Royal Borough of Windsor and Maidenhead Safeguarding Adults Partnership Board Annual Report 2011/12

Partners include the Royal Borough of Windsor and Maidenhead Council, Berkshire, NHS Trusts, Thames Valley Police and representatives from the Private, Independent and Voluntary Sector

"Safeguarding Adults-making a difference"

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1. Forward by the Independent Chair

I am once again pleased to be able to write the Forward to this, the third Annual Report of the Windsor and Maidenhead Safeguarding Adults Partnership Board.

The multi-agency Safeguarding Adults Partnership Board oversees safeguarding adults work within Windsor and Maidenhead by setting the strategic direction, planning and development and the implementation of policies and procedures. It is important to have representation and links with other partnerships such as community safety and the childrens safeguarding agenda.

My role as the chair, and who is independent from partner agencies, is to provide objectivity and challenge to the safeguarding partnership.

Although the council is the lead agency in adult safeguarding, good multi-agency working is needed in order to safeguard adults at risk. Some examples of how this has worked in practice have been included in the report.

The report sets out the primary focus and work of the Board and its constituent partners in 2011-2012.

The numbers of safeguarding alerts and referrals within the last year have significantly increased again; this indicates that awareness raising about adult safeguarding is working. None the less, this has stretched resources within the council, but adult safeguarding continues to be a priority.

The Board now regularly gets feedback from the council, as safeguarding lead agency, and key partners on safeguarding activity and assuring quality. This information is thus not just about the numbers and types of safeguarding referrals and their outcome, but also data such as the assessment of risk and protection planning. Critically, it also includes the views of people who have been through the safeguarding process.

Health partners have reported on their own quality assurance systems and responses to key areas, such as the prevention of pressure ulcers and the findings and action planning following inspection by the Care Quality Commission (CQC).

This gives a more rounded picture of safeguarding activity within the Royal Borough and informs future priorities for the Board.

In the past some of the sub-groups of the Board have at times struggled with consistent membership. Much of this work is now shared across east Berkshire, as there is both commonality of interest and the need to make best use of scarce resources.

The Board embraces them being placed on a statutory footing and will consider national work developing criteria for assessing the effectiveness of Safeguarding Adults Boards.

The Board is overseeing the implementation of the recommendations of a local Serious Case Review, as well as reflecting upon collaborative responses to the findings of wider/national serious safeguarding cases. Such cases, while often borne out of tragic circumstances, provide an important opportunity for the Board and constituent partners to consider what actions may need to be taken at a local level.

Although there have been significant developments within the past year, the Safeguarding Adults Partnership Board is not complacent. There are still continuing and real challenges ahead. Not least is the difficult financial position facing all key partner agencies and at a time when demands upon services are ever increasing.

The Board recognises that safeguarding adults at risk needs to be a high priority for all agencies; both to respond appropriately to allegations of abuse and as far as possible prevent abuse and significant harm. The Board has thus prioritised some key objectives for the coming year.

The Board will also continue to review its business plan and its implementation and membership, to ensure it continues to be fit for purpose in a rapidly changing environment.

Sue Bestjan
Independent Chair SAPB
November 2012

2. Introduction

This is the third annual report published by Windsor and Maidenhead Safeguarding Adults Partnership Board. The report details the activity undertaken on behalf of the Board from April 2011 to March 2012, to safeguard from harm or further harm those adults most at risk from abuse in the Borough. The report summarises the multiagency activity undertaken with partner agencies in 2011 and 2012 to ensure adults at risk are safeguarded from harm.

Safeguarding is everybody's business and the Board has prioritised the focus on awareness ensuring that there is an increasing awareness of the issues

involved across agencies and with the public and that there are clear and consistent systems in place to deal with concerns as they are raised.

The definition of safeguarding has widened nationally from the focus on just those adults deemed to be 'at risk' to include the wider public concerns for a safe communities and links the strategic outcomes of safeguarding adults with those of domestic violence, hate crime, anti-social behaviour and community cohesion work.

Joint working between key statutory partners, the Council, Health and the Police, ensures instances of abuse are detected and that action is taken to safeguard the individual at risk and where appropriate prosecute perpetrators. The role of the wider community is equally as important in reviving and enhancing the principals of good-neighbourliness and mutual support.

In building upon success the Board's work also encompasses the wider safeguarding work undertaken and achieved in our neighbourhoods through our Safer Neighbourhood Teams and the work of Police Community Support Officers (PCSO), as well as the work by our Trading Standards Team who make a real impact by targeting rogue traders.

Preventing abuse beforehand is a key aim of the Board's work and the Board's prevention strategy continues to emphasise action on key issues covering awareness raising, training and publicity regarding safeguarding adults. However, the Board is constantly aware it needs to go further and to build upon the existing work to ensure all communities and agencies are engaged together, helping those adults most at risk from harm within our community, stay safe from harm.

2.1 National drivers and legislation 2011/12

- **National context- Department of Health**

Following the consultation and review of No Secrets 2000 one of the key policy documents the Government issued to help local authorities in their work to safeguard those adults most at risk, was the '*Statement of Government Policy on Adult Safeguarding*' Department of Health in May 2011.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_126770.pdf

The Government's stated objective is to prevent and reduce the risk of significant harm to adults at risk from abuse whilst supporting individuals in maintaining control over their lives and making informed choices.

The government believes that safeguarding is everybody's business with communities playing a part in preventing, detecting and reporting neglect and abuse. The Government now requires the local authorities and local multi-

agency partnerships to provide the lead in moving to *less risk-averse ways of working*, and to *concentrate on outcomes,* instead of focusing on compliance with safeguarding procedures.

Safeguarding the rights and liberties of vulnerable adults is a key priority for the coalition government, as was demonstrated with its commitment to publishing a *Draft Bill on Social Care* in the Queens Speech in 2012 which announced that the protection of adults at risk would be strengthened by legislation.

The draft Bill sets out the first ever statutory framework for adult safeguarding establishing the responsibilities of the local authority as well as the key agencies, in order to safeguard adults at risk. Local authorities will be required to carry out enquiries where abuse is suspected and require Safeguarding Adults Boards to develop shared strategies for safeguarding and to report progress to their local communities.

As recommended by the Law Commission the draft Bill will abolish the existing local authority powers in old legislation to remove adults from their homes in extremis. However there is a consultation current on possible new powers to intervene positively where an adult may be at risk.

More recently, in July 2012, the government published it's *caring for our future: reforming care and support* White Paper, which sets out its vision for a reformed care and support system.

http://www.dh.gov.uk/health/files/2012/07/White-Paper-Caring-for-our-future-reforming-care-and-support-PDF-1580K.pdf

The Care Quality Commission published its second annual report, in March 2012, on the Deprivation of Liberty Safeguards which outlined that some care homes and hospitals are still not meeting their obligations on liberty safeguards. Funding was made available for local authorities in order to redress this and in preparation for local authorities taking on the obligations from Health in 2013 to undertake this important area of safeguarding work.

2.2 National context- serious abuse enquiries

There have been a number of serious abuse cases in the UK and subsequent reviews undertaken in order to learn any lessons for agencies and their ability to work together to protect adults at risk. Abuse can sometimes involve just one individual who deliberately sets out to abuse others and sometimes a

whole institution can be permeated with abusive practice which has become institutionalised into a regular occurrence.

Possibly the most prominent enquiry to date is that of Winterbourne View, an erstwhile independent hospital for adults with a learning disability and autism where the vulnerable adults were abused on a systematic basis over time before the abuse came to light .

The Department of Health commissioned an enquiry into Winterbourne View in 2011 and the interim report on that review has now been published. It contains many findings of things that need changing including the following:

- There are still too many people with learning disabilities and autism going into hospital for assessment and treatment
- People should receive the care and support they need within their local community as far as possible
- In many hospitals and care homes the Care Quality Commission (CQC) found that the quality of care and care planning was poor, some people did not have any meaningful activity in their lives and too much physical restraint practice was in evidence

The interim report was not able to cover what happened at Winterbourne View itself as it is still subject to criminal proceedings. Once the court case is concluded a full report with be published by the DOH. The Safeguarding Adults Partnership Board considered the implications of this SCR at local level and will continue to monitor this.

2.3 Safeguarding adults- making a difference

'Safeguarding adults' means we have a responsibility at all levels to ensure those adults who are most at risk and who are living in the Borough are kept safe for avoidable abuse or mistreatment. This means reducing the likelihood of harm to those same adults by ensuring for example that the practice of care in a local residential home is of a good standard. It also means where abuse has happened ensuring we work alongside the person concerned to ensure that the abuse does not happen again.

All people have a right to live a life free from abuse.

Safeguarding is not restricted to action aimed to protect the individual vulnerable adult – it also covers taking action to:

- Raise awareness with the public that abuse of those adults who are most vulnerable does happen and to be aware about what to do about it in order to stop it

- Enabling training and development to be in place to ensure those professionals in key frontline positions e.g. NHS/care sector, are

equipped to know what to do if they suspect someone in their care is being abused

- Monitoring the quality of those key services who care for others to ensure that individuals right to be safe is guarded

- Ensure effective working together in safeguarding adults with those agencies and partnerships who have a wider responsibility for the issue of community safety in general e.g. trading standards, community safety partnership

Case study-financial abuse
Joan an 83 year old woman is being cared for at home by her daughter, Marie who lives with her as a carer and receives all the carer's allowances. Marie has an adult son who visits the home to get his washing done and be fed on a regular basis by his mother. The son misuses drugs, is a heavy cannabis user and is unemployed. Money keeps disappearing from Joan's bedroom. The son says Joan has loaned it to him. However Joan denies this, and she has told her other daughter that her grandson is taking her money and Marie shouts at her and says if Joan tells anyone that she will not have anyone to care for her anymore, she would be homeless and Joan would have to go into a care home. When her other daughter said she wanted to report this to social services Joan begged not to as she was fearful of losing her independence and having to go into a home.

NB: To respect confidentiality certain details that might lead to identification of the person concerned in this case example and others in the report have been either changed or omitted

This case captures the complexity of the issues involved for families where family ties conflict with the need for action to prevent the abuse continuing. The victim under threat can be fearful of making matters worse for themselves by telling someone. Family members who do become aware are similarly constrained when the victim, a person they love, has asked them to keep the abuse secret. In this particular case the other daughter felt the situation with the grandson had to be stopped and did report the situation. Following successful multi agency intervention the behaviour of the grandson was stopped and a professional domiciliary care support package put in place so that Joan could be independent of her other daughters care.

3. The Context – Key Safeguarding Adults Partnerships

The Royal Borough of Windsor and Maidenhead has the lead responsibility for safeguarding those adults most at risk, as well as leading on the arrangements for the Windsor and Maidenhead Safeguarding Adults Partnership Board. Working in partnership with other key agencies e.g. NHS

and the Police ensures effective processes and procedures to protect those adults most at risk and offer appropriate support.

3.1 Role of the Council and Overview and Scrutiny and Governance

Councils have a community leadership role generally as well as in relation to Safeguarding and Community Safety.

Councils with Social Services responsibilities are required (through the statutory roles of the Lead Member and Director of Adults Social Services) to specifically safeguard 'vulnerable' adults i.e. those adults most at risk of abuse. The roles and responsibilities of Lead Member, Director of Adult Social Services (DASS) and Independent Chair of the Safeguarding Adults Board fit within the Council's overall approach to community wellbeing and safety.

In order for the council to fulfil this requirement the lead member for the Council together with the Director of Adult and Community Services, have the responsibility to ensure there is a particular focus on safeguarding vulnerable adults. The role of Overview and Scrutiny is crucial to this focus providing local accountability through a system which subjects local arrangements for safeguarding adults to scrutiny and challenge.

Whilst there is, as yet, no formal statutory duty to co-operate and no statutory footing for Safeguarding Adults Boards, duties in relation to Crime and Disorder inter-relate critically with safeguarding and this means that close working is essential. Harm and abuse to 'vulnerable' people can link to cases of domestic violence and abuse, to hate crime and to anti-social behaviour.

Safeguarding adults underpins the Councils community strategies and responsibility for good governance. Accountability for the Safeguarding Adults Partnership Board is to the Adult Partnership Board and the Health and Social Care Executive. This accountability is exercised through the membership of both Board and Executive, by the Head of Adult Social Care.

3.2 Accountability and Structure of the Windsor and Maidenhead Safeguarding Adults Partnership Board

Partnership Boards in England came into being as way of ensuring, on behalf of the local community, that all those agencies which provide key services in safeguarding adults at risk of abuse, work together to ensure that those individuals who may be particularly at risk are protected.

The Board undertakes this responsibility by overseeing and coordinating the multi agency policies and the strategic delivery of a protection service needed to safeguard those adults most at risk in the Borough. The Board has an action plan of work to undertake this task.

Membership of the Safeguarding Adults Partnership Board consists of senior officers from the following organisations: the Royal Borough's Adult Care, NHS Berkshire Primary Care Trust, Berkshire Healthcare Foundation Trust, Heatherwood and Wexham NHS Foundation Trust, Thames Valley Police and key representatives from the independent and voluntary sector.

