CSAB

Croydon Multi-Agency

SAFEGUARDING ADULTS BOARD

ANNUAL REPORT | April 2012 – March 2013

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NHS Clinical Commissioning Group

Croydon Health Services NHS Trust

South London and Maudsley NHS Foundation Trust

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Foreword

This annual report of the Croydon Safeguarding Adults' Board covers the period from April 2012 to the end of March 2013. The report reflects a great deal of commitment and hard work across agencies in Croydon in support of the safeguarding adults' agenda. The growing membership of the Croydon Safeguarding Adults Board is committed to ensuring robust partnership responses to safeguarding adults at risk, strengthening safeguarding in all areas of the community. This commitment is reflected in the reports submitted by partner agencies for inclusion within this report.

The Board promotes constructive challenge, innovation and reflective and evidenced based practice, drawing on the increasing body of knowledge and experience emerging in the field of safeguarding adults. The period 2012/13 has seen a number of milestones and developments in safeguarding adults nationally including the publication of the final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry chaired by Robert Francis QC; a statement of Government policy on adult safeguarding and new advice and guidance to Directors of Adult Social Services, issued by ADASS. The priorities of the CSAB reflect this national learning.

The safeguarding adults' agenda is broad and complex. Recognising this, the Board has set out its priorities for the next two years in a business plan which aims to focus our joint efforts on achieving tangible developments that will impact positively upon the lives of local people and enable us to see what those impacts are. We will report on progress on these objectives in the Annual Report next year. Perhaps the most significant of those objectives is a commitment to work *alongside* individuals who experience or are at risk of harm or abuse in order to achieve the outcomes that they want. We also intend to integrate the learning from their experience of safeguarding services into future practice. The section in the report which outlines the role of the safegarding board gives a detailed commentary on our objectives for 2013/15. The priorities include:

- Strengthening the effectiveness of the partnership
- Developing the involvement and empowerment of service users and carers in safeguarding adults
- Commissioning and contracting to safeguard adults at risk and enhancing quality of care
- Supporting best practice in workforce issues that can in turn support effective safeguarding
- Developing a person centred and positive approach to working with risk
- Promoting effective identification and communication of concerns across agencies
- Improving and monitoring practice in relation to Mental Capacity Act responsibilities

The stated priorities for the year ahead reflect a commitment to balancing the rights of individuals to safety from abuse and neglect, with their right to independence, choice and wellbeing.

In Croydon there is a real emphasis on and commitment to prevention as well as intervention, with developments across a range of issues including: human trafficking, self neglect; pressure ulcer care; advocacy. The dignity in care initiative in Croydon has been met with real enthusiasm and commitment with over 400 members locally registered as dignity

champions. Regular training and events mean that the 10 dignity challenges maintain a high profile and this contributes to the prevention of safeguarding issues. A monthly Care Forum facilitating learning, partnership working and a commitment to best practice attracts attendance of around 100 care providers at its meetings again demonstrating a real commitment to prevention and intervention in safeguarding issues. Closer links are being made between the forum and the Safeguarding Board. Priorities of the Board are reflected in the agenda of the care forum and the care forum is encouraged to bring relevant issues to the attention of the Board.

The readiness to undertake reviews both within and across agencies in situations where things have gone wrong demonstrates a real commitment to learning and development. This motivation to improve and to learn from practice is also reflected in a recent case file audit carried by the London Borough of Croydon. The Board will continue to learn from practice including undertaking a multiagency audit of a small sample of cases during the coming year.

Jane Lawson

Independent Chair, Croydon Safeguarding Adults Board

Executive summary

Despite an unexpected drop in the numbers of safeguarding referrals in 2011/12, this year has again seen a rise in referrals alongside most other neighbouring authorities. Research indicates that much abuse in the community remains unreported and the Croydon data suggests that safeguarding incidents for the black and ethnic monitory groups are still going largely unrecognised. This suggests that referral rates have not yet peaked and there is still an unknown potential for further increases. Croydon's population continues to rise as does the overall level of deprivation. Older people aged 65 years and over make up 13.8% of the Croydon population and residents aged 85 years and over make up 1.9%. These proportions are projected to increase to 16.27% and 2.91% respectively by 2030. The substantial numbers of adults living in Croydon who have particular vulnerabilities associated with having a disability is also outlined in the report.

This 2012/13 annual report for the first time includes comparative safeguarding data with other neighbouring and similar local authorities. The comparative data relates to 2011/12 information which is the latest available and reflects the decrease in safeguarding referrals in Croydon last year, a trend which has been reversed with this year's figures.

The data tells us that:

- The most common group subject to abuse allegations are older / elderly white women with physical disabilities / frailty.

- The most common locations of abuse are the clients' own homes and care homes.
- The most common category of person alleged to have caused harm are family members and care staff (the former may also be carers).
- The most common types of abuse are physical, financial and neglect.
- Small majority of allegations are not substantiated compared with those that are either substantiated or are inconclusive- although this does not necessarily indicate that the allegations themselves are false – simply that it is not always easy to know at first sight whether someone who may have suffered harm or sustained an injury has been abused.

Robust systems for the exchange of information within the borough are essential in developing good partnership working. The Croydon Adult Safeguarding board and its subgroups which are multiagency and which include key statutory agencies – social services, health and the police and many voluntary and community groups - are at the heart of promoting effective information sharing and the development of good practice. The dignity in care movement is a strong contributory force to the aim of preventing abuse. One of the ten dignity challenges is to have a zero tolerance of all forms of abuse. In 2012/13 and on-going joint work with providers of care and commissioners has been underpinned by the dignity agenda to improve the experience of people using services . The development day in June was a successful event which enabled board members from both statutory, voluntary and provider agencies to work together to agree the priorities for the forthcoming two years in terms of the protection and empowerment of adults who are at risk of harm.

This year has seen the development of a range of practice initiatives – focusing on supporting people who are at risk of neglecting themselves, action planning resulting from the Winterbourne abuse scandal to ensure Croydon's learning disabled residents are protected from such harm, reviewing and strengthening arrangements for advocacy, learning for serious case reviews and critically evaluating safeguarding practice by means of an external file audit.

This report also contains individual contributions from the subgroups and partner agencies, focusing on key aims and activity, learning and development, links with national initiatives and key preventative measures.

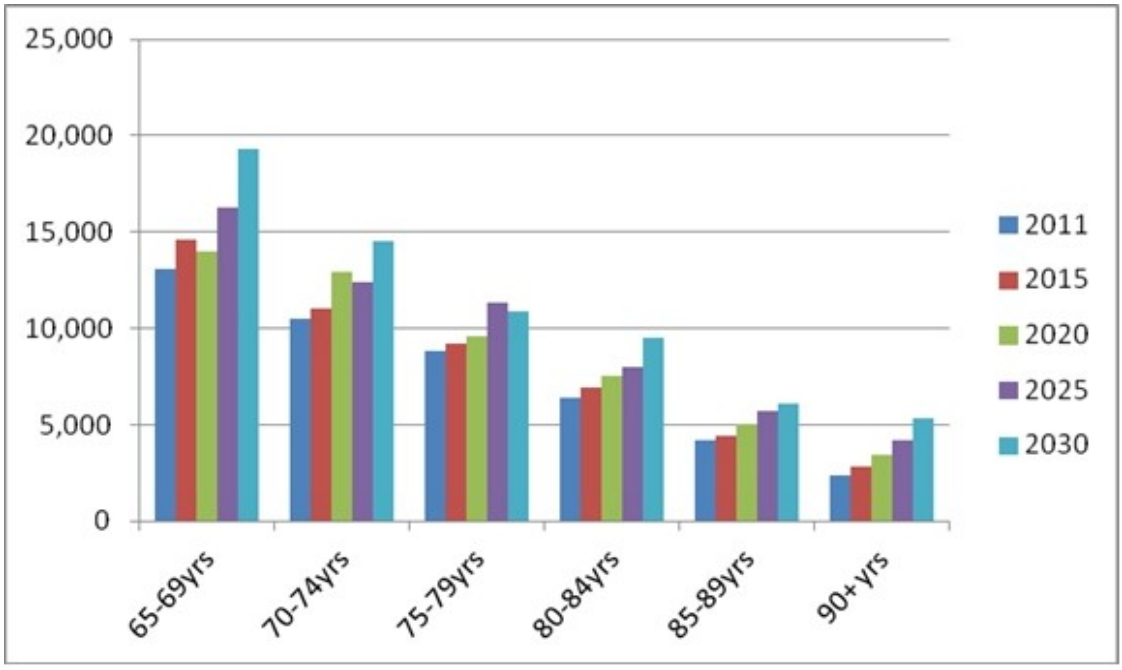
The Croydon Context – safeguarding adults who are at increased risk of harm

Croydon's community, no less than anywhere else in the country, has seen the impact of recent years of recession. Information regarding income levels, employment, health, education, housing, impact of crime and living environment are all indicators that lead to a measure of deprivation. Based on these indicators, Croydon has become more deprived over the last decade and is the 19th most deprived borough out of the thirty two London boroughs. Croydon is also the largest borough in London with a population of 363,400 and Croydon's population has grown at a faster rate than the rest of England.

