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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL (REVIEWS) – SAFEGUARDING ADULTS
'TO FOLLOW' INFORMATION

DATE: WEDNESDAY 27 JANUARY, 2010
TIME: 3.00 P.M.
PLACE: WARSPITE ROOM, COUNCIL HOUSE

Committee Members–
Councillor Mrs. Watkins, Chair.
Councillor Mrs. Aspinall, Vice-Chair.
Councillors Berrow, Browne, Delbridge, Gordon, Kerswell, Mrs. Nicholson and Stark.

Co-opted Representative-
Chris Boote, Local Involvement Network (LINk)

PLEASE FIND ATTACHED FURTHER INFORMATION FOR CONSIDERATION IN RESPECT OF THIS AGENDA.

BARRY KEEL
CHIEF EXECUTIVE

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL (REVIEWS) – SAFEGUARDING ADULTS

4. ANNUAL REPORT **(Pages 1 - 42)**

To consider the annual report.

5. SAFEGUARDING ADULTS - COMPLETE WORKING GUIDE

To consider the Safeguarding Adults – Complete Working Guide. A link to the guide is provided below -

http://www.plymouth.gov.uk/complete_ap_policy_and_procedures_v2.pdf

6. CARE QUALITY COMMISSION - INSPECTION CRITERIA

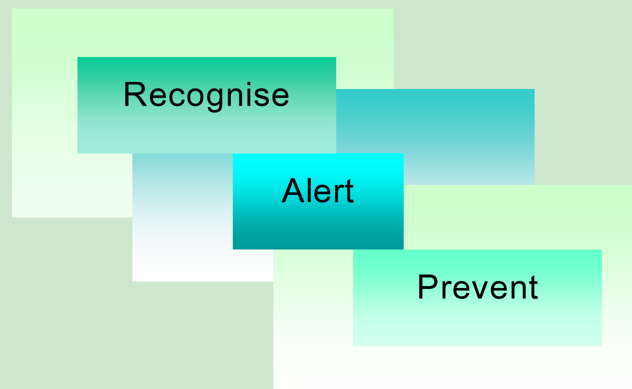
The panel will consider the inspection criteria against which the service's performance is measured which are as follows –

1.People are safeguarded
2.People have access to preventative services
3.People are involved

PLYMOUTH SAFEGUARDING ADULTS BOARD

Agenda Item 4

Safeguarding Vulnerable Adults



Annual Report April 2008 - March 2009

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Foreword

Welcome to Plymouth's sixth Annual Report of the Safeguarding Adults Board (formerly the Adult Protection Committee.)

The Board, working with its operational arm, the Lead Officer Group is leading a strong and committed partnership which aims to protect and safeguard the vulnerable adults of Plymouth. Over the last 12 months our Safeguarding framework has continued to improve the way all organisations support and safeguard adults.

The commitment from key agencies, both strategic and especially operationally plus a positive political interest has supported the continuing improvement of services not only to support individuals following an incident of abuse but to begin to prevent abuse. We wish to ensure the standards of dignity, respect and privacy are core to all services and practice.

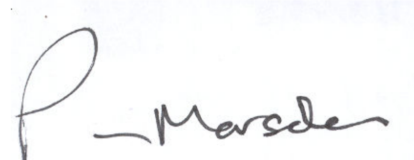
The report explains what we have achieved and what we are planning to achieve. We recognise we are tackling complex issues and are aware that we need to continue to raise public awareness, support families and carers in sensitive situations and commission safe and respectful services.

This report gives me the opportunity to thank all those involved for their hard work which has resulted in the current robust Safeguarding framework and, while there is more to achieve, I am confident we have the capacity for the challenges ahead.

I also wish to extend my thanks to the service users and their families and carers who are continuing to support the development of the framework.

I hope this report helps to explain what we are all trying to achieve and I would welcome your comments.

With best wishes



Pam Marsden
Assistant Director, Community Services,(Adult Social Care)
Plymouth City Council

1. Executive Summary

The Safeguarding Adults priorities for the Plymouth Safeguarding Adults Board 2008-2009 were:

1. Raising awareness of/addressing abuse within people's homes in the community.

2. Reducing abuse in Care Homes.

3. Implementation of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards 2008.

The achievement reported upon in Section 4 tracks the Board's progress on these priorities.

Contributing to Priority One

4.1 Road Show
4.2 Appointment of Referral Co-Ordinator
4.3 DVD 'Behind Closed Doors'
4.7 Dignity in Care Settings
4.9 Survey of Public in Plymouth
4.10 JSNA
4.11 Domestic Abuse
4.12 Police Safeguarding Adults Investigation Team
4.12 Working with Service User Groups
4.14 Putting People First

Progress towards Priority Two

4.2 Appointment of Referral Co-Ordinator
4.3 DVD ' Behind Close Doors'
4.7 Dignity in Care Settings
4.8 Dignity in Care
4.10 JSNA
4.12 Police Safeguarding Adults Investigation Team
4.13 Working with Service User Groups
4.14 Putting People First

Developments in working to Priority Three

4.3 DVD – 'Behind Closed Doors'
4.4 Mental Capacity Act
4.5 Deprivation of Liberty Safeguards
4.6 IMCA
4.10 JSNA
4.12 Police Safeguarding Adults Investigation Team
4.13 Working with Service User Groups
4.14 Putting People First

2008-2009 saw an increase of alerts of alleged adult abuse but the percentage of alleged abuse within the group of vulnerable adults served by Plymouth City Council remained low at only 4.1%.

Without a significant national awareness raising campaign the responsibility remains with the local authority and the partner agencies to continue with this task.

At the point of this report being published, the long awaited Review of 'No Secrets' is expected imminently

The Plymouth Safeguarding Adults Board as part of a national strategy contributed to the consultation process in the hope of new legislation to afford vulnerable people greater protection from abuse.

2. Statement of Commitment

Amended by Service Users at their Consultation Day 14th November 2006 (showing in green text)

As agencies that have worked to develop, adopt and implement the multi-agency procedures and guidance relating to the protection of vulnerable adults in Plymouth, we agree that we will work to the following **principles**:

- All adults have the right to live their life free from violence, fear and abuse.
- All adults have the right to be protected from harm and exploitation.
- All adults have the right to independence, which involves a degree of risk.
- **All adults have the right to be listened to, treated with respect and taken seriously.**

We are therefore committed to fully implementing the multi-agency procedures and guidance by:

- Ensuring that there is a consistent and effective response to any concerns, allegations or disclosure of abuse.
- Supporting staff in reporting and investigating incidents of adult abuse.
- Promoting best practice to minimise abuse in our organisations.
- Ensuring all relevant staff have sufficient knowledge of, and fully understand the key issues related to Safeguarding Adults and receive appropriate training to successfully implement these Safeguarding Adults Procedures.
- Contributing towards Safeguarding Adults' investigations, conferences and protection plans.
- Promoting the early recognition of abuse.
- Raising public awareness of the abuse of vulnerable adults and giving clear messages that this is everyone's responsibility.

3. Context and Structure

Safeguarding Adults framework is the practice that enables an adult who is or may be eligible for community care services to retain independence wellbeing and choice and access supports and services that enable them to live lives free from abuse and neglect or fear of this.

The current lack of a cohesive policy framework giving statutory agencies direction, powers or duties to intervene when abuse or neglect is suspected is well acknowledged. No Secret as guidance helped structure the current framework and it is hoped that the review of No Secrets will provide a strong national directive.

In Plymouth, the Executive **Safeguarding Adults Board** (formerly Adult Protection Committee) is supported by the **Lead Officer Group** (LOG). This model enables Executive Members of the SAB to commission the L.O.G to action the decisions made by the Board and conversely allows the L.O.G to inform and advise the SAB. The Board acts as the governance structure for the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards 2008.

The LOG is an operational group made up of individual champions from all the statutory agencies across Plymouth. Many Lead Officers from a variety of agencies have specific Safeguarding Adults responsibilities written into their Job Descriptions. These Lead Officers manage Safeguarding Adults alerts and provide Safeguarding Adults guidance within each discipline and jointly enable consistency of practice. The Group provides multi-disciplinary responses to consultation papers, the recent 'Review of No Secrets', and other national Safeguarding Adults developments, is a forum for case reviews and discussions and gives access to all service user and carer groups.

