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BEST ACHIEVING
COUNCIL OF THE YEAR

Barry Keel
Chief Executive

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Date: 19 December 2011

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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

Date: Tuesday 6 December 2011
Time: 10 am
Venue: Council House (Next to the Civic Centre) Plymouth

Members:
Councillor McDonald, Chair
Councillors Mrs Bragg, Browne, Dr. Salter and Tuffin.

Members are invited to attend the above meeting to consider the items of business overleaf.

Members and officers are requested to sign the attendance list at the meeting.

Please note that unless the chair of the meeting agrees, mobile phones should be switched off and speech, video and photographic equipment should not be used in meetings.

Barry Keel
Chief Executive

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

AGENDA

PART I – PUBLIC MEETING

1. APOLOGIES

To receive apologies for non-attendance by panel members.

2. DECLARATIONS OF INTEREST

Members will be asked to make any declarations of interest in respect of items on this agenda.

3. CHAIR'S URGENT BUSINESS

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

4. SAFEGUARDING ADULTS:

4.1. Project Initiation Document **(Pages 1 - 4)**

4.2. Review of background information **(Pages 5 - 60)**

4.3. Witnesses

5. EXEMPT BUSINESS

To consider passing a resolution under Section 100A (4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item(s) of business on the grounds that it (they) involve(s) the likely disclosure of exempt information as defined in paragraph(s) of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000

PART II (PRIVATE MEETING)

AGENDA

MEMBERS OF THE PUBLIC TO NOTE

that under the law, the Panel is entitled to consider certain items in private. Members of the public will be asked to leave the meeting when such items are discussed.

NIL.

REQUEST FOR SCRUTINY WORK PROGRAMME ITEM

	Title of Work Programme Item	Safeguarding Vulnerable Adults
2	**Responsible Director (s)**	Carole Burgoyne, Director For Community Services
3	**Responsible Officer** **Tel No. 307344**	Pam Marsden, Assistant Director for Adult Health and Social Care
4	**Relevant Cabinet Member(s)**	Councillor Grant Monahan, Adult Health and Social Care
5	**Objectives**	1. To consider guidance and procedures and to be assured that care services are protecting vulnerable adults in a range of care settings. 2. To understand the triggers for raising an alert 3. To examine multi-agency alerting procedures for reporting alleged cases. 4. To ascertain the follow up procedures once an alert has been raised. 5. To ascertain how vulnerable adults are treated once an alert has been raised. 6. To ascertain what support is available to the alerter, particularly employees in a range of care settings. 7. To review the impact of recent Care Quality Commission policy changes. 8. To review what role commissioning and contract monitoring of services has in safeguarding adults. 9. To raise awareness of safeguarding processes for a range of stakeholders.

<table>
<tr><td></td><td></td><td colspan="3">10. To review and assess the adequacy of policies relating to the protection of whistleblowers.
11. To review and asses the adequacy of the current unannounced inspections.</td></tr>
<tr><td>6</td><td>Who will benefit?</td><td colspan="3">The review will raise awareness across the community of the process and triggers for reporting alleged cases of abuse and give assurances to the public that processes are being followed.

Patients, carers, staff and the general public.
Plymouth City Council and partners.</td></tr>
<tr><td>7</td><td>Criteria for Choosing Topics (see table at end of document)</td><td colspan="3">1. Public interest issue

2. Issue consistently identified by Members as key through Ward activity</td></tr>
<tr><td>8</td><td>What will happen if we don’t do this review?</td><td colspan="3">The council could be seen to be failing in its duty to provide an appropriate mechanism for safeguarding issues to be raised.

There would be insufficient awareness of safeguarding issues and procedures amongst key stakeholders.

Practitioners, councillors, commissioners, carers, service users and the general public would not be aware of the mechanisms and support structures available to them.</td></tr>
<tr><td>9</td><td>What are we going to do?</td><td colspan="3">A task and finish group will meet to review policies and procedures currently in place, will raise awareness and use a robust evidence base and evidence from witnesses to make recommendations to Cabinet and to partner organisations through the Plymouth 2020 partnership.</td></tr>
<tr><td>10</td><td>How are we going to do it? (Witnesses, site visits, background information etc.)</td><td colspan="3">Desktop review of policies and procedures
Hear evidence from witnesses (to be confirmed)
Provide a report and recommendations to Cabinet via the Overview and Scrutiny Management Board.</td></tr>
<tr><td>11</td><td>What we won’t do.</td><td colspan="3">The review will be restricted to areas which have a direct impact on issues of safeguarding for vulnerable adults.</td></tr>
<tr><td>12</td><td>Timetable & Key Dates</td><td>Known milestones for achieving the final report</td><td>Target Date</td><td>Responsible Officer</td></tr>
</table>

		Ratification of work programme item request by the Health and Adult Social Care Overview Scrutiny Panel	14 September 2011	Panel
		Confirmation of Membership and Chair	14 September 2011	Panel
		Recommendation for Task and Finish group to Overview and Scrutiny Management Board Desktop review Evidence from witnesses Final report to Overview and Scrutiny Management Board	21 September 2011 26 October 2011 26 October 2011 30 November 2011	Chair Chair / Group Lead Officer / Chair Chair / Group Lead Officer / Chair Chair / Group Lead Officer
13	**Links to other projects or initiatives / plans**	Safeguarding Adults – Multi agency policy and procedures for safeguarding adults a complete working guide. (and associated appendices) Keeping Safe publications No secrets guidance Safeguarding Adults Board Annual Report Results of Safeguarding Adults Audit		
14	**Relevant Overview and Scrutiny Panel**	Health and Adult Social Care Overview and Scrutiny Panel		
15	**Where will the report go? Who will make the final decision**	Any recommendations relating to Plymouth City Council Services will be forwarded to the Overview and Scrutiny Management Board for further recommendation to Cabinet. Any recommendations for NHS services will be forwarded directly to the NHS Cluster Board (Devon).		

16	**Resources (staffing, research, experts, sites visits and so on)**	Staff time Other expenses to be met within existing budgets.
17	**Is this part of a statutory responsibility on the panel?**	Yes
18	**Should any other panel be involved in this review? If so who and why?**	No
19	**Will the task and finish group benefit from co-opting any person(s) onto the panel.**	No
20	**How does this link to corporate priorities?**	Value for Communities.

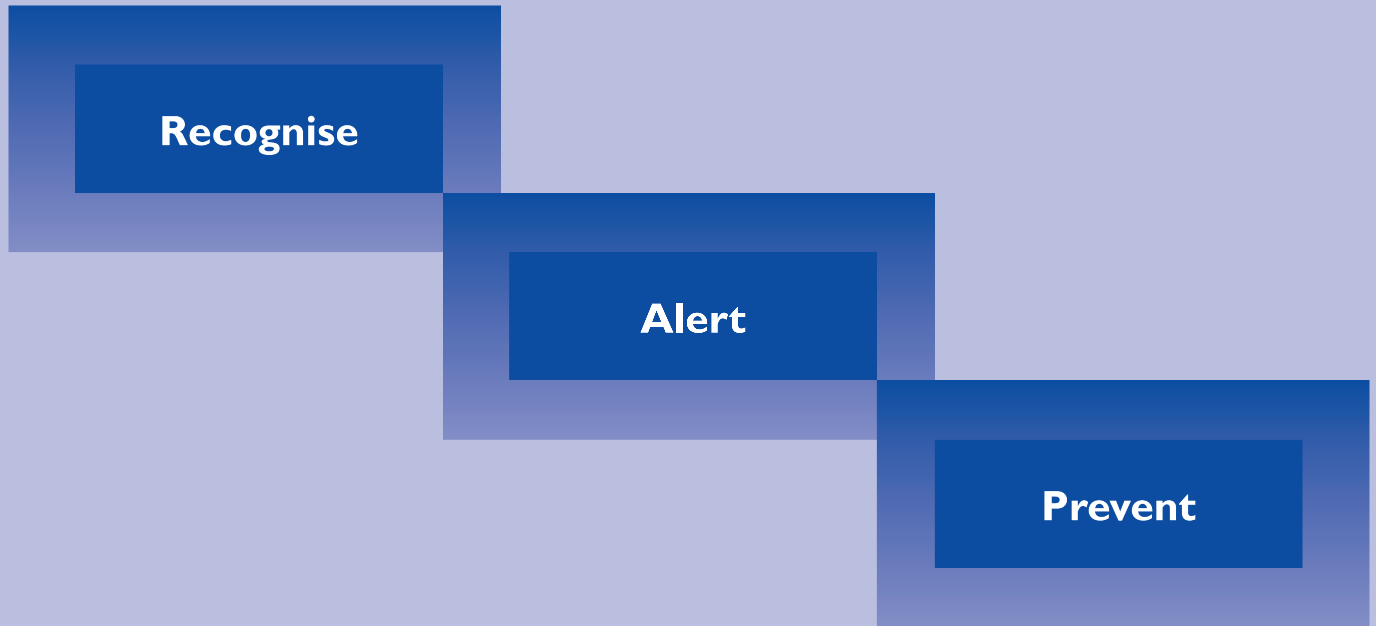
<u>Criteria for review</u>

(Items would be expected to meet at least two of the following criteria)

- Corporate priority area
- Poor performing service (evidence from PIs, benchmarking or where high levels of dissatisfaction from customers are recorded)
- High budgetary commitment
- Pattern of not reaching budget targets
- Issue raised by external audit, management letter, inspection report
- New government guidance or legislation
- Issue consistently identified by Members as key through constituency activity
- Public interest issue covered in local media

SAFEGUARDING VULNERABLE ADULTS

Annual Report April 2010 - March 2011



Plymouth Safeguarding Adults Board

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FOREWORD

Dear Reader,

I am happy to share with you Plymouth's 8th Annual Report from the Safeguarding Adults Board which contains contributions from partner agencies who are members of the Board and the Lead Officer Group (LOG).

