronic items;
- the requirements for any handover or for the employee to cooperate with outstanding tasks;
- a reminder to the employee about their confidentiality obligations for example towards service users or financial information;
- an offer to contribute towards the employee's legal fees in relation to the agreement (note this is not compulsory).

Settlement agreements are no longer as effective as they used to be as a method of reducing tax liability and it's worth remembering that it's the employer (rather than the departing employee) whom HMRC will pursue for any tax underpayment. In the past, parties sometimes sought to avoid tax by labelling all payments under the agreement as “ex gratia” rather than payments relating to earnings, such as pay in lieu of notice (“PILON”), which



Goodbye

could be taxable. The law was tightened last year with the effect that, although ex gratia sums under £30,000 can still be paid tax free, tax is now payable on any amount equivalent to the employee's notice entitlement. This applies even if there is no reference to PILON in either the settlement agreement or the employment contract.

Before you reach the stage of negotiating terms, introducing the idea of a settlement agreement to a member of staff can be daunting, not least because broaching the subject could itself be grounds for complaint. If you're not sure how to raise the subject and are concerned about saying the wrong thing, you could start with the guidance ACAS have produced, but consider whether you need more detailed advice.

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Julia is an employment law specialist, working in the health and social sector as well as for charities and other third sector clients. She advises on contentious and non-contentious aspects of employment law, and has a special interest in discrimination.

Julia conducts advocacy in employment tribunals, presents training sessions and workshops to clients.

For better or worse – an update on the Liberty Protection Safeguards

The strained relationship between providing appropriate and necessary care for some of the most vulnerable people in our society and protecting their liberty has given rise to some of the most complicated legislation in the social care sphere, namely, the Deprivation of Liberty Safeguards (DoLS).

Now they are on the verge of being replaced by the more positively named, Liberty Protection Safeguards (LPS). The aim is the same, to provide a process to satisfy Article 5 of the European Convention on Human Rights (the right to liberty). So, where have we got to in the process of replacement and will LPS be any better for social care providers than DoLS?

Regrettably, the first part of that question remains easier to answer than the second, but the signs are not good.

Where are we?

The Mental Capacity (Amendment) Bill, as the legislation is properly known, has just (24 April) finished the parliamentary process called “ping pong: being batted back and forth between the House of Commons and House of Lords to reach a final form that is agreed by both Houses. With no current talk of a general election it seems likely the Bill will receive Royal Assent from the Queen and become an Act in the near future.

The new Act will probably be implemented from April 2020. That has not been officially announced but the proposed Code of Practice is still in development and it is hard to see how anyone will be ready to use LPS earlier, yet the Government has pushed this legislation through remarkably quickly, given the amount of time taken up by Brexit, and will not want to delay. Changes of this type are often implemented at the start of the new government financial year.

At the time of writing the parliamentary agreement is so new that it has not been possible to see a final version of the Bill.

What is clear is that much of the detail of implementation and process will be in the Code of Practice and there is not even a draft of that available yet.

The impact on social care providers

The key points to note at this stage are:

- It appears a definition of deprivation of liberty has been dropped from the Bill and will, instead, be in the Code of Practice. It remains to be seen whether that brings any greater clarity to the question of who is, and is not, deprived of liberty.
- The Government clearly intended to make the whole process less burdensome on Local Authorities but has NOT been able to carry through the original intention of making care homes responsible for their own authorisations.

- Where service users are CHC funded the relevant CCG will be responsible for the LPS authorisation. In other cases it will be the relevant Local Authority.
- LPS will be wider than DoLS and will cover “arrangements” that can include different locations, transfers and settings that are not care homes or hospitals. This should remove the need to apply to court to authorise deprivations of liberty: but it is the challenges to authorisations which actually take the most time and effort. It should be noted that challenges to DoLS authorisations are, in fact very low, under 1% of authorisations, and the Government estimates they will be lower under LPS.
- The cared for person must be aged 16 or over, lack capacity to consent to the arrangements and have a mental disorder. The arrangements must be necessary to prevent harm and proportionate to the likelihood and seriousness of harm. The Code of Practice will no doubt expand on this but expect a lot of arguments about what this means in individual cases.