We know that increased levels of deprivation can lead to increased risks of harm to vulnerable or disabled adults. The following information shows the numbers of people in Croydon who are in receipt of social care and therefore the potential numbers of people who may be at increased risk of harm.

Older People

Older people aged 65 years and over make up 13.8% of the Croydon population and residents aged 85 years and over make up 1.9%. These proportions are projected to increase to 16.27% and 2.91% respectively by 2030.

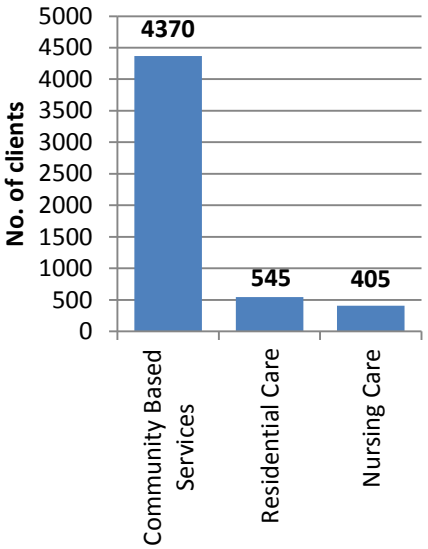


Age band	2011	2015	2020	2025	2030
65-69	2,526,700	2,940,900	2,677,200	2,927,900	3,359,300
70-74	2,044,900	2,238,200	2,739,800	2,507,600	2,753,400
75-79	1,684,000	1,821,000	2,014,300	2,484,400	2,289,500
80-84	1,274,300	1,346,800	1,526,000	1,718,100	2,136,900
85-89	794,300	855,200	976,800	1,159,700	1,335,600
90 and over	432,200	520,500	642,600	816,200	1,063,600

Older People

In 2011/12 the council provided more than 5,000 residents aged 65 & over with a care package, and of these 85% were supported to live independently through community based services.

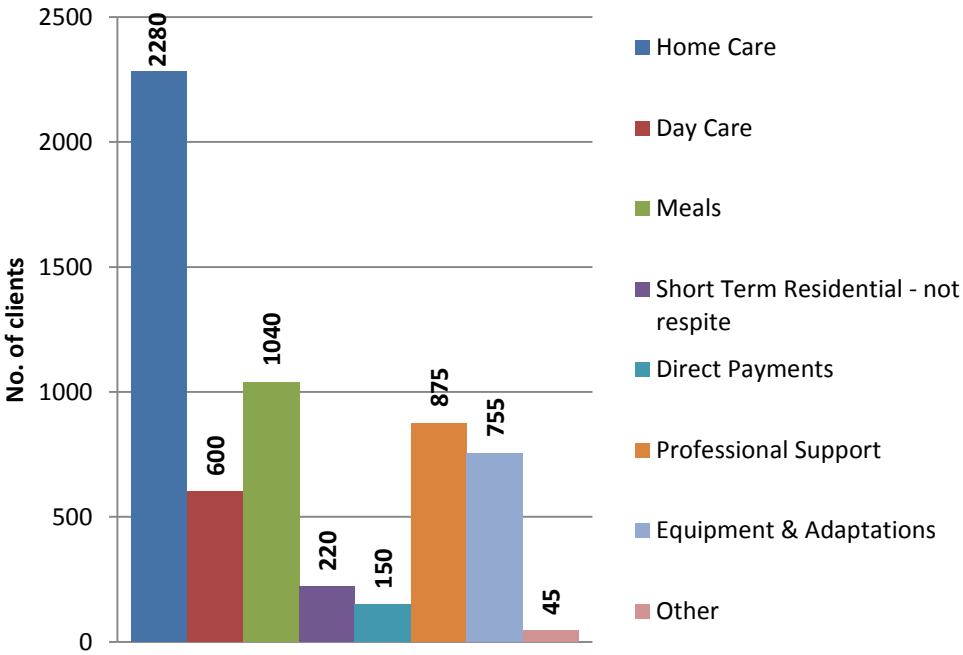
No. of older people (aged 65yrs & over) in receipt of social care services during 2011/12



Source: NASCIS, RAP table P1, 2011/12

Of those older people in receipt of community based services 43% received home care services as part of their care package.

No. of older people (aged 65yrs & over) in receipt of community based services during 2011/12



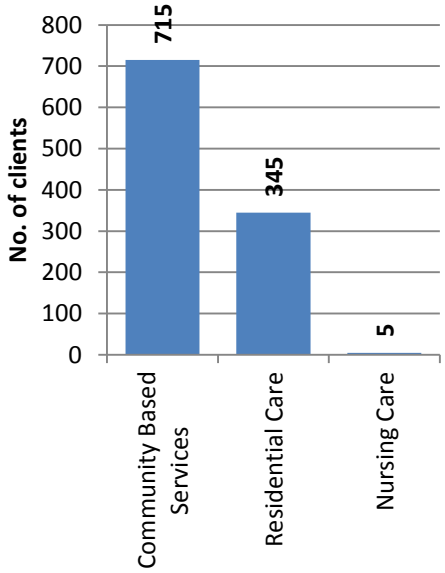
Source: NASCIS, RAP table P2f, 2011/12

Learning Disabilities

There are 5,379 adults (aged 18-64yrs) in Croydon with a learning disability and this is projected to increase to 5,790 by 2030. 5.5% (321) of residents with a learning difficulty are predicted to have a severe learning disability and are therefore likely to be in receipt of services.

In 2011/12 the council provided more than 1,000 learning disability residents aged 18 to 64 years with a care package, and of these 67% were supported to live independently through community based services.

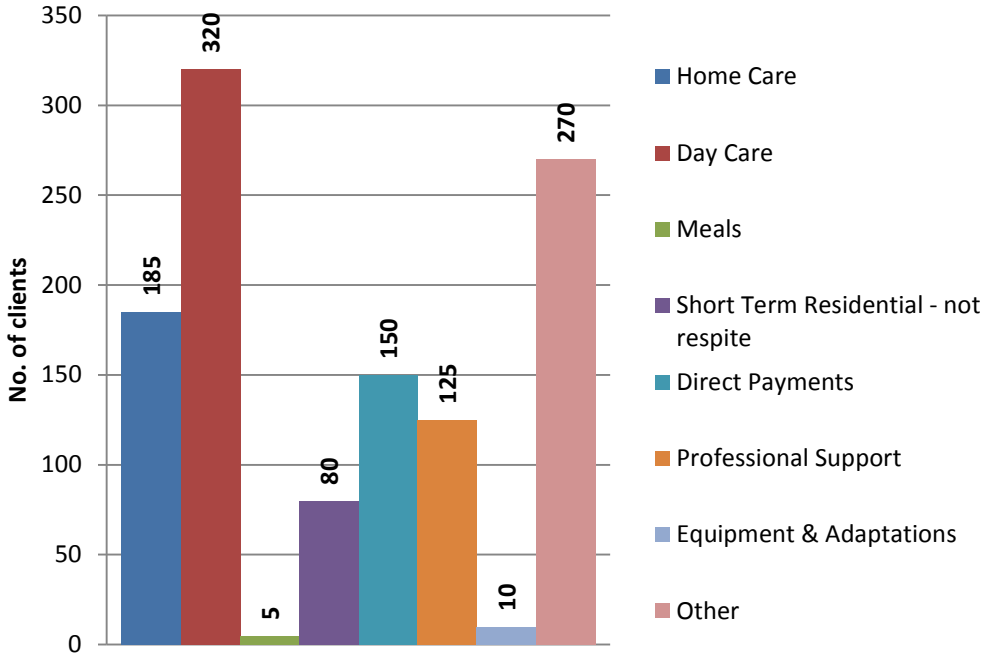
No. of learning disabled people (aged 18-64yrs) in receipt of social care services during 2011/12



Source: NASCIS, RAP table P1, 2011/12

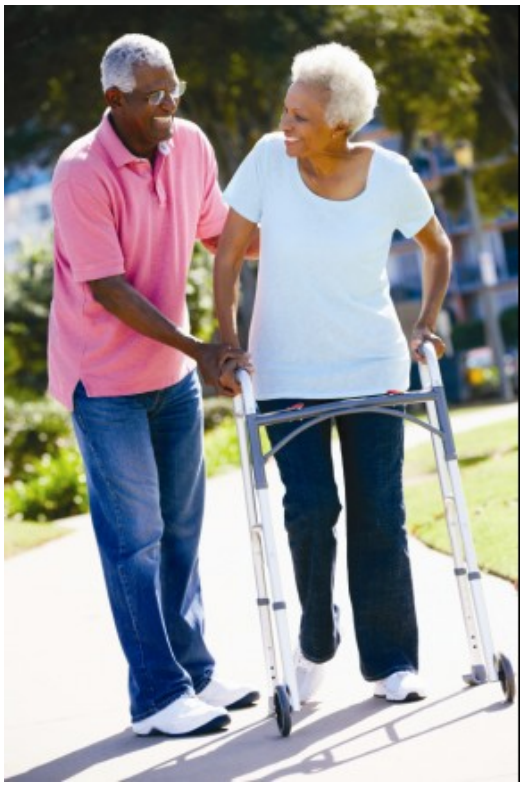
Of those in receipt of community based services 30% were receiving day care services and 25% received other services (such as adult placements, supported living & transport) as part of their care package.