The specific role and function of the Safeguarding Adults Partnership Board is to:

- Identify strategic aims for multi agency safeguarding adults work in the Borough supported through the Board's business plan
- Ensure links are made with East Berkshire Safeguarding Adults Strategic Leads and Chairs Group, regional and national organisations
- Commission policy and procedural guidance that will safeguard and promote the safety and well being of adults at risk
- To ensure common policies regarding safeguarding adults is held by agencies and that these are being applied
- Audit and evaluate the impact and quality of safeguarding work
- Commission serious cases reviews when necessary and ensure that lessons learnt are acted upon
- To regularly review the role of the Safeguarding Adults Partnership and recommend any changes to the partner agencies
- To work together with the key partners to deliver shared objectives and standards across key partners, to ensure adults at risk are effectively protected

Under the Terms of Reference of the Safeguarding Adults Partnership Board each member agency and organisational representative is also accountable for the work programme of the Board and reporting lines through their own organisations.

The Safeguarding Adults Partnership Board has links through individual membership and through representation on the Board with other partnerships in related areas supporting the wider safeguarding adults agenda e.g. the Domestic Abuse Forum and Community Safety Partnership. The latter being of particular importance hosting the Anti Social Behaviour group, with its brief to monitor and flag up repeat victims of harassment to ensure potential victims in the community are safeguarded.

3.3 Key Partners in Safeguarding Adults and their Accountability

- **Berkshire Healthcare NHS Foundation Trust (BHFT)**

In April 2011 Berkshire East and Berkshire West Community Health Services became part of Berkshire Healthcare NHS Foundation Trust (BHFT).

The senior management role responsible for safeguarding adults work at Board level is the Director of Nursing and Governance. The senior operational management lead for safeguarding across Berkshire is at Deputy Director of Nursing level. BHFT appointed new posts in 2011. One post is responsible for safeguarding adults and children across Berkshire and a specific safeguarding adults lead professional post was also appointed.

In addition, the Trust has a dedicated safeguarding people action plan signed off by the BHFT Board.

- **Heatherwood and Wexham NHS Foundation Trust**

The responsibility for safeguarding adults is held at Director of Nursing and Deputy Director level in the Trust. The Trust Healthcare Governance Committee receives monthly updates on numbers of safeguarding cases. All serious safeguarding cases are also reported and investigated as Serious Untoward Incidents within the NHS.

- **NHS Berkshire Primary Care Trust Cluster (PCT)**

  The Trust has a Children and Adult Safeguarding Committee chaired by the Director of Public Health and with non-Executive representation with a developed corporate approach to safeguarding. This committee is responsible in respect of the safeguarding alerts raised by Primary Care Trust staff. There is regular reporting to the Clinical Executive Quality and Assurance Group (QAG) to identify themes alongside complaints and other quality information. The ultimate responsibility for safeguarding adults is held at Director and Assistant Director level.

- **Thames Valley Police (TVP)**

  Thames Valley Police (TVP) covers the Buckinghamshire, Berkshire and Oxfordshire area. The responsibility for safeguarding adults is held at Detective Chief Inspector level in Berkshire. An on call Detective Inspector provides for continuous cover for safeguarding adults investigations.

In 2001 Thames Valley Police launched their new centralised referral system for receiving information including safeguarding adults alerts. The central hub for Berkshire is based in Reading where staff receive information in the first instance and then triage to the appropriate Berkshire authority for any necessary action. This new system ensures that information is dealt with systematically and effectively through a central point.

- **East Berks Local Safeguarding Children Board (LSCB)**

The LSCB has a representative on the Safeguarding Adults Partnership Board. The key areas of work where working across potential boundaries between children and adult safeguarding concerns older children in transition to adult care services and the DoLs legislation which applies to young adults of 16 onward. There are also some situations where either

an adult, is a parent an alleged abuser of their children, but who also may need to be safeguarded as an ‘adult at risk’ e.g. some learning disabled parents.

For all the partner agencies involved in safeguarding and represented on the Board, safeguarding adults is a part only of their statutory work. The important task of the Board is to ensure nevertheless that safeguarding adults remains as a core part of their business.

Overall governance and accountability rests with the Partnership Board with the Council having the key statutory lead. The Board is a Windsor and Maidenhead multi agency partnership, independent of the council but remains accountable for its work to the community.

The other key statutory partners who are Board members are responsible through their own governance structures for the safeguarding work they undertake.

3.4 Links to East Berkshire Strategic Leads group

Structure Aim and Governance

This strategic leads group comprises a high level group across East Berkshire with a core membership of the chairs of the three safeguarding adults boards, lead officers (Directors) for safeguarding adults and operational or strategic safeguarding leads for each local authority.

The work of the group is to complement the work of the sovereign Safeguarding Boards within each of the three local authority areas. It oversees undertakes work proposed by the three local Authority Safeguarding Adults Boards, which requires a specific East Berkshire resolution and strategic overview approach rather than a local one.

Objectives

As a group of senior representatives, the group are responsible in addition, for the following key functions:

- Overseeing the development and review of effective interagency policies & procedures for safeguarding adults and promoting the welfare of adults across East Berkshire, whose circumstances make them particularly vulnerable

- Engagement with wider East Berkshire Partnerships and partner agencies with responsibilities for the care, support, safety and welfare of all adults so that collectively partners are able to respond effectively to vulnerable adults.

3.5 Links to other strategic agendas

The work of Safeguarding Adults Partnership Board multi-agency partnership, meets the strategic objectives of the Council to protect vulnerable adults in the Borough with regard to the core strategic objectives of putting 'Residents First', in ensuring the work for 'Safer and Stronger Communities', 'Strengthen Pathways' and in 'Delivering Together.

4. Business plan as strategic driver- achievements against action plan

In order to plan effectively to achieve its business purpose and aims the Safeguarding Adults Board sets this out in the form of a business plan incorporating an action plan. The business plan set out the current priorities and actions the Board undertook to promote the welfare of adults at risk in the Borough during 2011/12. The business plan is regularly reviewed by the Board and is updated annually.

In 2011/12 The Board's identified the following headline priorities in its Action Plan as the focus of its work:

1. Governance and Strong Partnerships
2. Policies and Procedures
3. Workforce Development and Training
4. Continuous Improvement of Safeguarding practice
5. Information sharing
6. Prevention and early intervention

Achievements against the Board's Business Plan in 2011- 2012

Governance and Strong Partnerships-Outcome and evidence achieved 2011/12

- The Board continues to be transparent and accountable through the annual report of the board being subject to the Council's overview and scrutiny panel's comment. Accountability is further achieved through the Boards own multi agency membership and commitment via individual agencies own governance structures.

- Public accountability is demonstrated through the publication of an annual report of the Board's activities each year.

- The Independent Chair of the Safeguarding Adults Partnership Board, Strategic Director of Adult and Community Services and Head of Adults Services attended the Overview & Scrutiny Committee of the council to present the Board's last annual report and answer member questions.

- The Board's own internal structure and membership is subject to ongoing review in order to achieve maximum efficiency and effectiveness. This period has seen considerable change in the business structures of key partners in Health and the Police. The previous Berkshire East Community Health service became part of the Berkshire Healthcare NHS Foundation Trust. BHFT has strengthened its own safeguarding structure with new posts being created to achieve good governance within the Trust.

- The two Berkshire Primary Care Trusts merged to a Berkshire Cluster in preparation for transfer of commissioning in April 2013 of the PCT function and budgets, to the new Clinical Commissioning Groups (CCG). The Board is making efforts to actively engage the local CCG lead to be a representative on the Board and to ensure effective links and an accountable structure within the two CCGs which cover the RBWM area.

- Thames Valley Police (TVP) standardised their process and consequent command structure to deal with the wide spectrum of vulnerable adult referrals e.g. domestic abuse, child abuse, sexual abuse offences and included safeguarding adults at risk referrals in this process. This now means all alerts of suspected abuse generated by TVP pass through a central point in Berkshire to be filtered out to the appropriate local authority.

- An important aspect of strong partnerships has been working with the private, independent and voluntary sector. A safeguarding adults champions network was set up in 2011 and refreshed in 2012 with more regular structured meetings. The fact of having sector based safeguarding champions ensures the continuing awareness of the importance of safeguarding those adults who are most at risk.

Policies and Procedures-Outcome and evidence achieved 2011/12

- The Board ensures Berkshire safeguarding adults policy (2011) is kept updated with regular reviews undertaken by the local authorities involved and opportunities used for Board members and other stakeholders to input changes and updates.
- The Board assured itself that key stakeholders own internal policies regarding safeguarding adults are consistent with the overarching Berkshire multi agency policy and procedures. This has been evidenced through the partner annual statements.

Workforce Development and Training-Outcome and evidence achieved 2011/12

- The Board requires safeguarding adults to be integral in local workforce development plans across the partnership. Examples of where this is evidenced include the new training of all frontline police officers in safeguarding adults across Berkshire in 2011/12. Also key statutory partners have created new posts with specific responsibility for adult safeguarding lead, within their structure.

- The Board needed to be assured that all relevant staff in front line services, are trained and equipped to be able to identify abuse and know what to do about it. The three local authorities in East Berks jointly commission develop and monitor progress of the multi agency training and workforce development Levels 1, 2 and 3. The strategic direction of this training and workforce development is captured in the East Berks Training and Workforce Development Strategy.

- The Board needed to be assured with regard to safeguarding adults that training in particular is of good quality and based on standards in line with the national competencies and East Berkshire Training and Workforce Development Strategy.

  This was evidenced through an annual audit sent to providers and other partners to report on how the national competencies are being used to underpin their in-house training and how they know the training is effective for their staff. To evidence this in the audit, providers submitted lesson plans of the training they undertook themselves. Also 'Train the Trainer' courses have also been provided across East Berks to ensure a level of competent delivery of training by care providers conducting in house training.

Continuous Improvement of Safeguarding practice- Outcome and evidence achieved 2011/12

- To be assured that safeguarding practice is protecting people. RBWM developed a new performance 'dashboard' approach to capture safeguarding information in the form of data and any emerging trends. This is monitored through the Directorate Management Team, the Lead Member for Adult and Community Services and the Board on a quarterly basis. Quantitative and qualitative information is reported to the Board on a regular basis.
- To ensure practice is consistently achieving good outcomes and safeguarding people a set of performance indicators was developed for indicative use across the partner agencies
- Ensure systems exist across the partners to audit practice and identify areas of improvement. RBWM along with key partners has

a quality assurance system with a focus on case decisions and quality of recording practice.

- To ensure adults at risk are safer as a result of the safeguarding process a system has been developed to capture service user feedback. The aim is to help continuous improvement in the way in which we ensure those adults most at risk are protected.
- To ensure advocacy is available has a key support function to those particular adults who would benefit from it. The Board continues to promote the use of advocacy where it is appropriate on an individual basis by key partners and seeks to assess where there is evidence of the benefit of advocacy in specific safeguarding cases.
- Communication and marketing the 'message' concerning adults at risk of abuse and raising awareness of the importance of recognition and action to protect those adults, is a priority of the Board. The Board has a communication and publicity marketing strategy with an action plan to ensure that awareness about the need to safeguard those adults at risk is publicised to partners and to the residents of the Borough in a regular and systematic way.

Information sharing- Outcome and evidence achieved 2011/12

- One of the Board's main priorities is the continuous improvement of partnership working. Sharing information across agencies is a key part of this process. To meet this outcome an information sharing protocol is included in the Berkshire Safeguarding Adults Procedures 2011 which has been signed up to by all six local authorities and is regularly reviewed. Berkshire Procedures are available on: http://www.proceduresonline.com/berks_adult_sg/

  Good partnership working is means effective collaboration on the ground between agencies and effective information sharing. A case example illustrates how key good partnership working and information sharing is.

Case example

A family including a young adult with a disability was experiencing continuous neighbour harassment to unreasonable levels of distress to the family. The situation became well known to frontline agencies including the police and neighbourhood community support teams. The case was shared at the Anti Social Behaviour Panel and flagged as safeguarding. Social services became involved and a number of agencies were engaged in the protection planning partnership, including housing services, police and he anti social behaviour team. Thames valley police placed the property address on their 'flag' system which meant police officers attended any incidents there as a priority. Given that earlier efforts at mediation and attempt a CCTV evidence gathering, had not been effective to stop the harassment the family were given the option to move from the area to another property which they took up.

The key element for frontline agencies was that they were able to recognise this as a safeguarding case rather than a 'neighbour dispute' and that there was a 'victim' in this- the young adult of the family who was a focus of the attention for the abusive and threatening behaviour toward them. The case emphasises the importance of all involved agencies working together to protect vulnerable families and individuals.