As we are all aware we are entering a period of austerity and there's even a greater need to use our resources wisely.

The robust policies, procedures and protocols for safeguarding adults at risk are implemented through the strong collaborative working relationships between agencies.

In the last year the government has taken up the themes of the No Secrets Consultation, together with a new focus on local arrangements and outcome driven safeguarding. A statement of Government policy, underpinned with safeguarding principles and a series of good practice resources, was issued in May 2011,

"The State's role in safeguarding is to provide the vision and direction and ensure that the legal framework, including powers and duties, is clear, and proportionate whilst maximising local flexibility"

The government is now considering whether the May 2011 recommendations of the Law Commission should be included in the forthcoming Social Care Bill. The recommendations include a statutory duty to investigate or co ordinate investigations, a new definition of "adult at risk", placing adult safeguarding boards on a statutory footing and an enhanced duty to co-operate.

The Department of Health has issued guidance for local implementation by safeguarding adults boards. Guidance for Health practitioners, commissioners and managers underpins new protocols for safeguarding adults in hospitals and health settings. Further guidance, for the police and about using existing law, is soon to be published.

Local authority safeguarding statistics are now being gathered nationally via an annual "abuse of vulnerable adults" return to the NHS Information Centre. This has given the first national picture of safeguarding adults activity in England.

The Association of Directors of Adult Social Services (ADASS) has also been active in taking safeguarding adults forward. In April 2011 ADASS issued a position statement to all Directors of Social Services on its vision for adult safeguarding. Local safeguarding adults boards, chaired with independence, are seen as the leaders for strong local partnerships which ensure "adults at risk" are part of all community strategies. Safeguarding services must become more personalised, focusing on the adult at risks preferred outcomes. ADASS has also issued a working paper (Safeguarding Standards and Performance June 2011) which will inform national and local outcomes frameworks.

In December 2007 our safeguarding arrangements were inspected by the Care Quality Commission and rated as 'Good.' The 2008-2009 assessment considered the arrangement as performing well. The outcome of the 2009-2010 assessment was delivered to us at the end of 2010 and once again Safeguarding Adult services were assessed as performing well.

Working together, the safeguarding framework tackles complex issues. There is a need to continue to raise public awareness, support families and carers in sensitive situations and commission safe and high quality services. These remain vital elements of our core business.

I welcome this opportunity to thank all those involved for their continued commitment to safeguarding adults at risk.

In the past year service users have taken a higher profile and I wish to extend my thanks to them and their families and carers who are continuing to support the development of user involvement.

This excellent work was show cased in March 2011 when Plymouth was asked by the ADASS to host a major conference to share our best practice in how to develop positive participation of service users in Safeguarding Adults.

With best wishes

Carole Burgoyne
Director Community Services
Plymouth City Council

1 EXECUTIVE SUMMARY

The main achievements this year have been:

- The establishment of a Single Point of Contact (SPOC) for all safeguarding alerts.
- The formation of Plymouth Users Safeguarding Hub (PUSH). The forum provides service users lead participation in Safeguarding in Plymouth.
- This effectiveness was show cased at two regional conferences, one in Plymouth in March this year and one in February in Bristol.
- Continued commitment to delivering high quality training to staff, service users and other appropriate individuals.
- The ongoing development of Mental Capacity Act and Deprivation of Liberty practice in staff's daily practice
- Safeguarding Quality and Performance Group.
- Appointment of an independent chairing and reviewing officer.
- A programme of joint visits by the Safeguarding Managers (PCT and PCC) to all district nursing teams, front line Adult Social Care and Police briefing sessions. The aim of these visits was to explain the changing role of Care Quality Commission (CQC) and the need for staff to be extra vigilant when visiting Care Homes and to report concerns that do not meet the threshold for a Safeguarding Adults Alert.
- The appointment of a Detective Sergeant to the Safeguarding Adults Investigation Team, Devon and Cornwall Constabulary.

These successful developments have resulted in an increase of referrals from 568 to 711. In line with other Unitary Authorities, 44% of the referrals did not need further investigation and abuse was ruled out at the initial assessment stage. Plymouth Safeguarding Service continues to assess 100% of all referrals made.

Of the 56% of referrals which were fully investigated, 10% remain ongoing investigations, 23% abuse was substantiated, 22% it was not possible to truly determine clear evidence and so were deemed inconclusive, but a protective plan was still offered.

Abuse was discounted in 1% of the cases investigated which evidences the effectiveness of the screening process with the Single Point of Contact.

An example of the excellent multi-agency working within the safeguarding framework was the early recognition and swift referral to safeguarding of a case of significant theft in a care home. This case will be subject to a Lessons Learnt Review once the criminal proceedings have concluded later this summer.

2 STATEMENT OF COMMITMENT

Amended by service users at their consultation day 14 November 2006 (showing in bold text).

As agencies that have worked to develop, adopt and implement the multi-agency procedures and guidance relating to the protection of adults at risk 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 adult's investigations, conferences and protection plans.
- Promoting the early recognition of abuse.
- Raising public awareness of the abuse of adults at risk and giving clear messages that this is everyone's responsibility.

The statement of Commitment has been revised in Version Three of the Multi-Agency Policy and Procedures, and this will appear in the next annual report. (2011-2012).

3 CONTEXT AND STRUCTURE THE PLYMOUTH SAFEGUARDING ADULTS FRAMEWORK

The framework aims to ensure adults who are, or may be, eligible for community care services are able to retain independence, wellbeing and choice and access support services that enable them to live lives free from abuse and neglect or fear of this.

In May 2011the Law Commission made recommendations, one of which is to make Safeguarding Adult's Boards compulsory for councils and the Minister, Paul Burstow confirmed, speaking on May 18 2011 that the government will adopt that recommendation within two years. While the original 2000 No Secrets document will remain the overall guidance for Safeguarding Adult work until 2013, the Government has published a number of papers to support and advise Safeguarding developments until then.

In Plymouth, the Executive **Safeguarding Adults Board (SAB)** is supported by the operational **Lead Officer Group (LOG)**. The board acts as the governance structure for the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards 2008.

The Board has also set up a Multi-Agency **Safeguarding Quality and Performance Group** to monitor and audit Safeguarding Adult's work across the City.

The LOG is made up of senior members of staff from all the statutory agencies across Plymouth. Many Lead Officers have specific safeguarding adult's responsibilities written into their job descriptions. The group is responsible for operating the **SAB's rolling Business Plan**. The Lead Officers also manage safeguarding adult's alerts and provide safeguarding adults guidance within each discipline and jointly enable consistency of practice.

The Service user's forum, **Plymouth user's Safeguarding Hub (PUSH)** has been established to provide the Boards with a reference group made up of service users from all needs areas who are able to work together and ensure real participation within the Safeguarding Adults framework.

Safeguarding Adults Board (as at March 2011)

Carole Burgoyne	**Chair** **Director, Community Services , Plymouth City Council**
Pam Marsden	Assist. Director of Adult Social Care, Plymouth City Council
Councillor Grant Monahan	Plymouth City Council
Paul Northcott	Detective Chief Inspector Devon & Cornwall Constabulary
Lisa Webb	Provider and Representative Devon Care Association
Karen Howard	Safeguarding Adults Manager NHS Plymouth
Karen Grimshaw	Director of Nursing and Midwifery Plymouth Hospitals Trust
Ken Anderson	Plymouth Fire Department
Kerrie Todd	Safeguarding Adults Manager Plymouth City Council
Lesley Brown	Locality Manager Care Quality Commission
Mary Smeaton	Safeguarding Coordinator Southwest Ambulance Service
Mike French	Principal Crown Prosecutor Crown Prosecution Service
George Plenderleith	CEO, Plymouth Guild
Roger Putt	Domiciliary Provider Representative Caretime Services
Peter Aley	Assistant Director for Safer Communities Plymouth City Council
Lucy Van Waterschoot	Unit Manager Devon and Cornwall Probation Service
Steve Waite	Chief Operating Officer NHS Plymouth
Phil Smale	Safeguarding Co-ordinator City College Plymouth

Safeguarding Lead Officers Group (as at March 2011)

Kerrie Todd (Chair)	Safeguarding Adults Manager Plymouth City Council
Alan Hughes	Team Leader, Adult Social Care, Hospital Team Plymouth City Council
Ali Davey	Consultant Nurse Specialist Plymouth Hospital Nursing Trust
Anne Prue	Head of Primary Care Liaison Service NHS Plymouth
Carol Green	Head of Commissioning for Continuing Care NHS Plymouth
Charles Pitman	Devon and Cornwall Police
Claire Hodgkins	Supporting People Project Manager Plymouth City Council
Claire Journeaux	Team Leader, Mental Health Services for Older People Plymouth City Council
Ian Stevenson	Service Manager, Westbourne Learning Disability Partnership
Jim Reilly	Team Leader, Adult Social Care, Waterfront Plymouth City Council
Julia Burch	Continuing Health Care/Funded Nursing Care Lead NHS Plymouth
Karen Anderson	Safeguarding Adults Investigator Devon and Cornwall Constabulary

