MIDDLESBROUGH COUNCIL

AGENDA ITEM: 7

OVERVIEW AND SCRUTINY BOARD

SAFEGUARDING ADULTS IN RESIDENTIAL CARE

FINAL REPORT OF THE SOCIAL CARE AND ADULT SERVICES SCRUTINY PANEL

28 APRIL 2015

PURPOSE OF THE REPORT

1. To present the findings of the Social Care and Adult Services Scrutiny Panel's review of Safeguarding Adults in Residential Care.

BACKGROUND

2. Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect. In recent years several serious incidents have demonstrated the need for immediate action to ensure that vulnerable adults, who are at risk of abuse and/or neglect, receive protection and support[1].

3. The implementation of the Care Act 2014 statutory legislation is scheduled for 1 April 2015. The Act sets out the Local Authority's responsibility for protecting adults with care and support needs from abuse or neglect - for the first time in primary legislation[2].

4. In light of the above, the aim of the scrutiny panel's review was to investigate what measures are in place to ensure that:

- Residential care settings are safe, effective and of high quality.
- Swift action is taken where anyone alleges poor care, neglect or abuse.

TERMS OF REFERENCE OF THE SCRUTINY INVESTIGATION

5. The agreed terms of reference, for the review, are outlined below:

a) To examine the measures in place to identify vulnerable adults at risk of abuse, mistreatment and neglect in residential care settings.

b) To identify how residential care settings are inspected and monitored to make sure they meet fundamental safeguarding standards.

c) To examine the strategies in place to support and improve outcomes for people who have experienced harm and abuse.

d) To identify best practice and explore measures that could be implemented to drive improvement and develop current practices.

[1] Department of Health – No Secrets, Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse

[2] http://careandsupportregs.dh.gov.uk/category/adult-safeguarding/

METHODS OF INVESTIGATION

6. The scrutiny panel investigated this topic over the course of 2 meetings held on 22 January and 12 February 2015. A Scrutiny Support Officer co-ordinated and arranged the submission of written and oral evidence and arranged witnesses for the investigation. Meetings administration, including preparation of agenda and minutes, was undertaken by a Governance Officer.

7. A record of discussions at scrutiny panel meetings, including agenda, minutes and reports, is available from the Council's Egenda committee management system, which can be accessed via the Council's website at www.middlesbrough.gov.uk.

8. This report has been compiled on the basis of information submitted to the scrutiny panel, this included evidence submitted by the Local Authority's Department of Wellbeing, Care and Learning, the Care Quality Commission (CQC) and representatives from Cleveland View Care Home, Dalby Court Care Home and St Mary's Nursing Home.

MEMBERSHIP OF THE PANEL

9. The membership of the scrutiny panel was as detailed below:

   Councillors M Thompson (Chair), F McIntyre (Vice-Chair), E Dryden, D G Loughborough, T Mawston, M Saunders and J A Walker.

THE SCRUTINY PANEL'S FINDINGS

10. The scrutiny panel's findings in respect of Safeguarding Adults in Residential Care, are set out in this report. Due to areas of overlap between the terms of reference, the scrutiny panel's findings are not set out against a specific term of reference. The panel's findings are as follows:

Evidence: The Local Authority

11. The Local Authority's Assistant Director for Adult Social Care, the Contracts & Commissioning Implementation Manager and the Safeguarding Adults Co-ordinator presented the scrutiny panel with an introduction/overview of the work undertaken to identify adults at risk of harm or abuse and the measures in place to help prevent abuse or neglect, and to protect people.

12. It was conveyed to the scrutiny panel that most care home places are made up of self-funders, Middlesbrough Council referrals and referrals received from other local authorities.

13. Members heard that it is important that safeguarding is fundamental to all aspects of work within Adult Social Care. In respect of residential care settings, this duty can be achieved through a number of avenues, including safeguarding and contract management and monitoring.

Adults at risk

14. The Care Act 2014 defines an adult at risk as an adult who:
    - Has needs for care and support (whether or not the authority is meeting any of those needs).
    - Is experiencing or is at risk of, abuse or neglect.

- As a result of those needs, is unable to protect him/herself against the abuse or the neglect or the risk of it.

What constitutes abuse or neglect?

15. It was conveyed that the Care Act 2014 explains that local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered; although the criteria at paragraph 14 will need to be met before the issue is considered as a safeguarding concern. Exploitation, in particular, is a common theme in the following list of the types of abuse and neglect:

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude.
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home.
- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings.[3]

16. It was highlighted that incidents of abuse may be one-off or multiple, and affect one person or more. The scrutiny panel heard that any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

The Care Act 2014

17. The implementation of the Care Act 2014 statutory legislation is scheduled for 1 April 2015. Members were informed that six key principles underpin all safeguarding work:

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.
- **Prevention** – It is better to take action before harm occurs.

[3] Department of Health – The Care Act 2014

- **Proportionality** – The least intrusive response appropriate to the risk presented.
- **Protection** – Support and representation for those in greatest need.
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** – Accountability and transparency in delivering safeguarding.

18. The Care Act 2014 highlights that services need to be personalised and preventative. However, if a person is subject to abuse or neglect, a greater multi-agency response is required under safeguarding adults procedures. Locally, there are Teeswide multi-agency safeguarding adults procedures. The scrutiny panel heard that this ensures a process is followed where information is shared and if necessary multi-agency meetings are held. Members were advised that this may result in investigations being made by the police, social services, health or commissioned providers. Subsequent protection plans are made to protect or minimise the risk to the individual.

19. The Care Act 2014 details the following statutes:

- **Section 42** of the Act specifies that the Local Authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case, if abuse is suspected.
- **Section 43** of the Act specifies that the Local Authority must establish a Safeguarding Adults Board (SAB). A Teeswide SAB, covering the four Tees Valley unitary authorities, has been established and is attended at Director level. The purpose of the Teeswide SAB is to develop shared strategies for safeguarding and to report to local communities on progress.
- **Section 44** of the Act specifies that Safeguarding Adults Reviews (SAR), which replace Serious Case Reviews, can be held if there are concerns regarding how partners/agencies worked together to safeguard an adult.

20. It was explained that the Care Act ensures there is a focus on making services personalised, which also affects adults subject to safeguarding concerns and procedures.

21. Members heard that training for the social care workforce, in respect of the Care Act 2014, is currently underway and completion is expected by March 2015. Training will be rolled out to care homes once further guidance is received.

Mental Capacity Act 2005

22. The scrutiny panel heard that the Local Authority also has regular liaison with the Mental Health Trust. Aside from the Care Act, The Mental Capacity Act 2005 has various provisions compelling professionals to act in the person's best interest. One particular provision is The Deprivation of Liberty Safeguards. It was explained that these safeguards focus on individuals who lack capacity to consent to their care and accommodation in a care or hospital setting (see further information at paragraph 92).

Safeguarding Alerts and Referrals

<u>What is an alert?</u>

23. It was explained to the scrutiny panel that when the Local Authority is made aware of concerns regarding the safeguarding of an adult at risk, Adult Social Care is required to check if the person is defined as an adult at risk e.g. in terms of disability, age, or ill health etc. If it appears that the adult at risk is being abused or neglected, this would be classed as an 'alert'.