- Partner systems safeguarding arrangements across community nursing and mental health NHS Trust provision are subject to continuous improvements. In 2011 the newly created NHS organisation (Berkshire Healthcare Foundation Trust) implemented its structure around improvements in safeguarding adults. A strategic lead for Berkshire for safeguarding both children and adults was appointed and a dedicated post for development work created for adult safeguarding. The Trust concentrated on increasing staff knowledge and skills through training, developing the necessary internal policies on safeguarding procedure and improving the clarity about how and when staff needed to raise alerts.

- Improved data collection and sharing**.** The Boards quality assurance sub group focussed on the safeguarding adults information collected by partners and the systems in place to do this. This demonstrated that the key statutory partners have systems in place to record and monitor safeguarding data on a number of issues including:

    - Safeguarding alerts raised
    - Investigations carried out and outcomes
    - Numbers of staff trained

- Adult Social Care has a quality assurance business process in place to capture information regarding the following:

- Numbers of alerts raised in any given month
- Numbers of those needing to be progressed to referral under Berkshire safeguarding procedures
- Information regarding sector breakdown of source of alerts
- Information regarding investigation outcome including numbers substantiated and unsubstantiated

(for more data relating to the timeliness of safeguarding investigations, an quality of intervention and recording please refer to *Section 5 "Quality Assurance - ensuring safe delivery of care and support services"*)

Prevention -Outcome and evidence achieved 2011/12

- Preventing abuse continues to be a key priority for the Board, supporting work to enable frontline agencies in particular to identify early on those individuals and families who may be most at risk of abuse either in the community or within a care or health setting. Early intervention is intended to prevent escalation and to provide services appropriate to need. In the period 2011/12 this process was formalised in the creation of a multi-agency Prevention Strategy to support Safeguarding Adults in Windsor Ascot and Maidenhead 2012 – 2015.

- Good public awareness of what constitutes abuse and who to refer to for help is very important. The Board sponsors the development work in this area of communication to raise awareness. Throughout the year there has been various events held which has provided an opportunity for publicity and information sharing about the importance of safeguarding adults. The work has been supported by a small group of volunteers from safeguarding adult's champions group.

- It has been important to identify and develop those systems across partners to utilise data and enable identification of actual and potential individual risk. Across the NHS Trusts incidents involving patients which are reported as part of the Serious Untoward Incident (SUI) system in the NHS and are also flagged to Adult Social Care where there is potential abuse as safeguarding alerts. There is always more to do to make effective partner information systems which promote early identification but work so far in these areas has proved effective in identifying more appropriate alerts.

- The Board recognised the importance that the commissioning process by the local authority and NHS has in delivering services that safeguard those at risk. All major Council block contracts with providers are monitored by the Council and the local authority contracts oblige providers to not only have their own internal safeguarding policy and procedure for their staff and must comply with the Berkshire safeguarding adults procedures.

- Providers recruitment has to be based on safe recruitment practice with staff having up to date CRB checks, for example. Training on safeguarding is a requirement of providers and this is evidenced through an annual audit return of information.

- Where wider concerns have been picked up regarding an individual provider around poor quality of care performance e.g. during a safeguarding investigation, these are then fed into an action plan for the home on these wider concerns, and this then becomes a provider's recovery plan, monitored for compliance by the commissioner. This involves effective partnership working between commissioners in both Health and Social Care to enable those providers who need to, reach the highest standards of care for service users. There have been a small number of private care providers whose quality has caused concerns regarding training and quality assurance of staff with safeguarding implications. The council has worked with these providers and provided training to overcome the difficulties involved as outlined below.

5. Quality Assurance - ensuring safe delivery of care and support services

Delivering safe care services is of paramount importance to the statutory agencies and the independent, private and voluntary sector and is central to the health and well being of a person in receipt of a service.

The Board recognises and supports partner agencies in meeting their obligations to quality assure their own safeguarding adults work in order to keep people who are particularly at risk, safe from abuse and harm. Quality assurance in adult safeguarding covers any process or procedure applied by an organisation to ensure that those systems in place to protect adults at risk are effective.

Each key agency in the safeguarding adults partnership has systems in place to ensure both operational and strategic management oversight of individual safeguarding investigations they particular agency is involved in. Agencies have assured themselves of robust quality assurance within their organisational structures including appointing lead posts for safeguarding adults to reflect their commitment. A key part of the quality assurance is to incorporate the feedback of those service users at risk who have gone through the safeguarding process.

5.1 Independent, Voluntary and Private Care Provider sector

This sector varies in terms usually of organisational size as to whether the provider has a system to record and quality assure safeguarding alerts raised.

As the largest volume of safeguarding referrals comes from the care provider sector (51% by location) this is an important sector to ensure that quality and safety is maintained to a good standard.

Between April 2011 and March 2012 out of the total 361 investigations 187 (51%) of them were located in residential care or nursing homes; a small increase on 2010/11. The aim for commissioners and providers is always to reduce these numbers over time. Also it is worth noting this data is in the context across the Borough of a total of 51 care homes.

The Care Quality Commission (CQC) regulates and inspects care providers to a set of national minimum care standards covering the whole range of personal care, including safeguarding. The independent providers are therefore responsible to self regulate to these standards and CQC are the regulators of compliance with the ultimate authority of withdrawing registration from a provider who fails to comply.

The Council along with Berkshire PCT oversee the quality of those commissioned placements in the Borough and those placements made out of Borough. Where there is a failing in adequate delivery of safe care commissioners initially bring this to the attention of the provider and working in partnership with CQC, monitor the provider's action plan to remedy and bring the care back to the required safe standard. In addition the following measures are available:

- Independent action by CQC if the national care standards have not been complied with
- Commissioners can suspend further new placements
- Work with provider on identifying specific shortfalls and monitoring the provider's action plan
- Identify where needed an individual response e.g. a training input for selected staff in a setting

Winterbourne View

Over this past year a number of cases across the UK have received widespread publicity and consequent scrutiny. These have been cases involving poor standards of care in residential and hospital settings, and in some instances serious abuse or neglect of the vulnerable person(s) in a place where they should feel safe.

This year the DOH published its interim report as part of its review of events at Winterbourne View private hospital for adults with learning disabilities and/or autism. The report forms part of a wider investigation into how the health and care system supports vulnerable people with learning disabilities. The report set out 14 actions for national improvements. It is a summary of inspections of 150 hospitals and care homes and includes wide ranging feedback from people who use the service, their families and commissioners.

The report concluded that while no abuse was found on the scale of Winterbourne about 50% of the hospitals inspected failed to meet the CQC standards of care.

The report findings concluded far too many people with learning disabilities or autism were in hospital in assessment and treatment for too long. In many care homes and hospitals care was of a poor quality with poor planning and too much use of restraint.

Winterbourne highlighted the risks particularly for those people with learning disabilities and challenging behaviour placed out of area because of scarcity of local resources. In 2011 a Berkshire wide event held jointly with social care and the PCT Berks identified a lack of specialist provision across Berkshire to meet this particular group's needs. Since then more collaborative work has been undertaken to consider ways to improve services for people with challenging behaviours.

Local Action plan in response to Winterbourne

Locally health and local authorities commissioning care and support need to ensure there are more local services which employ people with the skills to support people with challenging behaviour particularly. Planning for an individual's future needs to start as early as possible.

The specialist team for people with a learning disability In Maidenhead work closely with the children's team to make plans around those individuals 'in transition' between services as they get older, in order to ensure that the right care and support can be in place as adults.

Alongside the national actions being undertaken there are local actions being progressed on the following areas:

- Coordinated lead commissioning- the report emphasises the need for local commissioners in Health and Social Care to ensure effective communication links exist between service operations when reviewing placements. This is being taken forward locally by the Locality Manager for Learning Disability Services.

- Commissioning should be based upon needs identified in the Joint Strategic Needs Assessment (JSNA) and the joint Health and Well Being Strategy (HWBS). This too is being taken forward locally by the Service Manager for Learning Disability Services to ensure the needs of people with learning disabilities are included in the JSNA and the HWBS.

- Safeguarding adults- the Government will seek legislation to put Safeguarding Boards on a statutory footing and ensuring other key partners in safeguarding are required to cooperate. The Windsor and Maidenhead Safeguarding Adults Partnership Board is well positioned

to take on this statutory role and already has a good representation from key statutory agencies.

Further local action includes the proposed employment of a dedicated post to undertake reviewing and monitoring of all out of borough placements of learning disabled adults. This action is particularly important in view of Winterbourne with the current high numbers of out of area placements in order to effectively monitor and identify any safeguarding issues early on.

RBWM Adult Social Care- Safeguarding Adults and Quality Assurance

Adult and Community as the local authority lead has its own quality assurance business process setting out the requirements for the delivery of safeguarding adults work. This process includes measuring compliance with individual safeguarding investigations with the guidelines set out in the Berkshire procedures and also the quality of the process in terms of recording and decision making, and service user feedback.

The business process covers:

- The standards to be achieved in safeguarding cases
- The arrangements under which responsible managers for safeguarding audit the performance of their staff against those standards and take any necessary actions re staff performance
- Giving clear and effective governance to the quality assurance of safeguarding adults work

This Quality Assurance process has the following structural elements:

- **Windsor and Maidenhead Quality Standards for Safeguarding Adults**

These standards establish the strategic principles whereby agencies work together to safeguard adults particularly at risk. These benchmark standards have been signed up to by the Safeguarding Adults Board and are founded on the local Berkshire Safeguarding Adults Policy and on good practice.

The principles cover the scrutiny and performance management of the safeguarding process. This involves analysis of the quality of the service and the practice outcomes for service users of the protection process.

In terms of timelines of response to safeguarding alerts, management oversight and service user feedback the following are some of the key principles in the standards:

Timeliness of Response

❖ safeguarding alerts will be risk assessed and issues of urgent concern will be acted upon immediately

- Immediate risk assessments and protection plans will be put in place upon referral when necessary.
- All alerts will be responded to within 24 hours.
- A multi agency strategy meeting/discussion will take place within 5 working days.
- An Assessment and planning process will take place within 28 working days and an individual safeguarding case on completion is reviewed within 6 weeks prior to closure

Allocation to Qualified members of staff

- All cases will be allocated to a qualified member of staff who has been trained in safeguarding adults work
- Wherever possible this member of staff will remain the same through the process

Management oversight

- A Manager will oversee practice within the case.
- The manager will monitor the case through regular supervision with the practitioner and ensure adherence to policy, standards and quality of recording
- All case files will be audited by the Team Manager

Involving the People that use our Services

- We will listen to the people during and after any safeguarding issue, and respond accordingly to the issues they raise.
- When a safeguarding issue is resolved, we will follow up with the service user and carer afterwards to ensure we learn from their experience and inform them of the investigation outcome.
- Independent support (including advocacy) will be offered to any person involved in a safeguarding process where needed.

Monitoring

During 2011 using case audit tools and monitoring live safeguarding cases over an eight month period (Mar- Oct) we were able to establish that we had a variation in cases being kept within the timeline guidance given by the Berkshire Procedures.

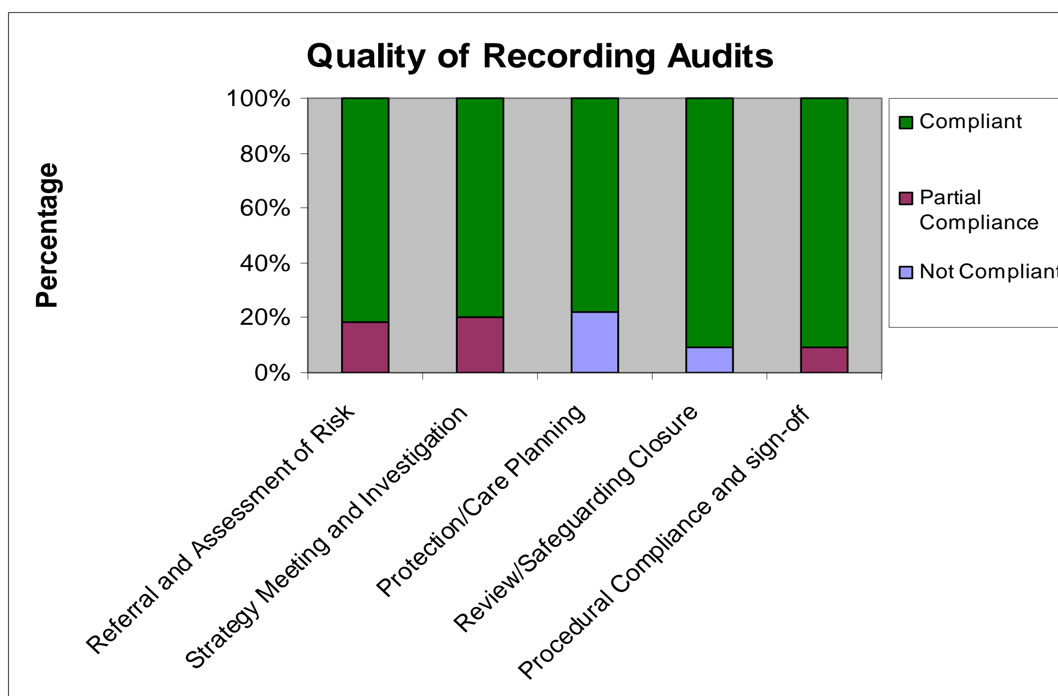
This demonstrated where we had been able to achieve guideline timings and where there was a gap. We knew that in practice some of this was due to data input problems with the electronic recording system. The system itself was recognised as not fit for purpose and action taken to replace this with a new recording module in January 2012. The new module ensures an improved process for recording an investigation.