Safeguarding Adults Board
(as at June 2009)

Pam Marsden (Chair)	Assistant Director, Community Services (Adult Social Care), **Plymouth City Council**
Kerrie Todd	Safeguarding Adults Manager, **Plymouth City Council**
Karen Howard	**Safeguarding Adults Manager NHS Plymouth** Safeguarding Adults/Domestic Abuse Lead NHS Plymouth/ Safeguarding Adult Officer/Domestic Abuse Lead PCC
Councillor David Salter	**Plymouth City Council**
Steve Waite	Chief Operating Officer , **NHS Plymouth**
Mike French	Principal Crown Prosecutor, **Crown Prosecution Service**
Jim Van Deijl	Director, **Residential Care Homes Trust** (Devon based Trust)
Wendy Round	Skills Development Section Manager, **City College Plymouth**
Chris Munn	Senior Probation Officer, **Devon & Cornwall Probation Area**

Safeguarding Lead Officers Group

(as at June 2009)

Kerrie Todd (Chair)	Safeguarding Adults Manager, **Plymouth City Council**
Karen Howard	**Safeguarding Adults Manager NHS Plymouth** Safeguarding Adults/Domestic Abuse Lead NHS Plymouth/ Safeguarding Adult Officer/Domestic Abuse Lead PCC
DC Karen Anderson	Safeguarding Adults Investigator, **Devon & Cornwall Constabulary**
Michelle Thomas	Associate Director, In Patients, **NHS Plymouth**
Anne Prue	Head of Primary Care Liaison Service **NHS Plymouth**
Carol Green	Head of Continuing Care Commissioning, **NHS Plymouth**
Ian Stevenson	Service Manager, Learning Disability Partnership, **NHS Plymouth**
Sue Binding	Adult Social Care Team Leader, Learning Disability Team, **Plymouth City Council**
Kerry Dodd	Adult Social Care Team Leader, Riverside Sector, **Plymouth City Council**
Claire Journeaux	Team Leader, Mental Health Services for Older People, **Plymouth City Council**
Carol Moles	Adult Social Care Team Leader, Review Team, **Plymouth City Council**
Simon Smeardon	Adult Social Care Team Leader, Waterfront Sector, **Plymouth City Council**
Liz Reeby	Adult Social Care Team Leader, Hospitals, **Plymouth City Council**
Alan Hughes	Adult Social Care Team Leader, Hospitals, **Plymouth City Council**
Roger Prowse	Adult Social Care Team Leader, First Response Team, **Plymouth City Council**
Matt Garrett	Housing Needs Manager, **Plymouth City Council**
Mark Bamsey	Client Finance Services Manager, **Plymouth City Council**
Karen Grimshaw	Director of Nursing and Midwifery, **Plymouth Hospitals NHS Trust**

Dedicated Safeguarding Team

Kerrie Todd	Safeguarding Adults Manager, **Plymouth City Council**
DC Karen Anderson	Safeguarding Adults Investigator, **Devon & Cornwall Constabulary**
Karen Howard	Safeguarding Adults Manager **NHS Plymouth** Safeguarding Adults/Domestic Abuse Lead NHS Plymouth/ Safeguarding Adult Officer/Domestic Abuse Lead PCC
Tarnya Moran	Safeguarding Adults Referral Co-Ordinator/Community Care Worker
Roslynn Azzam	Deprivation of Liberty Safeguards Officer
Megan Foster	Deprivation of Liberty Safeguards Administrator
Denise Corder **Liz Smyth** **Addy McMillan**	Safeguarding Adults Administrator, **Plymouth City Council** Safeguarding Adults Administrator, **Plymouth City Council** Safeguarding Adults Administrator, **Plymouth City Council**
Sue Full	Safeguarding Adults Training Co-ordinator, PTPCT

4. Achievements

This section reports on the progress the Safeguarding Framework has achieved against the priorities set in March 2008.

4.1 Road Show

(Working towards Priority 1)
June 17th 2008 was the week the Safeguarding Adults Team took to the streets of Plymouth to bring information to the general public.

To reflect the City's multi-agency safeguarding approach each day a Police Officer, a member of Plymouth NHS and Plymouth Adult Social Care were in different locations within Plymouth handing out leaflets and the Safeguarding Adults logo-branded jute bags. We spoke to around 500 members of the general public, some were reassuringly aware of the issues and knowledgeable of how to make an alert, some were hearing about adult abuse for the first time and some who told us they were tourists!

Karen Anderson (Devon and Cornwall Constabulary), Karen Howard (Safeguarding Manager NHS) and Kerrie Todd (Safeguarding Manager Plymouth City Council)…
"On The Road" – Plymouth June 2008…………………

The events received positive media coverage which we hoped reinforced the message.

4.2 Appointment of Referral Co-ordinator

(Working towards Priority 1and 2)
The introduction of the Referral Co-ordinator post has brought a consistent and improved response to referrals from alerters. This has been achieved by providing a link between Safeguarding Adults, the Contact Centre, Social Services social work teams, Mental Health Services, NHS Plymouth and the Police. This has ensured a timely and coordinated response to alerts.

The accuracy of the data recorded this year has significantly improved allowing us to confidently present and compare Safeguarding data. We continue to work on ensuring all relevant data is captured and strive towards improving the recording of the data at source.

4.3 DVD – 'Behind Closed Doors'

(Working towards Priority 1,2 and 3)
To refresh the Multi-Agency training strategy and include the implementation of the Mental Capacity Act and the future implementation of the Deprivation of Liberty Safeguards, the Lead Officer Group commissioned a new training DVD – 'Behind Closed Doors.' We re-established our successful partnership with the Cascade Theatre Company and worked

with them during the summer of 2008 to create two new scenarios within the DVD which highlighted both the covert and overt nature of adult abuse plus issues of mental capacity.

The DVD was previewed in October 2008 at a theatre venue in Plymouth. One hundred and fifty providers, voluntary/third sector staff, statutory staff, families and carers were invited to attend for networking and nibbles, followed by the showing of the DVD. When the house lights were turned on the characters from the DVD were onstage ready to take questions, comments etc in their roles from the audience. We had estimated 15-20 minutes for this part of the evening but the audience were so engaged the interaction continued for almost an hour.

The evening was hosted by Steve Waite, Chief Operating Officer, NHS Plymouth and Deputy Chair of the Safeguarding Adults Board.

We received positive media coverage and Chief Superintendent Jim Webster Devon and Cornwall Constabulary gave an interview to BBC Devon to explain the purpose of the DVD and the evening premiere.

During November and December 2008 all providers received a free copy of the DVD accompanied by a short training manual.

4.4 Mental Capacity Act (MCA)

(Working towards Priority 3)

Plymouth has good multi-agency involvement and working relationships in the safeguarding operation group and the MCA local implementation group which has helped to promote implementation of the MCA in the city. The MCA training programme was successful in raising the profile and understanding of the Act. There was recently a further MCA conference held in Plymouth for adult social care and health staff to increase knowledge and confidence in applying the Act. It was also a chance to highlight and share good practice.

The FACE tool to record mental capacity assessments and best interest decisions is beginning to be used more widely throughout health and social care teams. The intention of promoting the use of this tool is to improve visibility of MCA recording within client records.

The Independent Mental Capacity Advocate (IMCA) service has been successful in building good working relationships with referrers and has participated in multi-agency training including awareness-raising for consultants. There is some concern over a low number of referrals for IMCA involvement with serious medical treatment decisions. There is a need for increased awareness within acute hospitals.

Dr Andrew Tillyard from Derriford Hospital in Plymouth is working together with the regional MCA lead from the Southwest Development Centre to run a training day in July targeted for doctors including those working within hospitals and in general practice in the community.

It has been observed locally that the introduction of the Deprivation of Liberty Safeguards has renewed professional interest in the Mental Capacity Act, and inspired useful conversations about the legal limits of the decision-maker's role under the MCA. It has also raised important debate about the interaction between the Mental Capacity Act and the

Mental Health Act. These issues will be taken forward in planning the ongoing MCA training strategy.

There will inevitably be new challenges in MCA implementation and safeguarding introduced by the modernisation agenda. The Safeguarding Adults Manager is actively involved in planning for the local development of personalisation and individual budgets to ensure that planning is adequate for people who may lack capacity to make decisions about their care.

Work is beginning on plans for quality audits as prescribed by the 2009 LAC circular. The audit tools developed by the Social Care Institute for Excellence are eagerly awaited.

4.5 Deprivation of Liberty Safeguards (DoLS)

(Working towards Priority 3)

Summary of the Safeguards

The safeguards are an amendment to the Mental Capacity Act that set out a process for care homes and hospitals to apply for authorisation to lawfully deprive people of their liberty when necessary and appropriate. They aim to protect the human rights of people who do not have mental capacity to consent to their care. They affect people with dementia, acquired brain injury, learning disabilities, and other forms of mental illness.

The safeguards require local authorities and primary care trusts to act as "supervisory bodies" to investigate and authorise deprivation in registered care homes and hospitals, referred to as "managing authorities." There are new responsibilities on supervisory bodies and managing authorities to ensure there is no unlawful deprivation of liberty.

Plymouth Social Services and NHS Plymouth as Supervisory Bodies

A Deprivation of Liberty Safeguards (DoLS) Project Officer, Roslynn Azzam was appointed on a temporary secondment in September 2008 to develop and progress a project plan to implement DoLS within statutory timescales. In March 2009, Roslynn was appointed as a full time DoLS officer and joined by Megan Foster as a full time administrator. The DoLS office was established at the end of March and is intended to fulfil the statutory responsibilities of the supervisory body for both Plymouth City Council and the NHS. This has been agreed by the medical director and is to be formalised within a section 75 partnership agreement.

There is a new appendix to the Multi-agency Safeguarding Policy which summarises DoLS and its implications for health and social care staff.

DoLS Training/Awareness Raising

Training has been delivered to more than 320 health and social care staff in Plymouth.

Workplace	Number attended
Derriford	9
Mount Gould and PCT	77
Community Nurses	14
RITA team	8
Onward care/ Complex discharge	13

Workplace	Number attended
Adult Social Care	82
Mental Health Partnershipt	77
Learning Disability Partnership	41
Practice Teachers	2
Private Sector Organisations	20

Training to care homes was delivered through sessions for registered managers and senior staff. Only 27 of 150 homes in the city have not attended DoLS training.