24. Members were advised that alerts are screened and can include errors in the administration of medication, reporting of falls, suspected abuse or neglect of a resident or concerns with regard to financial abuse etc.

25. It was conveyed that alerts can be received from care home managers, whistleblowers, relatives of people in care or members of the public.

Responding to Alerts and Referrals

26. The scrutiny panel was advised that if issues that initiated an alert can be resolved at an early stage, or are less serious in nature, alternative action or signposting may be used. For alerts regarding more serious issues, the formal safeguarding adults procedures will be invoked. These procedures involve formal strategy meetings, investigation and protection planning involving multi-disciplinary teams. It was explained that the safeguarding procedures provide a mechanism for multi agencies to get together to discuss concerns and it was emphasised that the adult at risk would be involved in the process at the earliest convenience. It is considered good practice to involve multi agencies in safeguarding investigations.

27. It was explained to the scrutiny panel that if it is suspected that a criminal offence has been committed, the police will be notified. In addition to this, any information that is held in respect of the incident, which initiated the alert, will be shared with the police.

28. It was highlighted that if the Contracts and Commissioning Unit or Adult Social Care ascertain that a care home has failed to raise an alert, the Local Authority can inspect care files to determine whether the incident has been logged. In addition, there is a need to establish whether any action has been taken to prevent the incident from re-occurring.

29. In response to a query, Members were advised that the number of alerts raised at a care home, is not detailed in the Local Authority's care home brochure. It was highlighted, however, that if a care home fails to raise alerts - when an alert is considered necessary, it can impact on the overall rating of a home.

Teeswide Safeguarding Adults Board – Data from the Tees Local Authorities 2013-14

30. Members were advised that 1100 alerts had been raised in the previous year, 311 had been referred to the safeguarding procedures.

31. The scrutiny panel was informed that allegations of neglect and physical abuse continue to be the most commonly reported types of abuse, reflecting the nature of concerns raised about residents in care homes (see Table 1).

Table 1 - Numbers of concluded referrals believed to be the source of risk by the type of abuse or risk

LA	Physical	Sexual	Psychological/ emotional	Financial and Material	Neglect and acts of omission	Discriminatory	Institutional	Total
Hartlepool	38	7	11	17	86	3	18	180
Middlesbrough	73	15	32	32	145	2	12	311
Redcar & Cleveland	162	15	98	117	191	117	20	720
Stockton-on-Tees	107	6	38	72	108	2	0	333
Tees Total	380	43	179	238	530	124	50	1544
Tees total %	24.6%	2.8%	11.6%	15.4%	34.3%	8.0%	3.2%	100%

32. The majority of referrals continue to relate to incidents in care homes. It was highlighted to the scrutiny panel that alerts and referrals, from care homes in

Middlesbrough, constitute the highest number of referrals from any sector (see Table 2). It was explained that there are numerous reasons for this that include, awareness and training, increased regulation of the sector and contract monitoring. Members were also advised that this high percentage may represent under-reporting in the community.

Table 2 - Numbers of concluded referrals believed to be the source of risk by the location or setting of the risk

LA	Care Home	Hospital	Own Home	Service within the community	Other	Total
Hartlepool	85	4	41	9	18	157
Middlesbrough	154	49	47	6	13	269
Redcar & Cleveland	192	7	212	7	44	462
Stockton-on-Tees	145	18	153	7	10	333
Tees Total	**576**	**78**	**453**	**29**	**85**	**1221**
Tees total %	**47.2%**	**6.4%**	**37.1%**	**2.4%**	**7.0%**	**100%**

33. On average, 54% of Middlesbrough's cases in 2013/14 had been substantiated or partially substantiated (see Table 3). At the end of each investigation a protection plan is put in place. Protection plans include what action has been taken and whether the issue is resolved. Members were advised that cases will not leave the safeguarding procedures until the Local Authority is certain that the issue has been resolved and the case should be closed. As previously stipulated, the police will also be involved if there are any concerns regarding potential criminal actions. It was highlighted that there had not been any prosecutions, in respect of safeguarding issues, in the previous year.

34. It was explained that even when an alert is substantiated or partially substantiated under the safeguarding procedures, it is not always a deliberate action and may be the result of negligence or ignorance.

Table 3 - Numbers of concluded referrals believed to be the source of risk by the status

LA	Substantiated Fully	Substantiated Partially	Inconclusive	Not Substantiated	Investigation ceased at individual's request	Total
Hartlepool	63	10	35	49	..	157
Middlesbrough	109	37	37	81	5	269
Redcar & Cleveland	166	57	96	143	0	462
Stockton-on-Tees	183	15	29	102	4	333
Tees Total	**521**	**119**	**197**	**375**	**9**	**1221**
Tees total %	**42.7%**	**9.7%**	**16.1%**	**30.7%**	**0.7%**	**100%**

35. With regard to safeguarding alerts, the scrutiny panel was advised that Middlesbrough was comparable with the other Tees Valley authorities in terms of the level of alerts received.

Training and support

36. It was highlighted to the scrutiny panel that a considerable amount of training and support is available to care homes. It was explained that the Local Authority aims to support care home providers where possible and has invested in joint training, with the care home sector, which focuses on what constitutes an alert and thresholds for making alerts.

37. It was explained that the provision of the training has resulted in care home providers checking with the Local Authority if they have any doubts whether they should raise an alert. It was also highlighted that the training has resulted in a more positive relationship between care home providers and the Local Authority.

Annual Service Reviews

38. It was conveyed that the Contracts and Commissioning Unit is in regular contact with care homes through the Annual Service Reviews and follow up visits. These visits check the quality of care being delivered and as such can identify areas of concern.

39. It was highlighted that the Annual Service Reviews link into the overall grading of a care home. Members heard that the star rating of a home determines the price level that a care home can charge for a place at the home.

Contract Monitoring Tool

40. It was explained that the Contracts and Commissioning Unit use a Contract Monitoring Tool. The tool allows documentation to be checked to identify good or bad practice, which may be shared with other agencies as appropriate. Through this mechanism and attendance in the care homes the Unit can work with providers to maintain or develop quality. The Contract Monitoring Tool covers the following areas:

Section	Description
General Comments regarding the home and the staff	Observations on whether the home and staff are inviting and welcoming, whether staff are visible, if I.D is asked for and how residents generally appear.
Medication Observation	A medication round is observed to check for issues such as whether the medication trolley is left unattended, that the person administering the medication is not being interrupted by staff or residents and that correct processes are being followed.
Person Centred Planning	Checks are undertaken to ensure that all residents have appropriate care plans and risk assessments prior to entering the home and whilst at the home. That these are accessible to those that need them and are updated when necessary. They need to show that each resident has a Key Worker that is involved in the creation and updating of care plans. Documents such as weight charts and accident charts are viewed to ensure that appropriate action is taken.
Health & Safety and Infection Control	Checks are undertaken to ensure that all aids and adaptations are regularly maintained, fire drills are carried out, that appropriate cleaning processes are in place and that laundering is being done correctly.
Medication	Checks are undertaken to ensure that all medication is logged when delivered, stored and recorded correctly.
Comments on Safeguarding and Quality Assurance	Work is undertaken to ensure that Disclosure Barring Service (DBS) checks are being carried out and are up-to-date, appropriate employment references are being sought, that safeguarding procedures are being followed and there are regular staff appraisals and staff meetings.
Training and Development	Staff must be adequately trained in Health and Safety, First Aid, Manual Handling, Food Safety, Challenging Behaviour, Protection from Abuse. They must also have the required nursing qualifications.
Procedures	It is imperative the that care homes have appropriate procedures in place - for example Missing Persons, Hospital Admission and Discharge, Resident Finances, Whistleblowing and staff processes.