- **Quality Audits**

As part of quality assurance there is a system in place auditing individual cases in order to establish the quality of the recording and decision making of the safeguarding process. In 2011 the sampling audit demonstrated a high level of good quality recording practice. Measurements were taken across the following:

- referral and assessment of risk
- strategy meeting and investigation
- protection care planning
- review and closure
- procedure compliance and managers sign off

The audit look at assessment of risk/ the strategy meeting and protection plan actions through to case closure. The focus is on the quality of recording and the strengths and weaknesses identified in the process



The overall rating on each case is on a poor to excellent basis and 91% of the cases audited reached a good and very good to excellent standard in terms of the quality of the recording. The relatively small number of cases falling short in terms of the quality of recording was then addressed within the operation management structure.

- **Service user feedback on the safeguarding process**

  Possibly the most critical component of any quality assurance system is feedback from the most important person – the adults at risk who may or has been subject to abuse. It's that experience collected over time from investigations that can critically appraise the process and answer the question-'have you felt safer as a result of intervention?' Of course it is not possible to know this on every case. In reality some people safeguarded lack the capacity to give us feedback or do not wish to comment.

  A new system was devised to collect feedback but did not go live until 2012 after the period this report covers. However results collected from the beginning of this financial year are encouraging and positive regarding people's experiences. Once we have collected information over time this can then have an impact on service improvements in the safeguarding process.

Partner systems of Quality Assurance

Berkshire Healthcare Foundation Trust (BHFT)

In 2011/12 the new Trust was created from three previously separate health organisations which also involved merging current policies on safeguarding adults and data collection systems from these organisations. During this time BHFT remained committed to overall patient safety including safeguarding adults as a central part of the organisations business plan and the Trust has a dedicated safeguarding adults action plan.

The Trust has undertaken the following:

- ❖ Increased capacity to progress safeguarding adults. During 2011/12 BHFT appointed some key posts at Trust Board level supported by new lead posts for both safeguarding adults and children across Berkshire.

- ❖ Monitoring adult incident reports are monitored on a monthly basis via the internal safeguarding adult group, together with trend analysis being regularly completed.

- ❖ The Trust has 24 hour access to an on call manager who is able to advise on any issue including safeguarding adults.

- ❖ BHFT raised 63 alerts from the primary and community health services within the Trust, and a further 8 alerts for patients/ service users with a mental health condition.

- ❖ The Trust is currently developing its own internal safeguarding quality assurance process as part of the Trust's action plan.

- The Trust has embarked on a large scale training strategy aimed at giving all frontline staff the knowledge and skills to undertake safeguarding adults work in order to develop the quality of staff response to safeguarding adults. Already 47% of the staff group needing basic awareness and reporting training have undertaken it and the Trust have as a target; to have at least 80% of their staff trained by March 2013. In order to train the large numbers of people who need the next level of safeguarding training (Level 2) the Trust intends to deliver an in-house module to supplement the smaller number of people who can be accommodated to attend the Berkshire multi agency training at this level.

In addition in 2012/3 the Trust will:

- Continue to progress work in the area of standardising safeguarding policies and internal procedure development

- Develop internal audits to ensure safeguarding adults process is quality assured.

- Explore ways that existing service user involvement and participation in safeguarding adults can be increased.

- Lastly, as part of its commitment internally to progressing safeguarding adults it will seek to develop an internal network of safeguarding adults champions across BHFT services.

Heatherwood and Wexham Park NHS Foundation Trust

The Trust has senior staff providing the lead for safeguarding adults work. It has its own developed internal policy and procedures for safeguarding adults and the work of progressing all safeguarding adults work is embedded in the organisation's core business plan.

- Key performance indicators are reported monthly as part of a healthcare governance dashboard. Safeguarding relating to patient safety has been included as one of the indicators.

- In 2011/12 the Trust raised 29 safeguarding alerts with RBWM. Between April 2011 and March 2012 the Trust raised 93 alerts in total. Over fifty percent of these alerts are for pressure ulcers where they are deemed to be serious (grade system). The remainder range from financial abuse, neglect through to poor discharge or events occurring prior to admission.

- There have been small numbers of hospital acquired pressure ulcers (3) which needed to be reported as serious incidents to the Primary Care Trust and which resulted in remedial actions with the wards

concerned. As a result standards have improved regarding pressure ulcer care and prevention of escalation whereby the deterioration of an avoidable ulcer can lead to a safeguarding investigation.

Patient safety and monitoring

The hospital Trust has various systems in place to quality assure overall patient safety and patient experience. There are aspects of this which links to safeguarding individuals from abuse, particularly around dignity and respect and the general prevention agenda.

- The role of patient safety champions sourced from ward staff and Age Concern Slough was introduced in 2010 with between 50-75 interviews per week where issues from patients can be addressed and resolved.
- The Trust also monitors quality from ward matron rounds, information from any complaints/compliments and PALS in addition to the above.

Intervention improvements by HWPH NHS Trust

Monitoring overall patient safety is a high priority for the NHS Trust. Any individual incidents are reported and recorded for action. Pressure ulcers that are allowed to develop can be an indicator of poor care potentially leading to neglect.

The Strategic Health Authority initially identified the need for Acute Trusts to respond to the most serious pressure ulcers (grade 4) as part of the Serious Incident policy and procedure.

Locally in East Berkshire work was undertaken with the PCT to develop a pathway approach whereby pressure ulcers identified at grade 3 or above would be reported as safeguarding alerts so that nothing was missed that might constitute a trigger of possible neglect under safeguarding procedures.

These ulcers which are potentially avoidable in the main and therefore if they have developed to a serious stage either in the hospital or prior to admission it is a cause of concern. The minority that have occurred on a ward are also investigated under the serious incident procedure in the NHS to see what actions are needed and what wider lessons can be learned.

Outcomes from this work include:

- Improved identification of those situations where serious pressure ulcers constitute potential abuse
- Identification of the need for a wider pressure ulcer incidence survey across the care provider sector as well as the Trust which was completed in 2011 with a consequent successful health bid for increased Tissue Viability posts to undertake further work in the area of prevention in late 2012.

Building workforce capacity in HWPH- Safeguarding Adults Training

- The Trust undertakes its own internal safeguarding adults training as part of the mandatory induction training for all clinical and non clinical staff which includes e-learning on safeguarding adults.
- The Trust reported in 2011/12 over 99% of the total staff group have completed this basic safeguarding adults awareness.
- Existing staff who need updating account for 14% of current staff group with the aim that all staff are updated within a three year cycle. Other training consisted of 15 minute updates offered to Trust staff which was taken up by service areas e.g. pharmacy, portering, outpatients and general wards and has covered 200 staff.
- To check compliance the Trust undertake 'walk through' audits in the hospital by peers and executives and ask staff about adult safeguarding and how they report alerts. This audit strategy was suggested following inspection of the hospital by CQC in 2011.
- The latest CQC compliance review reported that that the Trust are meeting all essential standards of quality and safety inspected. This included the care and welfare of people who use the services and assessing and monitoring the quality of service provision.
- The Trust executive lead for safeguarding adults is the Director of Nursing. The number of alerts is reported monthly onto the Trust Healthcare governance scorecard.
- The Trust have improved support to people with a learning disability and been a part of the Strategic Health Authority learning disability peer review.
- The Trust appointed a senior Mental Health nurse to provide additional support on the wards to patients who have cognitive difficulties.
- The Trust has developed a 'This is My Life' scrap book for relatives and carers to provide information to assist staff in caring for patients.

6. Capacity Building – Workforce Development and Training

Raising awareness and equipping the workforce with the necessary knowledge and skills concerning adult abuse is key to achieving improvement and quality in care delivery preventing abuse or identifying abuse when it has happened.

It is also important that staff working in the universal public services who come into contact with the public are aware of the signs and symptoms of abuse in order to make appropriate safeguarding alerts.

The Berkshire Multi-Agency Safeguarding Adults Procedures (2011) identifies the framework in which agencies in Berkshire work together to safeguard adults. The East Berkshire Safeguarding Adults Workforce Development Strategy 2012-14 provides the strategic direction to ensure that across East Berkshire we have a workforce that can identify and respond in a competent manner to safeguarding adults issues. It is the responsibility of individual agencies to ensure that appropriate levels of competency based training are accessed.

There is a workforce development programme which sets out how the knowledge concerning safeguarding adults, can be increased and practice continuously improved. To enable the Board to meet their objectives via the East Berkshire Safeguarding Adults Workforce Development and Training sub group, it has:

- Mapped out the safeguarding training being provided, by whom and for which staff including care sector staff
- Reviewed the East Berkshire Safeguarding Adults Workforce Development and Training Strategy for 2012
- Ensured there is a competency based strategy underpinning to enable consistency of training quality delivered across the partners, some of whom work across local authority boundaries continued to deliver extensive competency based training programmes in safeguarding adults

Achievements 2011 - 2012

Multi agency and individual training

Throughout 2011/12 the training sub group has commissioned a range of multi agency safeguarding adults training across east Berkshire in line with the strategy. Programmes included awareness and identification of safeguarding concerns for all staff (Level 1); safeguarding investigator and decision making training for statutory sector practitioners and managers (Level 2 and 3); provider manager training, for voluntary and private sector care and support service managers. The training is mapped against competencies appropriate to each level.

- ❖ Safeguarding level 1 awareness is offered to adult care staff and to other partners from the Private/Voluntary and Independent (PVI) sector. In 2011/12 given that most RBWM staff have received L1 training in last two years 89% of the take up of the 200 places offered in 2011/12 were taken up by the PVI sector.

- ❖ Of the total places offered across East Berks (985) HWPH took 497 of L1.

- ❖ Heatherwood and Wexham Park Hospital (HWPH) report that up to 2012 they have achieved 91% staff coverage in terms of basic safeguarding awareness (including MCA and DoLs).

- ❖ HWPH reported that 955 staff had completed new e-learning package on safeguarding

- ❖ Berkshire Healthcare Foundation Trust (BHFT) in an audit of staff training had 83% of staff had received training in safeguarding in last 3 years.

- ❖ RBWM audit recorded 96% of frontline staff had received appropriate training in safeguarding adults in the last three years

- ❖ BHFT deliver their own L1 safeguarding awareness training in house as part of induction regularly during the year. During 2011/12 45 courses were delivered with 667 staff attending. An additional 742 staff completed e-learning L1 as part of their refresher training

- ❖ Safeguarding L3 for care provider managers with 60 places offered across East Berks in 2011/12 there was 100 % take up in RBWM

Across the partnership statutory agencies in particular have accepted the challenge of raising awareness of safeguarding adults across large staffing groups with a resultant increase in the numbers of frontline staff with knowledge on how to recognise abuse and what to do about it. Partners have worked on developing their own internal policies and procedures around raising and referring alerts appropriately for safeguarding adults.

Another important area of training and development centres on safeguarding and the Mental Capacity Act 2005 with particular reference to the 2007 amendment of the Act which covers Deprivation of Liberty safeguards.

Deprivation of Liberty Safeguards (DoLs) and Mental Capacity Act (MCA)

The Mental Capacity Act 2005 sets out legislation for making decisions on behalf of adults who may not be able to make their own and also sets out what has to be done before an adult in a residential or hospital setting can be deprived of their liberty even if it’s in their best interests to do so. The protection afforded by the act is an important part of safeguarding.

A nationally publicised case in the London Borough of Hillingdon highlighted the importance of the DoLs legislation particularly when it is used inappropriately as was the case in Hillingdon where a young adult with a learning disability and autism was wrongly deprived of his liberty and right to family life. The case highlighted the following:

- In this case the authorisations given were flawed
- There was confusion over the role of Hillingdon council in this case

- The late ‘best interests’ assessment did not reflect the service users or family wishes
- There was a lack of advocacy used in the case and although an Independent Mental Capacity Advocate (IMCA) was engaged it was noted by the court that this was rather late in the process

In addition to the ongoing training courses being held on DoLs and the Mental Capacity Act requirements, RBWM’s investment in a dedicated Best Interests Assessor post has meant extensive development and awareness raising opportunities being delivered across the provider sector.

During this period there has been a corresponding increase in the numbers of applications for DoLs authorisations from the residential homes sector together with a corresponding rise in successful applications.

- ❖ In 2010/11 36 referrals for authorisations were made and 18 granted
- ❖ In 2011/12 42 referrals for authorisations were made and 26 were granted.

The residential and nursing care home sector are now better trained and more aware of when to submit a DoLs application which is also appropriate and therefore granted.