4.6 Independent Mental Capacity Advocates (IMCA)

(Working towards Priority 3)

The second year of IMCA has shown an increase from 15 referrals in the year ending March 2008 to 21 referrals in the year ending March 2009. These referrals were all appropriate under the Mental Capacity Act and we had no inappropriate referrals. Although the majority of cases were for people who had a Learning Disability we also worked with people who had Dementia, Mental Health Problems and Acquired Brain Injuries.

The Safeguarding Adults process has again this year linked in well with the IMCA Service in respecting people's rights under the Mental Capacity Act. This close working relationship has helped to provide safeguards for some of the most vulnerable people in our society.
The Deprivation of Liberty Safeguards started on April 1st 2009. We have been involved in the raising awareness process through our Local Implementation Group and Lead Officer Group Meetings. This partnership working will be ongoing and regular meetings with the DoLS Officer and Best Interest Assessors have started to look at protocols and practice.

4.7 Dignity in Care Settings

(Priority 2 and Working towards Priority 1)

One of the paths Plymouth safeguarding is following to advance respect, dignity and privacy within all services and practice is playing an active role in the Dignity in Care Forum. This work is part of Plymouth's wider care home strategy to work in partnership with the sector to improve standards in care settings .
The role of the forum is to:

- Promote New Ambition for Old Age
- Incorporate the 'My Home Life Programme '
- Consider how to support care homes with operational issues that may impact on the quality of care, provide help and advice to improve practice
- Commission specific training and support identified by care homes themselves through the forum. This information will inform the workforce development strategy .

In relation to care at home the commissioning team have appointed a Quality Manager for domiciliary care . The role involves monitoring standards , policies and procedures, sharing good practice . CRILL data ,inspection reports , complaints and safeguarding incidents are used to inform an action plan that is worked on in partnership with the provider.

4.8 The Review Team

(Working towards Priority 2)

The main purpose of this team is to undertake statutory reviews of individuals living in care homes and in care homes with nursing The team also investigate, alongside other partner organisations, safeguarding issues in all care homes. This well embedded process has now developed further. The team has three dedicated posts: a long-term condition nurse, a registered home manager and a social worker who not only investigate alleged abuse but also support homes to improve standards and prevent further poor practice following a safeguarding issue.

4.9 Survey of Members of the General Public in Plymouth

(Working towards Priority 1)

During December 2008 and January 2009 a survey was conducted to assess the level of awareness of the issues of Safeguarding Adults in Plymouth.

An independent agency was commissioned to ask a series of questions (See Appendix 1 for full report.)

4.10 Joint Strategic Needs Analysis (JSNA)

(Working towards Priority 1,2 and 3)

The Joint Strategic Needs Analysis (JSNA) has been used to predict and identify populations of vulnerability and susceptibility to harm in Plymouth. Awareness from information gained via the JSNA has lead to the establishment of an integrated team in the Devonport area with a strong safeguarding expertise to address concerns regarding the high level of emergency hospital admissions for people over 75. Other areas have also been identified as having potential for safeguarding concerns due to their large population of older people.

Safeguarding adults is becoming more integrated and embedded in strategic planning and can be evidenced in the Corporate Improvement Plan, Service Improvement Plan, the Putting People First Transformation Program, the Workforce Development Plan and the NHS Plymouth Business Plan. A database has been developed to track the performance ratings of registered care providers. This uses information from CQC reports and CRILL data, links to the incentivised payment structure and provides local intelligence to inform operational reviews of high risk providers.

When regulated care services are rated as 'poor' by CQC the Council suspend all new placements.

All this work appears to be having a positive effect as Plymouth now has a higher number of good and excellent services with targets set to improve this position further through incentivised payments.

The Safeguarding Adults Manager meets with around 10% of people who have experienced abuse and been through a safeguarding investigation. Their views and experiences are feedback by the Safeguarding Adults Manager to the Lead Officers Group to assist learning and improve practice. There are intentions to commission a service user feedback service from a voluntary organisation which would assist problems with capacity and provide a more independent consultation process.

4.11 Domestic Abuse

(Working towards Priority 1)

In 2008 NHS Plymouth reorganised its management structures to incorporate the post of Safeguarding Adults Manager NHS Plymouth,Safeguarding Adults/Domestic Abuse Lead NHS Plymouth/Safeguarding Adult Officer/Domestic Abuse Lead PCC which it sees as essential to protecting vulnerable adults, multi agency and partnership working.

The post covers the following areas of responsibility:

- Providing lead role in NHS Plymouth, updating NHS Plymouth of national developments, giving advice, and supporting GPs, staff and managers

- Lead officer for Safeguarding Adults in Adult Mental Health Directorate - this includes giving advice, and chairing strategy meetings when there is no social care involvement

- NHS Plymouth representative at the MAPPA SMB (Multi Agency Public Protection Arrangements - Strategic Management Board) as duty to Co-operate Agency. Linking into Safeguarding Vulnerable Adults, Mental Health, and Domestic Abuse as per national guidance

- Standing Member for the Plymouth MAPPA Panel as Health representative and mental health representative and links to safeguarding adults NHS Plymouth & PCC

- Nominated information sharing with police for mental disorder protocol, crime and disorder protocol, vulnerable adults protocol, MAPPA protocol and domestic Abuse protocol during officer hours and out of hours arrangements

- Single point of contact (SPOC) as per MAPPA guidance for NHS Plymouth and PCC

- Representative on the Peninsular Criminal Justice Agencies meeting as Chair of Plymouth Mentally Disordered Offenders Liaison Group Meeting

- Direct work with service users disclosing abuse – achieving best evidence interviews with police as required

- Providing training to NHS Plymouth staff, induction, and general updates as required about safeguarding adults, MAPPA, and Domestic Abuse

- Member of the Serious Untoward Incident Group – participating/leading root cause analysis/ case reviews and providing learning outcomes via clinical governance

- Dealing with serious and complex complaints / investigations

This post also works in partnership with Plymouth City Council Safeguarding Adults and acts as a safeguarding officer chairing strategy meetings which are complex and relate to concerns about members of staff and residential and nursing homes. Senior representation at meetings can also include representation for PCC and feedback where appropriate.

A Recent Development

Following a review of the care of a person who was subject to the VARM (Vulnerable Adult Risk Management) process, one of the recommendations was to have a process to consider the issue of service users who are frequent callers to services; or who present to a number of agencies at the same time. This was also a factor in the recent Serious Case Review in Cornwall.

The purpose of this process will be to try and prevent individuals who are vulnerable and who may be experiencing abuse, from 'slipping through the net'. This can be achieved by agencies sharing information. This process should also help support agencies receiving a high volume of calls and ensure service users are accessing appropriate services and support.

4.12 Police Safeguarding Adults Investigation Team

(Working towards Priority 1,2 and 3)
2008-2009 has been extremely busy. The Police have seen an increase of referrals. A number of these referrals were related to the new offences under the Mental Capacity Act 2005 of ill treatment or wilful neglect of a person who lacks mental capacity. These were investigated but we were unable to prove the wilful element of the offence. Other referrals included sexual offences against people with learning disabilities, financial abuse of older people and some physical assaults. Five cases were successfully prosecuted by the Crown Prosecution Service and resulted in sentencing. These cases involved a high degree of multi-disciplinary co-operation and skilled joint working. This Safeguarding process ensures the vulnerable person's best interests and needs are central to the investigation.
The Police would also like to comment upon the significantly improved quality of recording and reporting from our partner agencies.

4.13 Working with Service User Groups

(Working towards Priority 1,2 and 3)
The Safeguarding Team links with a number of service user groups within Plymouth.
This is an important area of work and greatly valued by the Safeguarding Adults Board The team meets with the groups to discuss the work of the SAB and seeks their views regarding developments and improvements to the safeguarding process. This is an area of work which was established following the Service user consultation day in 2006. A number of the groups have agreed to test out the all important Self-protection safeguarding training model.

4.14 Putting People First

(Working towards Priority 1,2 and 3)
To ensure vulnerable adults remain protected as they take more control over decisions and services that affect them the SAB is committed to **Visible Safeguarding:** The team is working locally with the project leads and regionally to ensure that individuals are clearly aware of how to access help and support when they need it and to reassure those accessing the services of what they can expect from the service. Embedding Visible Safeguarding will be a significant work stream of 2009 to 2010.

4.15 General Process

The Safeguarding Adults Service continues to work in a number of general areas. Some examples are improving the access and information to the public website, the quality and analysis of the data is continuing to evolve and we are supporting the implementation of the Vetting and Barring Scheme.

5. Scenarios

Financial Abuse

Between April 2008 to March 2009, **82** cases of alleged **Financial Abuse** were reported to Adult Social Care, by various agencies.

Financial or Material Abuse may include:

- Theft
- Fraud
- Exploitation
- Pressure in connection with wills, property or inheritance or financial transactions
- The misuse or misappropriation of property, possessions, benefits or other income by someone who has been trusted to handle their finances or who has assumed control of their finances by default.

Signs that financial abuse may be occurring include:

- Sudden loss of assets
- Unusual or inappropriate financial transactions
- Visitors whose visits always coincide with the day the person's benefits are cashed
- Insufficient food available
- Bills not being paid
- Person who is managing the finances overly concerned with money.
- Sense that the person is being tolerated in the house due to the income they bring in, person not included in the activities the rest of the family enjoys.

SCENARIO (names and details have been changed)

Mr Green is a 33 year old gentleman with learning disabilities. He lives in a supported living arrangement. Mr Green has regular contact with his family who assist him in managing finances. They became aware of a number of large cash transaction on his bank statement and reported the matter to the police. The police alerted the issue to the Learning Disability Service and a joint investigation took place. This resulted in identifying a care worker as the person carrying out the transactions and this woman was successfully prosecuted.

