CHESHIRE EAST COUNCIL

REPORT TO: Senior Leadership Team

Date of Meeting:
Report of: Sandra Murphy
Subject/Title: ADULT SAFEGUARDING REPORT CARD OCTOBER 2012 – DECEMBER 2013

Portfolio Holder: Janet Clowes

Report summary

This is the second Adult Safeguarding Report Card to be presented to SLT, which represents safeguarding activity in Cheshire East between October and December 2012. The summary is based on data collected by the Performance Management Team and Monthly Report Cards produced by Strategic Commissioning and Safeguarding Team Managers, and is presented graphically at the end of this report.

During this quarter there have been significant recommendations from both the Winterbourne View Investigation and the Francis Report.
Robert Francis, QC, in summing up his investigation into the Mid Staffs Hospital said "People must always come before numbers. Individual patients and their treatment are what really matter. Statistics, benchmarks and action plans are tools not ends in themselves. They should not come before patients and their experiences. This is what must be remembered by all who design and implement policy for the NHS". This emphasises the need to always measure what difference our safeguarding activity/intervention has had on an individual, whether residing at home, or in a care setting of any sort.

The Local Adult Safeguarding Board continues to challenge partners in response to national enquiries and has facilitated a "True for Us exercise" in response to the Winterbourne View Enquiry in November 2012. Moreover, an Audit Officer has been appointed to the Adult Safeguarding Unit during this quarter, who will be able to assess professional safeguarding practice and compare this to the experience of vulnerable adults at the end of a safeguarding investigation.

The report has been divided into 4 sections which represent different aspects of adult safeguarding activity.

Individual Commissioning

Table 1 combines all activity relating to individual safeguarding triggers managed by SMART teams, hospital teams or CMHTs, by source, type, location, referrer and outcomes.

1. The most significant point to note is a reduction in the total number of triggers over the calendar year. The Threshold/Care Concern policy was launched in September 2012 and the graphs illustrate a change in practice since that date. The numbers of triggers should reduce again in Quarter 4 as more providers become confident in applying the correct procedures. The updated Safeguarding Policy will also be launched in Q4,

2. Crewe remains the geographical area for managing the most safeguarding investigations and numbers of repeat incidents. It also has the lowest rates for No Further Action activity. There was a peak in the Wilmslow patch in July/August. This, we believe, is linked to Greenways in response to a CQC inspection.

3. Referrals by client type remains highest for those with a mental health diagnosis or Learning Disability. Those with most complex needs are more vulnerable. Cheshire and Wirral Partnership are collating Care Concern data separately and should be picking up patterns and trends in acute hospital settings for this client group.

4. The most popular outcome for both the service user and perpetrator is either “increased monitoring” or “no further action”. Do we have sufficient reporting mechanisms for measuring whether the victim feels safer as a result of the investigation?

5. Case outcome – out of 1,255 cases that were investigated, only 300 were substantiated. Outcomes related to the alleged perpetrator, only one resulted in a criminal prosecution. Since the last report card, work has commenced with the police in terms of joint training. Moreover, links are being forged with the CPS. Accurate recording of mental capacity assessments assist in prosecutions against individuals, therefore it is important for staff to record and review levels of mental capacity regularly.

6. Case recording – it has been noted that there are 399 cases where a casenote has not been loaded, or is incomplete, and 189 cases where referral details are missing. Work is being linked to the safeguarding module in Paris which has since been made mandatory for staff to attend.

7. FOI requests. There have been several FOI requests relating to individual safeguarding investigations for people living in specific care homes. Care Managers are not consistently completing the Establishment field in Paris and therefore it is difficult to extract accurate information/data.

Quality Assurance Team/Contract compliance

Tables 2 – 4 demonstrate individual safeguarding/care concerns within domiciliary settings, extra care housing and mental health providers. Officers are recording the outcomes from individual investigations being undertaken by Individual Commissioning. From a contractual point of view, the current issues for providers are the ability to recruit staff and safer recruitment, leading to missed calls and cover. Poor documentation and record keeping are common themes.
The recent incident in the media reporting a vulnerable adult who died in her own home when a domiciliary agency closed suddenly, highlights the responsibility of providers to have accurate records and contingency plans.
The Provider forums continue to be well attended with opportunities to promote consistent practice, to confirm expectations and peer support amongst providers. Changes in Disclosure and Barring and CRB practices may mean that vulnerable people are more open to abuse if care workers who do not provide personal care are not vetted in the future.