Heatherwood and Wexham Park NHS Foundation Trust- Mental Capacity Act (MCA)

The Trust have been progressing this area of work in correctly indentifying those situations where use of the MCA and best interests decisions are needed. The current policy and procedure operated by the Trust to manage patients who lack capacity is due to be reviewed in February 2013. Meanwhile the Trust will undertake an audit to help inform any future amendments to the policy. The Trust wants to ensure they can demonstrate compliance with the MCA and to identify any practice or policy gaps in order to remedy.

Use of Advocacy – Independent Mental Capacity Advocate (IMCA)

- ❖ Twenty four patients were seen by an IMCA at the hospital during 2011/12, representing a rise of 33% over the previous year.

- ❖ During this same period six cases were referred for authorisation for DoLs and this was granted in 4 cases. In order to continuously improve patient safety training in the use of the MCA will be provided on an ongoing basis.

The role of IMCA is to represent and support people who lack specified capacity in some or all decision making areas of their life. The increase in

referral rate by the Trust is a positive sign, demonstrating improved ability of staff to identify when referral to IMCA service is appropriate.

Training

- ❖ The Trust report 91% of their frontline clinical and allied professions staff have received MCA and /or DoLs training by March 2012. This is in part a response to the national CQC report on the working of DoLs in the NHS in England.

The national CQC recommendations relevant to the NHS Acute sector include:

- Ensuring staff are trained and understand the safeguards built into the MCA
- Ensuring staff always seek the least restrictive option in caring for patients
- Work with other services to share information appropriate

7. Priorities for Safeguarding Adults in 2012-2013

The Boards objective is always to seek continuous improvement in safeguarding adults by building on the previous year's success and learning. The Board's safeguarding adults annual report 2010-2011 set out the priorities for safeguarding work at that time and in summary the improvements achieved at the time to local safeguarding arrangements. This included continuing to raise public awareness, extending training to staff working in front line services other than adult social care and improving the joint working between agencies and their ability to respond to safeguarding incidents.

For the year 2012/2013 as the focus for improvements over this period, the Board has identified four key themes to drive its business plan and consequent operational work programme. At the same time the Board recognises that this is a time of great change for partners in particular who themselves are facing some tough decisions around restructuring their own organisations in order to respond to the current national and local priorities and to achieve the necessary efficiencies within them.

During this time of particularly, of organisational change in the NHS it is even more paramount that safeguarding adults at risk remains the highest priority and the focus is maintained by partner agencies.

Key themes for 2012-2013

- ❖ Accountability and Partnerships

- Protection
- Prevention
- Empowerment

Accountability and Partnerships
Objective: To ensure the Board has appropriate governance and accountability structures and that Board is held to account via cross partner's own governance structures. We will achieve this by:

- Working towards effective inclusion of the Board's priorities within the Health and Wellbeing Strategy)
- Partners contributing to the annual safeguarding statements submitted to the Board and through representation on the Board and its working groups.
- The Board producing a publicly available annual report of its activities and plans, which is scrutinised by the Council's Overview and Scrutiny Panel.
- Reviewing the structure and membership of the Board regularly to ensure the membership is right and that the Board remains effective

Protection
Objective: To ensure there are safeguards in place to protect those who cannot through reasons of capacity protect themselves and to support risk and choice where this is chosen by the individual. Further too also ensure partner organisations have adult safeguarding embedded in their own internal policy and procedures. We will achieve this by:

- Ensuring partners internal policies and procedures are aligned with the overarching Berkshire procedures and regularly reviewed
- Requiring each partner agency to present evidence of quality assurance around responses to safeguarding alerts and referrals
- Raising awareness of safeguarding with those service users who are accessing services through a personal budget and Direct Payment
- Working to develop systems and knowledge across the sector of personalisation and where safeguarding impacts on an individuals rights and choices being exercised when abuse occurs

Prevention
Objective: To identify at the earliest opportunity the areas of risk both with an individual but also where risk occurs in agency practice. We will achieve this by:

- Developing the current systems in terms of community safety and identification of those at risk in the community including those individuals facing repeat harassment
- Continuing to work as commissioners and safeguarding leads, in partnership with care providers to maintain a safe care environment for this sector
- Ensuring all relevant staff across sectors are trained to competent standard in safeguarding adults identification of abuse and responding appropriately
- Using information and data from quality assurance systems to inform the Boards work programme and any review of objectives in line with changing priorities
- Promoting good awareness in the community of abuse identification and prevention
- Ensuring partners commissioning practices safeguard those adults at risk
- Aligning safe working practices and systems around recruitment by partners

Empowerment
Objective: To ensure the support is there for individuals to be enabled to have maximum choice and control in their lives where the need to safeguard arises and that risk taking is supported. We will achieve this by:

- Ensuring individual adults at risk have access to advocates to support them through the safeguarding process
- Developing the individuals who act as ‘champions’ for safeguarding continue to raise awareness across their organisations in order to contribute to awareness and consistency of practice across the partnership
- Continuing to work with those experiencing safeguarding to both ensure they are safeguarded and that they can contribute to ongoing development of relevant services.

8 Future Challenges for Safeguarding Adults

8.1 The new statutory framework for safeguarding adults

One of the key challenges will be working within the new statutory framework laid out in the draft *Care and Support Bill 2012.* The bill sets out two key aspects of new local authority responsibility where safeguarding adults is concerned. The new legislation puts Boards on a statutory footing with membership from key organisations outlined. The new legislation requires local authorities to make enquiries or ask others to where they suspect abuse may be occurring.

There is also a consultation (July – Oct 2012) on a new power proposed which would give power of entry where an individual is unwilling or unable to ask for help or to have their voice heard. The government are currently seeking evidence that a new power is necessary.

Safeguarding Adults Boards already work effectively with health bodies. The draft Care and Support Bill proposal to put Safeguarding Adults Boards on a stronger, statutory footing will mean they are better equipped both to prevent abuse and to respond when it occurs. With this new statutory duty comes new responsibility. The SAB will be able to determine its own strategic plan, with the local community, to protect adults in vulnerable situations from abuse and neglect. The Board will be required to publish its safeguarding plan and report annually on progress to ensure that agencies' activities are effectively coordinated.

8.2 Clinical Commissioning Groups (CCGs)

This year has seen the foundation set in place to replace the commissioning structure of the Primary Care Trusts (PCT) with Clinical Commissioning Groups (CCGs) with GP led commissioning. CCGs will be statutory NHS bodies with a range of statutory duties similar in many respects to those of PCTs. Unlike PCTs, however, they will essentially be membership organisations that bring together general practices to commission services for their registered populations and for unregistered patients who live in their area.

The challenge for the Board is one of having effective engagement with these new bodies in order to create new partnerships to safeguard those adults most at risk. Safeguarding adults is not hitherto been set as an NHS priority for GPs in terms of performance or training. The new NHS Commissioning Board Authority has published interim advice on arrangements to secure both children's and adult safeguarding, which provides additional information, in particular, to emerging clinical commissioning groups. It is intended that CCGs and the NHS Commissioning Board will have statutory membership on the Safeguarding Adults Boards.

8.3 Governance and working with the new Health and Wellbeing Boards

The new local Health and Wellbeing boards have overall strategic responsibility for assessing local health and wellbeing needs and agreeing joint Health and Wellbeing Strategies for each local authority area.
Work is still underway to define the formal relationship between Health and Wellbeing Boards and the Safeguarding Adults Boards but the intention is that they would have effective linkage. It will be important the safeguarding adults has a core focus in the local joint Health and Wellbeing Strategy for RBWM.

8.4 Care Quality Commission (CQC) report

The CQC published the report (June 2012) on its focussed inspection of 150 hospitals and care homes for people with learning disabilities. The report was commissioned by the Department of Health following the serious abuse investigation of Winterbourne View hospital commenced in 2011. One of the main findings concerns the need for people to have access to support services locally to enable fulfilling lives. Too many services evidenced poor care with a lack of meaningful activities and too much reliance on restraint. The report concludes with a call for all parts of the system; commissioners, providers, workforce, regulators and Government to work together drawing up standards and reinforcing zero tolerance to abuse.

It is key priority of the Board to take forward this important area of safeguarding work in 2012/2013

9. Conclusion

This report has set out the work priorities and achievements, undertaken during 2011 into 2012, on behalf of the Windsor and Maidenhead multi agency Safeguarding Partnership, to ensure that those adults most at risk have been safeguarded. It also sets out the key areas of focus for 2012 and 2013 in order to both build on previous work achieved particularly in the areas of safeguarding prevention and quality assurance.

Key themes for 2012-2013

- Accountability and Partnerships
- Protection
- Prevention
- Empowerment

In addition to developing other areas of work including the following:

- Further develop commissioning for safe services
- Revisiting the Board's prevention strategy
- Consider how the Board can better engage with users of the services, carers and families

In addition to these specific areas the Board will continue to engage with all partners in safeguarding to ensure development opportunities are utilised and that robust agency accountability continues. It will also continue to respond to the relevant national context of changes in policy and legislation and learning from serious abuse enquiries.

10 Safeguarding Data

Safeguarding and the protection of vulnerable adults is everyone's business and .the public as well as staff in social care can be equally vigilant in reporting suspicion of abuse.

It is likely given the often 'secret' nature of abusive relationships whereby the abuser is in a more powerful and controlling position than the adult at risk; that more abuse is happening than is being reported.

This is particularly true in the community and recognising abuse that occurs within families e.g. financial abuse. Although hard evidence is scarce nationally to support this the largest UK study of abuse and neglect of older people in 2007 stated that the 2.6% prevalence estimate was likely to be an under estimate *'over and above the narrow definitions adopted and the exclusion of care home residents'.* Some of the most vulnerable people would have been excluded due to dementia or poor physical health (see Comic Relief/DOH Prevalence Survey 2007 *).

In 2011 it became a requirement for Local Authorities with adult services responsibilities to submit to the Department of Health (DH) safeguarding data on an annual basis. The data in this annual report relates to the financial year ending March 31st 2012.

Numbers of alerts and those alerts leading to investigations (referrals)

A safeguarding *alert* constitutes any suspicion or concern a person has, either professional or a member of the public. When the alert is received and sufficient information gathered a decision can be made as to the appropriate response. Those alerts that are deemed to be in need of further investigation as potential abuse under the Berkshire safeguarding adults multiagency procedures are called safeguarding *referrals*.

Table 1a - 2010/11

	Total
Safeguarding alerts	329
Safeguarding Referrals	202

Table 1b - 2011/12

	Total
Safeguarding alerts	618
Safeguarding Referrals	361

* Reference: O'Keefe, M., Hills, A., Doyle, M., McCreadie, C., Scholes, S., Constantine, R., et al. (2007). *Prevalence survey report, UK study of abuse and neglect of older people. London: Comic Relief/Department of Health.*

- In 2012 Overall 87% increase in alerts from 2010/11 and a 78% increase in referrals

- Number of alerts that led to an investigation was on average across service user groups 58.4% (in 2010/11 it was 61.4%)

The fact that more safeguarding incidents are being identified (increase in alerts and referrals in 2011/12) does not mean more adults are subject to abuse. It is more likely to be a number of factors indicate a growing awareness of what constitutes abuse and a readiness to report abuse.