No. of learning disabled people (aged 18-64yrs) in receipt of community based services during 2011/12



Source: NASCIS, RAP table P2f, 2011/12

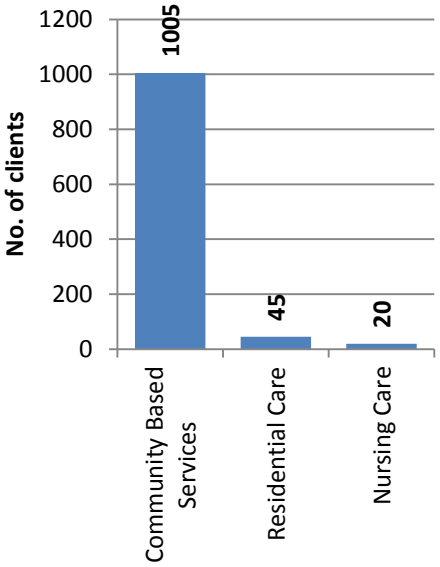
Physical Disabilities



An estimated 16,579 adults (aged 18-64yrs) in Croydon have a physical disability and this is projected to increase to 18,416 by 2030. 28.7% (4,771) of residents with a physical disability have a severe disability.

In 2011/12 the council provided more than 1,000 physically disabled residents aged 18 to 64 years with a care package, and of these 94% were supported to live independently through community based services.

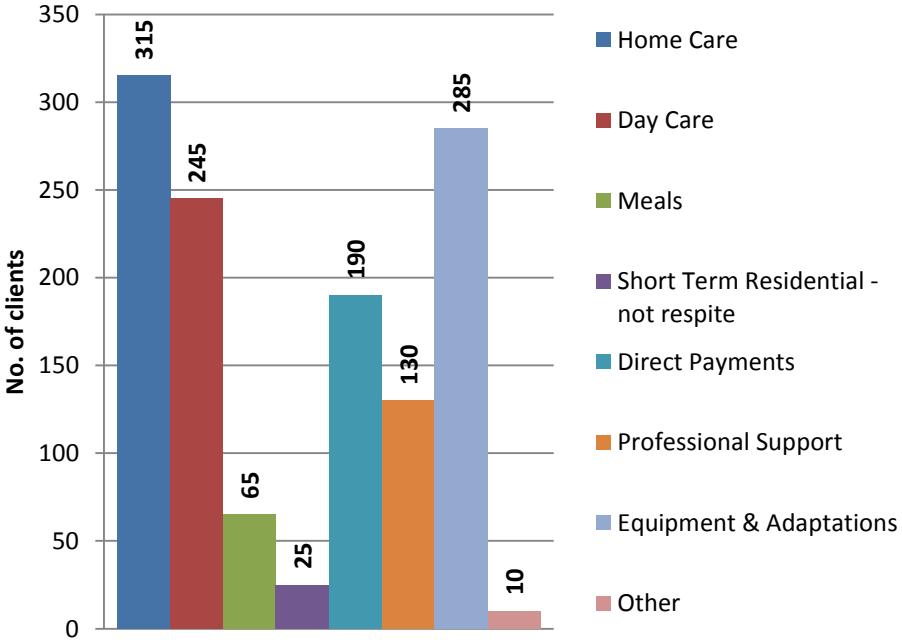
No. of physically disabled people (aged 18-64yrs) in receipt of social care services during 2011/12



Source: NASCIS, RAP table P1, 2011/12

Of those in receipt of community based services 29% were receiving home care services & 27% received equipment and/or major adaptations as part of their care package.

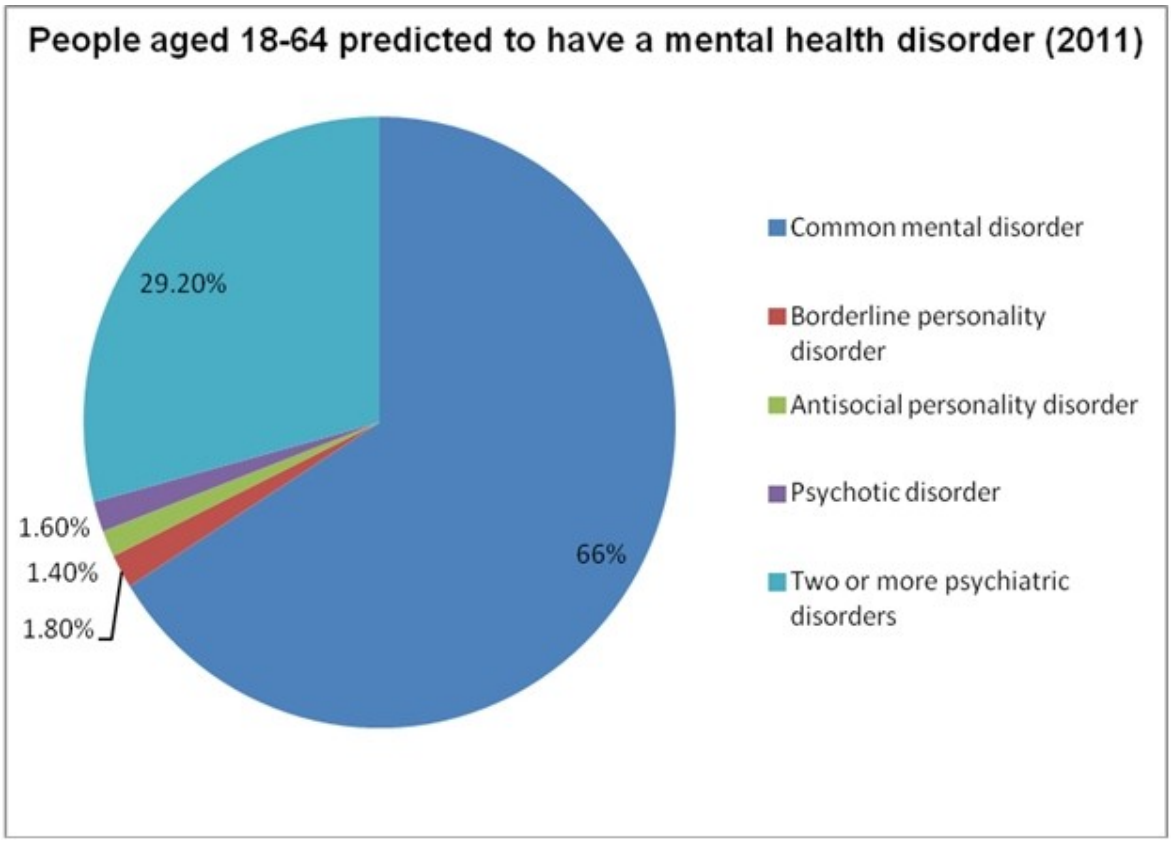
No. of physically disabled people (aged 18-64yrs) in receipt of community based services during 2011/12



Source: NASCIS, RAP table P2f, 2011/12

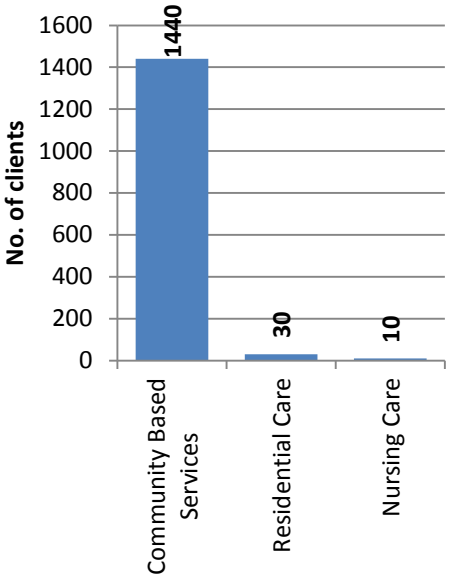
Mental illness

There are 54,253 adults (aged 18-64 yrs) in Croydon with a diagnosed mental health problem. 66% of these people have less limiting mental health issues such as emotional distress, depression, anxiety and obsessive compulsive disorder.