General Observations	A general check is carried out to ensure that the home is free from offensive odours, call alarms are being answered in a timely manner, food and drinks are accessible when required and residents are well kept.

41. It was explained that each section refers to a list of criteria, which requires officers from the Contracts and Commissioning Unit to carry out cross-referencing of documents. The sections are scored and this shows if a provider is performing well or if areas of improvement are required. It was highlighted that the scores also provide a mechanism to compare year-on-year quality performance for a particular home.

42. Members were advised that the relevant care home manager and the CQC receive feedback from the annual reviews. It was highlighted that at the conclusion of a review, the officer gives immediate verbal feedback of their findings to the manager. If anything is identified that requires immediate action, this will be discussed. If an incident needs to be referred to safeguarding procedures this will be advised. A report detailing the officer's findings is then compiled and sent to the care home. It was conveyed that the report contains an action plan with recommendations and a timescale for completion of those recommendations. The report is sent to the manager of the care home and another named individual in the organisation, such as the proprietor or regional manager. The Contracts and Commissioning Unit monitors the care home action plans to ensure that recommendations are implemented within the required timescale. Follow up meetings are arranged when deadlines have not been met. Members heard that concerns can be shared with other agencies as appropriate.

43. In response to how long care homes are given to raise standards, the scrutiny panel was advised that if the issue is serious - such as the administration of medication, the care home will be required to rectify the issue immediately. For issues such as updating policies, the care home is usually given a longer timescale.

44. In response to a query with regard to who decides on the ratio of medically qualified staff within a care home, the scrutiny panel was advised that previously the CQC specified a required ratio. However, this is now the responsibility of each care home manager - as the ratio can fluctuate depending on the physical and medical condition of residents and their individual needs. Members heard that the care homes also need to ensure that the members of staff, responsible for administering medication, are properly trained.

Surveys

45. The scrutiny panel heard that as part of the Annual Service Reviews for care homes, surveys are carried out on a face-to-face basis with residents and staff. In addition to this, postal surveys are sent to residents' representatives. It was highlighted that this process can identify areas of concern and also enables the Local Authority to check that staff are confident and able to raise issues without fear of repercussion.

Failure to meet standards

46. Members were advised that if concerns about the care home are repeatedly arising then a decision to refer the home to the Teeswide Serious Concerns protocol may be made. It was explained that the purpose of the protocol is to provide a structured multi-agency approach to managing serious concerns about a service provider. This involves an assessment of risk of the service as a whole. The protocol can also apply if institutional abuse is suspected.

47. In response to a query with regard to whether the Local Authority has the power to close a home, the scrutiny panel was advised that this decision can only be taken by the CQC.

48. With regards to the Annual Service Reviews, it was highlighted that if actions are not carried out, as required, the Local Authority can utilise its Escalation Policy and invite providers to contract management meetings to discuss how the issues can be addressed. It was explained that the Local Authority also has the ability to suspend care home placements, with immediate effect, if there are serious concerns about that home. The Assistant Director for Adult Social Care emphasised that this measure is used very sparingly and is always a last resort. It was conveyed that care home suspensions are lifted as soon as the home reaches the required standards. Members were advised that whenever a provider has been involved in safeguarding or contract management meetings, the Local Authority always considers what it can learn from the cases and how this will contribute to continued improvement.

49. Members were advised that, in the previous year, approximately three or four care homes were subjected to suspended placements.

Case study example

50. The scrutiny panel was advised that a male had suffered serious neglect. The fault with the neglect lay partly with the care home and partly with the hospital – the hospital had not provided adequate information upon discharge with regard to the male's needs and the care home had not contacted the hospital to ask for the missing information. Members heard that the issue was compounded by the fact that the male had behavioural problems and the care home staff were unable to assist him to eat or bathe. It was highlighted that the priority of the Local Authority was to remove the male from the care home to ensure he received the correct nutrition and level of care. In addition, a suspension of placements was placed on the care home. Following the suspension of placements the home made significant improvements and there was a high turnover of staff and management.

Evidence: The Care Quality Commission (CQC)

51. The Care Quality Commission (CQC) is an independent health and social care regulator. The CQC monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety.

52. The CQC's National Advisor for Safeguarding submitted evidence for the scrutiny panel's consideration. The scrutiny panel was advised that safeguarding is fundamental to creating high-quality health and social care.

53. It was explained that the CQC help to safeguard people by:
- Using information it receives (particularly when concerns are raised about abuse, harm or neglect) to monitor and report on care services' compliance with national standards.
- Referring concerns to local councils and/or the police for further investigation.
- Working with partners such as the police, local councils, health agencies, other regulators and government departments.
- Using its unique perspective across health and social care to report findings about safeguarding issues.
- Contributing to national safeguarding policies and making recommendations.
- Consulting people about their views and experiences of care.

54. It was conveyed that people can contact the CQC and share their experience of care. It was explained that the proper route for safeguarding referrals, relating to regulated services, is via the local council. However, if people are not able to contact the local council, and are concerned about a child or adult, they can contact the CQC.

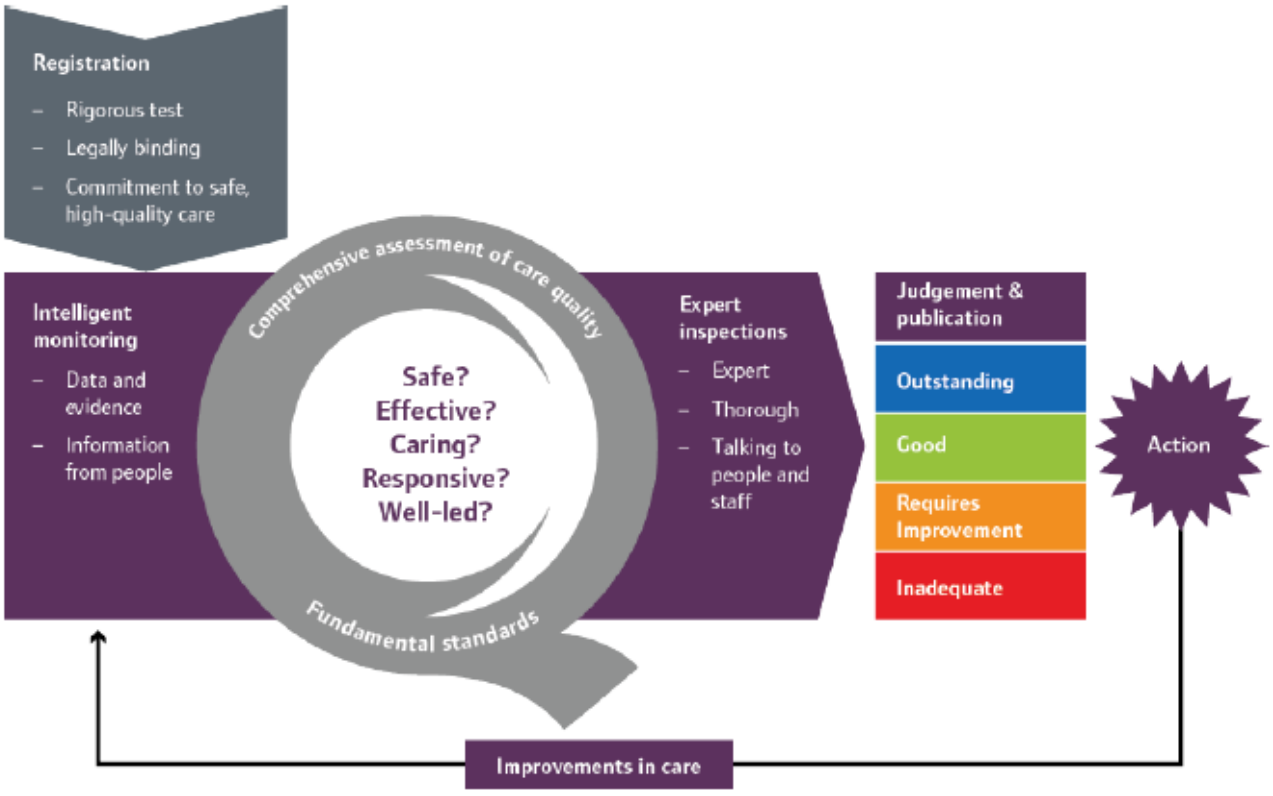
55. Members were informed that the CQC's expectation is that regulated services will be aware of the local policy and procedures, for raising safeguarding concerns, and that they will have developed their own procedures to ensure they work in line with the agreed local multi-agency policy and procedures.