- There has been continuous work to publicise safeguarding adults and this has raised awareness amongst care sector staff
- Training and staff development and policy work by providers and key stakeholders regarding safeguarding adults
- Media interest in 'high profile' investigations nationally heightens public and staff awareness
- RBWM staff working in their role capacity in care homes have been vigilant in raising alerts
- The care sector is well regulated and required to give statutory notification to the regulator , CQC in cases of safeguarding alerts
- Identifying 'new' areas of previously unidentified or unrecognized safeguarding risk has increased numbers e.g. pressure ulcers of a serious nature, assaults by service users on other service users

Number of alerts that led to an investigation by service user group

Table 1 – 2011/12

All Ages 18+:	**Alerts**	**Referrals**	**% alerts that went on to referrals**
Physical disability, frailty and sensory impairment (Total)	465	262	56.3%
Of Which: Sensory Impairment	0	0	0%
Mental Health Needs (Total)	80	57	71.3%
Of which: Dementia	3	3	100.0%
Learning Disability	42	25	59.5%
Substance misuse	4	2	50.0%
Other Vulnerable People	27	15	55.6%
Total	618	361	58.4%

Alerts by service user group Age group 18-64

Chart A

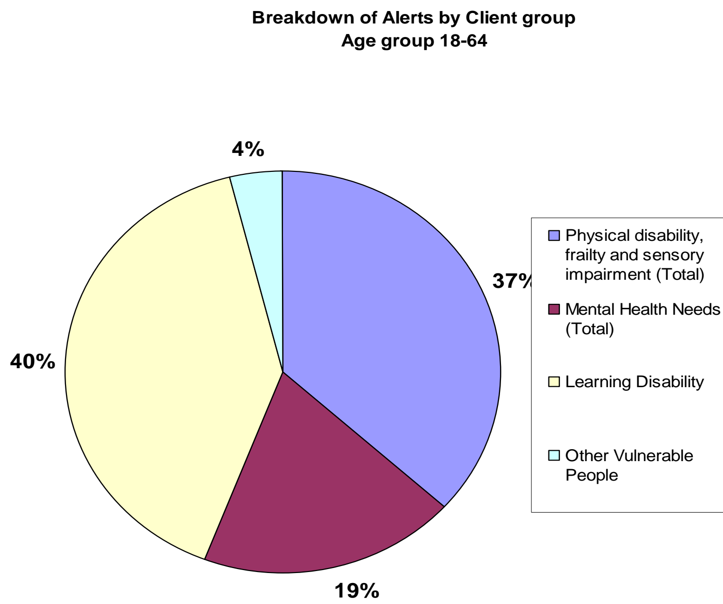
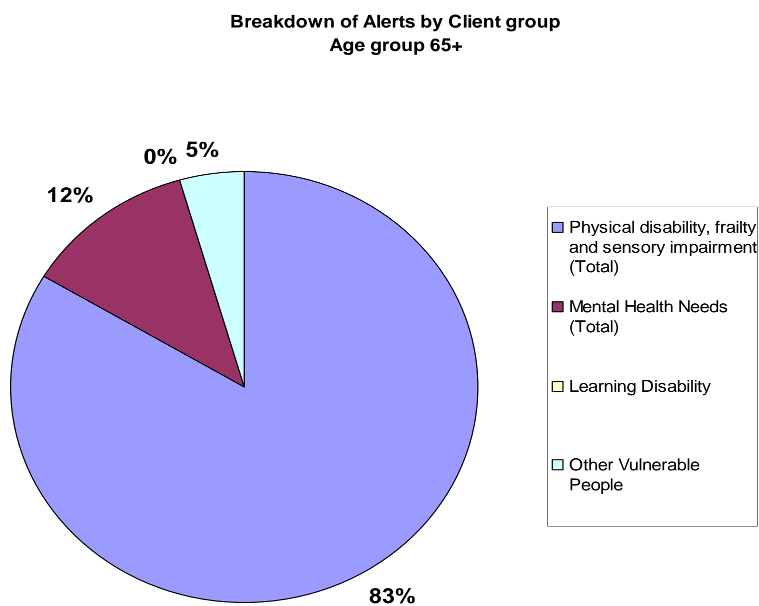


Chart B



By Age

Table 2 - 2011/12

Age bands	18-64 Total	65 - 74	75 - 84	85 +	Total 18+
Safeguarding alerts	108	77	169	264	618
Safeguarding Referrals	68	41	97	155	361

Table 1 and 2 and chart A & B demonstrate is that the high risk of abuse group are older people particularly those who have a physical disability or who suffer from dementia. This is particularly true in the age group above 75 years. Between 75 and 84 years there was a 45% increase over the total of the previous age band 65-74 years. In the 85+ years age band there was an increase of 64% of the previous age band 65-74 years.

People of 85+ years of age represented 43% of the total alerts of all ages as the highest risk group of all. People in this group most often live in residential accommodation and usually have high care personal needs, representing in number the highest in terms of recipients of services. Age and mortality factors mean that this group in comparison to the next highest, learning disability is always increasing. The number adults known to services with a learning disability tends to be relatively stable and known. The fact of an aging population in the borough with people surviving longer into older age also has to be factored into increasing numbers of older adults being in an 'at risk' group.

Safeguarding Investigations (referrals) - post alert

Chart C

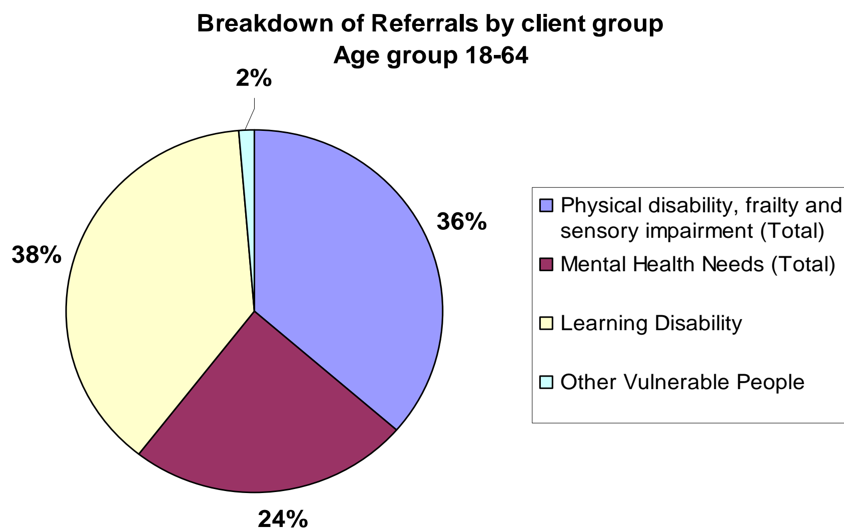
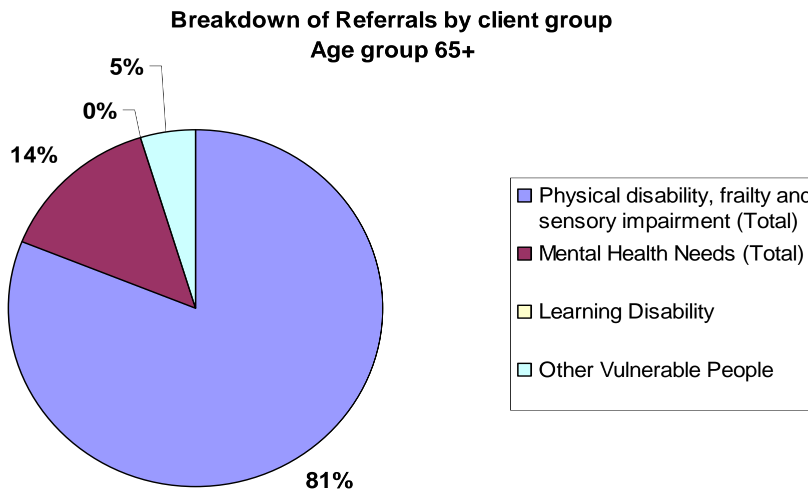


Chart D



What chart C and D demonstrate is that in the 18- 64 years group the proportions of safeguarding investigations per service user (client) group is reasonable evenly split across mental health, learning disability and physical and sensory disability. Whereas in the 65+ years group the overwhelming percentage of investigations concerned older people at risk.

Diversity and Ethnicity and Safeguarding

It is reasonable to assume that adult abuse is a reality in all communities in the Borough. One way of ascertaining this is through data on the volume of safeguarding alerts by population groups across the Borough. When placed alongside the known percentages of different ethnic minority communities in RBWM this then shows if there is an approximate match.

Table 3

Ethnicity	Alerts	RBWM population
White British	**86.4%**	**92.4%**
Mixed parentage	**0.2%**	**1.4%**
(inc white and black Caribbean, white and Asian)		
Asian or Asian British	**1.6%**	**4.6%**
Black or Black British	**2.0%**	**0.5%**
Other ethnic groups e.g. Chinese, polish Italian	**0.0%**	**1.1%**

This data suggests an under representation in the White and Mixed Parentage categories and a more significant under representation in the Asian communities, than might be expected from a comparison with the percentage size of that community in the Borough. The Black or Black British category shows a significantly higher percentage than would be expected from the population size in the borough. The data has to be treated with some caution as the numbers represented in categories other than White British a relatively small.

A large percentage of safeguarding alerts originate from the care provider sector but the population numbers for Black and Asian older people in the residential care home sector is low overall.

Anecdotal evidence indicates that 'abuse' and recognition and acceptance of this may be difficult for some cultures to acknowledge. Even the term 'abuse' and 'safeguarding adults' may have little translation to other languages other than in English.
Cultural differences about family and care of the elderly may also explain low reporting percentages and awareness in the different minority communities in particular.

The Community Development Worker has been undertaking outreach work to different communities and has started a thriving Asian women's group last in 2011. The group is very well attended, with at least 20 women attending each meeting. Safeguarding concerns are discussed and domestic violence is also an issue that has been raised for further consideration by the group.

The Community Development Worker has also set up a Women's group on a monthly basis at the Islamic Centre. The group is attended by between 40 and 50 women. Safeguarding has been discussed as well as the diagnosis of learning disability.

At the same time the Safeguarding Board recognises that there is always more work that needs to be done in order particularly to reach more 'hard to reach' minority communities and work alongside them to raise awareness about adult abuse.

Table 4
Source of Referrals

Source of Referral	18-64		65+	
	Number	%	Number	%
Social Care Staff (CASSR & Independent) - Total	33	49.3%	152	51.2%
Of which: *Domiciliary Staff*	3	4.5%	27	9.1%
Residential Care Staff	22	32.8%	93	31.3%
Day Care Staff	0	0.0%	2	0.7%
Social Worker/Care Manager	3	4.5%	14	4.7%
Self -Directed Care Staff	0	0.0%	0	0.0%
Other	5	7.5%	16	5.4%
Health Staff - Total	10	14.9%	68	22.9%
Of Which: *Primary/Community Health Staff*	5	7.5%	58	19.5%
Secondary Health Staff	2	3.0%	5	1.7%
Mental Health Staff	3	4.5%	5	1.7%
Self Referral	8	11.9%	5	1.7%
Family member	7	10.4%	44	14.8%
Friend/neighbour	0	0.0%	5	1.7%
Other service user	0	0.0%	0	0.0%
Care Quality Commission	0	0.0%	2	0.7%
Housing	2	3.0%	0	0.0%
Education/Training/Workplace Establishment	1	1.5%	0	0.0%
Police	2	3.0%	6	2.0%
Other	4	6.0%	15	5.1%
Overall Total	67	100.0 %	297	100.0%

The majority of safeguarding alerts in the 18+ group overall, are raised by social care and health workers. Social care staff amount to an average 50% being a slight decrease from 54% in 2010/11. Similarly, residential care home staff responsible for 34% of this sector total last year; show a slight decrease to 31% of the sector whole in 2011/12.

However, health staff in 2010/11 represented 15% of the source of referral total which rose to 19% in 2011/12, representing a 4% increase in referrals (investigations) from health staff in general. It is likely that this increase is a reflection of the overall increase in alerts and referrals where pressure ulcers have been the cause of the abuse investigation.

In 2010/11 RBWM had 14 safeguarding referrals directly from the Police and 1 from a GP. In 2011/12 RBWM had less safeguarding referrals directly from the Police (9) but an increase in GP referrals to 4 in 2011/12. The latter represents an important source of referrals particularly in the future with the

advent of the Clinical Commissioning Groups locally with representation by GPs on these groups.

Thames Valley Police identified the need for training for frontline officers to improve their knowledge of what adult abuse is and make appropriate referrals. To do this TVP delivered large scale training roll out across the Thames Valley with improved inter agency working as a result. All alerts for safeguarding adults are now processed by a centralised referral hub filter and using a triage system to raise alerts with the appropriate local authority. This way inappropriate referrals for safeguarding are screened out. This could be a factor in the decrease in the number of abuse alerts to RBWM.

Table 5

Nature and Location of abuse

	18-64			65+		
Nature of alleged abuse	**F**	**M**	**Total**	**F**	**M**	**Total**
Physical	13	16	29	44	29	73
Sexual	7	1	8	9	0	9
Emotional/psychological	7	8	15	21	7	28
Financial	7	4	11	34	13	47
Neglect	14	11	25	85	55	140
Discriminatory	0	0	0	0	0	0
Institutional	0	1	1	1	1	2
Total	48	41	89	194	105	299

The majority of the 2011/12 referrals in the 65+ years are categorised as neglect (47%) and physical (24%). Compared to the previous year the overall percentage of physical remains the same but neglect in 2010/11 was represented by 36% of overall total. The percentage rise in the 65+ group of people in 2011/12 of neglect has a corresponding drop in percentage in the same year to 9% for the category of emotional and psychological abuse from a previous year at 20%.

This would appear a truer reflection of the cases through the year which have predominantly in this age group been about poor care standards resulting in safeguarding referrals being categorised as neglect e.g. rise in alerts concerning poor pressure ulcer care.

There were 361 investigations overall with 68 in the under 18-64 category. Of the remaining 293 65+ years; 81% of this group are in the category of physical frailty representing the most vulnerable groups of adults at risk of abuse through neglect.

In the 18-64 group there was a rise in the use of the physical abuse category from 20% in 2010/11 to 33% in 2011/12. Whereas neglect has declined as a category from 39% in 2010/11 to 28% in 2011/12.

Financial abuse remained steady at 18% in 2010/11 and 17% in 2011/12.