In 2011/12 the council provided more than 1,400 residents with mental health problems with a care package, and of these 97% were supported to live independently through community based services.

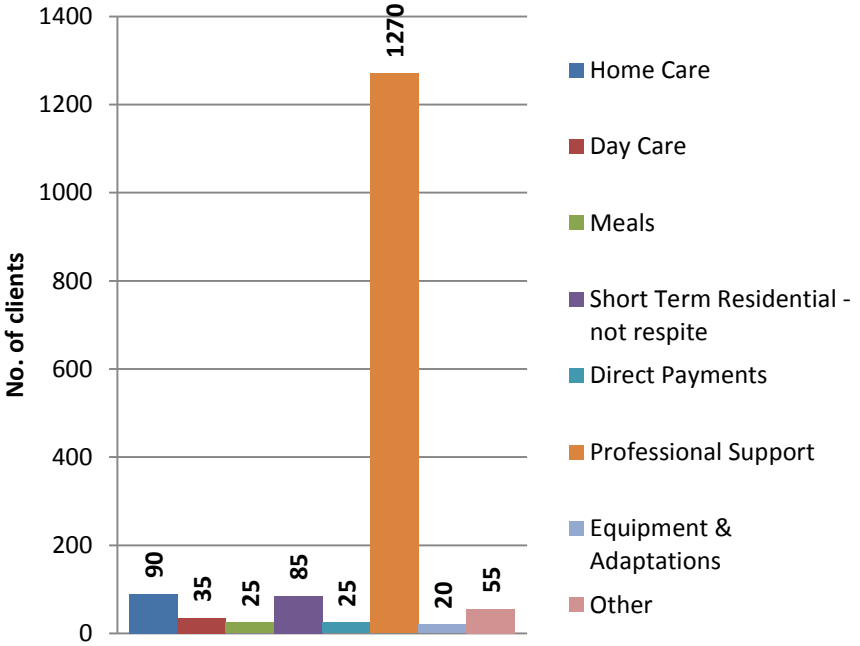
No. of people with mental health problems (aged 18-64yrs) in receipt of social care services during 2011/12



Source: NASCIS, RAP table P1, 2011/12

Of those in receipt of community based services 86% were receiving professional support services as part of their care package.

No. of people with mental health problems (aged 18-64yrs) in receipt of community based services during 2011/12



Source: NASCIS, RAP table P2f, 2011/12

Please note the following from NASICS;

1. Values are rounded to the nearest 5.

The Croydon Adult Safeguarding Board

Adult safeguarding boards are set to become a statutory requirement, under the Care Bill, for each local area with representation of the key statutory agencies (local authority, health and police). The Croydon adult safeguarding board (CSAB) already comprises social services, health, the police and all partner agencies in the voluntary sector and provider groups and has been operating as though on a statutory footing already, with an independent chair of the board and a number of subgroups which take forward the work of the board.

The subgroups are:

- Best practice
- Public awareness and information dissemination .
- Case review and audit
- Learning and development
- Lead practitioners
- Mental capacity act and deprivation of liberty safeguards

Each of the subgroups is representative of statutory and community agencies and has its own work plan which feeds into the overall work plan for the board.

The board takes very seriously its responsibilities towards adults in Croydon who are at risk of harm because they are less able to protect themselves due to a disability, age or long term condition. This may include for example a learning disability, physical disability, serious health condition, frailty, autism, old age or other significant impairment.

During 2012/13 the Croydon adult safeguarding board remained alive to the recent reports and research into the abuse of people who are at risk of harm and met as a board in June 2012 to develop a business plan for 2013/2015 that would seek to address such issues.

The development day in June was a successful event which enabled board members from both statutory, voluntary and provider agencies to work together to agree the priorities for the forthcoming two years in terms of the protection and empowerment of adults who are at risk of harm. Key principles outlined by the government around safeguarding adults at risk of harm were affirmed and objectives established to support them:

Empowerment – I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.
Prevention -I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.
Proportionality -I am sure that the professionals will work for my best interests, as I see them and will only get involved as much as needed.
Protection -I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able.

Partnership – I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me.
Accountability – I understand the role of everyone involved in my life.

The business plan has at its core the following aims:

- To prevent abuse or neglect from happening
- To take a robust approach to reported incidents
- To let people make more choices, and take risks which is balanced with support and protection
- To provide protection and support when it is needed

From these broad aims, eight key objectives have been developed:

Objective 1: Develop an effective CSAB partnership – to ensure that organisations within the safeguarding partnership work well together, share the same aims and understanding and operate with openness and candour in recognising and dealing with poor practice in order to prevent abuse.

Objective 2: Develop the involvement and empowerment of service users and carers in safeguarding adults – to develop means to ensure that service user experience and knowledge is both developed and informs practice, processes and quality assurance approaches

Objective 3: Improve commissioning and contracting activity in the context of Safeguarding Adults, ensuring consistency of approach across the partnership - to develop a health and social care action plan in response to commissioning issues reflected in the Winterbourne View Inquiry reports, to identify patterns in concerns/ issues emerging in commissioned services , to establish consistency of expectations set out in contracts in the context of safeguarding adults and ensure robust monitoring

Objective 4: Continue to focus on quality of care in order to prevent safeguarding issues occurring/ escalating - this includes continuing work on improving dignity standards in conjunction with key partners including CHS and providers. To link this to a local action plan in response to the Francis Report and to develop clear standards around supporting people at the end of their life.

Objective 5: Focus on workforce issues and sharing best practice in: recruitment; supervision; whistle blowing; learning and development, towards greater consistency in practice – to ensure that all partnership organisations develop strong practice around safe recruitment of well trained, competent and compassionate staff who can support quality care and implement dignity standards

Objective 6: Develop a common approach across the CSAB partnership to risk assessment and risk management in Safeguarding Adults – to ensure that all agencies

understand the principles of risk assessment and risk management and are able to balance risk and empowerment, keeping the individual's wishes, feelings and desired outcomes to the fore.

Objective 7: Promote communication across agencies about concerns and patterns of concerns - ensuring a shared understanding of safeguarding issues across all organisations with each agency being aware of its responsibilities and roles and making sure that necessary information is shared appropriately to reduce harm

Objective 8: Improving and Monitoring Practice in relation to Mental Capacity Act responsibilities – to promote learning in respect of the mental capacity act and deprivation of liberty safeguards so that people who lack capacity to make important decisions for themselves are well supported and any decisions made are in their best interest.

Winterbourne View – the next phase

A fundamental part of the function of the Croydon adult safeguarding board is to work in partnership to protect people who are at risk from abuse. On 31 May 2011 Panorama broadcast a programme evidencing shocking abuse of patients with a learning disability at Winterbourne View private hospital in South Gloucestershire. As a result of the abuse some of the people who caused harm have now received custodial sentences. The Winterbourne View abuse scandal has been an on-going reminder across the whole country of the appalling abuses that can occur unless everyone remains vigilant and works tirelessly to root out poor practice. It is a reminder that there is never any space for complacency. Throughout the year, the Croydon adult safeguarding board monitored the action planning to ensure that no adults with a learning disability in Croydon could suffer the same harm as the individuals placed at Winterbourne View private hospital.

Following the exposure at Winterbourne View, the Care Quality Commission (CQC) carried out an inspection of 150 similar services across England and Wales. Croydon carefully considered the implications of this scandal for the welfare of its own residents. No Croydon clients had been placed at Winterbourne View and none of the services subsequently inspected by the CQC were Croydon-based services.

For some considerable period prior to the exposure of the abuse at Winterbourne, Croydon's joint learning disability service had been taking active measures to review all clients who are living in hospital provision for assessment and treatment. The approach of the learning disability services in Croydon has been in line with Valuing People and its emphasis on ordinary living in the community and remaining close to home. This has long been recognised as the safest and most empowering way to support people. It encourages independence and enables active community engagement which makes any forms of abuse easier to spot and to immediately tackle.

Over the last 10 years, Croydon adult services in health and social care have been working on a planned programme, in conjunction with Surrey and Borders Partnership NHS Trust (which accommodated many of Croydon's former long-stay hospital clients), to close all the remaining NHS homes and transfer them to supported housing schemes or to homes registered with the Care Quality Commission. As a result of the success of this programme, only a very small number of people are currently living in hospital provision and all have active care management, which keeps the quality of their care under close scrutiny, with active planning to move each person into an individually-tailored community-based resource as soon as possible.

Whilst the aim is to have very few clients in assessment and treatment settings, there will always be a need for these types of specialist services for people with a learning disability who experience episodes of mental ill health or whose behaviour causes severe challenges. Well run hospitals of this type can provide essential mental health and behavioural assessment and intervention – but, in Croydon, we recognise that this should not be the setting of choice for life.