Physical Abuse

Between April 2008 to March 2009, **141** cases of alleged **Physical Abuse** were reported to Adult Social Care, by various agencies.

Physical Abuse may include:

- Hitting
- Slapping
- Pushing
- Kicking
- Misuse of medication
- Restraint or inappropriate sanctions.

Indicators of physical abuse:

- Injuries that are consistent with physical abuse
- Injuries that are the shape of objects
- Presentation of several injuries at different stages of healing, e.g. different colouration of bruises
- Injuries that have not received medical attention
- A person being taken to many different places to receive medical attention
- Skin infections
- Dehydration
- Unexplained weight changes or medication being lost
- Behaviour that indicates that the person is afraid of the perpetrator
- Change of behaviour or avoiding the perpetrator.

SCENARIO (names and details have been changed)

Mr London aged 42 lives in a residential care home. He has an acquired brain injury and a visual impairment.

Miss Bath aged 27 lives in the same care home and is a long term user of the Mental Health Services and, when unwell, can display challenging behaviour. Miss Bath, while unwell, hit Mr London on his head. Due to his visual impairment and physical condition he was unable to remove himself and so was vulnerable to Miss Bath's behaviour. Miss Bath lacked the mental capacity to understand the consequences of her behaviour. A referral was made to the Safeguarding process.

While no criminal investigation was appropriate it was established that the placement was not suitable for Miss Bath and she moved successfully to a new home.

Sexual Abuse

Between April 2008 to March 2009, **20** cases of alleged **Sexual Abuse** were reported to Adult Social Care, by various agencies.

Sexual Abuse may include:

- Rape and sexual assault to which the vulnerable adult has not consented or could not consent or was pressurised into consenting
- Non-contact sexual abuse could include being forced or coerced to be photographed or videoed to allow others to look at their body
- Any sexual activity involving staff is contrary to professional standards and hence abusive.

Signs that sexual abuse may be taking place:

- Sexually transmitted diseases or pregnancy
- Tearing or bruising in genital / anal areas
- Soreness when sitting
- Signs that someone is trying to take control of their body image e.g. anorexia or bulimia, self-harm
- Inappropriate sexualised behaviour.

The indicators that a person may be experiencing sexual abuse and psychological abuse are often very similar. This is due to the emotional impact of sexual abuse on a person's sense of identity and to the degree of manipulation that a perpetrator may carry out in "grooming" a victim.

SCENARIO (names and details have been changed)

Mrs X is a 29 year old lady with mild to severe learning disabilities. She lives in a supported living arrangement with 24 hour care support. Mrs X tells one of her support workers that a male care worker cuddles her in bed at night, touches her private parts and shows her obscene photographs. The care worker informs the manager and a referral is made to Safeguarding. Mrs X is interviewed by police with the assistance of an intermediary and the support of a social worker.

The male care worker was arrested and a search made of his home address and a number of obscene photographs were seized. The offender pleaded guilty to a sex offence and was sentenced.

Miss X continues to live with the support of her care team.

Emotional & Psychological Abuse

Between April 2008-March 2009, **31** cases of alleged **Emotional and Psychological Abuse** were reported to Adult Social Care, by various agencies.

Emotional/ Psychological abuse may include:

- Threats of harm or abandonment
- Deprivation of contact
- Humiliation
- Blaming
- Controlling
- Intimidation
- Coercion
- Harassment
- Verbal abuse / excessive criticism
- Isolation or withdrawal from services or support networks.

This abuse will usually occur in conjunction with other forms of abuse.

Indicators:

- Difficulty gaining access to the adult on their own or the adult gaining opportunities to contact you
- The adult not getting access to medical care or attending appointments with other agencies
- Low self-esteem
- Lack of confidence and anxiety
- Increased levels of confusion
- Increased urinary or faecal incontinence
- Sleep disturbance
- Person feeling / acting as if they are being watched all of the time
- Decreased ability to communicate
- Communication that sounds like (replicates) things the perpetrator would say or language being used that is not usual for the service user
- Deference / submission to the perpetrator.

SCENARIO (names and details have been changed)

Mr T is 51 and has developed a brain tumour. His condition has developed to the level that he now needs 24-hour care from trained nurses and he is living in a nursing home. Mrs T visits very rarely but their children have refused to come with her. There is a history of domestic abuse within the family and Mr T's relationship with his two teenage children was poor before his condition developed. Mr T is frequently distressed and tells staff he wants his children to visit him or for him to go home and visit his children. The staff contact the Safeguarding Team as they feel Mr T is being emotionally abused by his family. Once all the information has been gathered Mr T was referred for specialist counselling as both his children made it very clear they were not prepared to have contact with him due to the previous abuse within the family.

Neglect and Acts of Omission

Between April 2008-March 2009, **82** cases of alleged **Neglect** were reported to Adult Social Care, by various agencies.

Neglects and Acts of Omissions include:

- Ignoring medical or physical care needs
- Failure to provide access to appropriate health, social care or educational services
- The withholding of the necessities of life, adequate nutrition and heating, prescribed medication etc

Signs that neglect may be occurring:

- Malnutrition
- Rapid or continuous weight loss
- Not having access to necessary physical aides
- Inadequate or inappropriate clothing
- Untreated medical problems
- Dirty clothing / bedding
- Lack of personal hygiene

If neglect is due to a carer being over-stretched or under-resourced the carer may seem very tired, anxious or apathetic

SCENARIO (names and details have been changed)

An elderly lady in residential care has been steadily loosing weight over a period of months. She has a reduced appetite but staff fail to offer alternative menus. Care Staff weigh her regularly and have documented that she continues to lose weight. Family have noticed the weight loss and express concerns to the manager .

The GP visits the home and is so concerned she admits the lady to hospital . On admission the hospital staff record two large pressure sores on the lady's heels and that she is dehydrated and malnourished and so make a safeguarding alert. The lady is felt to have the capacity to make her own decision and is interviewed by the social worker and ward sister. The lady explains that she can only now eat a soft diet which had not been provided for her. She also tells the workers she spends most of her day in bed. The outcome of the safeguarding process was that the home had failed to recognise the increased needs of this lady and this is resulting in this lady's needs being neglected.

Institutionalised Abuse / Poor Practice

Examples of Institutionalised Abuse / Poor Practice

Staff attitudes: Staff may view clients negatively, treating them like children, not involving them in making choices as they seem too confused or disabled. Staff may think that if clients do not appear to understand then they can talk in front of them as if they are not there.

Routines: Routines can become too set and rigid and may be fixed around the needs of staff, e.g. bathing routines, bedtimes set around the staff rotas and not around the individual.

Lack of Choice and Consultation: about social needs, personal care needs, activities etc.

Lack of Personal Belongings: Lack of personal care items, shared toiletries, bulk-buying of personal care items, lack of personal clothing.

Task-Focused: where staff are focused on getting the job done rather than spending time with clients.

Staff Morale: Staff can feel undervalued, can lack supervision or training. Staff conditions can be poor. Staff can experience work-place stress which is not being addressed by colleagues and their manager. Low staff self-esteem can lead to an environment in which abuse becomes the norm.

Policies and Procedures: Care Plans cannot reflect the needs and wishes of the Clients where there is no evidence of implementation.

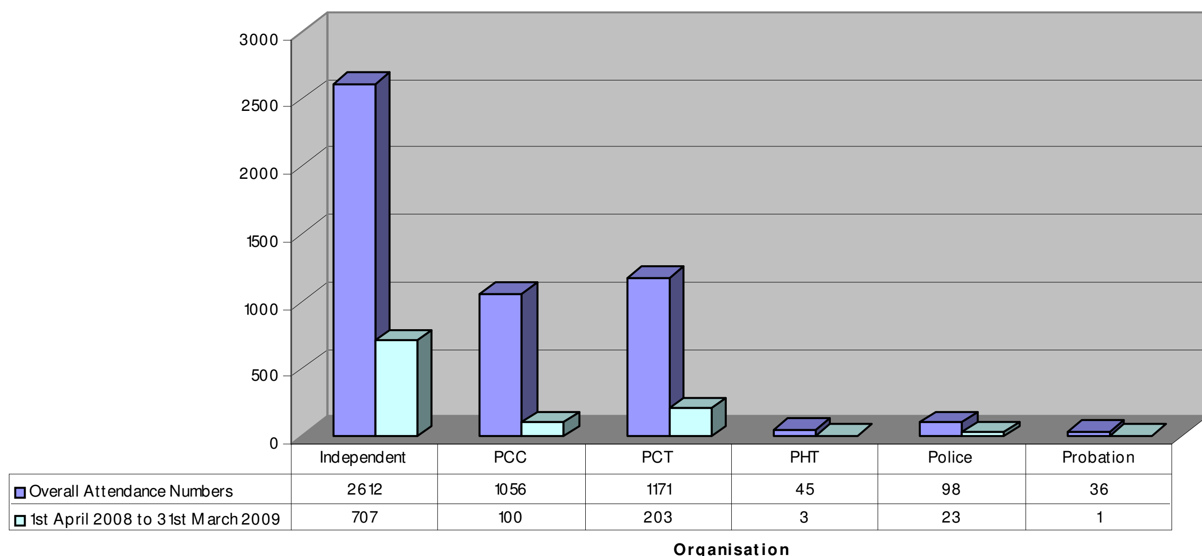
6. Training

Listed below are the various Safeguarding Adults courses and the statistics of the number of people who attended our training from April 2008-March 2009.