56. The provider handbook, available to download via the website, sets out how the CQC will regulate residential services in adult social care.

How the CQC regulates: Residential adult social care services

57. The handbook conveys the CQC's operating model, which is designed to work with existing regulations and take into account the new fundamental standards to be introduced in April 2015.

Figure 1: CQC's overall operating model



The five key questions

58. To get to the heart of people's experiences of care, the focus of CQC inspections is on the quality and safety of services, based on the things that matter to people. The CQC ask the following five questions of services:
- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

59. For all health and social care services, the CQC has defined these five key questions as follows:

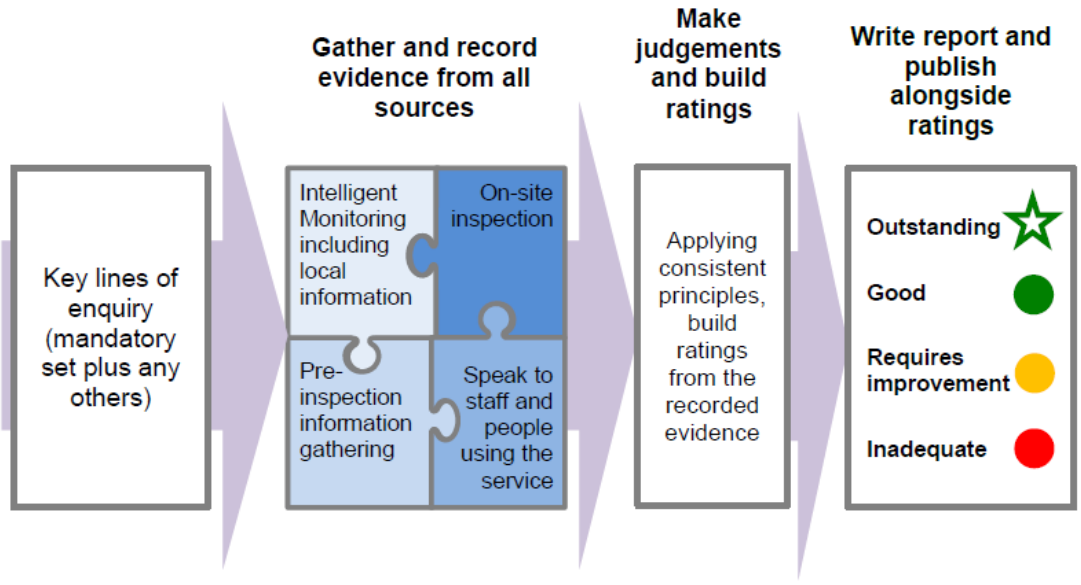
Safe	That people are protected from abuse and avoidable harm.
Effective	That people's care, treatment and support achieves good outcomes, promotes a good quality of life and is evidence-based where possible.
Caring	That staff involve and treat people with compassion, kindness, dignity and respect.
Responsive	That services are organised so that they meet people's needs.
Well-led	That the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Key lines of enquiry

60. To direct the focus of inspections, the CQC's inspection teams use a standard set of key lines of enquiry (KLOEs) that directly relate to the five key questions listed above.

61. Inspection teams use evidence from four main sources to answer the KLOEs:
1. Information from Intelligent Monitoring (including information from people who use services and their families and carers).
2. Information from the ongoing relationship with the provider (including that provided in the Provider Information Return).
3. Information from the inspection visit itself (including observing care, the environment and facilities and reviews of records).
4. Information from speaking with people who use services, their families and carers, staff and other health and care professionals.

Figure 2: How KLOEs and evidence build towards ratings



Responding to inadequate care

62. The handbook explains the action the CQC take is proportionate to the impact or risk of impact that the concern has on the people who use the service and how serious it is.

63. Where the concern is linked to a breach in regulations, the CQC has a wide range of enforcement powers given to it by the Health and Social Care Act 2008.

64. The CQC includes in its report any recommendations, actions it tells the provider to take and enforcement action taken. The CQC follows up any concerns or enforcement action. If the necessary changes and improvements are not made, the CQC can escalate its response, gathering further information through a focused inspection.

65. As well as using enforcement powers, the CQC will also work with other organisations, including other regulators and commissioners, to ensure action is taken on concerns identified.

66. The handbook explains that the CQC is developing a new regime of special measures which will be introduced in April 2015.

Joint Working - The Local Authority and the Care Quality Commission (CQC)

67. The provider handbook explains that the CQC has organised its Adult Social Care Inspection Directorate in a way that reflects local authority boundaries, so that it can work effectively with every local authority on commissioning, information sharing and safeguarding.

68. The handbook conveys that CQC's managers will meet regularly with commissioners from local authorities to share information from contract monitoring visits, inspections and other sources. The CQC carries out planned reviews of care homes whereas the Local Authority carries out unannounced inspections. In response to a query whether the CQC were stringent enough, it was commented that when carrying out reviews, the CQC operates longer timescales in terms of the production and final completion of review reports. Both the Local Authority and the CQC share details and coordinate a timetable for inspections, in addition to alerting one another to any concerns regarding a particular home.

69. The CQC handbook also explains that inspectors will attend local safeguarding meetings and managers will attend local safeguarding boards on an annual basis to provide a CQC update as appropriate. It was conveyed that it is not always possible for the relevant CQC inspector to attend safeguarding meetings, at short notice, during an inspection period. However, it was explained that if CQC involvement is necessary, there is the option for this to be achieved outside of the meeting or via a telephone call with the CQC inspector, who is the portfolio holder for that particular care home provider.

70. The handbook conveys that the CQC is developing a portal that will allow the two-way sharing of information between local authorities and the CQC, it is anticipated that the portal will be operational by spring 2015.