We have looked closely at the reports on the private hospitals and residential care homes inspected by the CQC across the country following Winterbourne. None of the homes inspected showed the degree and scale of problems uncovered at Winterbourne. One Croydon client was in a private hospital outside of the borough which was found to have moderate concerns, but planning was already underway to move him to community-based living, and a second client was in the process of being moved to an NHS specialist hospital.

Croydon clients in private hospital provision have the protection in place of either a Deprivation of Liberty safeguard (DoLS) or detention under the Mental Health Act (MHA) both remedies requiring regular review and independent representation. Active case management and future planning for the seven clients in Surrey and Borders NHS Trust units continues and their welfare is being secured.

Croydon has now developed a multi-agency action plan to ensure that the key recommendations from the enquiries into the Winterbourne abuse case are being implemented locally to prevent a similar occurrence here.

The action plan covers:

- Individual monitoring arrangements for each service user
- A register of all people with a learning disability in specialist hospital provision
- Arrangements to ensure annual health checks for people with a learning disability
- The appropriate use of protective arrangements such as safeguards under the Mental Capacity act or use of the Mental Health act that includes formal advocacy or legal representation
- Robust commissioning arrangements that include quality standards around use of restraint and whistle blowing policies for staff
- Access to A and E services which have been adjusted to meet the needs of people with a learning disability and training for A and E staff in safeguarding awareness
- Development of increased vigilance and awareness by the police of potential abuse which has led to a new reporting system.

This plan will continue to be monitored for its effectiveness by the partner agencies of the board and the individuals own circumstances have been kept under close review.

Key activity during 2012/2013

The Croydon adult safeguarding board has continued to strengthen its partnership representation to ensure consistent and shared standards and objectives around prevention and management of harm and the empowerment of people who are at risk.

The board developed a number of key areas that included:

- Self neglect - the development of a multiagency protocol
- Advocacy - a review of advocacy provision in Croydon and recommendations to encourage consistency of access and quality
- Serious case reviews - dissemination of learning from serious case reviews in Croydon to ensure key themes are captured and practice improves
- An external file audit – to review the current safeguarding case work in terms of protection and also to move towards greater empowerment of individuals who may be at risk.

Self neglect protocol and procedure

The self neglect, dignity and choice document sets out guidance and procedure for responding to cases of self neglect. This can be a difficult area for intervention as issues of capacity and life style choice are often involved which includes individual judgements about what is an acceptable way of living and degree of risks to self. Even in cases where it appears that the risk to the individual may be significant, there may be no clear legal grounds to intervene. Many decisions will hinge on whether the person concerned has the capacity to make an informed choice about how they are living and the risks to which they are exposed. Assessing capacity in an individual who is resistant to or suspicious of outside intervention is not an easy task. However the risks to individuals can be high with some cases of self neglect

leading to the person's death and local authorities wondering should more should have been done to intervene.

Multi agency perspectives:

The document is designed to be both a multi-agency guide to issues of self neglect as well as offering procedural guidance for case workers in personal support. It is recognised that it is often community and voluntary agencies who become concerned about people who self neglect and that sometimes it is these agencies that are best placed to form non threatening relationships with people over time in an effort to persuade them to accept help.

Guidance:

The documents sets out indicators of self neglect and the role of social services in assessing needs and providing support under the NHS and Community Care Act. The document stresses the importance of good capacity assessment. Often people may have an initial presentation of making a capacitated choice when refusing help but more detailed assessment, if this can be achieved, may indicate that the person's decision making capacity is impaired. This may be particularly true of people developing dementia or with other mental health conditions. It is important to balance people's right to make choices about how they live their life with their protection, especially if they are vulnerable. Robust assessment of the degree of risk and proportionality in intervening is key. The document also sets out the important role of multi-agency partnership working which can help to flesh out a fuller picture and to plan a way forward.

Self neglect and safeguarding:

There are various debates about whether or not self neglect should fall under adult safeguarding processes. Currently Pan London safeguarding procedures do not include self neglect as safeguarding activity usually takes place in the context of a person is being harmed by someone else. However the adult safeguarding board has determined that because of the serious consequences to some cases of self neglect by adults at risk, self neglect is properly a function of the board. The protocol sets out that people who are self-neglecting may receive input from either the assessment and case management teams or may be referred in some cases to the social work and safeguarding teams.

Legal implications:

The document sets out some of the legal grounds for intervention and for data and information sharing. It covers responsibilities under the Mental Capacity Act and other powers to intervene rooted in both social care and public health. The document highlights that there is no one piece of legislation that easily provides a solution in all cases and that restricting anyone's liberty to exercise choice over their lifestyle must be weighed against their human rights and the potential for inappropriate intervention by the state in family life.

Self neglect and child protection:

The procedural guidance stresses the need to consider the welfare of any children who may be affected by issues of self neglect by an adult. Under children's legislation there is a much clearer framework for intervention if the child appears to be suffering harm. Adult social services must work closely with children's assessment and child protection teams in such cases.

Advocacy review

A full review of existing advocacy provision in Croydon was carried out during 2011/12 leading to an advocacy report. The report references what advocacy is and the different forms that it can take. It considers the development of advocacy over the years and its importance in enabling people to attain human rights and greater equality for disadvantaged groups. It sets out clearly the different types of advocacy in terms of advocacy that is required in law and that which is enables improved equality, choice and control but is not mandatory. It also sets out the differences between advocacy that is instructed and non-instructed, family and befriender advocacy, self advocacy , peer advocacy and independent advocacy.

Advocacy is a statutory requirement for people who fall under certain sections of the Mental Health Act and find that their liberty has been restricted as a consequence. Advocacy is also mandatory for people who lack capacity, and who have no one else to represent them, and for whom specific far reaching decisions are being made which will have a profound impact on their life, such as serious medical interventions, changes of accommodation or certain safeguarding investigations.

Statutory advocacy and advocacy under safeguarding:

The report describes the various forms of statutory advocacy:

- Independent Mental Capacity Advocacy for people who lack capacity to make key decisions for themselves and who have no one able to advocacy on their behalf. This is currently funded jointly by the council and NHS Croydon because of responsibilities to recipients of both social and health care.
- Independent Mental Health Advocatory – this is provided for people who fall under certain sections of the Mental Health Act and who therefore find that their

liberties are restricted. This is funded by NHS Croydon.

- Independent Complaints Advocacy for recipients of health services. This is funded by the Department of Health.
- The report sets out the role of advocacy in safeguarding and the various guidance and recommendations, some of which are grounded in legislation, with regard to the provision and benefits of advocacy.

Training for advocacy

The report identifies that there are various levels of experience and training for advocacy some of which leads to formally recognised qualifications. Other forms of advocacy is nonprofessional. The review recommends that it important to ensure that there is a proportionate level and range of skilled advocacy according to the types of issues that people encounter – that is, not all people will need the services of a professionally qualified advocate but equally unqualified advocates must know when the issue at hand goes beyond their level of expertise so as not to provide support which may prove detrimental.

Review of current advocacy provision.

The report sets out the current advocacy services in place across Croydon for adults who are at risk of harm or in need of services and for their carers. The review identifies that in many cases of non-statutory advocacy provision, the funding to partner organisations does not ring fence funding for advocacy as a separate element from wider emotional and practical support. This recognises the fact that in some instances advocacy and more generalised or practical support can overlap and it is not always helpful to create rigid boundaries.

Recommendations:

The report concludes with a number of recommendations for the commissioners of advocacy services, the providers and local safeguarding social workers and case managers.

Serious case reviews

Croydon adult safeguarding board has commissioned three serious case reviews over the past five years. There has not been a statutory requirement to carry out safeguarding reviews

for adults in the same way as there is for children's cases when things go seriously wrong, although this may change in the future. However Croydon SAB has recognised the necessity to learn from such cases in order to develop practice and reduce harm in the future. During 2012/2013 the board redeveloped its serious case review procedure. It agreed that:

A serious case review should be considered when:

- An adult at risk dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death. In such circumstances the Croydon Safeguarding Adults Board (CSAB) should always conduct a review into the involvement of agencies and professionals associated with the adult at risk.

- An adult at risk has sustained a potentially life-threatening injury through abuse or neglect, serious sexual abuse, or sustained serious and permanent impairment of health or development through abuse or neglect, and the case gives rise to concerns about the way in which local professionals and services work together to safeguard adults at risk. Procedures may have failed.

- Agencies or professionals consider that their concerns and suspicions were not taken sufficiently seriously or were not acted upon appropriately by another and those concerns and suspicions were a determining factor in serious consequences.

- The circumstances give rise to serious public concern and/or adverse media interest in relation to an adult or adults at risk.

- Serious abuse takes place in an institution or when multiple abusers are involved. Such reviews are, however, likely to be more complex, on a larger scale, and may require more time. Terms of reference need to be carefully constructed to explore the issues relevant to each specific case.