Table 5 demonstrates the safeguarding activity in care homes. The Quality Assurance Team is consistently monitoring 25% of all care homes in Cheshire East. During this quarter there have been a high number of homes requiring closer scrutiny. There have been 2 homes which have attracted media coverage following CQC inspections. CQC have re-inspected both homes and reported improvements. In January there were 3 homes with a voluntary suspension in place.
It is interesting to note that the Francis Enquiry focussed on similar areas of practice to those scrutinised by the QA team namely, continence care, nutrition and hydration, pressure area care, cleanliness and infection control, record keeping and communication.

In November a Clinical Safeguarding Lead employed by the 2 CCGs joined the unit, which should improve liaison between care homes and GP practices.
The newly formed Health Watch should enhance the voice of service users in care settings in the future, and links need to be made to avoid duplication and share monitoring activities.

Cheshire East continues to have strong links with local CQC inspectors. Additionally quarterly meetings have been arranged to share strategic information and developments.

Themes arising from Q3 activity are as follows:

1. Newly commissioned homes struggle with staffing ratios when they first open and can take more complex service users without having adequate skills or staffing levels to manage.
2. Some companies base staffing levels purely on budget allocation, for example, limiting the number of night staff based on cost rather than dependency levels.
3. Care homes are not triggering for re-assements when care needs change
4. Lack of evidence of reviews for self funded service users
5. Failure of homes to dismiss staff and follow reporting procedures where applicable to the NMC or DBS
6. Care4CE – the Quality Assurance Team have identified common themes across several establishments in Care4CE, including a day centre and a network. The themes have been shared with the Head of Service, but relate to documentation, communications, specialist knowledge to manage complex needs, medication, safeguarding and supervision.

MAPPA and PDP forums

Table 6 shows the levels of activity at the multi agency risk fourms. The chair of the MAPPA and PDP (from the PPU) has expressed appreciation for the regular input and attendance. This continues to uphold the prevention agenda and supports liaison with the operational teams.
Currently work is underway to clarify the use of the High Risk register in Paris for service managers to review and update.

Additionally the Self Neglect Forum and the Reflective Review forums have supported staff from a number of agencies to assess and manage risk. Common themes will be reported to the Local Safeguarding Adults Board on a 6 monthly basis.

DOLS Trends and outcomes for third quarter (Oct – Dec) 2012/13

There has been continued growth in requests for DOLS assessments throughout 2012/13. These showing at 33 for the third quarter (29 care home/4 hospital) in comparison to 21(16 care home/5 hospital) for the first quarter and 27 for the second (20 care home/7 hospital). This does, however, identify a slight drop in hospital applications. The number of low hospital applications continues to be a concern and a series of training events have been arranged throughout February at Macclesfield Hospital to try to address this.

There has been a significant increase during this latest quarter in the percentage of assessments not being authorized in care homes. This is partly due to a number of applications being received from one care home who provide care for people with significantly high needs and concerns around use/awareness of MCA/DOLS being raised by other professionals. All of these assessments resulted in there being no deprivation. The exercise, however, was positive as it resulted in care home staff completing thorough capacity assessments and being more mindful of reviewing care and considering least restrictive options. In other care homes 2 people were identified as having capacity (example of MCA ensuring people's rights when used correctly) and 1 meeting the criteria for MHA (ensuring the correct legislation was used).

The highest primary disability continues to be people with dementia, but there was a good mix including other mental health, learning disability and the first application where it was identified that sensory impairment was primary.

Five reviews were carried out in the third quarter. This often needs a reminder part way through an authorization that they need to be advising us of changes but care homes are becoming more familiar with this process. One in particular review, requested by the managing authority, resulted in identifying a person had regained capacity and has since been able to return home. The person had been diagnosed with dementia and it had been considered that capacity was unlikely to improve due to this, however, he had responded well to medication identifying that in fact he had been acutely mentally unwell at the time of the original assessment which had now greatly improved. Without the checks brought about by the MCA I believe this man would have remained in the care home, conforming to a lifestyle he did not want or need based on risk factors assessed at the time of acute illness.

At the end of December 2012 there were 15 Cheshire East service users with DOLS authorizations. The numbers of authorizations remain fairly low as the majority are short and the person either settles or changes are made, a very low number continue over a period of several authorisations.