Karen Grimshaw	Director of Nursing and Midwifery NHS Plymouth
Karen Howard	(Vice Chair) Safeguarding Adults Manager/Domestic Abuse Lead NHS Plymouth Safeguarding Adult Officer/Domestic Abuse Lead Plymouth City Council
Kate Bamford	Learning Disability Liaison Plymouth Hospitals NHS Trust
Kathryn Prowse	Team Leader, Adult Social Care, Tamar Team
Kathy Milosevic	Independent Living Development Manager Plymouth City Council
Kerry Dodd	Team Leader, Adult Social Care, Riverside Team Plymouth City Council
Kim Elgood	Assistant Director Community/Rehabilitation NHS Plymouth
Mark Bamsey	Client Finance Services Manager Plymouth City Council
Martin Newman	Independent Mental Capacity Advocacy Manager Plymouth Highbury Trust
Matt Garrett	Housing Needs Manager Plymouth City Council
Penny Gomm	Adult Safeguarding Lead for Learning and Development Plymouth City Council
Phil Fitzsimmons	Independent Mental Capacity Advocacy Manager Plymouth Highbury Trust
Roger Prowse	Service Manager, Adult Social Care Plymouth City Council
Roslynn Azzam	Deprivation of Liberty Safeguarding Officer Plymouth City Council
Sam Sposito	Policy and information Plymouth City Council
Sarah Carlson	Health NHS Plymouth
Sarah Pearce	District Nurse Service Manager, Local Care Centre NHS Plymouth
Shaun Davies	Fire Service
Simon Smeardon	Team Leader, Adult Social Care, First Response Team Plymouth City Council
Sue Binding	Team Leader, Learning Disability Partnership Plymouth City Council

Safeguarding Adults Quality and Performance Group

Paul Francombe Chair,	Head of Modernisation, ASC
Debbie Butcher	Head of Commissioning, ASC
Karen Howard	Safeguarding Adult s Manager NHS Plymouth
Ian Stevenson	L.D.S. Safeguarding Adults Lead and Community Services Manager
Kerrie Todd	Safeguarding Adults Manager, ASC
D.S. Karen Bradfield	Safeguarding Adult s Investigation Team , Devon and Cornwall Police
Gill Mulville	Service Manager, Business Support, ASC
Lucy Yung	Project Officer, ASC

Plymouth User's Safeguarding Hub

Phil Fitzsimmons,	Plymouth Highbury Trust
Lynn Tubbs	Service User
Christina Mouzouros	Service User
David Bowyer	Service User
Bryn James	Service User
Pauline Luxton	Plymouth Age Concern
Christina Eccleston	Service User
Doreen Abbott	Service User
Gaynor Southerton	Service User

Dedicated Safeguarding Team

Kerrie Todd	Safeguarding Adults Manager Plymouth City Council
Karen Howard	Safeguarding Adults Manager/Domestic Abuse Lead NHS Plymouth Safeguarding Adults Officer/Domestic Abuse Lead Plymouth City Council
Michael Foulds	Independent Chair Plymouth City Council
Temporary Appointment	Safeguarding Adults Single Point of Contact Officer Plymouth City Council
Roslynn Azzam	Deprivation of Liberty Safeguards Officer Plymouth City Council
Megan Foster	Deprivation of Liberty Safeguards Administrator Plymouth City Council
Addy McMillan	Safeguarding Adults Administrator Plymouth City Council
Denise Corder	Safeguarding Adults Administrator Plymouth City Council
Kathryn Annear	Safeguarding Adults Administrator Plymouth City Council
Temporary Appointment	Safeguarding Adults Training Co-ordinator Plymouth Teaching Primary Care Trust

Dedicated Safeguarding Adults Police Investigation Team

Dee Peake	Detective Inspector Safeguarding Adults Police Investigation Team
Karen Bradfield	Detective Sergeant Safeguarding Adults Police Investigation Team
Karen Anderson	Detective Constable Safeguarding Adults Police Investigation Team
Chrissie Marriott	Detective Constable Safeguarding Adults Police Investigation Team
Penny Proudlock	Detective Constable Safeguarding Adults Police Investigation Team

4 REGIONAL SAFEGUARDING DEVELOPMENTS

In 2009 the Association of Directors of Adult Social Care (ADASS) established a South West Strategic group. This work continued during 2010-2011. A set of development goals were developed and shared across the region and a number of conferences were arranged to support best practice.

Regional guidance for use by local Safeguarding Adults Boards, has been produced by the South West Joint Improvement Programme for safeguarding adults, overseen by the South West ADASS multi agency advisory group.

The Joint Improvement Programme has produced a self assessment quality and performance framework and reporting framework to help Boards develop, scrutinise and monitor the quality of safeguarding in all agencies; guidance on thresholds for safeguarding adults, on involving people in their own safeguarding and in the strategic work of Boards, and a staff development strategy. Guidance is about to be published on advocacy.

Plymouth has played an active role in both conferences and by offering mentoring to the regional Safeguarding teams to encourage greater service user participation.

5 LOCAL ACHIEVEMENTS

5.1 Single Point of Contact

Previous Position – There were 7 possible access points:

- Contact Centre
- Ginkgo House
- Mental Health Services
- Learning Disability Screening Unit
- Complaints Department
- Directly to named Care Manager
- Hospital

This spread of access points was clearly a concern. In order to improve the safety of the service a trial 6 month period commenced on 10th January 2011 making Ginkgo House the central point of access.

The Single Point of Contact was established on 10th January 2011. The aims were to:

- To reduce the seven points of contact across the city to one.
- To improve consistency of decision making by introducing initial screening level by Safeguarding Team.
- To improve the response to Alerter's.
- To improve feedback to Alerter's.
- To improve support to all front line staff.

This was measured by:

- Safeguarding data which records numbers of alerts made to Ginkgo House and compare with past 6 months.
- Decision to accept Alerts or refer to another process will be recorded as a new field.
- Sample of Alerter will be contacted and consulted on the pilot.
- Dignity in Care Forums both Care Homes and Dom Care will be asked for feedback of the process.
- Contracts and Compliance Officers will consult with providers and give feedback through Commissioning Managers.
- Safeguarding database will provide comparative data for October to December 2010 and January to March 2011.
- Service managers will monitor the feedback from staff through the management process.

Results so far:

- A significant increase in alerts has been recorded.
- As far as possible all alerts are screened by either the chairing and reviewing officer, the safeguarding adults managers or the team leader of the Review Team.
- Alerters' have reported improvements when phoning to make an alert.
- The Forum has reported improvements
- The comparative data is:
  10.01.10 Alerts – 306
  10.01.11 Alerts – 536
- Service managers report great satisfaction from staff who find the new system is more effective and reliable.

5.2 Working with service user groups

The Plymouth Users Safeguarding Hub (PUSH) was formed in September 2010.

"Living and Breathing Safeguarding in Plymouth"

The idea of PUSH was first discussed in September 2010 when a Coffee Morning was arranged at Plymouth Age Concern to get interested parties together to look at ways of involving service users more actively in safeguarding. Our aim was to try and bring together different service user groups under one umbrella to discuss safeguarding issues that arose and feed back to the Safeguarding Board with the aim of increasing service user involvement.

The long term plan is for the group members to feed back to their own groups so that PUSH becomes a true reflection of what people think.

PUSH had their first meeting at Plymouth Highbury Trust in November and currently has involvement from Plymouth Highbury Trust, Ridleys, Plymouth Age Concern, MS Society and the Alzheimer Society. The work of attracting more groups is ongoing and we have other service users groups who have expressed an interest in joining

Although this Group is in its early stages it has already made great strides and two members recently attended their first Safeguarding Board Meeting to talk about our work.

We have also presented our work at the Plymouth Safeguarding Conference and at the Service Users Participation in Safeguarding Adults day in Bristol. On both occasions we had a very positive response as one of the few Groups currently undertaking this sort of work.

We were also heavily involved in the recent Safeguarding Week and group members were involved in meeting the public and handing out leaflets, pens and key rings.

PUSH is a long term project which is currently in its early stages, but good progress has already been made in giving service users more involvement in safeguarding issues.

5.3 Mental Capacity Act and Deprivation of Liberty Safeguards

All Plymouth health and social care teams continue to work toward embedding the Mental Capacity Act in practice. Between April 2010 and March 2011, a program of Mental Capacity Act training was delivered including introductory training and level 2 training focusing on assessing capacity and making best interest decisions. Introductory training was also offered on request in the form of small workshops or presentations to teams and provider groups.

Introduction to the Mental Capacity Act

Sector	Number trained
Adult Social Care	42
NHS Plymouth	6
Private and Voluntary	165
Total	213

Introduction to the Deprivation of liberty Safeguards

Sector	Number trained
Adult Social Care	47
NHS Plymouth	8
Private and Voluntary	1
Total	56

Mental Capacity Act and DoLS Awareness for providers

Sector	Number trained
Adult Social Care	2
Private and Voluntary	98
Total	100

Level 2: Assessing mental capacity

Sector	Number trained
Adult Social Care	35
NHS Plymouth	6
Total	41

Level 2: Best interest decision-making

Sector	Number trained
Adult Social Care	38
NHS Plymouth	5
Total	43

Chairing best interest meetings

Sector	Number trained
Adult Social Care	5
NHS Plymouth	16
Total	21

Deprivation of Liberty Safeguards

1 April 2011 marks two years since Deprivation of Liberty Safeguards (DoLS) were introduced. During the first year, 18 applications were received (including those received from third parties). In the second year, 27 applications were received. Of these 27 applications, 9 led to deprivation of liberty authorisations being granted.

Although there was an overall year on year increase of applications, this was not the case for the period of October to December 2010. During that period only 3 deprivation of liberty applications were made. In February, a deprivation of liberty local implementation group was reconvened to consider the reasons for the low number of DoLS applications in the city and to develop an action plan to ensure people are given access to the safeguards wherever necessary. Actions included contacting each managing authority by post reminding them of their responsibilities as well as providing prompting tools to be used to identify where residents or patients may be deprived of their liberty.

The implementation group recognised that appropriate use of DoLS relies on understanding and implementation of the wider principles of the mental capacity act. For this reason, work was undertaken to develop 5 standards for implementation of the mental capacity act and DoLS. The standards were circulated to all managing authorities and discussed with managers with the intention that they are used to self-audit implementation of the act within care homes and hospital wards. The 5 standards include:

- Was capacity considered at the point of admission or moving to a care home?
- Does the person have capacity to consent to their care or treatment?
- Does the care plan reflect where care is provided in a person's best interest?
- Is there evidence of consideration of the person's freedom of movement?
- Have managers and staff had training on the MCA and DoLS?