But perhaps the most important point is:

- Where care is wholly or partly in a care home and the cared for person is aged 18 or over the Local Authority must decide whether it should carry out the assessment process or whether that should be led by the care home manager. It is not hard to foresee Local Authorities pressing for care home managers to get themselves up to speed and ready to lead the assessment role.

The ultimate inducement may be that Local Authorities will not use homes if the manager is not up to that role. It is not at all clear that the shift in responsibilities would be accompanied by a shift in funding.

More analysis of the final Bill is needed. The Code of Practice will be essential but overall there will almost certainly be even more responsibility on care providers to facilitate LPS authorisations than there has been under DoLS.

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Stephen’s work covers some very technical legal areas but the overall theme is ‘dispute resolution’. He always looks for pragmatic solutions, without compromising your position. Where appropriate, Stephen’s advice on the law, options and risks will bear in mind any long term ongoing therapeutic relationship and that the resolution of acute problems needs to support, not undermine that.

In 2009 Stephen obtained his Master’s Degree in Mental Health Law. His final project brought together his mental health and capacity experience by considering the problems in developing the Deprivation of Liberty Safeguards.

Are your resident contracts fit for purpose?

2017 saw the Competition and Market's Authority (CMA) conduct a survey of care homes to determine whether residents are being treated fairly by providers.

Late 2018 saw the issue of an open letter to providers, coupled with short form and more detailed advice, reminding providers of care homes of their responsibilities under consumer law and urging providers to review their contracts urgently. Changes may be necessary to contract terms and business practices otherwise the CMA, working in conjunction with trading standards, may look to take action against providers if they are found to be treating residents and their families unfairly and are breaking the law.

The CMA has already taken action against providers who charged compulsory upfront fees or continued to charge for extended periods after a resident's death.

The new guidance sets out:

- What upfront information to give to potential residents and when, including an indication of likely fees and highlighting any special important or surprising terms – do you require a deposit? Do you charge extra for a member of staff to accompany a resident on a hospital appointment?
- How to ensure contract terms are fair – do you have a trial period? How often do you review your fees? Are fees payable when a resident is absent from the home? How long are fees payable for after death / how quickly must a room be emptied?
- How to ensure residents and families are treated fairly – what notice periods apply (on both sides)? In what circumstances can you ask a resident to leave?
- How to handle complaints fairly and ensure your complaints procedure is easy to use

Hempsons specialist social care team can review your contracts and business practices and ensure you don't get caught out.

FAISAL DHALLA, PARTNER

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Faisal specialises in corporate and commercial law and advises a wide range of private, public and third sector organisations on mergers and acquisitions, joint ventures and collaborations, commercial contracts and banking and finance law.

Faisal's main industry focus is the health and social care sector. Within that sector, he specialises in the sale and purchase of health and social care businesses, in particular, care homes and dental practices. Faisal acts for private equity and venture capital backed businesses, practitioners (dentists and GPs), NHS bodies, social enterprises and charities and a variety of private limited companies.

PHILIPPA DOYLE, PARTNER

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Events update

Hempsons Social Care legal update seminars

9 May – Hempsons Harrogate

15 May – Hempsons, Manchester

The seminars will give updates on a range of legal and practical issues that will be of interest to all those involved in the management and running of social care provision, with updates on the new Liberty Protection Safeguards, employment law and CQC inspections and a session on how to deal with the CQC led by Clare Flynn of Brightening Minds.

To find out more email: events@hempsons.co.uk

Leeds Care Conference

20 June 2019 – Oulton Hall, Leeds

The day will include presentations from high-level sector representatives, along with an exhibition and a choice of interactive workshops. There are also networking opportunities with senior decision-makers from the independent care and support sector.