Chart E (i)

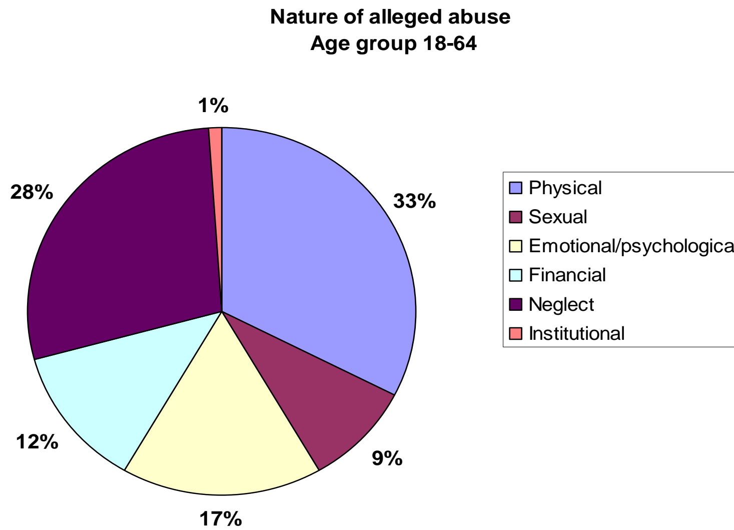


Chart E (ii)

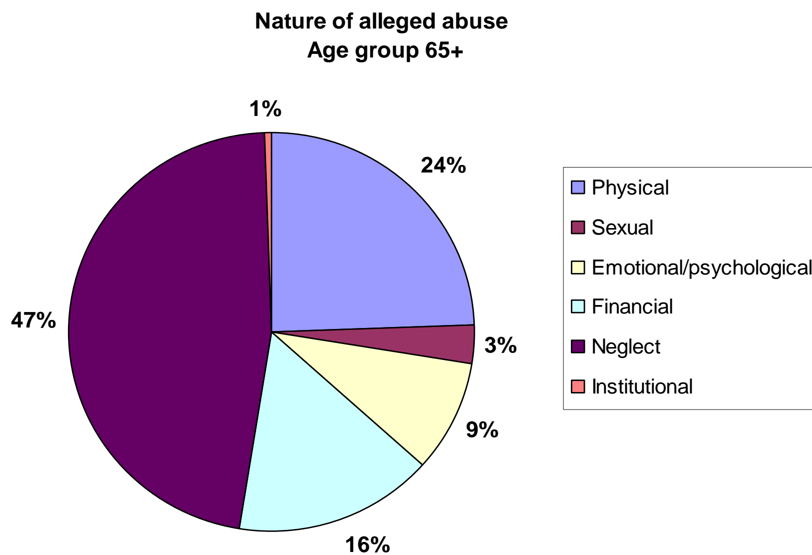


Table 6 Location of abuse

Chart F (i)

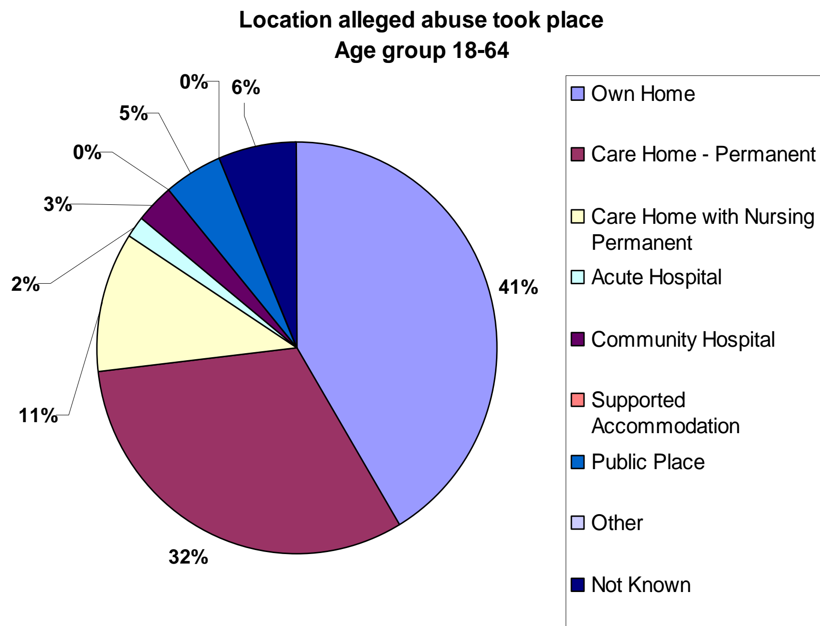
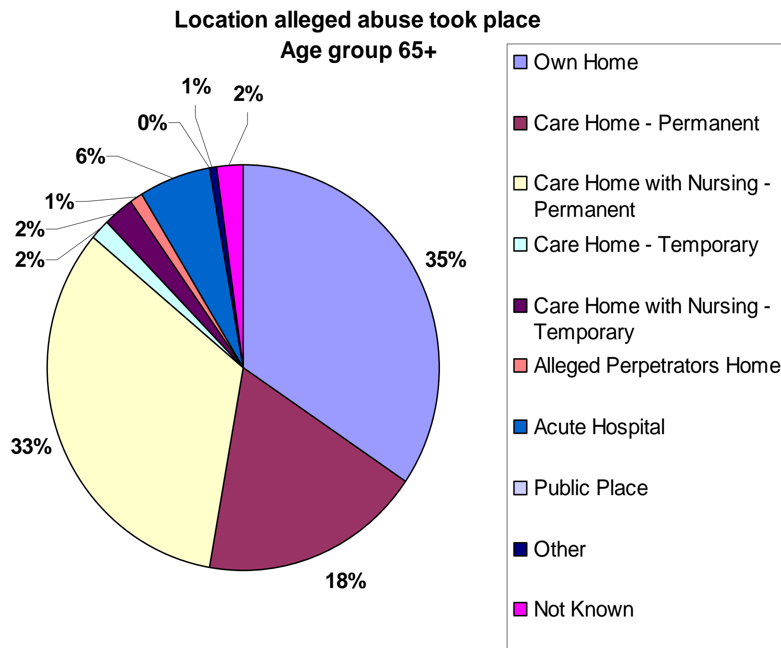


Chart F (ii)



Location of alleged abuse

In the 18-64 age group 41% of abuse took place in the 'victims' own home and in the 65+ age group 35% of abuse took place in the 'victims' own home

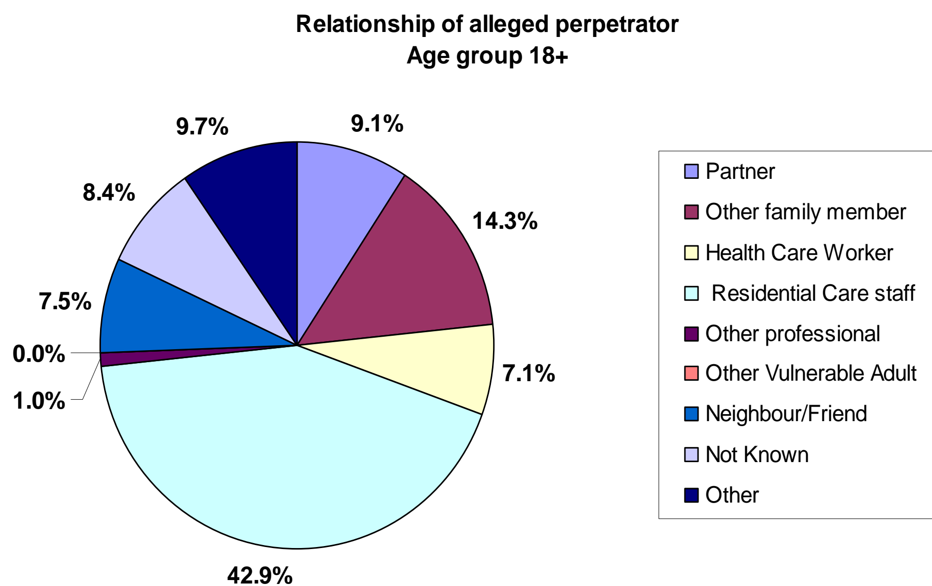
In the 18-64 age group residential care homes represented 43% of the total location categories and in the 65 + age group it was 55% in residential care homes.

In the 18-64 age group hospital settings i.e. acute, community and mental health in patient accounted for 6% of alleged abuse locations and 8% in the 65+ age group.

Table 7 Relationship of alleged perpetrator

Relationship of alleged perpetrator	18-64			65+			Total		
	F	**M**	**Total**	**F**	**M**	**Total**	**F**	**M**	**Total**
Partner	9	3	12	8	8	16	17	11	28
Other family member	5	2	7	29	8	37	34	10	44
Health Care Worker	2	1	3	10	9	19	12	10	22
Volunteer/ Befriender	0	0	0	0	0	0	0	0	0
Social Care Staff	14	22	36	100	63	163	114	85	199
Of Which: *Domiciliary Care staff*	4	7	11	37	17	54	41	24	65
Residential Care staff	10	15	25	61	46	107	71	61	132
Day Care staff	0	0	0	0	0	0	0	0	0
Social Worker/Care Manager	0	0	0	2	0	2	2	0	2
Self-Directed Care Staff	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0
Other professional	0	1	1	2	0	2	2	1	3
Other Vulnerable Adult	0	0	0	0	0	0	0	0	0
Neighbour/Friend	4	5	9	12	2	14	16	7	23
Stranger	0	1	1	4	0	4	4	1	5
Not Known	2	0	2	14	10	24	16	10	26
Other	3	2	5	16	9	25	19	11	30
Total	39	37	76	195	109	304	234	146	380

Chart G



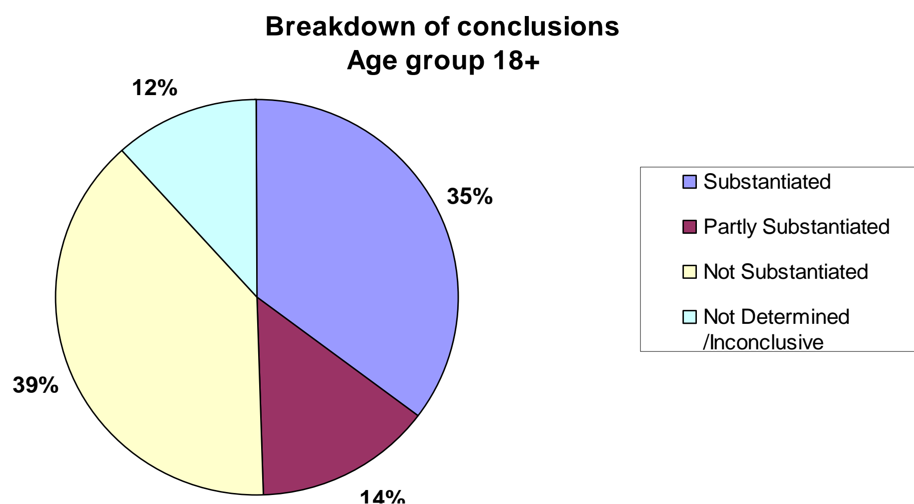
Relationship of alleged perpetrator

The majority of alleged perpetrators are from the residential care sector (43%). In 2010/11 it was 36% of the overall perpetrators and 2009/10 it was at 40%. With the category of other family, partners or neighbour/friends being 31%. Whereas abuse by strangers only amounts to 1% of the total. Perpetrators are those close to the victim either by family relationship or friendship or by virtue of professional caring role**.**

Conclusion of a safeguarding episode

Adult safeguarding referrals follow the process outlined in the Berkshire multi Aagency. As such evidenced conclusion is reached at the end of any investigation about whether or not a particular case finding of abuse is fully or partly substantiated/unsubstantiated or inconclusive. In the period 2011/12 the data shows the following:

Chart H



The data demonstrates 49% of safeguarding investigations and information that abuse was occurring were either substantiated or partly so. The latter category is used when there are different abuse categories and not all can be evidenced as substantiated. Even with 39% categorised as not substantiated, does not mean that abuse did not happen but that on the 'balance of probabilities' in terms of available facts, it appears more unlikely than likely.

Safeguarding adults investigation is a process of effective risk assessment and risk management to ensure the person's safety. It is not a criminal process although it can involve an action committed for which prosecution is possible. In the vast majority of cases it does not involve such and the outcome judgement is an individual one related to the case, as outlined below.