DoLS Awareness raising was also undertaken for staff at Derriford Hospital by the Safeguarding Lead and Director of Nursing and Midwifery at Plymouth Hospitals Trust. Training sessions were organised for the most senior ward staff and on-call managers. A Mental Capacity Act and DoLS reference and application pack was distributed to every ward and this advice and information was integrated with the restrictive therapies policy. Since April 2011, this awareness raising work has led to the first two applications from the trust.

Summary of Deprivation of Liberty Safeguards Applications

Number of applications	2009/2010	2010/2011
Apr - Jun	5	9
Jul - Sep	2	8
Oct - Dec	6	3
Jan - Mar	5	7
Total	18	27

There has been a 50% increase in the number of applications this year compared to last year. There was a 50% decrease in alerts received in the period October to December. Applications in the last quarter did increase, but did not exceed the numbers received in the first two quarters of the year.

The tables below show how the applications were distributed among service areas including hospital wards and different types of care homes.

Care homes	Applications since Apr 09
Dementia	26
Mental health	5
Brain Injury	3
Learning disability	2
Placed from Out of county (LD)	4

Hospitals	Applications since Apr 09
Derriford	0
Glenbourne	1
Mount Gould	0
Plympton Hospital	4

5.4 Independent Mental Capacity Advocates

1 April 2010 – 31 March 2011

This year has again been a good one for our Service. We have again exceeded our figures both in hours and number of clients.

We have dealt with 129 IMCA cases this year along with a further 15 Non - IMCA cases under the terms of our contract.

This exceeds by a considerable amount our number of minimum cases which is 80.

We have seen in the last year an increase in the number of cases we have been involved in concerning the Deprivation of Liberty Safeguards (DOLS) and also an increase in the number of Serious Medical Treatment referrals received from Derriford Hospital. We have also had an increase in the number of Safeguarding Cases referred to us. Almost half of our work this year as in previous years has been around Change of Accommodation, where people have gone into Hospital and required possible Nursing or Residential placements to be explored along with the option of returning home.

Feedback this year has been very positive from both professionals and service users and people have complemented us on our response times, professionalism and knowledge.

All Advocates have undertaken the new Advocacy Qualification and have the Diploma which includes specialist modules on IMCA and DOLS. This ensures that our Advocates are amongst the most qualified in the Country.

Plymouths IMCA Service is also an active member of the South West IMCA Group (SWIG) and Plymouths Local Advocacy Network.

5.5 Service User Conferences

Bristol

The PUSH group, the Plymouth Safeguarding trainer and the Safeguarding Manager support a conference in Bristol to encourage and hopefully inspire service user participation in the north of the region. The Conference was chaired by Jane Smith, Director of North Somerset and ADASS lead director for safeguarding in the South West.

Kate Spreadbury presented on the work of the Joint Improvement Plan.

The three workshops were run by a combination of PUSH, Plymouth Safeguarding Adults Manager and Plymouth Safeguarding Workforce Trainer.

Plymouth

Following a formal yet friendly welcome from Counsellor Grant Monahan, Plymouth City Council and a presentation by Andrew Archibald, regional ADASS, the day started with a powerful presentation from a service user and his care team. The presentation focused on the value of the Vulnerable Adult Risk Management (VARM) process.

The programme for the rest of the day was a series of workshops on the three topics which most effect service user involvement in Safeguarding:

- Service users participation in Safeguarding Adult Boards
- Person Centred investigation
- Self Protection training for service users.

PUSH and a service user from Torbay delivered workshop 1. Local service users supported workshop 2 and 3.

The day was very successful and was described by a number of people as one of the most inspirational conferences they had ever attended.

5.6 The Review Team

The Review Team continues its role in reviewing and assessing those that live within a care home across the City. The team also includes a Nurse Practitioner an experienced Social Worker and a Care Home Practitioner. The team has developed close working relationships with Care Home Managers and closely supports the work developed and delivered by Commissioners. The Dignity in Care Forum, My Home Life and Dementia Quality Mark are three projects supported by the Care Home Practitioners. The Review Team fosters a preventative work ethos that supports the Safeguarding Adults Team and strives to share knowledge and skills to promote safer living and a sharing of values across the Care Home Sector. The Care Home sector is more confident in its approach to Alerting and works closely with Review Team members who support development and improvement alongside the safeguarding process. The practitioners develop comprehensive action plans from their findings and support change through a process of Signposting, Mentoring, Coaching, and facilitating. It uses observational work (Dementia Mapping) to evaluate service user experiences and provides creative ways of improving outcomes for service users and improving wellbeing for those living within a care setting.

5.7 Quality assurance and audit

Quarterly data reports are provided for both the Safeguarding Adults Board and the Lead Officers Group. In September 2011 the Quality and Performance group was established to provide improved information to the Board and LOG. The group is chaired by Paul Francombe, Head of Modernisation, Adult Social Care, Plymouth City Council.

"Safeguarding is core business for all adult social care frontline staff and in my role as chair of the Quality and Performance Group I have regular oversight of the progress of alerts and investigations. I have also been able to monitor the Abuse of Vulnerable Adults (AVA) data return to the Department. of Health and ensure both standards and timescale are met."

Paul Francombe

5.8 Domestic abuse

NHS Plymouth's Safeguarding Adults Manager works as part of the integrated Safeguarding Adults Team. The post covers the following areas of responsibility:

- Representation for Health and Safeguarding Adults Adult Social Care at the Multi Agency Public Protection Arrangements (MAPPA) and the Multi Agency Risk assessment conference (MARAC), high risk Domestic abuse
- Strategy meetings which are complex and relate to concerns about Single Point of Contact (SPOC) as per MAPPA guidance for NHS Plymouth, Plymouth City Council members of staff, residential and nursing homes
- Lead for Domestic Abuse
- Providing a lead role in NHS Plymouth for safeguarding adults
- Updating NHS Plymouth of national developments, giving advice, supporting GPs, staff and managers
- Providing training

Achievements in 2010-11

- MAPPA training was delivered in conjunction with Bevan Britton Solicitors to Executive Directors, Commissioners, Service Managers and Consultants.
- Identification of MAPPA level 1 cases and administration of the risk assessment and risk management, with process for regular review.
- Domestic Abuse Stalking and Harassment risk assessment - Train the trainers - The Safeguarding Adults Manager for NHS Plymouth and a range of other agency staff attended the training. This will be rolled in steps to enable assessment of the impact on Plymouth Domestics Abuse Service.
- Routine enquiry into domestic abuse is now up and running in the following teams:
- Acute Mental Health Home Treatment Team
- Health visitors
- NHS Plymouth has a Domestic Abuse practitioner/ managers policy.
- In September 2010 domestic abuse awareness training was rolled out to GPs with the directory of resources.
- GPs are now receiving the information from MARAC to enable them to put warning alerts on their clinical systems to alert GPs to victims of high risk domestic abuse to better protect victims and children and reduce harm.

Developments for 2011-12

- NHS Plymouth Employers Domestic Abuse policy will be reviewed and rewritten. This policy will be reflected in Plymouth City Council employer's policy.
- Roll out of routine enquiry into Domestic Abuse for the minor injures unit at the same time as this is rolled out into Accident and Emergency services.
- Domestic Abuse Awareness training and DASH risk assessment for these areas.
- Domestic Abuse Awareness training for Adult Social Care starting with the Proof of Concept team.
- Trial of Health Independent Safeguarding Adult Investigator posts.

5.9 Devon & Cornwall Police Safeguarding Adults Investigation Team

Within the agenda of protecting vulnerable people from harm safeguarding adults at risk remains a key priority area for the Force.

In 2009 a Safeguarding Adults thematic review was completed generating a number of recommendations – significantly one of these recommendations was to ensure an increase in the number of dedicated Safeguarding Adult Investigators across the force area. During 2010 additional officers were recruited into post, increasing the number of dedicated investigators to 13 across the Force area and who have responsibility for all grade 'A' investigations. The Plymouth team is now supported by a dedicated supervisor.

Whilst resources and investment has been made in the specialist area of investigation it has also been accepted that there is a need for improved knowledge and understanding of vulnerability and safeguarding within general policing duties. To this end mandatory training was delivered to all front line police officers during 2010. The training was designed to assist officers in recognising vulnerability and to provide some understanding of the Safeguarding process. The roll-out was completed at the latter end of 2010.

During 2011 there has been a significant drive to increase the number of officers completing multi-agency training. This work was co-ordinated centrally from the Public Protection Unit and resulted in a 20 fold increase in the number of officers having completed multi-agency training over a six month period.

Supporting data consistently demonstrates year on growth in this area of Public Protection. The period 2010 – 2011 has seen a 48.5% increase in the number of recorded adult at risk non crimes, which clearly reflects the increased recognition and understanding officers now have.

Adults at risk Non Crime	Total 2009-10	Total 2010-11	% Change
Cornwall and Isles of Scilly	320	591	84.7%
Plymouth	323	418	29.4%
Devon inc Torbay	719	1014	41.0%
Force total	1362	2023	48.5%

The case of R V Watts investigated by staff in North Devon secured case law from the Court of Appeal in regard to victim's ability to present evidence despite severely limited communication. As a result the learning from this investigation has been shared Safeguarding Adult Investigators across the force area.

The National Policing Improvement Agency has circulated draft guidance on investigating the Abuse of Adults at Risk and this is now being used as a framework to support the revision and development of working practices for operational officers.

5.10 Safeguarding adults in the acute hospital setting

In order to provide clear accountability, leadership for the improvement of standards, a means of monitoring compliance with national and local standards and a vehicle to share good practice, a multi-professional Safeguarding Steering Group has been established. This group reviews work of different teams towards the safeguarding of children and vulnerable adults across the Trust and has set the priorities for the safeguarding teams in terms of improvements to services, compliance with regulations/standards and further multi-agency working.