71. The handbook also states that as part of the CQC's development of local relationships its managers will liaise regularly with health and wellbeing boards and overview and scrutiny committees, based in local authorities.

Identifying best practice and measures that could be implemented to drive improvement

72. At one of the scrutiny panel's meetings, a discussion took place, which focussed on good practice in respect of:
- Identifying people at risk.
- Preventing abuse or neglect.
- Improving outcomes for people who have experienced harm or abuse.

73. In accordance with the above, the Council's Strategy & Delivery Manager for Mental Health and Safeguarding, the Contracts & Commissioning Implementation Manager and the Safeguarding Adults Co-ordinator were in attendance at the meeting, together with representatives from Cleveland View Care Home, Dalby Court Care Home and St Mary's Nursing Home. The purpose of the discussion was to provide the scrutiny panel with an insight into current practices in respect of safeguarding and the universal measures that should be implemented in residential care settings in order to drive improvement and develop current safeguarding measures.

Working in partnership

74. Members were advised that the Local Authority has a duty of care to all people in receipt of services, which includes older people in care homes. It was highlighted that the Local Authority takes this duty seriously and works hard, and in partnership with care homes and other stakeholders, to achieve this. The Contracts & Commissioning Implementation Manager advised that the Local Authority works proactively in partnership with care home providers to promote the health and well-being of residents.

75. The scrutiny panel heard that all people and professionals entering a care home are encouraged to take action if they see any issues or practices that they consider to be inappropriate, or to be putting people at some type of risk or ill treatment.

76. It was highlighted that the Local Authority is also a source of advice for care homes. It was explained that the Local Authority often receives calls from providers who wish to discuss a particular situation or problem. This can result in the Local Authority assisting or referring the homes to other professionals, such as - the Falls Team, ICLS (Intensive Community Liaison Service), the Medicines Optimisation Pharmacist, Dieticians and Tissue Viability services.

Annual Service Reviews

77. The Contracts and Commissioning Unit maintain regular contact with care homes through annual review and follow-up visits. The scrutiny panel was advised that the Contracts and Commissioning Unit had carried out approximately 148 inspections over a one-year period, in respect of the 29 care homes in Middlesbrough. The inspections are not pre-booked and care home managers are not contacted prior to an inspection taking place. A representative from the care home sector stated that staff members change regularly and inspections are unannounced and sometimes occur during the night. It was conveyed that the Local Authority has good working relations and an effective quality monitoring tool, which is fit for purpose.

Provider Forum

78. The scrutiny panel heard that the Provider Forum meetings are held every three months and care home managers are encouraged to suggest any items for discussion at the meetings. Members were advised that attendance at the Forum is variable but usually attracts the majority of care homes.

79. It was highlighted to the scrutiny panel that the agenda is used to keep providers up-to-date with any changes in legislation and processes within the Local Authority. It also acts as an arena to share areas of good practice. It was conveyed that examples of this are the sharing of policies and protocols, care plans and dependency tools to determine staffing levels. The Forum also provides an opportunity to identify issues and problems that the homes are facing.

80. Members were informed that speakers are invited to the Forum, which again promotes and shares good practice - such as:
- Progress for Providers (Dementia Care)
- Palliative Care; Advance Care Planning, Gold Standards Framework and Palliative & End of Life Education
- Falls Protocol
- Care Bill
- Hospital Discharges
- Nutrition Champions
- Middlesbrough Matters

81. In response to a query with regard to whether care home representatives found the Provider Forum useful, all those present acknowledged that the Forum provides useful information with regard to topical issues affecting care homes, guidance in respect of new legislation and access to training.

82. The Contracts & Commissioning Implementation Manager advised that alerts are monitored to identify any trends, such as issues with the administration of medication, staffing levels and difficulty in recruiting nurses and these would be discussed at the Provider Forum and used to inform training needs.

Safeguarding alerts and referrals

83. Representatives from the care homes conveyed that staff had received training about how to ensure people's rights are respected and how to safeguard people from abuse.

84. It was explained that the training enabled staff to identify different types of abuse and report any issues straight away. The Contracts and Commissioning Unit works with care homes to encourage them to raise alerts, as the Local Authority would be more concerned about a care home failing to raise a necessary alert rather than the number of alerts it raised. It was highlighted that there is greater transparency between the Local Authority and the care homes, as care home managers are more confident about ringing the Local Authority for advice on whether an alert should be submitted. The scrutiny panel was informed that care home staff are openly encouraged to raise any issues and report them to the Local Authority. It was highlighted that staff are knowledgeable in recognising signs of potential abuse and the reporting procedures to the Local Authority. It is acknowledged by care home staff that this is a vital mechanism in helping to protect people.

85. A representative from the care homes pointed out that many of the alerts, particularly in dementia care homes, are a result of resident to resident incidents rather than staff to resident.

86. In response to a query with regard to whether care home managers would find it difficult to raise serious concerns with regard to the running of a home, if the ownership of the home changed hands, the care home managers clarified that they would still report any concerns as the safety of residents was their priority.

<u>Discharge from hospital</u>

87. A care home representative commented that sometimes the hospitals did not provide care home staff with adequate information on resident discharge forms.

88. A Member queried whether an alert would be automatically raised if a patient is discharged from hospital with additional medical conditions, which they did not have when they were first admitted. A care home representative advised that if there is any change in a resident's condition, a risk assessment will be carried out on the Ward prior

to discharge. The assessment will check whether additional measures could be required as part of the resident's care plan and whether the care home is equipped to deal with the additional care requirements. Members were advised that if a particular condition is not included on the discharge form, an alert will be raised.

89. The Contracts & Commissioning Implementation Manager advised that the hospital admissions and discharge process is being considered internally, to establish what the issues are and to determine how the process can be improved. It was explained that the issue had also been discussed at a meeting of the Provider Forum when the Assistant Director for Social Care was in attendance. Members were advised that the Local Authority intends to meet with hospital staff to discuss the discharge process and the end of life care - to consider if residents, receiving end of life care, could be looked after in care homes rather than in a hospital.

90. The Chair suggested that the issue of elderly people leaving hospital and the quality of information provided on discharge should be investigated by the Health Scrutiny Panel.

91. A Member commented that he had concerns with regard to the quality of discharge papers. The Local Authority's Strategy & Delivery Manager for Mental Health and Safeguarding advised that the issue could be as a result of the way that individual staff completed the discharge papers, as hospital staff received the appropriate training in the discharge process.

Deprivation of Liberty Safeguards

92. Care home representatives explained to the scrutiny panel that residents who are unable to make their own decisions are protected by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. It was explained that care home staff understand how to apply for authorisation to deprive someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. It was conveyed that care homes apply in order to safeguard and protect individuals who lack capacity and who are a risk to themselves, and to monitor them to keep them safe.

Staffing

93. Members heard that there are sufficient numbers of highly skilled and qualified staff deployed to ensure that people's needs are met in a timely way.

94. In response to a query with regard to who is responsible for the provision of training at care homes, the scrutiny panel was advised that it is up to the individual care homes to commission the appropriate training and ensure that the training is accredited. A care home representative explained that, as a manager, she is proactive in commissioning e-learning packages and training courses for staff.