Referrals for IMCA support has been more varied during this latest quarter as the majority are usually covered by Age UK. This quarter there have been 2 out of area IMCA referrals, 1 CAB, 2 Independent Advocacy and 1 Advocacy for Mental Health, identifying support for younger people and people with a learning disability. This support is very valued.

The most problematic area within the DOLS process for this quarter has been where applications are received when there are also safeguarding issues running alongside this. These situations promote requests for DOLS authorizations to cover areas where there is a query of risk from another person and not what DOLS is in place for. DOLS is specifically to assess if there are any areas of deprivation within the provision of care and treatment, consider best interest and least restrictive options. The fact that there are safeguarding concerns creates a barrier to being able to do this without other influences playing a part. This has resulted in 2 authorisations where the main reason has been to provide an authorization to keep a person in the care home while police undertake investigations. Whilst a short term DOLS may be accepted in safeguarding situations to enable this to go down the correct process (including the CoP for authorization if continuing to be necessary) the reality is that managing authorities/care managers/legal services slip into believing it is alright for deprivation to continue over the period of police involvement with no active input to move this on/reduce deprivation/acknowledge any conditions etc. It can be difficult in these situations for the Best Interest Assessor to remain independent to other influences, at times being under significant pressure to "just do as being requested to do and provide the authorization", with one assessor being criticized for asking questions! The difficulties of assessing in these situations has been the topic of discussion at the most recent BIA Meeting as assessors need to be aware of these difficulties that can be experienced and appropriate use/or not of DOLS. Each application where there are safeguarding issues needs careful consideration as to the path it takes and clear communication with all involved. MCA/DOLS is there to uphold the wishes of people, as much as we are able, to live their lives as close to how they would like to if still able to make this decision themselves.

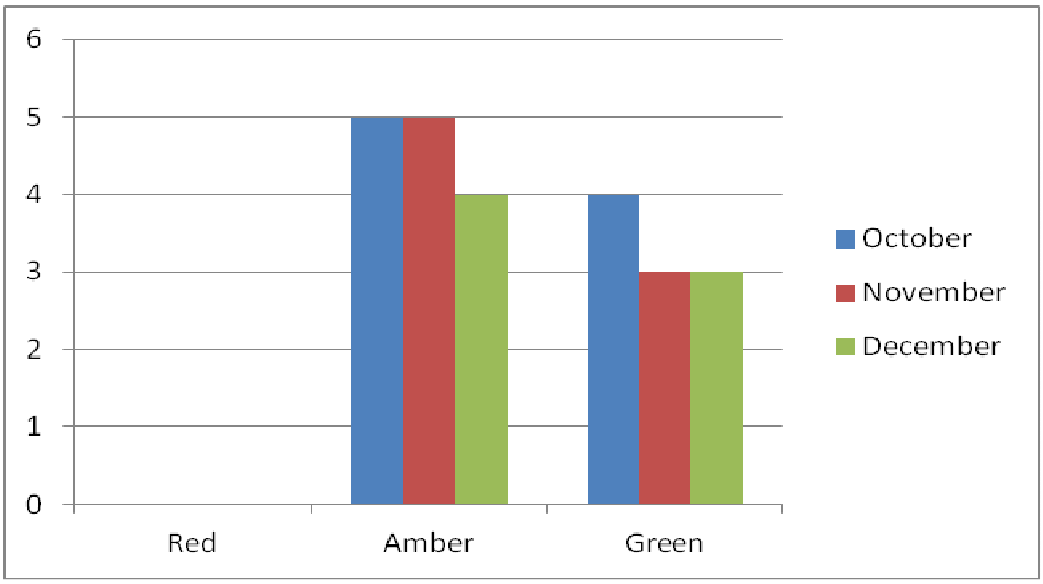
Future Planning

The report highlights issues and activity during Quarter 3. It should be recognised that we are still developing tools to record and analyse activity, and starting to develop the performance culture amongst staff. Adult Safeguarding services continue to learn from childrens auditing processes and the aim is to develop a whole family approach. A Peer review of Safeguarding Hubs is due to take place in March 2013, and progress can be monitored against other Safeguarding Hubs in the North West as part of this process.