The work of the Trust towards safeguarding adults has included:

- **Leadership for Safeguarding -** The Medical Director gives the Trust Board Executive leadership for Safeguarding and chairs the Trust Safeguarding Steering Group. Safeguarding Adults is led by Nurse Consultant for Older People who represents the Trust on local SABs. Lead Officer Roles are undertaken by Specialist Nurse posts in elderly care, vulnerable adults, learning disabilities and alcohol services.
- **Multi-agency working -** good multi-agency working exists for safeguarding vulnerable adults. Safeguarding policies and procedures are in line with national guidance from the Department of Health and Local Safeguarding Adult Boards. Trust procedures are in place for appropriate referral to Social Services of any concern regarding a vulnerable person with multi-agency processes utilised for the assessment of risk and management of any safeguarding risks or abuse. Clinical teams work closely with social services colleagues and are involved in risk management plans, investigations of alleged abuse and serious case reviews. Safeguarding Alerts are reported as Clinical Incidents in addition to being referred to the relevant Social Services.
- **Staff training in Safeguarding -** training for Child Protection and Safeguarding vulnerable adults prepares staff to take reasonable steps to identify the possibility of abuse, ensuring staff are aware of different forms of abuse, those who are vulnerable to abuse and signs & symptoms. Training is included in all induction programmes and staff annual updates. Lead officers have undertaken multi-agency safeguarding training for Responsible Managers and Investigators.

- **Safeguarding for patients with Learning Disabilities** – is included in a Joint Protocol for the Care of Patients with Learning Disabilities in Acute Hospital and is part of the improvement plan developed following the peer review of learning disabilities care/services. The protocol prompts staff to ensure lawful care under the Mental Capacity Act and highlights the need for awareness of signs of abuse and how to manage these. The referral of all patients with Learning Disabilities to the specialist nurses ensures that any safeguarding risks are identified early and managed in a multi-agency manner, with relevant agencies in the community.

- **Vulnerable Adults in Emergency Directorate - ** a considerable amount of work has taken place to identify and manage the safeguarding risks of vulnerable adults admitted on a regular basis via the Emergency Directorate ('revolving door patients'). Working with social services, mental health teams, learning disabilities and community/primary care services, patients for whom there are concerns regarding abuse or neglect are identified and multi-agency risk management plans developed to improve safeguarding of individuals.

  Early recognition of concerns regarding vulnerable adults admitted through the Emergency Department are identified and raised through the ERIC (Early Recognition of Initial Concern), to prompt early multi-agency involvement in the management of any safeguarding risks, timely reporting of safeguarding referrals and investigation into any adult abuse concerns.

- **Restraining Therapies -** the Restraining Therapies Protocol is compliant with the Mental Capacity Act and ensures that any control or restraint used to manage patients who lack mental capacity and who are at risk of significant harm is lawful. The policy promotes minimal and proportionate restraint and has enabled appropriate care and treatment to be used to manage patients without the need for deprivation of liberty for individuals, signposting the clinical teams to DOLs applications where appropriate.

6 SCENARIOS

Financial Abuse

(Names and details have been changed)

The Person - Mrs Rose an 86 year old lady, physically frail, originally at home managing her own finances. Mrs Rose's health deteriorated and she moved in a care home.

The Information – On moving into the home, her finances were referred to The Deputyship Team who discovered £10,000 was missing from her account and reported the concern to the Safeguarding Multi-Agency Team.

The Actions – Deputyship provided details of the misuse of Mrs Rose's bank account. The police investigated and arrested a care worker for theft and the worker was subsequently convicted and sentenced to 18 months in prison.

Protection Plan – Deputyship maintained and managed Mrs Rose's account and the home care agency reviewed their practices in regard to finances.

Between April 1 2010 and March 31 2011 217 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, 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.

Physical Abuse

(Names and details have been changed)

The Person – Mrs Lily is a 73 year old lady who lived totally independently at home with her husband of 50 years.

The Information – Mrs Lily was admitted to hospital with a broken hip where prior to discharge, she disclosed to the social worker that her husband had pushed her down the stairs.

The Actions – It was referred into the Multi-Agency Safeguarding Team and a plan was made with Mrs Lily's input for her to be discharged to a care home to allow her time to consider what she wanted to happen next. Mrs Lily met with the police and decided not to pursue a criminal complaint against her husband.

Protection Plan – Mrs Lily decided to return home to live with her husband but now meets regularly with her social worker and the Plymouth Domestic Abuse Team and together they have agreed upon a nominated place of safety for Mrs Lily to access should she feel the need. Mrs Lily has also shared the Protection Plan with her GP.

Between April 1 2010 and March 31 2011 **228** 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.

Sexual Abuse

(Names and details have been changed)

The Person - Mrs Berry is a 36 year old woman with complex mental health needs, living in a care home. She has no visits from family and is supported by mental health service in working towards a move into supported living.

The Information – Mrs Berry reported to her Community Nurse that a male resident within the home had 'raped' her. A safeguarding alert was made.

The Actions – Police made a joint visit and undertook a videoed interview with Mrs Berry. At her request, Mrs Berry was supported at the interview by a nurse. Police were unable to interview the suspect as due to a brain injury the individual lacked the mental capacity to understand his legal rights.

The Protection Plan – One to one supervision was put in place in respect of the suspect while a full assessment of his needs was carried and he has now moved to a more specialist placement. Mrs Berry was provided with a personal attack alarm and post–abuse counselling by mental health services.

Between April 1 2011 and March 31 2011 60 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 adult at risk 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.

Emotional and Psychological Abuse

(Names and details have been changed)

The Person - Mr Tim Branch is a 22 year old gentleman with severe to moderate learning disabilities living in his parent's home. He had been a regular attendee at a number of social clubs and City College.

The Information – Over the past six months he had stopped attending College and clubs. His tutor tried unsuccessfully to contact Mr Branch, being consistently told by the family that he was out or unwell or did not want to come to the phone. Mr Branch lacked mental capacity to make decisions for himself.

The Actions - The tutor alerted the Learning Disability Service who made a visit to the family. They were initially not welcomed but did manage to speak to Mr Branch who presented as very withdrawn and anxious. On speaking to the family the workers were informed that Mr Branch Sr had recently been made redundant. He was very negative and angry when they tried to discuss his son's wellbeing.

The Protection Plan – Mr Branch Sr was invited to a Best Interest meeting under the Mental Capacity Act and did agree to work with the Learning Disability Service and the College to re-establish his social networks. The issue of Tim Branch needing to gain more independence was also discussed and working with the Independent Mental Capacity Advocacy service a plan was agreed for Tim Branch to move into supported accommodation.

Between April 1 2010 and March 31 2011 148 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.

Neglect and Acts of Omission

(Names and details have been changed)

The Person – Mr Russell is a frail 90 year old gentleman with severe dementia and living in care home with regular contact from his family.

The Information - He was admitted to hospital, allegedly due to side effects of sedating medication. Staff at the care home raised a safeguarding alert. The Care Quality Commission had just completed an inspection of the home and rated it 'Poor' and had highlighted issues with medication.

The Action – A joint visit to the care home with a social worker and police. All records were examined, prescriptions and medication were looked at. An error was identified where staff had misread instructions regarding dosage. This had resulted in them giving Mr Russell five times the dosage he had been prescribed.

Protection Plan – Mr Russell's family moved him to a more appropriate home and there were no lasting effects of the overdose. Staff in the care home received update training on administering medication and the manager and area manager were dismissed. The new manager identified many areas of improvement and the home is now rated as 'Good.'

Between April 1 2010 and March 31 2011 223 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

Institutionalised Abuse/Poor Practice

Examples

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.

7 TRAINING

Listed below are the various safeguarding adult's courses and the statistics of the number of people who attended our training from April 2009-March 2010.

Alerter's Training – How to make an Alert about Abuse

Content

- What is abuse?
- Who is an adult at risk?
- 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 an adult at risk (Care Homes, Statutory Agencies, Voluntary Agencies etc). Care Workers, Support Workers, Community Care Workers, Befrienders, Nurses, Housing Officers, all general council workers and any other individuals who have involvement with adults at risk such as Hairdressers and coffee club organisers.

How much does it cost?

It is free.

When is it?

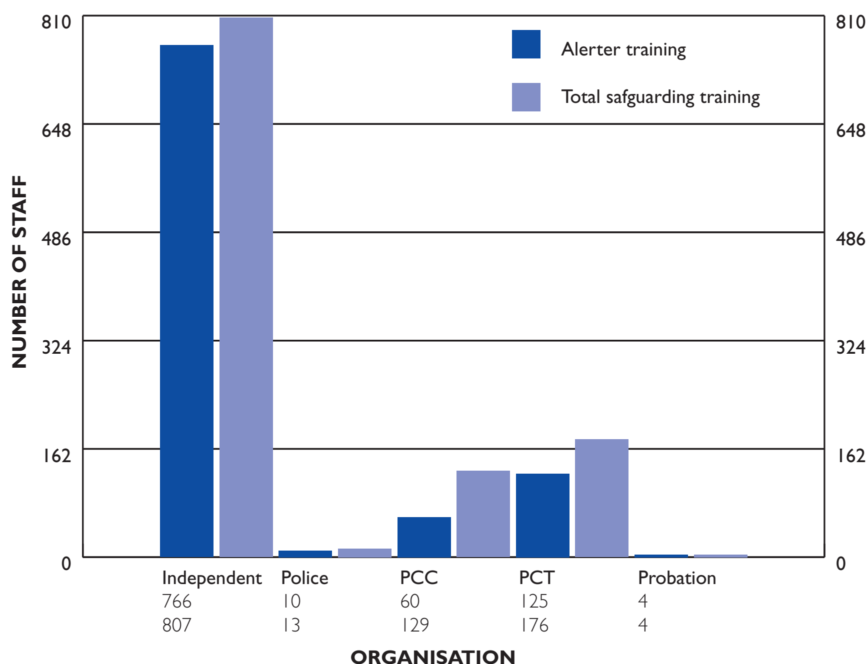
4 times a month apart from August

How do I book?