Administering medication

95. Care home representatives conveyed that systems are in place to protect people against risks associated with the management of medicines, such as recording, safe keeping and safe administration.

Risks, accidents and falls

96. The scrutiny panel heard that risk assessments are undertaken to establish any risks present for people who use the service, which helps to protect them.

97. It was explained that effective systems are in place to identify, manage and monitor risks to people's health and wellbeing. It was highlighted that accidents, incident records and falls are recorded and prompt action is taken to reduce the risk of similar accidents or incidents happening again.

98. It was commented that there is lots of regulation around running a care home and it involves completing lots of different paperwork, however, it was acknowledged that the completion of the paperwork is required to provide a backup of issues that occur at the home. Reference was made to the completion of 'post huddle' sheets which documents where staff are when particular incidents - such as falls occur, the status of lighting in the room and location of furniture etc.

Person centred

99. The scrutiny panel heard that care staff treat people with dignity, respect and kindness. It was highlighted that staff are extremely knowledgeable about people's needs, likes, interests and preferences. It was conveyed to Members that people are listened to and there are systems in place to obtain people's views about their care.

100. The scrutiny panel was advised that as part of a resident's care plan, information is included with regard to the individual's life story. It is, however, difficult to complete this part of the care plan, if a resident has dementia and there are no family members to provide information. Members heard that residents can influence their own care plan by expressing choices with regard to the food they like to eat, what they like to wear, the name they like to be known as etc. Care plans are usually reviewed or evaluated on a monthly basis or sooner if required.

101. In general, care home staff try to accommodate residents wishes where possible by providing activities requested and trying to accommodate individual residents' lifestyle choices.

Closure of care homes

102. Care home providers highlighted that in very serious cases, it would be helpful if the Local Authority did have the power to close a home. The view, in general, was that the power to close a home should rest locally in extreme cases of abuse or neglect, although the CQC should still be consulted.

Other work

103. Members were advised that the Local Authority has worked with the Falls Team to produce a protocol on falls and with Public Health and dieticians on a Focus on Under-Nutrition project. The Under-Nutrition project works with care homes to show how high nutrition meals and drinks can be prepared to avoid the requirement to use supplements and build up drinks.

National Research – examples of good safeguarding practice

Social Care Institute for Excellence

104. The Social Care Institute for Excellence (SCIE) conveys that social care organisations play an important role in the protection of members of the public from harm and are responsible for ensuring that services and support are delivered in ways that are high quality and safe.

105. The SCIE explains that care home staff have a key safeguarding role to play, alongside their colleagues in social care, health and the police, in keeping people safe.

106. The SCIE produced a guide that aims to improve communication and joint working between care home staff and their safeguarding partners, particularly local authority social services staff with safeguarding responsibilities. The SCIE's recommendations are outlined below:

Sharing information and joint working between safeguarding partners

107. Care home staff and local authority social care staff should:
- Work together to resolve issues where the individual may not be eligible for social care support, refuses support or self-neglects.
- Ensure links between public protection forums such as safeguarding boards, multi-agency risk assessment conferences (MARACs), multi-agency public protection arrangements (MAPPAs), health and wellbeing boards and community safety partnerships.
- Help partner agencies to understand the role of care home staff in safeguarding.
- Develop a common understanding of language and definitions regarding people with care and support needs and safeguarding.
- Provide clarity for staff on the law relating to sharing information, confidentiality and data protection.
- Ensure inclusion of care home staff in strategy meetings and investigations.
- Agree processes for keeping referrers informed of progress on safeguarding referrals.

Training and raising awareness

108. Care homes should:
- Raise awareness of abuse for all frontline staff.
- Arrange joint training with other safeguarding partners.
- Ensure staff have an adequate understanding of the Mental Capacity Act (MCA).
- Work with social care to provide training for people with care and support needs to better enable them to protect themselves.
- Support perpetrators of anti-social behaviour (ASB) to reduce such behaviour.
- Work with social care to ensure adequate support for carers.

Key findings

109. Key findings indicate that:
- Care home staff are well placed to identify people at risk of abuse.
- Regular and sustained joint working between care homes and adult social care is essential to protect people who may be at risk of abuse.
- Serious case reviews have indicated that care home providers could or should have played a more effective role in adult safeguarding.
- Some care home staff have false perceptions about needing the person's consent to make a safeguarding referral.
- Some care home staff report negative attitudes towards them from social care professionals.
- There is no national agreement on the threshold for referrals to local authority safeguarding procedures.
- Difficulties are caused by complex networks; care home providers may have to work with numerous local authorities in their area and vice versa.

- Some care home providers have IT systems that are inadequate to store sensitive data and to facilitate 'customer profiling' for effective safeguarding.[4]

Report 41: Prevention in adult safeguarding

110. Report 41, produced in 2011, outlines the literature on the range of methods of preventing the abuse of an adult at risk, from public awareness campaigns through to approaches that empower the individual to be able to recognise, address and report abuse.

Identifying people at risk of abuse

111. The report explains that identifying risk factors can help to prevent abuse by raising awareness among staff and service managers of the people in their care who may be most at risk of abuse. If staff are aware of risk factors, they can use these insights to develop effective risk assessments and prevention strategies.

Public awareness, information, advice and advocacy

112. The report conveys that according to the Commission for Social Care Inspection (CSCI), raising public awareness of abuse is one of the building blocks for adult protection. The CSCI recommends that local authorities need to do more to, 'raise the profile of every citizen's right to be free from abuse'

113. CSCI identify a number of good examples from their study of local authorities running high-profile public campaigns – for example, a mail shot to 90,000 households – to raise awareness of abuse and what can be done about it. It also highlights that public awareness campaigns need to be linked with information on where to go for help.

114. Accessible information and advice are essential for prevention of abuse and for backing up public awareness campaigns. Information about abuse and what to do about it needs to reach all different sectors of the community through a range of different routes.

115. Advocacy can make a significant contribution to prevention of abuse through enabling adults at risk to become more aware of their rights and express their concerns.

Training and education

116. Some of the most common prevention interventions discussed in the literature are training and education, for both the adult at risk and staff within services.

117. Small group training approaches can raise awareness of abuse in adults at risk and enable them to build skills to protect themselves from abuse.

118. Training for staff should include awareness raising about abuse and safeguarding adults policies and procedures as well as communication skills in order to promote prevention.

Policy and procedures

119. Key to the successful prevention of abuse is an open culture with a genuinely person-centred approach to care underpinned by a zero tolerance policy towards abuse and neglect.

[4] http://www.scie.org.uk/publications/guides/guide53/local-authority/key-messages.asp

Empowerment

120. Empowerment and choice need to be at the core of safeguarding policy and practice.[5]

Making Safeguarding Personal (MSP)

121. It was highlighted that nationally, work is underway to help support local authorities and their partners to develop outcomes-focused, person-centred safeguarding practice.

122. Making Safeguarding Personal aims to facilitate a shift in emphasis in safeguarding from undertaking a process to a commitment to improving outcomes alongside people experiencing abuse or neglect. It was conveyed that the key focus is on developing a real understanding of what people wish to achieve, agreeing, negotiating and recording their desired outcomes, working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be realised and then seeing, at the end, the extent to which desired outcomes have been realised.