Chart I (i)

Outcomes for Adult at Risk- the Victim

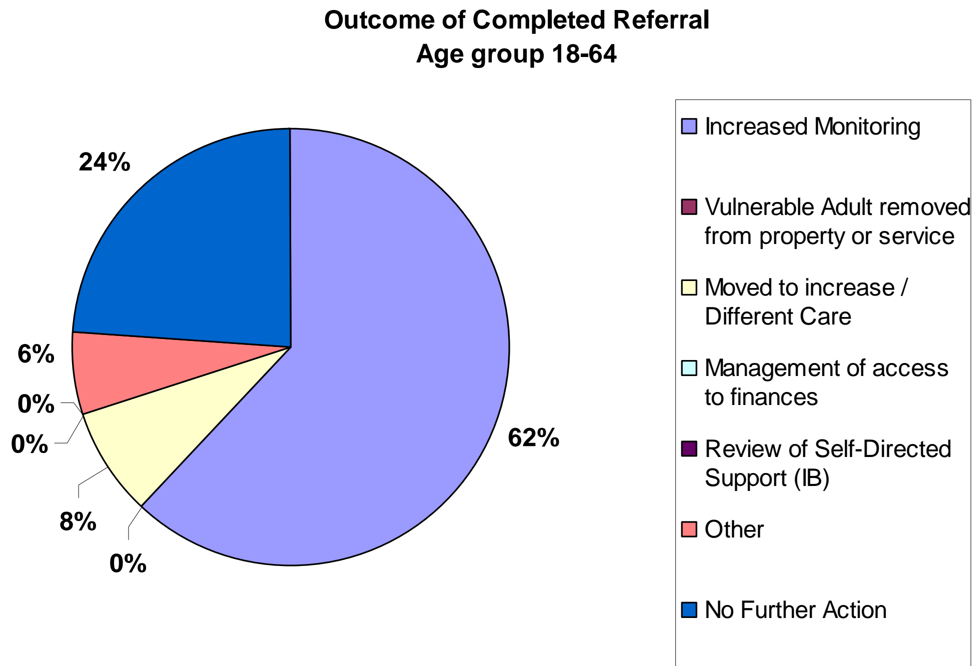
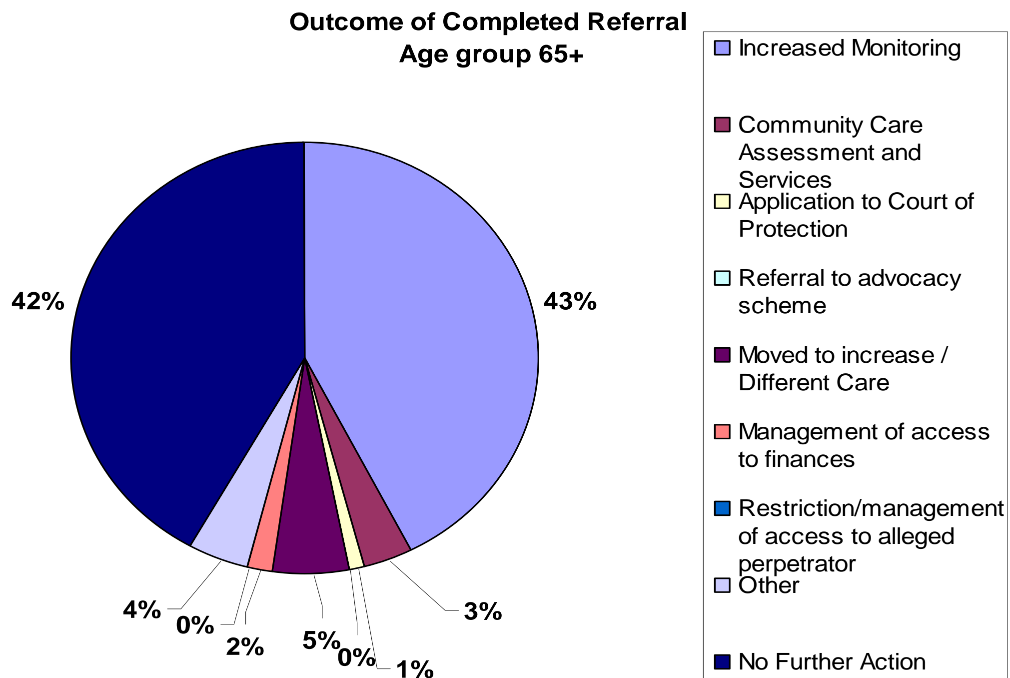


Chart I (ii)



Outcomes for Adult at Risk- the Victim

Age group 18-64+ years

62% of the outcomes for the victim result in increased monitoring to protect the victim from any further risk. 8% of people are moved to enable an increased package of care to help prevent any further risk of abuse. The highest category of abuse in this age range is categorised as physical abuse (32%).

In a number of individual cases after initial protection plans are put in place the risk has been reduced and no further action is necessary (24%).

Age group 65+ years

Increased monitoring resulted in 43% cases to protect the victim. In a number of cases (42%) no further action was necessary following investigation and initial protective actions. This may reflect that generally safeguarding episodes where people aged 65 and over tend to be as a result of poor care and issues of neglect (47% of total), often in a residential setting. Once the action regarding the perpetrator has been carried through no further action is required to protect individuals.

UK and RBWM local findings for outcomes to adult at risk

From the DOH UK key findings of the accumulated average national returns for safeguarding case outcomes in 2011/12 the most common recorded by local authorities was 'no further action' (NFA) at 31%; then 'increased monitoring (26%) and 'other' used as a category (13%) and 'community care assessment and services' 10%.

Data recorded by RBWM over the 2011/12 period shows a slightly higher figure overall for the category NFA at 37.5%. However this is a 'true' total and not an average as in the UK data. When the outcome overall is broken down in RBWM in the 18-64 years the figure is 24% and 65+ years 42%.

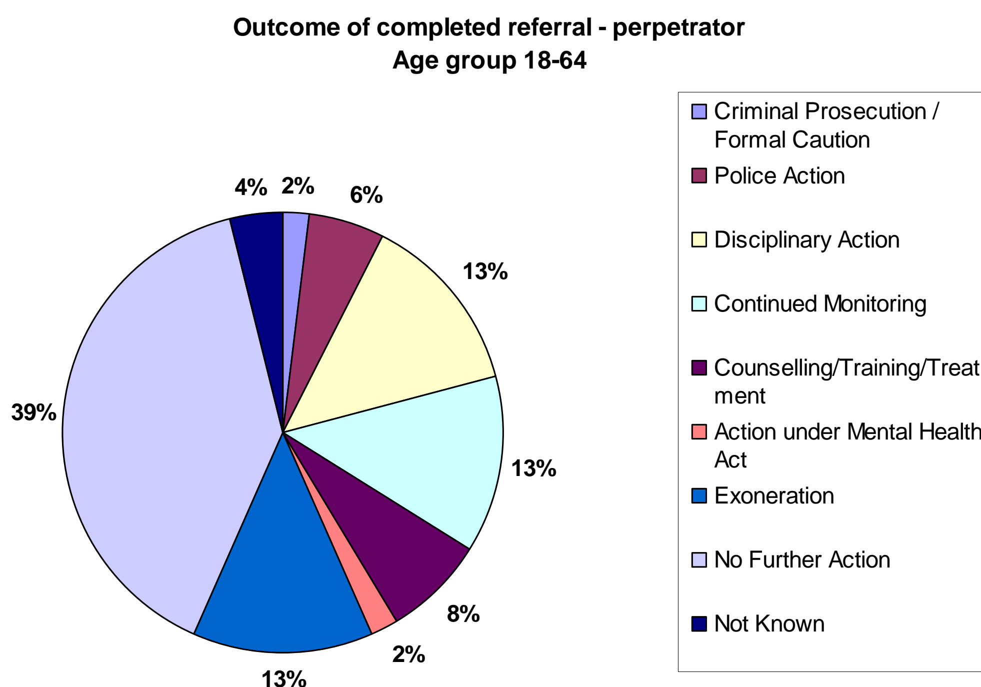
Increased monitoring in RBWM came to 44% of the overall total of cases and 'other 'used in only 4% of cases. Community care assessment and services' as an outcome was used in 3% of cases.

Actions against the cause of harm- the perpetrator(s)

From the DOH UK key findings the most likely outcome recorded was NFA (34%) or continued monitoring (17%) with 13% of the outcomes nationally not known at the time of data collection cut off for return.

Data recorded by RBWM over the 2011/12 period was 44% NFA overall for adults 18+ years and continued monitoring was 15%. Only 3% of case outcomes overall regarding the perpetrator were unknown at the time of data return.

Chart J (i)



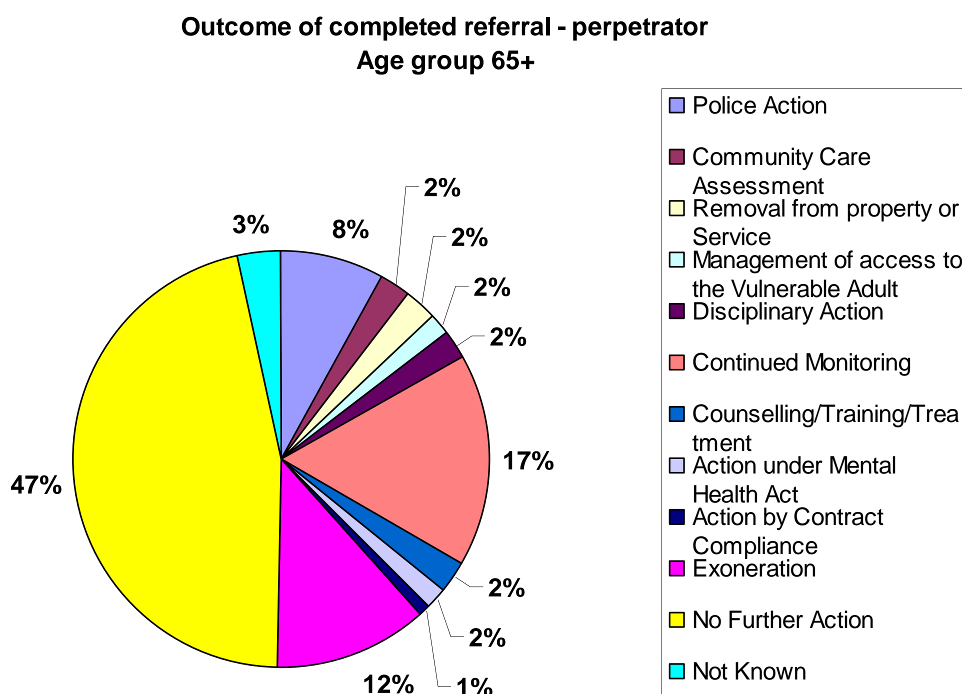
Action against the cause of the abuse RBWM data demonstrates in the **18-64 year age range the** following:

- Disciplinary action by the employer 13%
- Police action 6%
- Criminal prosecution 2%
- Continued monitoring 13%
- Counselling/training 8%
- Exoneration 13%
- NFA 39%

Action against the cause of the abuse RBWM data demonstrates in the **65+ years age range the** following:

- Police action 8%
- Disciplinary action 2%
- Removal from property 2%
- Management of access to adult at risk 2%
- Continued monitoring 17%
- Counselling/training 2%
- Action under MHA 2%
- Exoneration 12%
- NFA 47%

Chart J (ii)



Exoneration of alleged perpetrators was only clear in overall 12% of cases demonstrates the validity of undertaking the majority of abuse investigations and protecting the individual at risk.

The number of cases involving police action, although small, is a robust development in the small number of cases that do need to be dealt with through the criminal justice process. It also reflects that on the majority of cases a judicial form of intervention is not required as the facts of a situation of abuse are not of a criminal nature. The important protective action is that which protects the victim from any reoccurrence and as the chart (J) shows there is a range of different measure appropriate to an individual case.

What the overall data is not able to show is the detail of the individual cases and the situations where the allegation of abuse and subsequent investigation demonstrates very often a complex situation requiring support to all parties. Also there are examples of people suffering from dementia, assaulting other residents in a care home and this is still recorded as abuse although given the vulnerability of the so called ‘perpetrator’ no criminal action would be appropriate. The reason this is done is to provide an opportunity to assess risk and put into place protective actions for both ‘perpetrator and ‘victim’ in order to prevent reoccurrence.

The following illustrates how this complexity works in practice.

Case example

Jim moved to a residential home as he is suffering from increasing dementia and could no longer look after himself at home. His wife had died some years previously leaving Jim to cope alone which he had done successfully up to this point. Initially on admission to the home medication had helped but increasingly Jims cognitive abilities had diminished to a point where he was convinced he was living in a hotel and the care staff were all hotel employees (it later transpired Jim had been an airline pilot in his younger days and consequently had great familiarity with hotels around the world). Staff noted that Jim had recently had some angry outbursts and a referral had been made to the GP to review Jim's medication.

However before the GP saw him there was an incident at the weekend which staff reported as a safeguarding alert to RBWM. Apparently Jim had 'lashed out' at another vulnerable resident one tea time and cut the persons face causing a bruise above the eye. A safeguarding strategy meeting was quickly convened to decide what the risk was and what actions needed to be put into place to protect other residents. An increased monitoring by staff observing Jim and ready to intervene had been put in place immediately by the home. It was agreed however this close supervision could not be sustained over a longer term and that it was no longer safe or appropriate for Jim's increasing health and care needs to remain in the current environment. The police had been informed initially as the incident constituted an assault but given the vulnerability of the perpetrator of the assault no action was necessary.

Jim was moved on to a nursing home more appropriate to his needs with a specialised dementia unit and nursing staff who could best care for him.