- A serious crime has been committed against or by a person at risk.

Although there is as yet no mandatory duty to carry out serious case reviews (unlike in children's safeguarding) , it is the view of Croydon Safeguarding Adults Board that this is good practice and that it is in line with on-going continuous improvement in how we protect those most at risk of harm in our society. Croydon has now carried out three serious case reviews which is more than most other London councils.

The purpose of a serious case review is to look critically and candidly at cases when things have gone wrong. The purpose is not to apportion blame nor to reinvestigate the case, which will already have been investigated under safeguarding procedures, but to ensure that learning can take place to prevent similar occurrences in the future and in particular to look critically at joint working arrangements between agencies.

The case of Mrs A

The serious case review (SCR) of Mrs A concerns an elderly woman with dementia who was placed in a Croydon residential care home by a neighbouring local authority. Mrs A died in January 2011 after sustaining a fall down a flight of stairs in the care home. Mrs A's medical condition rendered her susceptible to falls and she had suffered, prior to her death, a number of more minor falls in the care home for which she was treated at Croydon University Hospital and by her GP.

There were clear indications that she was at risk of falling and therefore her death following a fall down a flight of stairs could be viewed as both predictable, unless special risk management processes were put in place, and thus potentially avoidable. A number of agencies had been involved and a serious case review was carried out. This was to find out whether there were factors in how the agencies worked together that may have led to the level of risk for this woman being underestimated.

The agencies who were involved with Mrs A prior to her death were:

- The funding local authority – both an assessment team and a review team
- The care home in Croydon where she was living
- The health authority in her former local health trust area
- The continuing health care team in Croydon
- The GP in Croydon
- Croydon University Hospital accident and emergency department (formerly Mayday)
- The Care Quality Commission with responsibility for monitoring the registration of the care home
- Mrs A's elderly husband and other close relatives

Following Mrs A's death, Croydon social services became involved because her death had occurred in the Croydon area.

The serious case review process looked critically at how key agencies had worked together and how improved practice and joint working might have avoided this death under tragic circumstances.

The outcome of the serious case review process pointed to a number of key areas that can lead to things going wrong.

These included:

- The importance of ensuring that when a person's case is transferred between teams the continuity of care planning is not lost. This requires good management oversight and sufficient staffing cover.
- The risk that when a person is placed outside their home area, especially when it is also in a different area to where close relatives live, monitoring of their care may not be as robust as it should be. This must be identified as a potential risk and extra monitoring set in place. Ideally people should be supported to remain in their local area.
- The need to ensure that a chosen care or nursing home is able safely to meet a person's needs. In Mrs A's case, as her needs increased it became clear that the home was struggling to meet her needs. This was not made known clearly enough to all those involved in her care and was not acted upon quickly enough when it was made known.
- The need to make sure that when a person moves from one health authority to another, relevant medical information is passed on.
- The need to ensure that when key decisions are made, the outcomes are made known to all the people who need to know. In Mrs A's case the outcome of the continuing health care assessment was not communicated quickly enough to her funding authority.
- The responsibility of each agency involved in a person's care to ensure there is a clear and up to date risk assessment in place.
- The need to ensure that relatives are kept fully involved in a person's progress especially when their needs change.

Following the serious case review an action plan was developed to address the points above and changes have been set in place.

Learning from serious case reviews

This case and the two other Croydon cases reviewed over the past five years became the subject of multiagency training events to ensure that learning was disseminated as widely as possible.

Key themes that emerged were:

Risk of falls and falls management in care homes – identified in the Mrs A's case and known nationally to be a major cause of safeguarding concern nationally. Learning from SCR's was disseminated on a multiagency

basis . Fall and falls management has been on the agenda of the care forum and lead practitioners group

Skin viability/ pressure wound issues – staff in residential care homes need more support from TV nurses. Learning from SCR's was disseminated on a multiagency basis

Residential homes need to recognise and raise the alarm when a resident's care needs exceed their capacity to support them safely and social services need to respond quickly to such alerts. In 2 of the 3 SCR's the care home was unable to safely meet needs. The response of the funding authority, external to Croydon, was not always responsive to concerns or requests for additional support. In one case this related to responsibilities of another local authority. Care managers must identify when care homes are unable to meet needs.

The role of continuing health care needs strengthening especially with patients who have a mental health problem (eg dementia) A specialist nurse has been appointed to assist with CHC MH applications – but greater clarity is needed by the CHC MH service as to who case manages a person awarded CHC on MH grounds.

Handover of case responsibility between teams or services needs to be clear especially if a resident moves between boroughs. It is important that the client does not get lost between either services or teams.

- *Supporting clients in hospital -* It is important the Accident and Emergency staff can identify if a patient is at risk of harm and pick up on repeat admissions. Croydon University Hospital (CUH) is now able to fund additional staff support for patients who are at risk. Training has been given to Accident and Emergency staff around safeguarding. A specialist area has been set up at CUH Accident and Emergency for patients who are at risk so that they can be monitored.

- *Assessment of mental capacity in people making unwise choices* - In one case the wishes of the resident were adhered to despite the dangerous impact on her health. Too little understanding of mental capacity assessment and best interest was in evidence. She was allowed to sleep in a chair and refuse personal care which led to critical skin breakdown.

- *The need to involve advocates in complex decision making is critical to good outcomes.* The MCA was still relatively new. A great deal of training has been rolled out since this case and care staff are generally better informed. However continuing advice and guidance is needed when people are borderline in their capacity to make important decisions.

- *The role of s117 of the mental health act is poorly understood* – This relates to the continuing responsibility of a health authority for anyone who has been detained under certain sections of the Mental Health Act. Training on s117 has been delivered at the

care forum and through the Serious Case Review events that have been delivered to a multiagency audience.

- *The importance of clear, multiagency partnership working* - All the cases feature aspects of breakdown in clear communication between partner agencies. Opportunities for specialist input that could have altered the outcome were missed. Clear communication and handover between services at times failed. Understanding of other professionals roles is important, in order to know who to involve.

- *The importance of fully involving family and unpaid carers in decision making if the person lacks capacity.* -The cases all feature some aspects of inadequate or delayed involvement of family relatives.

External file audit:

Adult social services in Croydon already operates a system of continuous internal audit of safeguarding investigations through scrutiny of the files. These audits are carried out by a quality assurance and audit officer and more recently in addition by the new independent safeguarding chairs of safeguarding strategy meetings and conferences. The internal audit system has focused on ensuring that social workers follow not only the correct processes under the London multi agency safeguarding procedure but also complete paperwork correctly to ensure that not only are people made safe but that our records can also clearly evidence this. This audit process, the results of which are called over on a monthly basis by the safeguarding adults project group chaired by Hannah Miller, Executive Director of the department of adult services, health and housing (DASHH) has led to year on year improvements in how we manage the safeguarding process for people.

At the latter part of 2010 and early part of 2011 adult social care carried out a survey of people who has been subject to safeguarding interventions and the positive news was that the majority of people felt safer as a result of the process. However in a significant number of cases people did not feel fully involved in the process and felt that they had been made safe without sufficient consideration of their views or sufficient direct participation in decision making.

In considering the findings of our survey and research from the wider world of safeguarding practice, we knew that we needed to review the way we work together with people to help to reduce risks of harm and how we record that we have done this. We needed to ensure that the process is truly person centred and focuses on the outcomes that people want as well as the paperwork being a useful tool for practitioners. We lent heavily on the learning from Professor Eileen Munroe's work following the Baby P investigation which showed that social workers have been too constrained over recent years by systems which have been designed to ensure their practice is measurable and accountable but has led to practitioners having little space left for using their own professional judgement in consultation with their manager. In essence, in attempting to make practice more uniform and safer we have moved too far

towards a tick box culture of practice which reduces reliance on professional skills and the involvement of the individual, or their representative, to determine their own outcomes, .

Therefore in the summer 2012, we commissioned an external file audit from Tony Benton, CSS, MA, MBA , who has extensive experience with the social services inspectorate of the Commission for Social Care Inspection (now the Care Quality Commission) as well as management consultancy working with social services department to improve performance. The aim was for Tony to work with existing adult social care audit staff to audit safeguarding cases using a method that sought to focus on the person at the centre and their desired outcomes. The review would also help us to consider the current recording system in use so that we could adapt it to become more effective, streamlined and person centred.