123. In 2013 /14, 53 councils responded to an invitation to engage in the work. There were 43 councils who submitted an impact statement and engaged in the project. The key findings from the project are detailed below and have implications for people supported by safeguarding services, for staff, for organisations and for partnerships.

Core benefits of Making Safeguarding Personal which were recognised by all 43 councils

124. People felt more empowered and in control of their safeguarding experience when they and / or their representative were involved from the start. Councils reported real benefits, which included:
- Improved effectiveness and resilience in dealing with a situation.
- Better relationships with professionals.
- Key elements of the person's quality of life and wellbeing can be protected.

125. The benefits to social work practice included:
- Social workers feeling more positive, motivated and enthusiastic.
- The ability to assess effectiveness from the perspective of people who use services.
- Tools to support practice have been put in place.
- Clearer, more transparent plans and recording in place.
- Clearer endings to safeguarding support.

What worked well for councils in adopting an outcomes focus

126. The majority of councils have begun to include outcomes discussion and recording prior to and/or during key safeguarding meetings. Many have also put dedicated time, processes and supports in place to enable people to participate in safeguarding meetings about them. In respect of involvement of people in safeguarding meetings this has meant:
- There has been increased involvement of people at strategy meetings.
- Documentation for and of meetings includes an outcomes focus.
- Councils are investing effort in supporting people to participate in meetings and in ensuring staff have the skills to make this work well.
- Meetings are sometimes being held in people's own homes.
- Councils report real benefits to achieving outcomes.

[5] http://www.scie.org.uk/publications/reports/report41/index.asp

127. A significant number of councils referred to the need to simplify the language used in conversations with people about safeguarding. Many of these councils have produced guides for people about what safeguarding is and what they can expect from the support offered. Councils have underlined the need for and developed:
- Clearer explanation for people of what we mean by 'safeguarding' and 'outcomes'.
- Printed information to guide people through safeguarding support.

128. The majority of councils have been able to gather and report on evidence to some extent, to demonstrate that good outcomes have been achieved for people. The range of data that councils have used during the project include:
- Reports from management information systems.
- Anonymised case studies.
- Feedback questionnaires.
- Case file audits.
- Focus groups of people experiencing services, and staff.

129. A significant number of councils recognised the importance of reviewing outcomes and developed their understanding of the extent to which outcomes can change throughout safeguarding support. In the context of reviewing outcomes councils found:
- Reviews keep everyone on track with what needs to be done.
- Reviews help to keep the person at the centre.
- Reviews help to support the person in reviewing risk and rethinking outcomes.
- Reviewing outcomes helps to clarify the ending of safeguarding support.

130. A significant number of councils report that the project has helped key partners - such as the police, NHS and providers, to understand and see the benefits of an outcomes-focused approach to safeguarding. This has happened through:
- Being part of safeguarding meetings.
- Being engaged at management and Board level.
- Seeing the results of person-centred safeguarding.

131. A number of councils reported that their MSP project led to activities to support prevention and awareness raising in their local areas, perhaps with specific groups of people who were under-represented or difficult to contact. Prevention was being facilitated through:
- Empowering people within safeguarding support.
- Linking an outcomes focus in practice to wider engagement initiatives.

What the majority of councils highlighted as important to address for a successful outcomes focus in practice

132. Involving the person and / or their representative from the start of safeguarding also increases consideration of involvement of an advocate. Councils are taking this forward in a number of ways:
- Highlighting where necessary a shortfall in the use of advocates.
- Raising awareness of staff as to when and how to involve advocates.
- Considering how best to commission advocacy.

133. Sound practice in applying the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) in safeguarding adults is important. The project has underlined the need for competence in these areas of practice in the following ways:
- Identifying MCA and DoLS issues as central to safeguarding.
- Using independent mental capacity advocates (IMCA).
- Making sure that people who lack capacity are still offered a person-centred safeguarding service.

134. Assessment and management of risk alongside the person is integral to MSP and practising a person-centred approach to working with risk can support risk enablement. Reviewing approaches to risk and developing risk enablement:
- Is central to an outcomes focus.
- Supports a focus on what is important to the person.
- Supports proportionate responses.
- Can support negotiation of outcomes.

135. Existing recording systems need to be improved, or new ones created , in order to help record and measure outcomes, and support the change to person-centred practice in safeguarding. Actions which might be considered to improve recording systems include:
- Amending or updating existing systems.
- Setting up new systems.
- Capturing the voice of the person in case records.
- Aggregating outcomes.

136. Safeguarding policies and procedures need to be revised and changed to reflect MSP and remove potential barriers to person-centred safeguarding practice. Areas thought to need particular attention are:
- Making policies and procedures person-centred, not process-driven.
- Supporting risk-enabling practice.
- Revising time-scales.
- The role of professional judgement.

137. The development of core practice skills, and having the tools to support good practice, are essential to introducing MSP. The findings suggest that safeguarding practice needs to be underpinned by:
- A good evidence base.
- Solid social work skills.
- A working understanding of the legal framework.
- Tools to support good practice.
- Training and development opportunities to support the shift in practice.

138. Supporting practitioners and front-line managers to achieve a shift in practice is a key component of introducing person-centred practice in safeguarding. Councils found the following helpful:
- Staff briefings.
- Supervision.
- Reflection on practice.
- Identifying champions.
- Addressing barriers to change.
- Helping to increase confidence in complex situations.

139. Introducing person-centred, outcomes-focused practice to safeguarding is a cultural change that needs wide ownership and feeds into a much broader context. Some of the ways this has been approached are:
- Ensuring partner agencies are well-informed.
- Recognising that partnership engagement in this culture shift is crucial.
- Providing clear leadership.
- Developing a deeper understanding of what outcomes mean in safeguarding and how they could be misinterpreted.[6]

[6] http://www.local.gov.uk/documents/10180/11779/Making+Safeguarding+Personal+2013-14+-+Executive+Summary/e147ddbe-ef16-403d-8218-add332f846a4

ADDITIONAL INFORMATION

140. In the course of the scrutiny panel's investigations, information came to light which, while not directly covered by the terms of reference, is relevant to the work of the panel on this topic. This related to:

The Local Authority and hospitals

141. Members were informed that as well as working with care home providers to maintain standards, the Council also works regularly with hospitals and Roseberry Park to maintain improvements within the service.

142. The Local Authority also has particularly strong links with the James Cook University Hospital (JCUH). A safeguarding adults nurse is based at the hospital and if a patient is admitted to the hospital from a care home and there are concerns with regard to the safety or well-being of a care home resident or concerns with regard to maladministration at the home, then an investigation will be initiated by the safeguarding nurse at the hospital.

CCTV

143. The care home representatives were asked for their views on the provision of CCTV on hospital wards or in care homes. The overall consensus was that it is acceptable to install CCTV in communal areas or corridors but not in individual resident's bedrooms without their consent. Many residents need assistance through the night and the overall view was that the provision of cameras in their bedrooms would be infringing on their rights and dignity.

144. Members were informed that information, for providers of health and social care, on using surveillance to monitor services has been published by the CQC and is available to download at:

http://www.cqc.org.uk/sites/default/files/20141215_provider_surveillance_information.pdf

LGBT community

145. The Chair referred to a recent report in respect of the Lesbian, Gay, Bisexual and Transgender (LGBT) community and queried whether any of the care homes had experienced any difficulties with this issue in respect of care home placements. The Contracts & Commissioning Implementation Manager advised that equality training is provided in respect of same sex relationships.