Course Title: Alerter's Training – How to make an Alert about Abuse
Content:

- What is abuse?
- Who is a Vulnerable Adult?
- How to recognise signs and symptoms of abuse,
- How to report abuse,
- Looking at basic Social Work values.

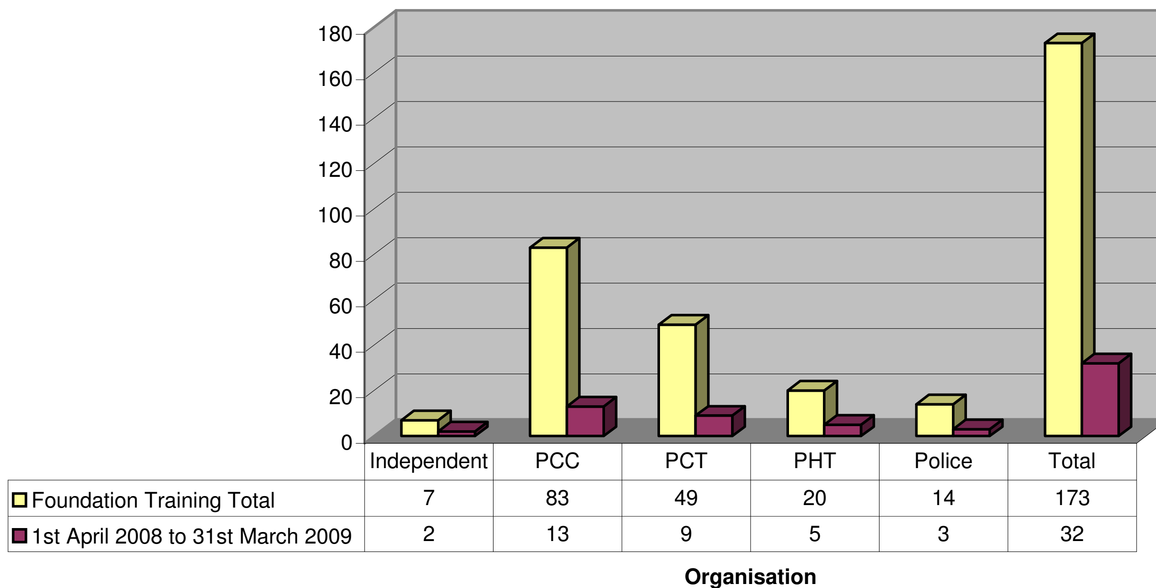
Who is this for ?: Anyone in the city who comes into contact with a Vulnerable Adult (Care Homes, Statutory Agencies, Voluntary Agencies etc). Care Workers, Support Workers, Community Care Workers, Befrienders, Nurses, Housing Officers and all general Council Workers.
How much does it cost ?: It is free



Course Title: Foundation Training – Assessing & Gathering Information
Content:

- Gain a better understanding of the 8 step Safeguarding Adults Procedures
- Understand the importance of inter agency co-operation, information sharing and communication in Safeguarding Adults Work
- Understand that the key factor in Safeguarding Adults issues is that at all times the safety of the Vulnerable Adult is paramount
- Know the basic legal background of Adult work and Safeguarding Adults
- Have a basic understanding of the balance of Duty of Care and the rights of adults to self determination
- Have a general understanding of the role of the Care Quality Commission Inspection.

Who is this for ?: Statutory Agencies only. Community Care Workers, Social Workers, Nurses, Occupational Therapists.
How much does it cost?: It is free
When is it?: Every quarter
How do I book ?: email adultpro@plymouth.gov.uk



	Independent	PCC	PCT	PHT	Police	Total
Foundation Training Total	7	83	49	20	14	173
1st April 2008 to 31st March 2009	2	13	9	5	3	32

Course Title: Achieving Best Evidence Content:

- This course is for experienced members of staff who will jointly interview vulnerable adults alongside their police colleagues.
- The course is 5 days and currently based at Devon and Cornwall Constabulary Headquarters in Exeter.

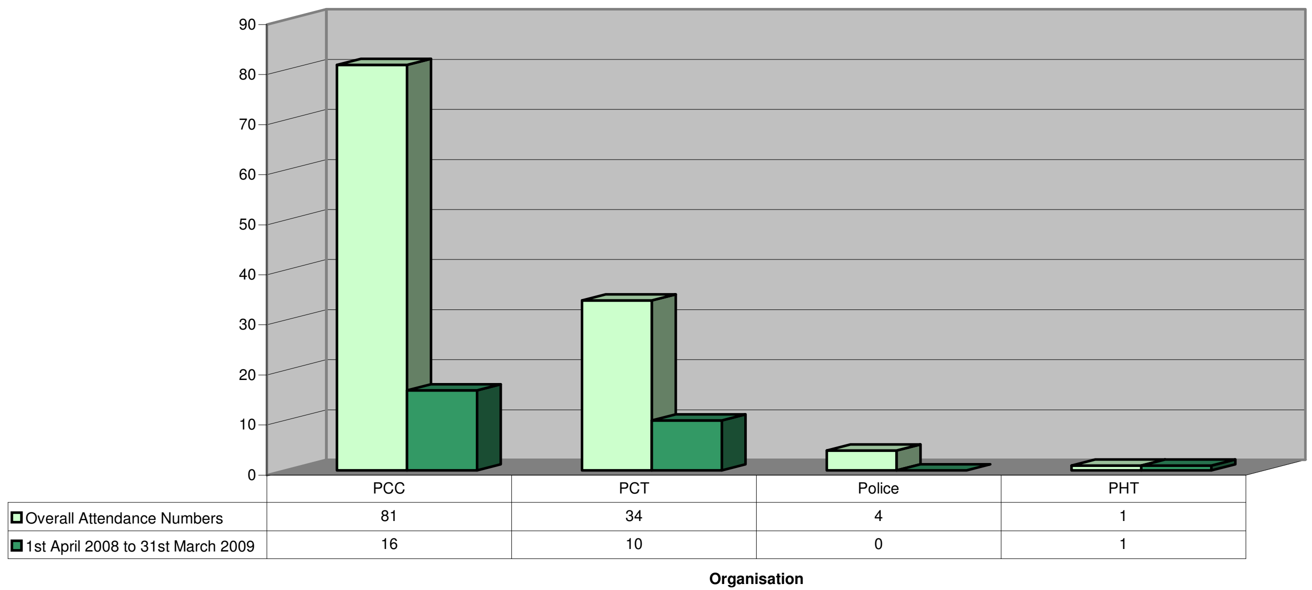
Who is this for? : Experienced Social Workers, Community Psychiatric Nurses and Learning Disability Nurses
How much does it cost?:£500 the funding is currently from the Safeguarding Budget
When is it?: Once a year

Currently there are six members of staff who have completed this training. They come from the Learning Disability Service, Mental Health Service, Plymouth NHS and Adult Social Care.

Course Title: Investigator's Training – Recall Day
Content:

- This is refresher training for staff who have completed the Investigator's training. They can share their experiences from live investigations.

Who is this for?: Delegates who have attended the Investigator's Training already.
How much does it cost?: It is free
When is it?: Usually twice a year
How do I book?: The Training Co-ordinator will contact you.



Number of Training Days

2007-2008	2008-2009	Target
37 days	50 days	55 days

7. Statistics

There were 393 Safeguarding Adult alerts in Plymouth during the period of April 2008 to March 2009. This number reflects all alerts made known to social care from any organisation.

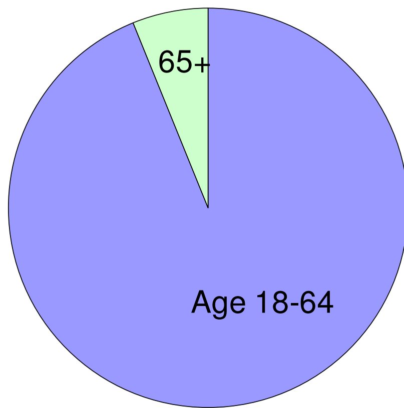
Plymouth Social Care has a system of service user classification with service users divided into eight categories. The categories are described below. The largest number of alerts in 2008/2009 was about abuse of people with a diagnosed learning disability.

Service User Classification	Description	No of Alerts 2008/09
Learning Disability	People with a diagnosed learning disability, supported by Plymouth LD Partnership.	135
Physical Disability	People whose primary need is due to physical disability. This may include adults of any age, some of whom may also have a diagnosed mental illness such as dementia.	105
Frail/Temporary Illness	People whose care needs are due to age-related frailty or people of any age with any other temporary illness. It may include people over the age of 65 with a physical disability.	55
Dementia	People with diagnosed dementia, whose primary need is related to the dementia. People with dementia may also be included in the Mental Health classification.	43
Mental Health	People supported by the Plymouth Mental Health Partnership. May include some people supported within other services who have a history of a diagnosed mental illness.	27
Other Vulnerable Adults	People whose primary need does not fit into any other classification.	16
Sensory Impairment	People with a registered sensory impairment.	9
Substance Misuse	People being supported by the Substance Misuse Assessment Team.	3

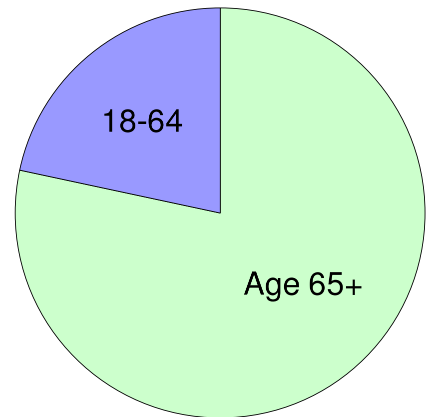
Age

The 393 alerts raised this year concerned 202 people under the age of 65. Most of these alerts were about people with learning disabilities or mental health needs. These two groups account for 152 of the alerts about younger people. There were only 50 alerts about people under 65 from all other service user categories.