The process and outcomes

Fifty files were identified for audit from the list of completed safeguarding cases. The files were selected by the auditors to ensure a fair distribution across all the safeguarding teams. Files were selected also to ensure representation from different clients groups, a representative mix of black and ethnic minority individuals and to include other considerations such as type of abuse and where it had occurred. These files were then audited using the new audit tool. The audits were led by Tony Benton but also involved Richard James, audit and quality assurance officer and Pauline Moodie, safeguarding adults' quality assurance officer and independent chair, in order to cascade this new approach to them and Tony moderated the final results. In addition to auditing the paper files, individual staff members and managers were interviewed and three focus groups were held. The aim of these meetings was to explore what circumstances may have prevailed at the time of the safeguarding process which may have impacted on how the case was taken forward and to gain practitioners views on how to improve the process and recording methods.

Cases were judged to be either –excellent, good, adequate or inadequate.

The results :

- **14** cases were **inadequate**
- **17** cases were **adequate**
- **19** cases were **good**

However the audit found that no service user had been left unsafe. Further the audit also found that performance overall was good as was capacity to improve.

It was found that overall:

- Responses were proportionate - there was no evidence of a heavy handed approach.

- The initial response to alerts was prompt. Threshold assessments and decisions were being completed without undue delay, and initial risk assessments and protection plans were being put in place in a timely way.

- Where the circumstances of a case required an inter-disciplinary or multi-agency approach, this was happening and adding value.

- Some of the case work was very sensitive, skilled, and carried out under difficult circumstances.

- Some of the recording of direct work with service users was of a very high standard and it was nearly always signed and dated by the author. It was better than the external auditor had seen at many other local authorities.

- With some cases, it was clear that the views and wishes of service users had been taken into account. Some service users clearly exercised choice and control over how their needs were met.

- The minutes of some formal meetings reached a good standard.

- With some cases, it was easy to see timely managerial oversight.

- Where the people who had allegedly caused harm were themselves vulnerable, this was recognised and responded to.

- Broadly speaking, the provisions of the Mental Capacity Act were being followed.

Following the interviews it was found that:

- Staff feel 'safe to practice' ("safeguarding is in a better place than it was three years ago").
- Frontline staff valued the guidance and support provided by their managers.
- The culture around safeguarding is positive.
- The expert advice provided by the professional standards team is highly valued.
- The new structural arrangements for safeguarding are viewed as positive. Benefits include a clear focus, very supportive colleagues and the opportunity to learn and develop practice.
- Access to training is good.
- Contributions from other disciplines and agencies are valued (but not always timely).

Over the coming months we will continue to address the other issues raised by the audit, some of which will be included as part of a mid to longer term plan. The audit has resulted in a review of how safeguarding work is recorded to make the process more user friendly and to allow social workers to spend more time with people and less time record keeping. All recording now is via an electronic social care system which cuts out manual recording.

Practitioners are finding that the new system which is less process driven has allowed greater scope for professional judgement and more importantly time to listen to the voice of the individual.

Care Forums

The Croydon Care Forums are cited within the SCIE report 41 as an example of good practice in preventing abuse. Within the borough there are almost 200 care and nursing homes and just fewer than 80 domiciliary care agencies. The forum meets every other month and has a focus on either adult safeguarding practice or the closely associated issues concerning the Mental Capacity Act.

The forums grew throughout the year as more of the care providers within the borough took advantage of joint learning, partnership working and a commitment to best practice. The forum is regularly attended by about 100 providers within the borough.

Over the last year the forum has organised presentations from the London Fire Brigade and the London Ambulance Service (LAS). The LAS are ever present members of the care forum and their contribution has been significant. The LAS have raised at the forums the issue of care and nursing homes having protocols in place for the safe admission of service users into Accident and Emergency outside normal office hours.

In September 2012 a whole forum was dedicated to end of life care and best practice guidance around this very sensitive and high profile subject. St Christopher's Hospice has been a very active member of the forum and their work has involved both nursing and care homes.

In addition to the care forum each contract compliance team within learning disability, mental health, older people and domiciliary care also hold regular meetings with an emphasis on contractual obligations.

Membership of the forum is open to Croydon providers and enquiries should be sent to sophia.braithwaite@croydon.gov.uk

The various care forum power point presentations are available via the dignity in care websites and are always sent out to attending providers.

Dignity in Care

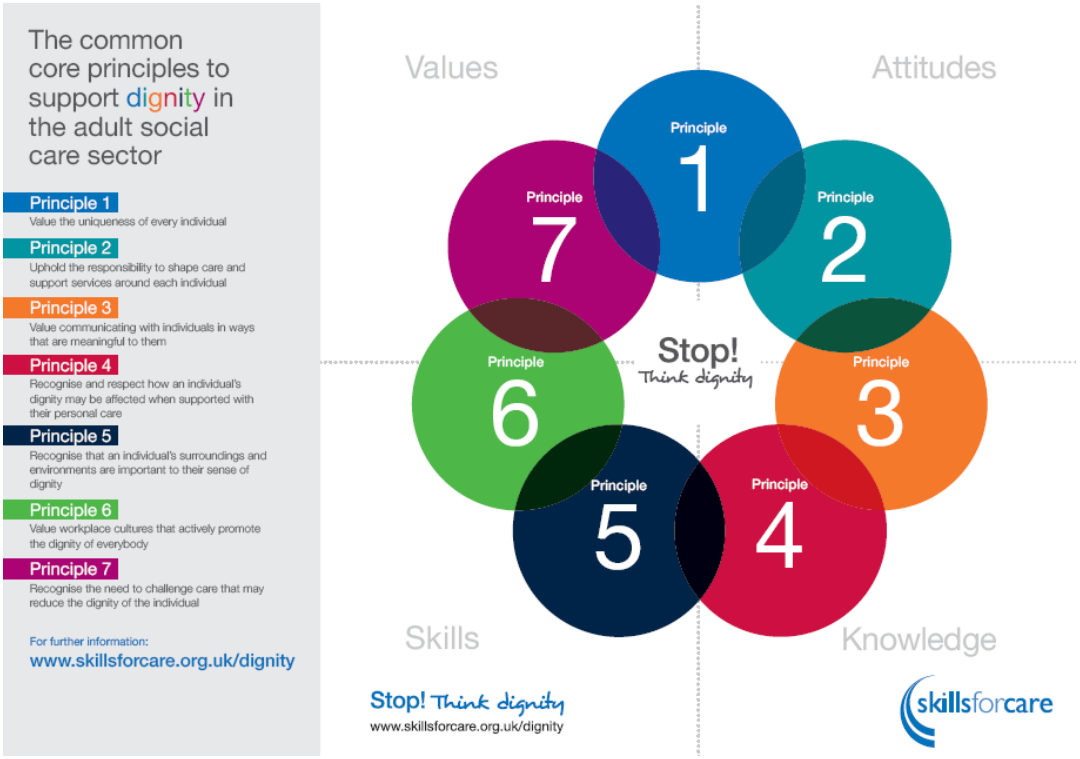
The dignity initiative is is linked to the safeguarding agenda in many ways. Most explicitly perhaps via the ten

dignity challenges led by the first – ‘Uphold a zero tolerance of all forms of abuse’. It is also integral to the principle of prevention and partnership working.

Dignity work reaches out to the whole borough and not just to those directly involved in care work. Over the last year we have grown the number of people who have registered as dignity champions to almost 400 individuals. In response to the interest generated we have organised regular events and training opportunities.

A safeguarding and dignity in care course was presented on over 20 occasions. This work will be on-going as the Skills for Care common core principles around dignity are rolled out from the summer of 2013.

In February 2013 another celebration of dignity in care work within the borough in order to mark National Dignity in Care Day was held. Members of the council have launched these events and this reflects the commitment given to the subject across the borough according to role and responsibility. The presentations given on high profile dates and at regular forums are available via a dedicated dignity in care website.



Croydon College became a major dignity partner by rolling out the dignity awareness course to all of their health and social care students.

Throughout the autumn of 2012 volunteers working with Croydon Link at the CVA office attended a series of training events on Saturdays. This work raised their awareness of dignity in care and informed their judgements as “enter and view” visitors.

Service Users

Service user's involvement in safeguarding work is central to all work. This year saw a focus on consultation and informing service users of new SCIE guidance and the dignity in care initiative.

Whilst in Croydon we do not have service users directly represented on the Safeguarding Adult Board (SAB), we make extensive use of service users' forums. These report to sub-groups of the SAB, most notably the Public Awareness and Information Dissemination (PAID) and Best Practice Group.

We must continue to ensure that there is good communication between all elements of the board, so that people who use services can have input into decision making.
Formal consultations were held with Hear Us – a group representing mental health service users, Croydon Older People Network and the Better Understanding Group – representing people with a learning disability. The pre-existing service users' forum continued to meet at Christchurch Hall throughout the year.

Different adult safeguarding priorities were identified by each group and fed back not only to the CSAB and sub committees but to the lead practitioner group and in newsletters.

A review of advocacy services within the borough took place this year. The access to advocacy is key in empowering service users who lack confidence or knowledge of adult safeguarding process and jargon.