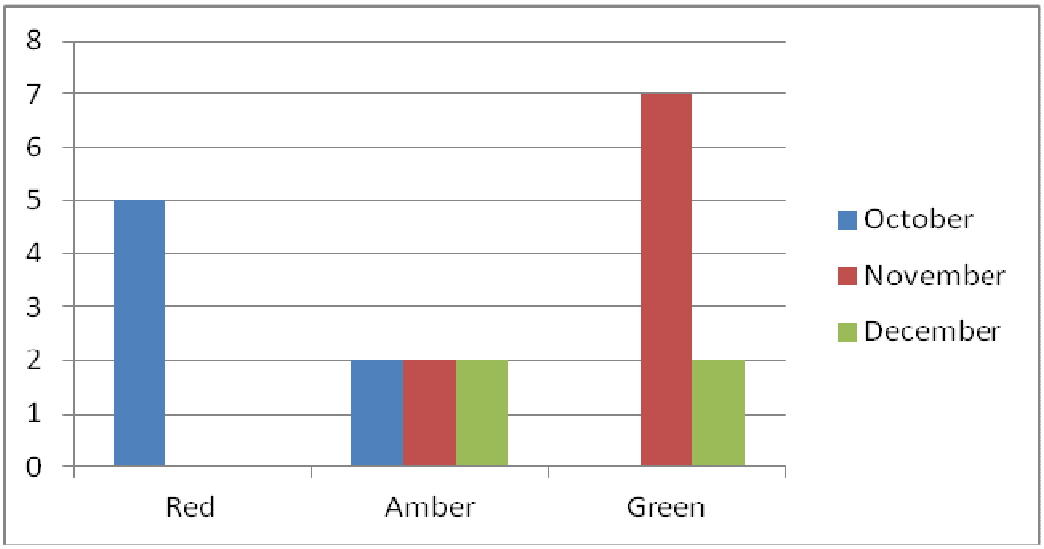
Significant points to note for the future are as follows:

- The need to improve case recording on Paris
- Clarity for staff in completing correct documentation
- Paris training to become a mandatory course
- The Safeguarding Unit will be facilitating a briefing session for Care Managers to help prompt questions at reviews
- The Care Concern/Threshold data to be analysed in more detail at the end of Q4
- A safeguarding training strategy/training programme to be established with partner agencies
- The Adult Audit process to be piloted and implemented from April 2013
- Legal support to be clarified in complex DOLS/Safeguarding Processes
- Themes emerging and implications for Care4CE services
- LSAB to oversee recommendations from the Winterbourne and Mid Staffs Enquiries.
- Ensuring continuity of practice during the transition from PCTs to CCGs

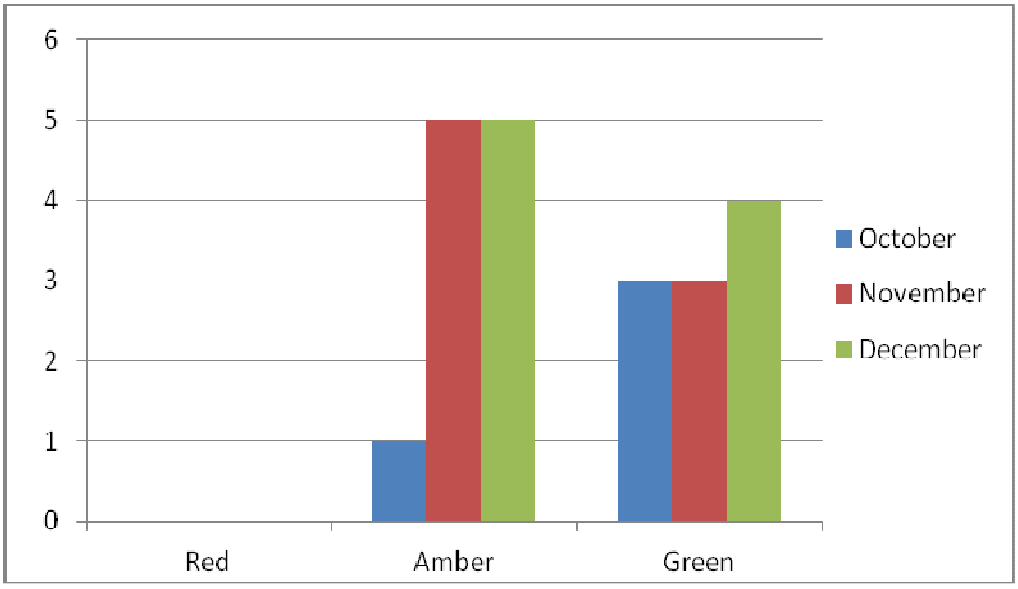
Domicilliary Agencies (out of 76 agencies)