Alerts about people with learning disability or mental health classification

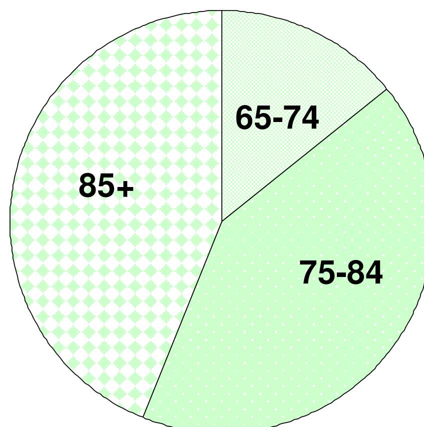


Alerts about people from all other service user classifications



The age distribution of all alerts about people over age 65 is illustrated on the chart below. The smallest number of alerts was about people aged 65-74. The number of alerts about people aged 75-84 and those over age 85 were similar.

Age Distribution of alerts about people over age 65



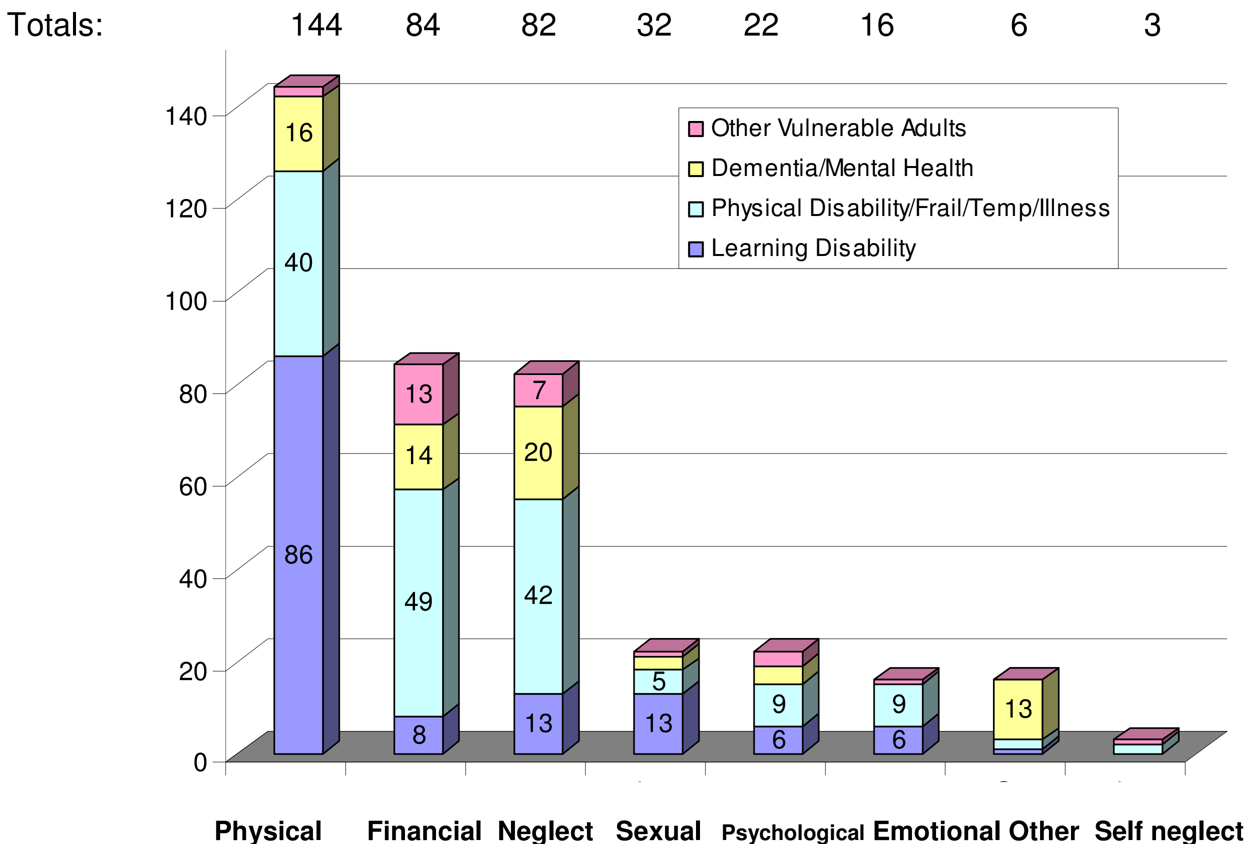
Type of Abuse Alerted

The most common type of abuse alerted this year was physical abuse with 144 alerts. There were 57 alerts about learning disability service users being physically abused by other service users. Through a deliberate initiative, the learning disability partnership has made progress in reporting and taking action on these incidents through the safeguarding adults procedures.

Excluding the learning disability “client on client physical abuse”, there was not much difference between the total number of alerts about physical abuse (87), financial abuse (84), and neglect (82).

The chart below illustrates the prevalence of each type of abuse alerted in various service user groups. For the purpose of this illustration, some service user classifications have been combined. Mental health includes dementia; physical disability includes frailty and temporary illness; and all other groups have been combined to reflect other vulnerable groups.

Type of Abuse Alerted this year separated by service user category



Location of Abuse Alerted

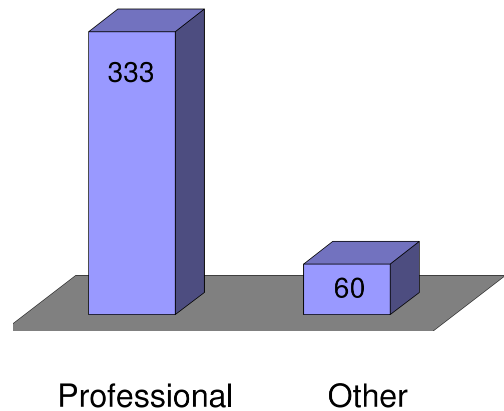
Location of alleged abuse	Number of Alerts	LD alerts	All other alerts
Vulnerable Adults Own Home	190	44	146
Registered Care Home (incl. nursing)	130	55	74
Public Place	19	11	8
Other	17	8	10
Hospital	13	3	10
Alleged Perpetrators Home	9	9	0
Day Centre/Service	6	6	0
Details of alert not available	4	2	2
Vulnerable Adults Parents Home	3	1	2
Work Place	2	2	0

Care Homes

Service user group	Independent residential home	Independent nursing home	Local Authority residential home
Learning Disability	51	1	2
Mental Health	3	2	0
Physical Disability	7	16	2
Dementia	14	3	1
Other	3	2	0
Frail/Temporary Illness	11	9	0
Sensory Impairment	3	0	0
Total	92	33	5
Abuse substantiated	38	4	0
Other strong concern	9	2	0

Alerters: Who alerted potential abuse this year

Eighty-five percent of alerts this year were made by professional people. The largest number of non-professional alerts came from family members other than a person's main carer. It is hoped that with increased public awareness, the proportion of alerts from non-professionals will increase.

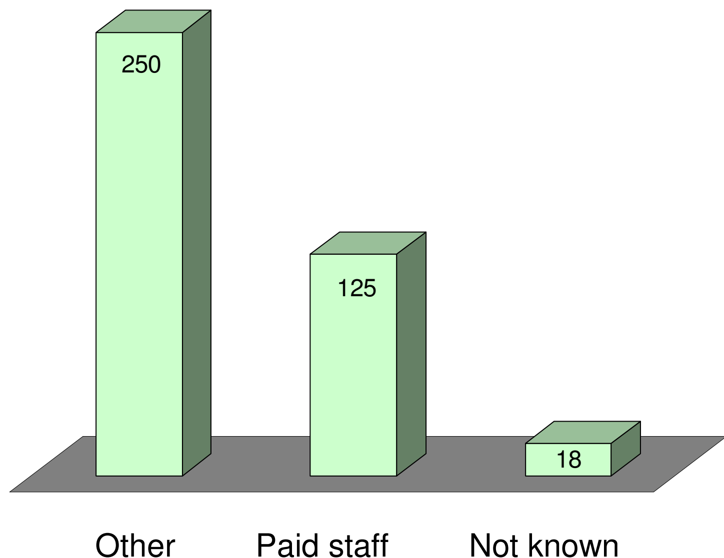


Alerter	Number	Alerter	Number
Service Provider	104	Police	9
Paid Carer	66	Other	7
Social Services	64	GP	6
Mental Health	32	Care Quality Commission	4
Acute Hospital/A&E	26	Independent Health Provider	2
Other Family Member	22	Therapist	2
Main Family Carer	15	Anonymous	2
Other PCT	14	Friend	1
Vulnerable Adult Themselves	12		