146. The Chair stated that there has been a rise in homophobic attacks in general and he queried whether this is an issue in care homes. The scrutiny panel was advised that there has been issues where one resident has taken a liking to another but there are no issues in relation to the LGBT community.

CONCLUSIONS

147. Based on the evidence, given throughout the investigation, the scrutiny panel concluded that:

Safeguarding

a) Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. Safeguards against poor practice, harm and abuse need to be an integral part

of care and support and this can be achieved through organisations, communities and individuals.

Partnership working

b) There is a history of joint working across the Tees to prevent harm, reduce risk and respond effectively when neglect or abuse occurs. Evidence suggests that effective local information sharing and multiagency partnership arrangements are in place. There is a commitment of all partners in the area to help, protect and safeguard adults at risk. However, an issue which requires examination, and the attention of the Teeswide Safeguarding Adults Board, is the completion of hospital discharge papers and the quality of information provided.

Safeguarding alerts and referrals

c) The majority of safeguarding referrals continue to relate to incidents in care homes. There are numerous reasons for this, which include - awareness and training, increased regulation of the sector and contract monitoring. The high percentage may also represent under-reporting in the community. Allegations of neglect and physical abuse continue to be the most commonly reported types of abuse, reflecting the nature of concerns raised about residents in care homes.

Prevention

d) All people, and professionals, entering a care home are encouraged to take action if they see any issues or practices that they consider to be inappropriate, or to be putting people at some type of risk or ill treatment. Middlesbrough would benefit from a high-profile publicity campaign to raise public awareness - so that communities, as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.

e) Accessible information, advice and advocacy are essential for the prevention of abuse. It is of the utmost importance that individuals, living in care home settings, receive relevant information about recognising abuse and how to protect themselves.

Ensuring fundamental safeguarding standards are met.

f) The Local Authority works proactively, in partnership with care home providers, to ensure that fundamental safeguarding standards of safety and quality are met - this is achieved through a number of avenues, including contract management/monitoring. Through this mechanism and attendance in the care homes, the Local Authority works with providers to check the quality of care being delivered and identify areas of improvement. If concerns about a care home are repeatedly arising then appropriate measures are in place. Although there are good working relationships in place, the commissioning of additional joint training could assist in further developing and strengthening current relationships.

g) Alongside the work of the Local Authority, the Care Quality Commission (CQC) monitors, inspects and regulates services. Information sharing is evident and the implementation of the CQC portal will further improve the two-way information sharing between the Local Authority and CQC.

h) In respect of current safeguarding practices, evidence suggests that the adult at risk is involved in the process at the earliest convenience. However, further work should be undertaken to explore and identify new ways to develop an outcomes focused, person-centred approach to safeguarding. Engagement of the Teeswide Safeguarding Adults Board, at an early stage, would be advantageous to this work.

Care homes – good practice

i) In respect of the care homes consulted during the review, it was evident that good safeguarding practices are in place – these are highlighted below:

Safeguarding practices:

- Develop safeguarding procedures to ensure they work in line with the agreed local multi-agency policy and procedures.
- Be proactive in the commissioning of appropriate safeguarding training.
- Operate an open culture with a genuinely person-centred approach to care, underpinned by a zero tolerance approach toward abuse and neglect.

Provider Forum

- Attend Provider Forum meetings to keep up-to-date with any changes in legislation, processes within the Local Authority and areas of good practice.

Deprivation of Liberty Safeguards

- Ensure their staff understand how to apply for authorisation to deprive someone of their liberty in a safe and correct way - in order to safeguard and protect residents who lack capacity and who are a risk to themselves.

Staffing

- Ensure that highly skilled and qualified staff are deployed to make sure that each resident's needs are met in a timely way.
- Ensure staff are knowledgeable in recognising signs of potential abuse and the reporting procedures to the Local Authority.

Administering medication

- Ensure systems are in place to protect residents against risks associated with the management of medicines - such as recording, safe keeping and safe administration.

Risks, accidents and falls

- Implement effective systems to identify, manage and monitor risks to each resident's health and wellbeing.
- Record accidents, incidents and falls and take prompt action to reduce the risk of similar accidents or incidents from reoccurring.

Person centred

- Ensure that staff treat people with dignity, respect and kindness.
- Ensure that staff are extremely knowledgeable about each resident's needs, likes and interests.
- Ensure that each resident can influence their care plan by expressing choices and preferences.

RECOMMENDATIONS

148. The Social Care and Adult Services Scrutiny Panel recommends to the Executive:

a) That the Health Scrutiny Panel, with the involvement of the Teeswide Safeguarding Adults Board, investigates the issue of elderly people leaving hospital and the quality of information provided on discharge.

b) That the Local Authority implements a high-profile publicity campaign. The purpose of the campaign being to raise awareness of abuse and neglect - helping people

understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety, wellbeing or welfare of an adult.

c) That the Local Authority puts measures in place to ensure that all care home residents receive relevant information about recognising abuse, their rights and how to express their concerns. Improving awareness will enable adults at risk to protect themselves from abuse and ensure their safety.

d) That the Local Authority invests in sustained joint training, with the care home sector, to convey Care Act guidance in respect of safeguarding policy, procedures and professional practices.

e) That, by consulting Making Safeguarding Personal guidance, the Local Authority works with the Teeswide Safeguarding Adults Board to explore and identify new ways to develop an outcomes focused, person-centred approach to safeguarding.

f) That the Local Authority produces a good safeguarding practice guide for care homes detailing those measures outlined at conclusion i). As care home staff are well placed to identify people at risk, the guide should also be used to:

- Raise awareness.
- Empower staff:
- To recognise, address and report abuse and neglect.
- To take appropriate action to prevent abuse and neglect from occurring.

ACRONYMS

154. A-Z listing of common acronyms used in the report:

- Care Quality Commission (CQC)
- Commission for Social Care Inspection (CSCI)
- Deprivation of Liberty Safeguards (DoLS)
- Key Lines of Enquiry (KLOE)
- Making Safeguarding Personal (MSP)
- Mental Capacity Act (MCA)
- Safeguarding Adults Board (SAB)
- Social Care Institute for Excellence (SCIE)

ACKNOWLEDGEMENTS

155. The scrutiny panel would like to thank the following people for their help with this review: -

- Erik Scollay – Assistant Director for Social Care, Middlesbrough Council.
- Vanessa Fryer, Strategy and Delivery Manager for Mental Health and Safeguarding, Middlesbrough Council.
- Rachel Mawer, Contracts and Commissioning Implementation Manager, Middlesbrough Council.
- Mike Sharman, Safeguarding Adults Co-ordinator, Middlesbrough Council.
- Teresa Kippax, National Advisor- Safeguarding, Care Quality Commission (CQC).
- Cleveland View Care Home, Middlesbrough.
- Dalby Court Care Home, Middlesbrough.
- St Mary's Nursing Home, Middlesbrough.

BACKGROUND PAPERS

156. The following Council sources were consulted or referred to in preparing this report:

- Agenda papers and minutes of the Social Care and Adult Services Scrutiny Panel meetings held on 22 January and 12 February 2015.

COUNCILLOR MICK THOMPSON

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March 2015