Stephen Evans, Partner with Hempsons, will be running the following workshop:

Investigations and inquests: when things go wrong

A Q&A session focusing on real case studies around investigations and inquests. What can be learnt and how can providers ensure they aren't at risk? What should providers do if they are faced with investigations into these areas of the business?

<https://www.caremanagementmatters.co.uk/event/leeds-care-conference-2019/>

Health Plus Care – Residential and Home Care Show

26-27 June 2019 – ExCeL London – Homecare Theatre

Martin Cheyne will be running a workshop on 26 June from 4.15-4.45pm:

IT'S ALL ABOUT THE MONEY

The National Wage – is it a minimum or a living wage?

Martin Cheyne will be looking at some of the key wages issues in the sector. Sleep-in payments remain controversial and unresolved, yet money is tight, and commissioners cannot afford to fully fund sleeping shifts. As if that wasn't enough holiday pay and travel time have been continuing to create headaches. How much should we be paying?

<https://www.residentialandhomecareshow.co.uk/conference-programme/its-all-about-the-money-the-national-wage-is-it-a-minimum-or-a-living-wage>

The Independent Care Group's Conference & Exhibition

20 November 2019 – York Racecourse

Hempsons are the main event sponsor and will be running a workshop. To find our more email jac@mcculloughmoore.co.uk

For more information on any of the events listed above please email events@hempsons.co.uk

Social care advice line

Hempsons operates a free advice line for social care providers.

The social care team at Hempsons is well placed to assist with a wide range of legal issues including areas such as CQC inspections and CQC reports, employment issues, local authority safeguarding alerts and disputes with local authorities.

Hempsons' social care advice line is open between 9.00am and 5.00pm, Monday to Friday and offers up to 15 minutes of valuable preliminary advice on a range of issues social care providers face including:

- Regulatory expertise
- Health and safety
- Employment and HR law
- Real estate
- Corporate and commercial
- Dispute resolution

Our expertise

- Charity law
- Commercial property
- Community care law
- Contracts
- Corporate law
- CQC regulatory
- Data protection and security
- Disputes and litigation
- Employment law
- Fundraising
- Health and Safety
- Inquests and Coroners
- Judicial Review
- Mental health law
- Safeguarding
- Tendering

“With increasing integration between health and social care, the benefit of talking to a solicitor from Hempsons is not only their expertise in specific areas of law, but also a full understanding of the NHS and the wider political environment you operate in.”

To access the advice line simply call **01423 724056** quoting ‘social care advice line’ or email socialcare@hempsons.co.uk.



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Hempsons gives you certainty in an ever changing legal landscape.

Our health sector expertise means we are leading on many of the key issues facing the NHS Social care sector

- Acquisitions
- Charity law
- Clinical negligence
- Construction
- Contracting
- Crime
- Dispute resolution
- Employment
- Environment and sustainability
- Governance
- Health and safety
- IP, media and technology
- Healthcare
- Integrated care
- Joint ventures
- Life sciences
- Medical law
- Mental health
- Mergers
- New care models
- Outsourcing
- Practitioners
- Private client
- Procurement
- Real estate
- Regulatory
- Social care
- Social enterprises
- Strategic estates partnerships
- Sustainability and transformation plans



About Hempsons

Supporting providers in delivering quality services

Hempsons is an award winning law firm committed to the health and social care sector, with a dedicated national team of experts across four offices in the UK.

Hempsons is able to support and advise providers in relation to all aspects of their business activity, including CQC regulatory issues, health and safety matters, employment law and Coroner's Inquests. We also have a superb corporate commercial team who can support providers looking to expand their business, negotiate commercial agreements and contracts, tender for business or deal with disputes of a commercial nature. We are experts at challenging decisions through the mechanism of Judicial Review, something we have successfully accomplished in partnership with the Independent Care Group in North Yorkshire for the benefit of its members.



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