Alleged abuser	Number of alerts
Service User	68
Institutional Setting	61
Paid Carer	57
Main Family Carer	52
Other Family Member	42
Partner	32
Friend	29
Unknown	14
Stranger	10
Professional	7
Other Relationship	7
Awaiting details	4
Neighbour	6
Self	4

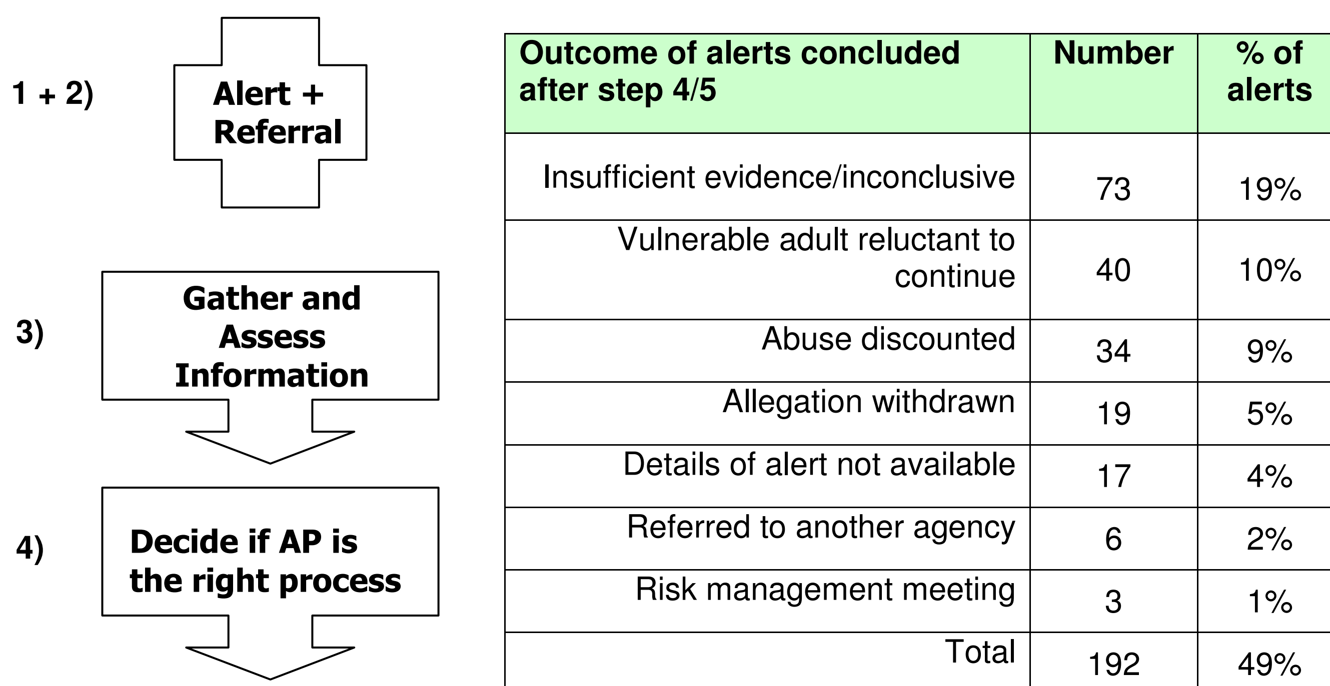
Alleged Abuser

Professional status of alleged abuser



Outcomes

The Safeguarding Adults procedures have 8 basic steps for responding to a Safeguarding Adults alert. Just under half of alerts this year were concluded after the initial information gathering or strategy meeting/discussion without need for further investigation. There are seven possible outcomes that can be recorded at this stage. The table below indicates the number of alerts concluded at this early stage, and the recorded reason.

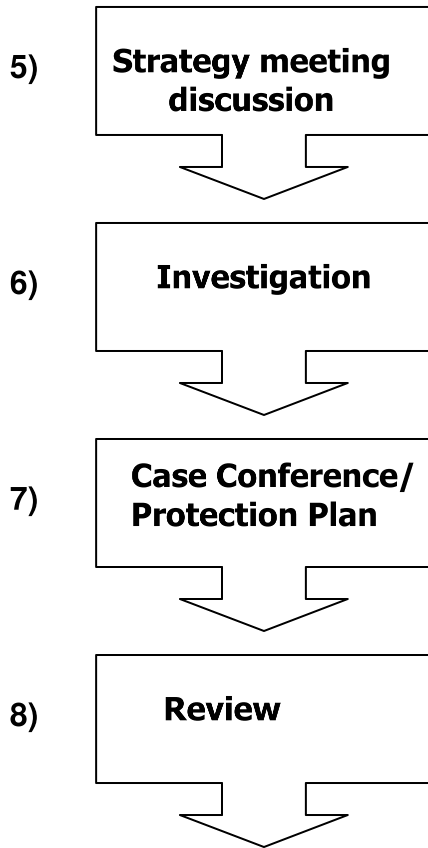


Outcome of alerts concluded after step 4/5	Number	% of alerts
Insufficient evidence/inconclusive	73	19%
Vulnerable adult reluctant to continue	40	10%
Abuse discounted	34	9%
Allegation withdrawn	19	5%
Details of alert not available	17	4%
Referred to another agency	6	2%
Risk management meeting	3	1%
Total	192	49%

The most frequent reason that alerts were concluded following initial information gathering was that there was not sufficient or conclusive information available to necessitate further action.

If alerts are not concluded at this stage, a strategy meeting will be held to plan an investigation. Following the investigation, a case conference would be held to consider any further action that is required and to discuss an ongoing protection plan for the vulnerable adult. As you can see below, just over half of alerts this year were concluded following a strategy meeting, investigation, or case conference. The most frequently occurring conclusion to cases that moved on to further investigation was that the alleged abuse was substantiated. After information was gathered, and a decision was made that the

safeguarding adults process should be followed, abuse was substantiated in 42% of cases which were investigated.



Outcome of alerts concluded following steps 5-8	Number	% of alerts
Case substantiated	79	20%
Case substantiated - Criminal Justice System	5	1%
Investigated but not found	40	10%
Did not lead to an investigation	34	9%
Strong concern but insufficient evidence	16	4%
Open case – not yet concluded	14	3%
Ongoing risk, person reluctant to continue with investigation	14	3%
Total	202	51%

The overall outcome of alerts can be considered by combining, for example, the number of cases which were concluded due to lack of evidence either before or after an investigation. The table below gives a summary of the overall outcomes of alerts in 2008/2009.

Overall Outcome of alerts	Number	% of alerts
Not Enough Evidence	89	23%
Case Substantiated	84	21%
Abuse discounted or not found	74	19%
Person reluctant to continue	54	13%
Allegation withdrawn	19	5%
Outcome not recorded	31	7%
Referred to another agency/process	9	3%

8. Proposed Priorities for 2009-2010

1. **Create Awareness**
   To raise the awareness of the general public and in particular individuals involved with vulnerable adults of the following:

   - The issue of Adult Abuse
   - The signs and symptoms of abuse
   - How to report possible concerns of abuse
   - A basic understanding of the process of safeguarding once a report has been made

"VISIBLE SAFEGUARDING"

2. **Empowerment of Adults at Risk**
   Ensuring adults at risk of abuse who are able to make their own decisions are equal partners in safeguarding by:

   - Increasing training and education
   - Increasing advocacy and support
   - Respecting supported risk-taking
   - Safeguarding toolkit for adults with personal budgets

3. **Improving standards of commissioned services**
   Ensuring the services commissioned are safer by:

   - Supporting providers to recruit safely
   - Quality assurance services
   - Support providers to recover following safeguarding incidents

4. **Improving appropriate safeguarding for adults who lack capacity to made decisions:**

   - Ensure all safeguarding decisions follow the principles of the Mental Capacity Act
   - Continue to develop correct awareness and use of the Deprivation of Liberty Safeguards

5. **Safer Communities**
   As adults take more responsibility for the planning and delivery of services including positive risks the following will be important for Safeguarding Adults to:

   - Continue to have strong links with Safeguarding Children, MAPPA and Domestic Abuse agencies.
   - Further integrated into the general safe community strategies for the City of Plymouth.

Appendices

Plymouth Points of View 16
January 2009

Adult abuse services

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1.0 Introduction

1.1 Background

The sixteenth 'Plymouth Points of View' residents' panel survey, conducted in January 2009, has been used to determine people's knowledge of adult abuse. This was a specifically themed survey asking residents about their knowledge of adult abuse services.

Respondents were asked to consider the overall (pre-determined) priority areas and then asked a question on each area.

The advantages of using the 'Points of View' survey are that the panel is reasonably representative of Plymouth's residents and it also attracts a good response rate (around 60%), which in turn gives a good sample size (around 850 respondents). This gives the survey a reasonable level of reliability.

1.2 Method

The survey was designed by Plymouth City Council and *Marketing Means,* and administered by internet and telephone in January 2009 by *Marketing Means*. Responses were then processed and analysed using 'SPSS'.

NB: All tables have been cross-tabulated by age, gender, disability and BME/non-BME in this report. These are only referred to when 'significant differences' are found, and all are calculated at the 95% level.

1.3 Acknowledgements

1.4 Author & publication

Marketing Means prepared this report in February 2009.

Any press release or publication of the findings of this survey require the approval of the author/*Marketing Means*. Approval would only be refused if it were determined that there was inaccurate information or a misrepresentation being presented.

2.0 Response

There were 730 responses before the closing date of the survey.