Email to Debra.lunn@plymouth.gov.uk.

The total number of individuals trained on the Alerter Course from **April 2010 – March 2011 = 965.**

Chart 1- Safeguarding Training 2010/2011



Investigator Training
Assessing and Gathering Information

Content:

- Gain a better understanding of the eight 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 adult at risk 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?

At least twice a year.

How do I book?

Email: debra.lunn@plymouth.gov.uk

Management of Investigation

Content

- This is a training course for Managers whose staff carry out investigations.

Who is this for?

Team Leaders and Managers in health and some police officers.

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.

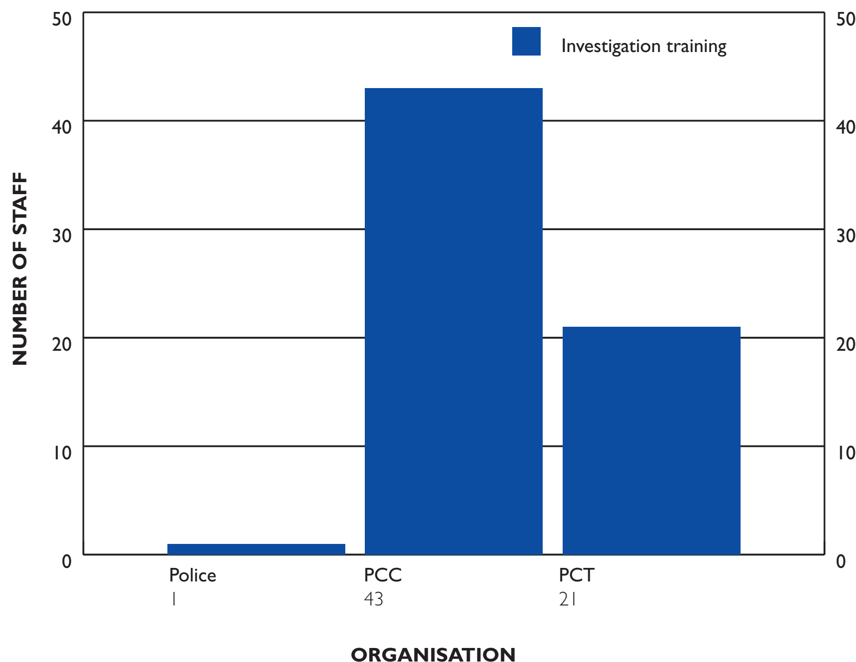


Chart 2 - Investigator Training Attendance Figures April 2010 - March 2011

Refresher Alerter Training April 2010 – March 2011

The total number of individuals trained on the Refresher Alerter Course from April 2010 – March 2011 = **58**

Investigator Training December 2010 – March 2011

The total number of individuals trained on the three, two Day Investigator Courses undertaken in December, January, February and March is **65**.

Responsible Managers Training April 2010 – 28th February 2011

The total number of individuals who attended the Responsible Managers training in September 2010 and February this year is **32**.

Registered Managers Training April 2010 – 28th February 2011

The total number of individuals who attended the Registered Managers training between April 2010 and March 2011 is **6**.

Keep yourself Safe Training (KYSS) April 2010 – 28th February 2011

Since 2009 the service user self-protection training module has been a vital element with the overall Safeguarding Adult's training strategy. This started with the development of an "Alerters" course for people with learning disabilities and has now progressed to include service users from all areas of need. The aim of the courses is to ensure people understand what forms abuse can take and that it is never acceptable. They are given information about who they should talk to if they have concerns, the support they will receive and what will happen as a consequence of their alert.

There are now operational courses for people with learning disabilities, people with physical disabilities, and people with mental health issues and for people with learning disabilities that are at risk of offending behaviours.

Workshops for people who misuse drugs and/or alcohol, older people in residential care and people with direct payments have also taken place.

The total number of individuals who attended the KYSS training between April 2010 and March 2011 is **250**.

Achieving Best Evidence

Content

This course is for experienced members of staff who will jointly interview adults at risk alongside their police colleagues

The course is five 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 is the funding is currently from the safeguarding budget.

When is it?

Once a year

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

8 STATISTICS

Analysis of Safeguarding Alerts April 2010 – March 2011. This is a summary of the information in the Abuse of Vulnerable Adults (AVA) data report.

There were 711 safeguarding adult alerts in Plymouth during the period of April 2010 to March 2011. This is an increase from 568 from April 2009 to March 2010

The tables below compare the details of the safeguarding alerts this compared to the previous year.

Need classification of people who were subject of safeguarding alerts

As shown in the Table A, there was an increase in alerts about people with physical disability dementia, mental illness and sensory impairment this year compared to last year. There has been a decrease in alerts about people with learning disabilities.

Table A Number of alerts in each service user classification

Service User Classification	Number of alerts Apr 2009 – Mar 2010	Number of alerts Apr 2010 – Mar- 2011
Learning Disability	180	150
Physical Disability/Frailty	190	245
Dementia	73	157
Mental Health	68	80
Other Vulnerable Adults	45	53
Sensory Impairment	8	19
Substance Misuse	4	7
	568	**711**

Age of people who were the subject of safeguarding alerts

Compared to the previous year, there have been more alerts about people over 65 and less alerts about people under 65. The largest increase has been in alerts about people over 85. This may correspond with the increase in alerts about people with dementia.

Table B: Alerts divided by age

Age	Number of alerts Apr 2009 – Mar 2010	Number of alerts Apr 2010 – Mar 2011
18-64	291	267
65-74	59	87
75-84	102	159
85+	116	198
Total over 65	277	444
Total	**568**	**711**

Type of Abuse Alerted

The data collected in 2009/2010 included only one primary type of abuse for each alert. The abuse of vulnerable adults (AVA) data collection format allows recording of multiple types of abuse for a single alert. This option was taken up in 40% of the alerts recorded in the first 6 months of its use. For that reason, the percentage represented by each type of abuse in 2010/2011 add up to more than 100% and it may be misleading to directly compare the frequency of types of abuse reported for each period.

Table C: Type of abuse alerted

Type of Abuse Alerted	Number of alerts Apr 2009 – Mar 2010	Percent of total alerts	Number of alerts Apr 2010 – Mar 2011	Percent of total alerts
Physical	192	34%	228	31%
Neglect/institutional abuse	142	25%	223	31%
Financial	118	21%	217	33%
Emotional/psychological	72	7%	148	25%
Sexual	39	13%	60	13%
Other	2	0%	Category no longer used	
Self neglect	3	1%	Category no longer used	

Location of Abuse Alerted

Compared to the same period last year, there is not much change in the location of abuse alerted. The largest change is a decrease in abuse alerted in health settings with less than half the number of alerts in this setting reported for this period compared to last year. As with any change in alerting patterns, it is important to consider that the change may reflect a change in actual abuse occurring in that location, but may equally reflect a change in the levels of abuse reporting and recording occurring in the setting.

Table D: Location abuse alerted and percent change from last year

Location of alleged abuse	Apr 2009 – Mar 2010	Apr 2010 – Mar 2011	Direction of change
Day Centre/Service	23	16	↓
Other (including workplace)	14	33	↑
Vulnerable Adults Own Home	232	271	↑
Other people's homes	20	16	↓
Registered Care Home (incl. nursing)	229	335	↑
Public Place	25	22	↓
Health setting	24	18	↓

Table E shows a breakdown of alerts about abuse in registered care homes by service user category. Comparing the similar time-periods from this year to last year, there were slightly fewer alerts in nursing homes overall. Of the alerts about abuse in residential homes fewer were about people with learning disabilities and more were about people with dementia.

Table E: Alerts in registered care homes

Service user group	Independent residential home		Independent nursing home		Local Authority residential home	
Year	Apr 09 – Mar 10	Apr 10 – Mar 11	Apr 09 – Mar 10	Apr 10 – Mar 11	Apr 09 – Mar 10	Apr 10 – Mar 11
Learning Disability	72	46	1	1	1	0
Mental Health	22	17	2	7	0	0
Physical Disability	33	66	40	35	0	0
Dementia	31	79	16	47	0	3
Other	5	21	3	5	0	0
Sensory Impairment	0	2	2	4	1	0
Total	**163**	**231**	**64**	**99**	**2**	**3**

Alerters: Who alerted potential abuse this year

Tables F1 and F2 illustrate the number of alerts received from professionals and non-professionals. The tables also show the proportion of the total alerts represented by each alerter type and the change in that proportion between the two relevant periods. Overall, there was an increase in the proportion of alerts received from professionals compared to non-professional alerters.

Other notable changes include a decrease in alerts from the Care Quality Commission and an increase from service providers. It is worth noting that in relation to paid carers and service providers, there can be some inconsistency of recording. If a paid carer alerts abuse to their agency who subsequently alerts the local authority, the alerter may be recorded as either the paid carer or the care agency depending on interpretation.