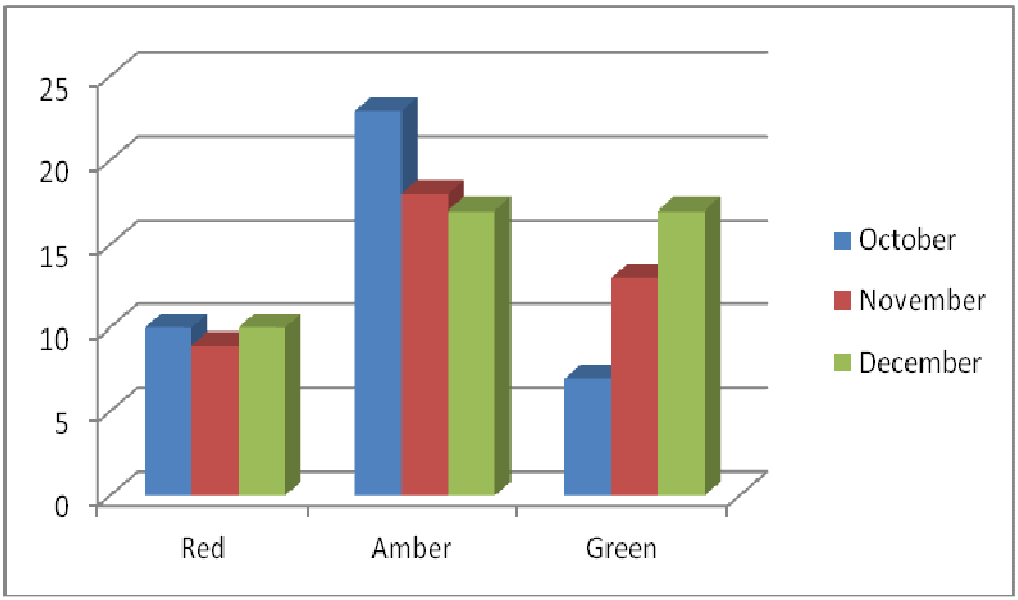
Extra Care Housing



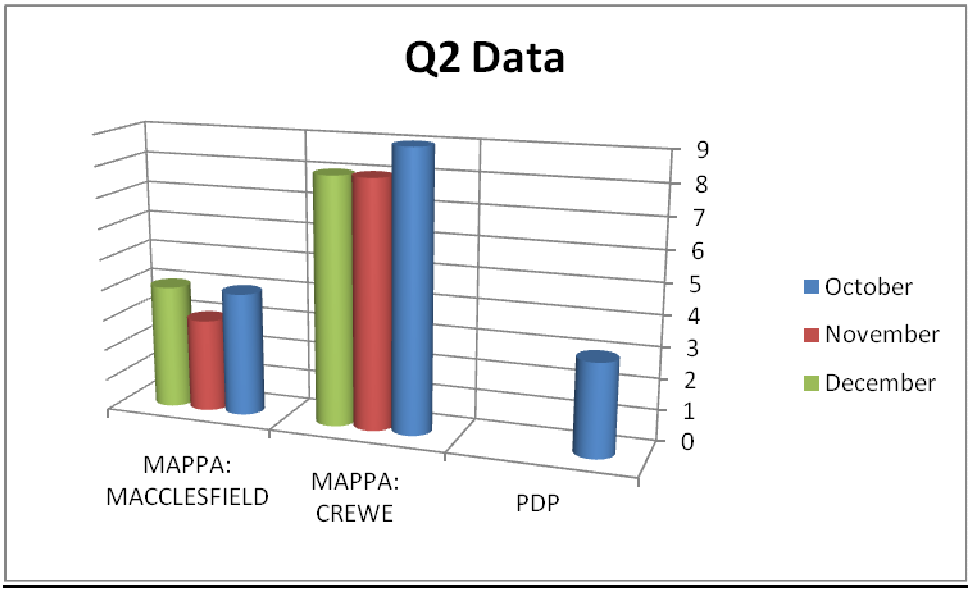
Supporting People (out of 36 providers)