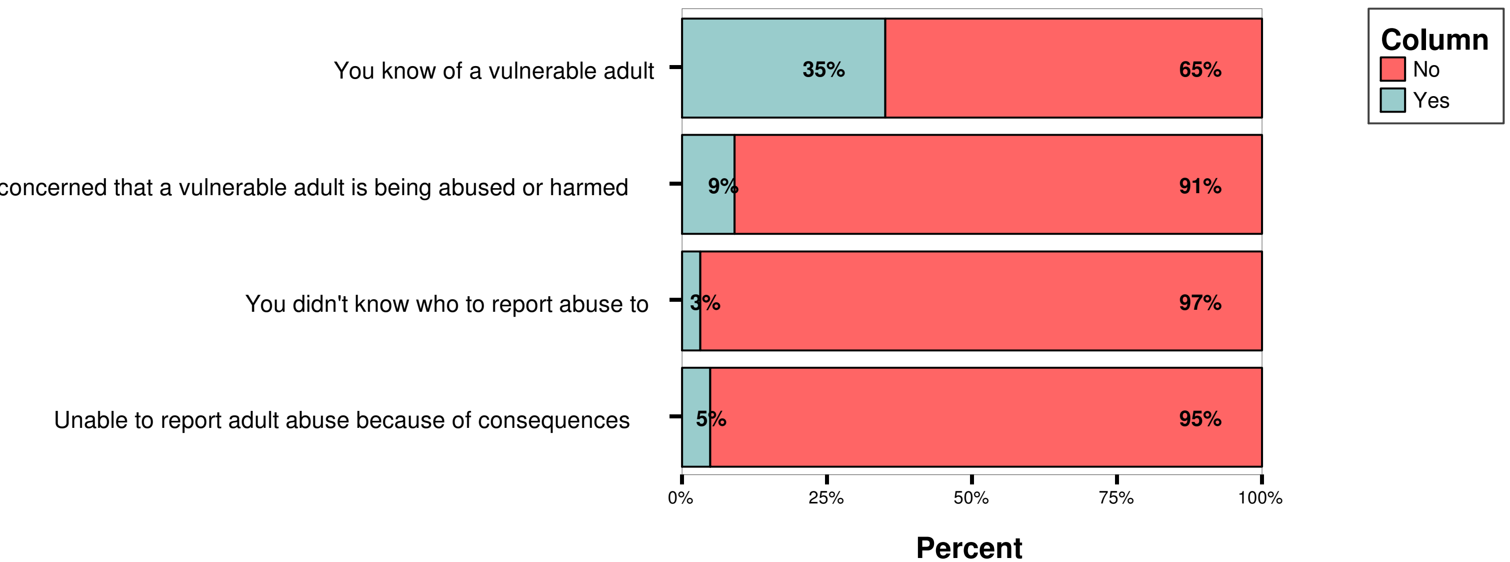
3.0 Results – Adult Abuse Services

3.1 Adult Abuse

'So firstly, could you say whether you have experienced any of the following…?'

35% of respondents said that they knew of a vulnerable adult either personally or in their neighbourhood; 65% of respondents said that they did not.

The majority of people—over 90%—said they do not know of any adult being abused or harmed, and therefore they have not felt a need to make a report of an adult being abused.



Source: Marketing Means 2009

Base: All respondents

Differences
There were significant differences by age group and gender.

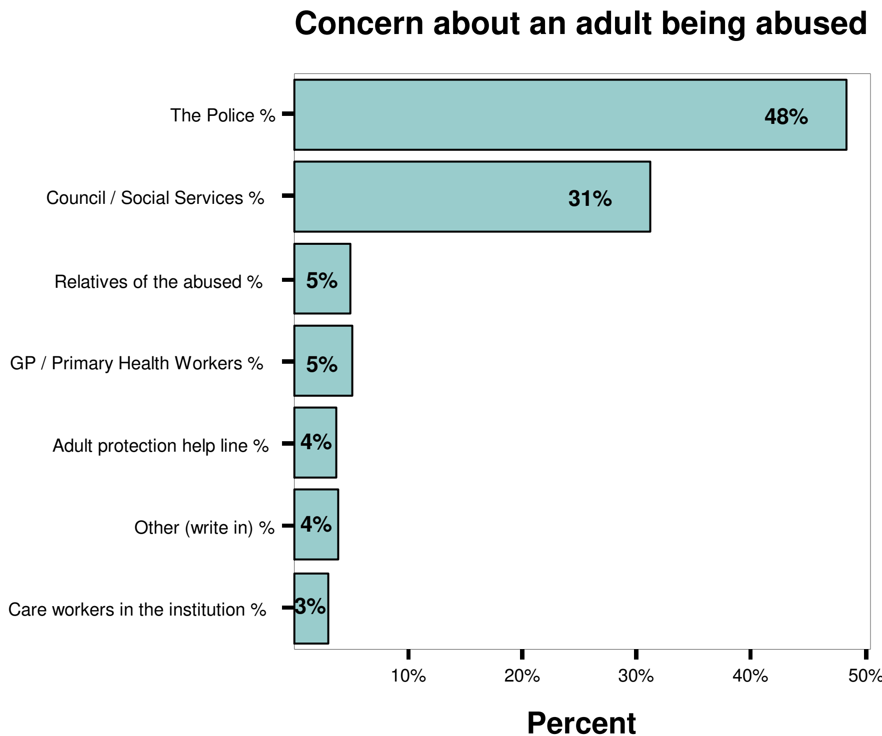
Respondents who know of a vulnerable adult are more likely to be in the younger age groups (35–44, 52%; 65–74, 21%). Respondents who felt they were unable to report adult abuse are more likely to be female than male (2% x 4%)

(Appendix 11.1: Tables)

3.2 Concern about an adult experiencing abuse.

'If you were concerned that a vulnerable adult was experiencing abuse or harm, who would you initially think to contact?'

48% of respondents who answered said they would initially contact the police; 31% of respondents said that they would contact the Council or social services.



Source: Marketing Means 2009 Base: All respondents

Differences

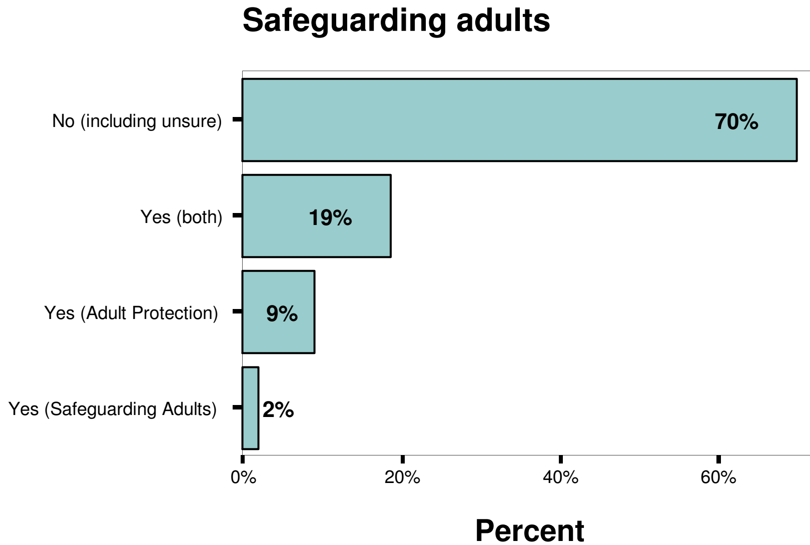
There were significant differences by gender. Male respondents were more likely than female respondents to say that they would initially contact the police (58% x 40%).

(Appendix 12.1: Tables)

3.3 Safeguarding Adults

'Before this survey today, have you ever heard of the terms 'adult protection' or 'safeguarding adults'?

70% of respondents who answered said they have never heard of either 'adult protection' or 'safeguarding adults'. 19% of respondents said that they had heard of both.



Source: Marketing Means 2009 Base: All respondents

Differences

There were significant differences between gender and age group.

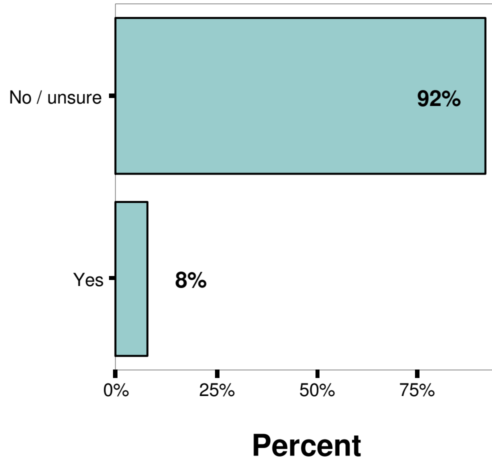
Elderly respondents (75+) were less likely than younger respondents to have heard of either 'adult protection' or 'safeguarding adults' (18–24, 38%; 75+, 13%).

(Appendix 13.1: Tables)

3.4 Awareness of posters or adverts in Plymouth

'And have you seen any posters or adverts in the Plymouth area about safeguarding adults?'

92% of respondents said that they were unsure of whether they have seen any posters or adverts about 'adult protection'. Only 8% of respondents said that they have seen posters or adverts in Plymouth about adult protection/safeguarding adults.



Source: Marketing Means 2009   Base: All respondents

Differences

There were no significant differences among gender, disability, BME/non-BME or age group.

(Appendix 14.1: Tables)

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