Table F1: Source of Alerts Received from professionals

Alerter	Number Apr 2009 – Mar 2010	% of Total 2009/2010	Number Apr 2010 – Mar 2011	% of Total 2010	Direction of change
Total from Professionals	463	82%	631	89%	↑
Care Quality Commission	27	5%	5	0%	↓
Service Provider	111	19%	261	37%	↑
Other PCT/Community Health	38	7%	72	10%	↑
Acute Hospital/A&E	17	3%	39	5%	↑
Social Services	92	16%	138	25%	↑
GP	10	2%	6	0%	↓
Mental Health	54	10%	47	6%	↓
Independent Health Provider	6	1%	0	0	↓
Therapist	3	1%	0	0	↓
Police	19	3%	23	3%	Same
Other from 2010 includes Advocates, therapist and ambulance etc	21	4%	40	5%	↑
Paid Carer	66	12%	0	0	↓

Table F2: Source of Alerts Received from non-professionals

Alerter	Number Apr 2009 – Mar 2010	% of Total 2009	Number Apr 2010 – Mar 2011	% of Total 2010	Direction of change
Total from Non Professional Alerters	105	18%	80	11%	↓
Other service users	1	2%	2	0	↓
Other Family Member	42	7%	44	6%	↓
Vulnerable Adult Themselves	25	4%	26	4%	Same
Main Family Carer	14	2%	0	0	↓
Anonymous	10	2%	0	0	↓
Friend	8	1%	8	1%	Same

Alleged Abuser

There was an increase in alerts about abuse by professionals and institutions and a decrease in alerts about paid carers; however, the total number of alerts about these groups combined has slightly decreased. There have also been changes to the number of alerts about strangers, partners and other family members, but viewed as a group, the number of alerts about family members or public have also slightly decreased. These comparisons have been affected by the introduction of the ability to record an "unknown" abuser in the new data collection format.

Table G: Identity of Alleged Abuser and percent change from last year

Alleged abuser	Number of alerts Apr 2009 – Mar 2010	Number of alerts Apr 2010 – Mar 2011
Professional	0	34
Institutional Setting	119	236
Paid Carer	95	65
Total alerts alleging abuse by professionals	**214**	**335**
Stranger	11	17
Main Family Carer	61	71
Friend/ Neighbour	39	55
Service User	102	115
Partner	36	0
Other Relationship	30	20
Other Family Member	75	136
Unknown	0	26
Total alerts alleging abuse by public/family	**354**	**440**

Outcome, Conclusion of Investigations, and Protection Plans

The abuse of vulnerable adults (AVA) data collection format introduces a new method of recording the conclusion and outcomes of safeguarding alerts. Case conclusion refers to whether the abuse is substantiated or proven. Table H below illustrates the four possible outcomes for case conclusions. When compared to the conclusions of alerts that were investigated last year (April 09 – March 10), there is a similar proportion of cases where abuse could not be proven. There is currently a smaller proportion of cases which have been proven; however there are still a number of cases where the investigation is not yet complete.

Table H: Case Conclusion

Case Conclusion	Number Apr 2010 – Mar- 2011	% of total Apr 2010 – Mar- 2011
Case did not lead to an investigation	310	44%
Allegation substantiated / proved	162	23%
Abuse not determined/inconclusive (no clear evidence)	157	22%
Abuse not substantiated/ abuse discounted	13	1%
Case is ongoing (conclusion not yet known)	69	10%

Outcome now refers to the effect of the alert and investigation on the adult at risk and the perpetrator. For example, for the adult at risk, an investigation may lead to a change of residence, or increased monitoring in the care plan. For the perpetrator the investigation may lead to criminal prosecution or referral to a professional registration body. As there are a number of ongoing investigations from this period, information about the outcomes will be included in the annual report.

Finally, the AVA data collection requires information about whether the adult at risk has accepted the protection plan offered to them. A protection plan is any measure that is offered with the aim of reducing the risk of harm to the adult at risk. It may be put in place immediately following an alert or after a case conference, or at any stage during the investigation as required. Currently, protection plans are recorded as part of meeting minutes, or on a service user file. The new paperwork reflecting the AVA data collection requirements is being introduced and will promote consistent recording and collating of information about acceptance of protection plans.

APPENDIX A

SAFEGUARDING ADULTS BOARD STRATEGIC BUSINESS PLAN 2011/2013

The role of the Board is to ensure that statutory bodies, independent providers and the voluntary and community sector work together to safeguard vulnerable adults within the City of Plymouth. The aims of the Board are:

- To minimise the risk of abuse to vulnerable adults by working to reduce abuse wherever possible and where abuse does occur to ensure early detection and intervention to minimise the harm to the vulnerable adult and protect them from further harm.
- To ensure multi-agency partners work effectively together to develop and implement safeguarding adults strategies, policies and procedures.

This draft 2011-2013 has been developed by the Safeguarding Adults Core Team working with the Lead Officer Group and has identified work streams which need to continue from the 2009-2011 rolling Business Plan and additional gaps in provision highlighted by the Self Assessment and Performance Framework 2010.

Objectives

1. Embedding the role of the Safeguarding Adults Board within the City of Plymouth

Outcome

- Raise the profile of safeguarding adults across the City at the highest level
- Safeguarding adults linked into all relevant partnership processes
- Plans and targets for safeguarding adults are included in relevant partnerships planning processes

Responsible Person

Chair of the Safeguarding Adults Board (C. of SAB)

	Action	Responsible Committee	By whom	By when	Comments /Outcome
1.1	To develop links with Plymouth City Strategic Partnership	SAB	C. of SAB	July 2011	
1.2	To develop relationship with LA within the 'Family Group'	SAB	C. of SAB	July 2011	
1.3	Share data with the Community Safety Group to consider any areas of possible joint working		C. of SAB	July 2011	

2. Commissioning – hold statutory agencies to account for commissioned service delivery of safeguarding (contractual, monitoring and setting performance targets.)

Outcome

- Statutory agencies and any developing social enterprise can demonstrate that safeguarding adults is clearly embedded in their contracts, contracts compliance and commissioning processes.
- SAB assured that commissioned services are meeting safeguarding and adults standards.
- Reduction in level of abuse and neglect in commissioned service.
- Increased reporting rate of abuse and neglect that does occur in commissioned services.

Responsible Persons

Debbie Butcher and Karen Howard

	Action	Responsible Committee	By whom	By when	Comments/ Outcome
2.1	Commissioning manager and designated nurse to arrange meetings to review contractual arrangements/safeguarding adults content of contracts	SAB	Debbie Butcher Karen Howard	2011	
2.2	Individual agencies commissioning services to agree format of safeguarding content of contracts and how providers of services will be held to account.	SAB	Debbie Butcher		Continue the current contractual reviewing actions

3. To share with the SAB the demographic trends, the dementia strategy and the recent data identified in the report. *Links to Activity 3 in Operational Rolling Business Plan*

Outcome

- Partner agencies have plans in place to manage the likely increased demand on the safeguarding adults process.
- Partner agencies develop strategies to reduce the abuse and neglect of adults at risk.

Responsible SAB member

Kerrie Todd and Karen Howard

	Action	Responsible Committee	By whom	By when	Comments/ Outcome
3.1	In 2011 SAB will: Identify the specific risks posed by these demographic changes. Respond to projected increases	SAB	Partner agencies	2011	

4. Update communications strategy *Links to Activity 1 in Operational Rolling Business Plan*

Outcome

- SAB communicates consistently and effectively
- Partner agencies and wider community have greater awareness of safeguarding adults

	Action	Responsible Committee	By whom	By when	Comments/ Outcome
4.1	Develop and agree SAB communications protocol	SAB	Chair of SAB		
4.2	Ensure agreed communications protocol is widely distributed in partner agencies	SAB		2011	
4.3	Monitor implementation of communications protocol	SAB		2011	

5. Develop peninsula-wide multi-agency safeguarding adults information sharing protocol

Desired outcome

- Partner agencies share information re safeguarding adults consistently and effectively

Responsible SAB member: John Clements

	Action	Responsible Committee	By whom	By when	Comments/ Outcome
5.1	Peninsula-wide multi-agency safeguarding adults information sharing protocol developed, agreed and signed by all relevant parties	SAB	John Clements		Next pan-Peninsula meeting booked for June 2011
5.2	Ensure agreed protocol is widely disseminated in partner agencies	SAB	Partner agencies/ SAU		

6. Develop safeguarding adults engagement strategy

Links to Activity 1,2,3, and 4 in Operational Rolling Business Plan

Outcome

- Increased engagement of voluntary and community sectors, service users and the wider community in the safeguarding adults agenda

Responsible Person: Kerrie Todd, Karen Howard and GP

	Action	Responsible Committee	By whom	By when	Comments/ Outcome
6.1	Reinforce safeguarding as a key role for all the voluntary and community carer support sector.	SAB and LOG	Kerrie Todd	2011	The aim is to extend the safeguarding message beyond the commissioned/grant support groups to the less formal organisations
6.2	All 'micro-providers' to be updated and included in all safeguarding information. Alerter training to be routinely offered to all micro-providers.		Kerrie Todd	2011	
6.3	Promote the understanding of safe guarding and inculcate the ethos of safeguarding into all organisations working with the elderly	SAB	Partner agencies	2011	

7. To disseminate multi-agency safeguarding adults learning from experience template building upon current practice. *Links to Activity 1 of Operational Rolling Business Plan*

Outcome

- A clear learning from experience protocol, which reflects on examples of both good and poor operational practice, is a vital tool in delivering continuous improvement and getting good outcomes for vulnerable adults.
- Partner agencies are committed to the principle that reflective practice or learning from experience is an essential part of being a. Learning partnership, achieving high standards and challenging poor practice.
- Partner agencies use the learning from experience protocol and reflect on examples of both good and poor operational practice and agree actions for improving practice.
- Partner agency learning from experience records are shared with the LOG.