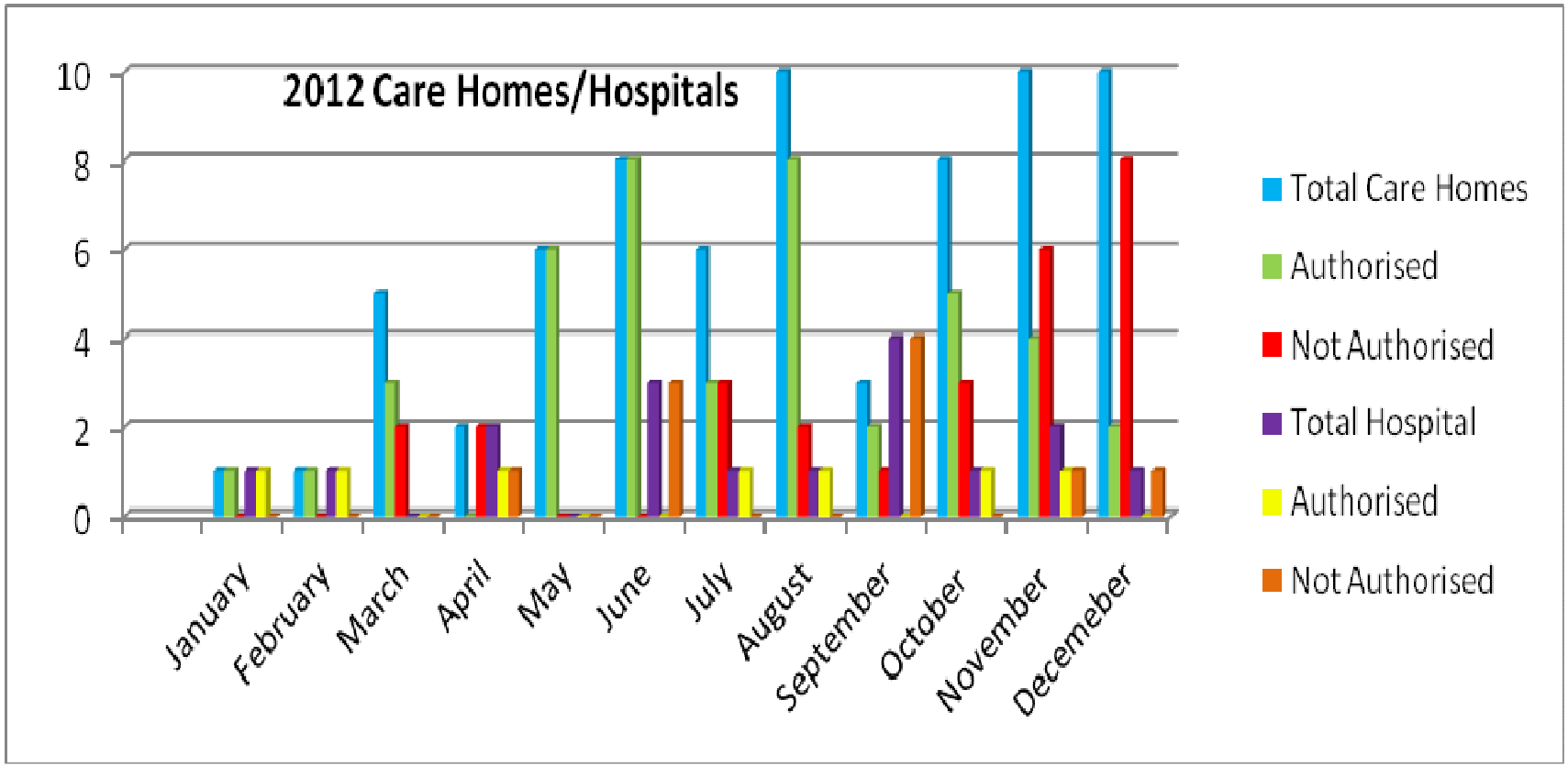
Residential/Nursing Homes (out of 76)



MAPPA/PDP



date	PDP	MAPPA Crewe	MAPPA Macclesfield
October	3 (2 new, 1 repeat)	9 (2 new, 7 repeat)	4 (2 new, 2 repeat)
November	No meeting	8 (2 new, 6 repeat)	3 (2 new, 1 repeat)
December	No meeting	8 (1 new, 7 repeat)	4 (2 new, 1 repeat)



The background papers relating to this report can be inspected by contacting the report writer:

Name: Sandra Murphy
Designation: Commissioning Manager
Tel No: 01606 271818
e-mail: sandra.murphy@cheshireeast.gov.uk