Responsible SAB member: Kerrie Todd and Karen Howard

	Action	Responsible Committee	By whom	By when	Comments/ Outcome
7.1	LOG to continue to table sessions to share examples of practice	LOG	Kerrie Todd Karen Howard	2011	
7.2	Good practice working lunches to continue	LOG	Kerrie Todd		
7.3	Ensure agreed template is widely disseminated in partner agencies	LOG			

8. To continue to develop database and provide information to SAB and LOG

Links to Activity 3 in Operational Rolling Business Plan

Outcome

- Agreed data set for SAB and LOG
- Improvement targets
- Management action taken to deliver improvement targets
- Agreed quarterly reports for SAB and LOG

Responsible SAB member: Paul Francombe

	Action	Responsible Committee	By whom	By when	Comments/ Outcome
8.1	Develop data report	Currently SAB Performance Team	Kerrie Todd	2011	Dataset including: ■ Safeguarding adults timescales report ■ Service user/carer/ advocate invitation/ attendance at safeguarding adults meetings ■ Written response to alerters ■ Outcomes ■ Service User feedback

9. Monitor systems for people or their representatives who have used the safeguarding adults process to feedback on their experience of using the process.

Links to Activity 4 on Operational Rolling Business Plan

Outcome

- Receive feedback from people who have used the safeguarding process
- Feedback used to improve safeguarding adults process for people who use it
- Feedback from service users' representatives.

Responsible SAB member: Kerrie Todd

	Action	Responsible Committee	By whom	By when	Comments/ Outcome
9.1	Continue the development of the Plymouth Users Safeguarding Hub (PUSH)	SAB PUSH	Kerrie Todd	2011	

10. Develop safeguarding adults training strategy

Links to Activity 1 on Operational Rolling Business Plan

Outcome

- Clear training strategy with multi-agency sign up
- Improved understanding of safeguarding adults and safeguarding adults process sin statutory, independent, voluntary and community sectors.
- Evaluation of effectiveness of service user training strategy.

Responsible SAB member: Currently Core Group (Kerrie Todd, Karen Howard, Karen Anderson and Karen Grimshaw)

	Action	Responsible Committee	By whom	By when	Comments/ Outcome
10.1	Continue development of safeguarding adults training strategy	SAB LOG	Kerrie Todd Karen Howard	Ongoing	
10.2	Ensure agreed training strategy is widely disseminated in partner agencies	LOG	Kerrie Todd Karen Howard		
10.3	Monitor delivery and implementation of training strategy	LOG	Kerrie Todd Karen Howard	2011	
10.4	Evaluation of service user training	SAB	Social inclusion	2011	This report will be shared at the July 2011 SAB

For more information on Safeguarding Adults
www.plymouth.gov.uk/socialcareandhealth

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Close to home

An inquiry into older people and human rights in home care

Executive summary

Equality and
Human Rights
Commission

Inquiry into older people and human rights in home care

Nearly 500,000 older people receive essential care in their own home paid for wholly or partly by their local authority. For too many this care delivered behind closed doors is not supporting the dignity, autonomy and family life which their human rights should guarantee.

Good quality home care is invaluable in providing older people with the support they need to keep their independence and control over their lives in familiar surroundings.

The inquiry, the first of its kind into this issue, has found that although many older people receive care at home which respects and enhances their human rights, this is by no means a universal experience. It uncovered areas of real concern in the treatment of some older people and significant shortcomings in the way that care is commissioned by local authorities.

It also found that the legal safeguards provided by the Human Rights Act, which should be used to guarantee respect for the human rights of older people, including preventing inhuman or degrading treatment, are not as widely used as they should be.

Bare compliance with the Act is not enough; public authorities also have 'positive obligations' to promote and protect human rights. There is also a significant legal loophole which means that the majority of older people who receive care at home – that is, if they pay for all or part of it themselves or if it is delivered by a private or voluntary sector organisation – are not protected by the Act.

Key findings

The experience of older people receiving home care

Around half of the older people, friends and family members who gave evidence to the inquiry expressed real satisfaction with their home care. At the same time the evidence revealed many instances of care that raised real concerns such as:

- Older people not being given adequate support to eat and drink (in particular those with dementia) and an unfounded belief that health and safety restrictions prevent care workers preparing hot meals.
- Neglect due to tasks in the care package not being carried out, often caused by lack of time.
- Financial abuse, for example money being systematically stolen over a period of time.
- Chronic disregard for older people's privacy and dignity when carrying out intimate tasks.
- Talking over older people (sometimes on mobile phones) or patronising them.
- Little attention to older people's choices about how and when their home care is delivered.
- Risks to personal security, for example when care workers are frequently changed sometimes without warning.
- Some physical abuse, such as rough handling or using unnecessary physical force.
- Pervasive social isolation and loneliness experienced by many older people who lack support to get out and take part in community life.

Many of these incidents amount to human rights breaches. The cumulative impact on older people can be profoundly depressing and stressful: tears, frustration, expressions of a desire to die and feelings of being stripped of self-worth and dignity – much of which was avoidable. Many affronts to dignity stemmed from easily rectifiable issues, such as not covering somebody with a towel while washing them. The underlying causes of these practices are largely due to systemic problems rather than the fault of individual care workers and are caused by a failure to apply a human rights approach to home care provision.

The effects of different commissioning practices for home care services

Many of these problems could be resolved if local authorities made more of the opportunities they have to promote and protect older people's human rights in:

- the way home care is commissioned
- the way home care contracts are procured and monitored.

It appears that commissioning is not being consistently used to protect human rights effectively. Indeed some commissioning practices make the experiences that older people described more likely to happen. Although practices varied a great deal, very few seemed to be consistently underpinned by local authorities' awareness of their duties under the Human Rights Act, including their positive obligations to promote and protect human rights. Local authorities appear to have a patchy understanding of these obligations, as reflected in their commissioning documents.

We found that:

- Some commissioning was driven by quality, and referred to human rights standards throughout the process, while other practices focused foremost on price. Cost pressures lead to shortened care visits and increase the risks to older people's human rights and to the quality and safety of their care.
- Whilst financial restraint is an inescapable reality, our evidence shows that some local authorities are still successfully finding innovative ways of doing things differently, rather than doing less of the same.
- In some cases, the terms for delivering home care were so tightly defined and inflexible that older people received a 'one size fits all' service that did not take into account their diverse preferences based on their religion, gender, sexual orientation, disability or cultural heritage. A 'time and task' approach which did not reflect people's wishes or fluctuating needs made some older people feel like "a task to be undertaken". Most said they had little or no choice over what support they got or the timing of care visits.
- Monitoring of contracts often focused on checking outputs and processes. Good practice, using a more person-centred approach, looked at quality of outcomes including human rights standards.
- There is a clear need for supportive senior leadership on the central importance of quality, including respect for human rights principles such as dignity and personal autonomy, in the services commissioned.
- Local authorities who use telephone contact lines to decide whether a person needs a community care assessment may be screening out older people from being assessed for care without first understanding their needs.
- Where there is good practice by local authorities who understand their legal obligations under the Human Rights Act, their commissioning approach benefitted from listening to older people.

Other challenges to older people's human rights

A number of other interlinked factors are contributing to the human rights risks identified in our findings. Our evidence points to:

- Differential treatment related to age. Human rights are universal – they should not be conditional on age or any other status. However there was evidence of ageist attitudes towards older people, and indications that less money is spent on their care compared to other age groups, with care packages unlikely to support activities outside the home. However, age discrimination in services has not yet become unlawful.
- A lack of suitable information on the different processes and options for obtaining care and on the quality and different specialisms of care providers, so as to allow older people to make informed choices. People require more guidance than just being given a list of local care providers.
- Patchy or no advocacy and brokerage support on offer to assist older people interested in self-directed personalised home care.
- The lack of investment in care workers – the low pay and status of care workers – is in sharp contrast with their level of responsibility and the skills they require to provide quality home care. Poor pay and conditions also affect staff retention, causing a high turnover of care workers visiting older people.

How can threats to human rights in home care be brought to light?

Many difficulties older people are experiencing with their home care go undiscovered and unresolved. It was striking how reluctant older people are to make complaints. They did not want to get their care workers into trouble, feared being put into residential care and did not want to 'make a fuss'. The vast majority want low level, informal methods of resolving issues without making a formal complaint. Whilst some local authorities and care providers have taken steps to create a regular dialogue between providers and older people, we found that the current ways for older people to raise issues about their home care service are either insufficient or not working effectively for these reasons:

- Many older people are not clear how to make a complaint or how to find out about making one. This is even less clear for self-funders.
- Few older people had taken an active part in arranging their care. Many of those whose care was set up and managed by their local authority felt they had little say, and some were surprised to hear they had any choice at all.
- Older people do not know what standards of home care they should expect when their human rights are respected.
- Too much reliance is placed on self-assessment of quality by care providers and more could be done to allow the unconstrained voices of older people to be heard by local authorities, regulators and providers so that any threats to human rights can be picked up and resolved as early as possible.

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Our recommendations

This inquiry has been undertaken at an important point for social care, when the funding and delivery of care faces fundamental reform. This presents a good opportunity to make the changes we recommend. Our full report makes a number of detailed recommendations which fall into the following three categories:

Proper protection

The gaps in the current legal system need to be closed so that older people receive better protection. In particular, the loophole in the Human Rights Act needs to be closed so that home care is covered in the same way as residential care. The Commission will be working to secure support for these essential changes.

More effective monitoring

Local authorities need to do more to incorporate human rights into the ways in which they commission care services and need to overcome the barriers which many older people face when raising concerns or making complaints. Problems in care delivery do not come to light quickly enough. The Commission will support local councils in understanding what they need to do and what is best practice.

Better guidance

Older people and their families need to have access to better information when making choices about care provision and also need to know more about how their human rights should be protected when care is delivered. The Commission will work with private providers and the voluntary sector to provide accessible guidance on human rights for older people receiving care.

Clearer guidance on human rights obligations should be provided to local authorities for use in the commissioning process. The Commission will work with partners to produce this guidance.

A copy of the full inquiry findings report which includes recommendations for change is available separately on our website, together with supplementary reports which were obtained or prepared in the process of our evidence collection at **www.equalityhumanrights.com/homecareinquiry**.

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