The audit of service user files and service user's views also informed the need to encourage practitioners to record the views of people who use services during safeguarding processes. Having records that record users' views accurately is a way of involving them, particularly given that some may not want to be asked to recall distressing experiences later for audit purposes. As in so many other areas, this year saw a number of changes – the new AIS system meant the case recording system changed. Even so the views of service users must continue to be recorded accurately.

The BME (Black, Minority Ethnic) forum through the PAID subgroup also ensured that time and resources were committed to overcoming barriers to involvement, particularly with groups who are seldom heard, for example BME elders, and people with dementia. The poster used by the CSAB was redesigned in line with the feedback and recommendations of this group. The poster was subsequently printed off – at a very competitive price from Croydon Neighbourhood Care Association and publicised throughout the borough.

This year the Social Care Institute for Excellence (SCIE) also produced an Easy Read version of the Pan London guidance and an At a Glance Guide. These provided another means of making safeguarding more accessible to service users.

The Care Support Team Annual Report 2012 - 2013

The care support team is a vital component of preventing harm to people who use residential, nursing homes and domiciliary services by helping to raise standards of care through close work with these providers and the provision of training and advice. This report, and the evidence underpinning it, will be used by the Care Support Team to influence future activity over the next year and as a means of reviewing present workload and responses to the wide variety of referrals for intervention with provider services within Croydon.

This year's report reflects the challenges faced as a result of the increasing requests for support from Croydon care providers combined with the significant increase in demand for advice and guidance from in-house staff, our partners in the third sector, all of which have stretched limited resources as far as possible.

While these pressures are difficult to manage, they reflect the continuing success of the team and the positive reputation that has developed since its inception in 2006. These pressures include the growing demographic changes in the older population, the complexity of needs as frail older people are surviving longer and as more adults with disabilities are being supported to live independently in the community.

The Annual Report is supported by additional detailed information about performance and scope of activity during 2012-2013. The report sets out the range of strong collaborative partnerships which have been built up by the team with both internal and external agencies such as the commissioning and quality compliance teams, the safeguarding adults coordinator, the care management teams, community mental health teams, London Ambulance Service, the Health Protection Agency, the Care Quality Commission, St Christopher's Hospice End of Life Care, and Community Pharmacy Advisors.

The team works collaboratively with managers and staff in Croydon provider services to identify and embed best practice, whilst strengthening knowledge and skills of staff around the increasing complexity of multiple needs, dual diagnosis, and enduring health and social care needs.

The Government funded investment plan for hospital discharge and reablement initiative included fifteen separate work-streams. The key investment for best practice covered by the Croydon Care Support Team resulted in the appointment of a project offer and two project nurses. This initiative was aimed at care homes to improve audits of tissue viability and infection control to prevent admissions and readmissions to acute hospital care. The project sought to reduce the impact of transmission of infections including MRSA and clostridium difficile which leads to avoidable admissions to hospital. A secondary aim was to enable earlier hospital discharge by the better management in care homes with and without nursing.

Developments since the project nurses joined the team have centred on carrying out detailed infection control and tissue viability audits, identifying areas for improvement and then working directly with managers to find positive solutions to such problems as frequent changes in technical procedures, limited resources and resistance to change. The project

nurses address gaps in skills and knowledge of staff by training, direct intervention and hands-on work, role modeling and the continued support of other members of the team. The team's drive is one of raising standards, embedding best practice as well working directly with staff to avoid inappropriate hospital admissions.

Following a recent internal review within the department of adults services, the team along with colleagues in adult safeguarding services, amalgamated with commissioning to become part of Professional Standards. This was a positive step as team members are committed to making a contribution to the raising of standards in provider services achieved by working collaboratively with managers and their staff at all levels. This ensures that residents of Croydon receive the best possible standards of care whether in day centres, care or nursing homes or domiciliary services.

Requests for the team's involvement and intervention have grown considerably. With limited resources of five operational staff, one project analyst and a team manager it has been necessary to devise a system of priority for referrals. The team is currently able to meet the present demands, although there will be a limit to the ability of the team to respond to both the scope and range of requests if these increase.

2012 – 2013 Care Support Team Activity Report

Introduction

As with many services this has been a busy year for the team. This report will provide an overview of activity of the team, the liaison roles with external agencies, evidence of the outcomes following the intervention of the team and statistical data.

The report concludes with information about the referral criteria, operational policy and future team developments.

Team Membership

Currently there are three permanent operational team members and three further team members funded through reablement money, with management support provided by the Lead Officer for Mental Capacity Act and Deprivation of Liberty Safeguards.

Not all these posts are full time. Two posts are seconded and are financially resourced from budgets held in NHS Croydon and SLAM.

The reablement project nurses and project officer are subject to short term contracts initially funded for two years.

The team comprises the following members representing social and health expertise.

Two specialist project nurses (Infection Control/tissue viability/diabetes)

One senior community psychiatric nurse

One senior community nurse with many years' experience of district nursing

One senior practitioner social worker

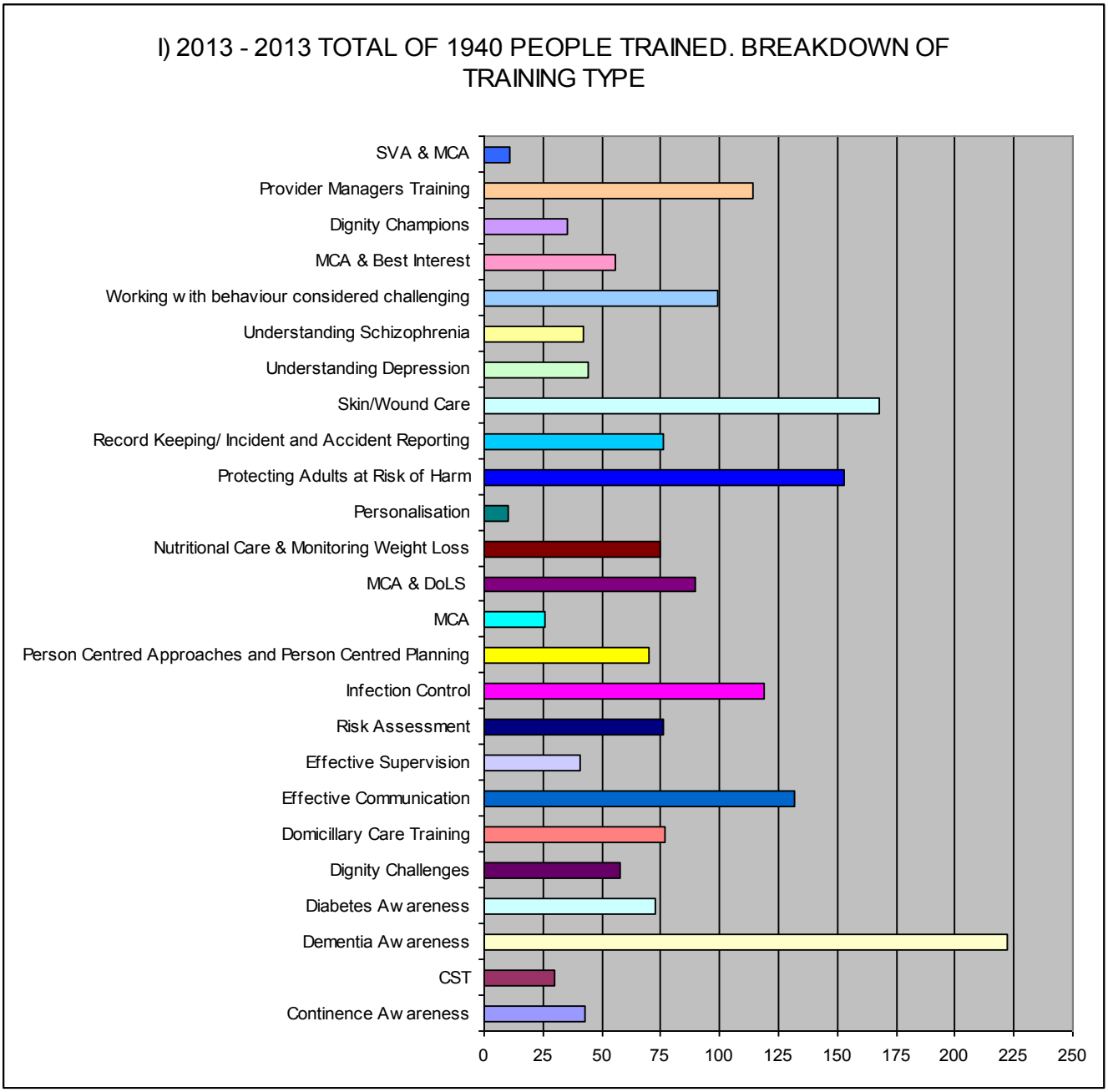
One project officer who conducts base line audits and collates and analyses information for the Reablement Board.

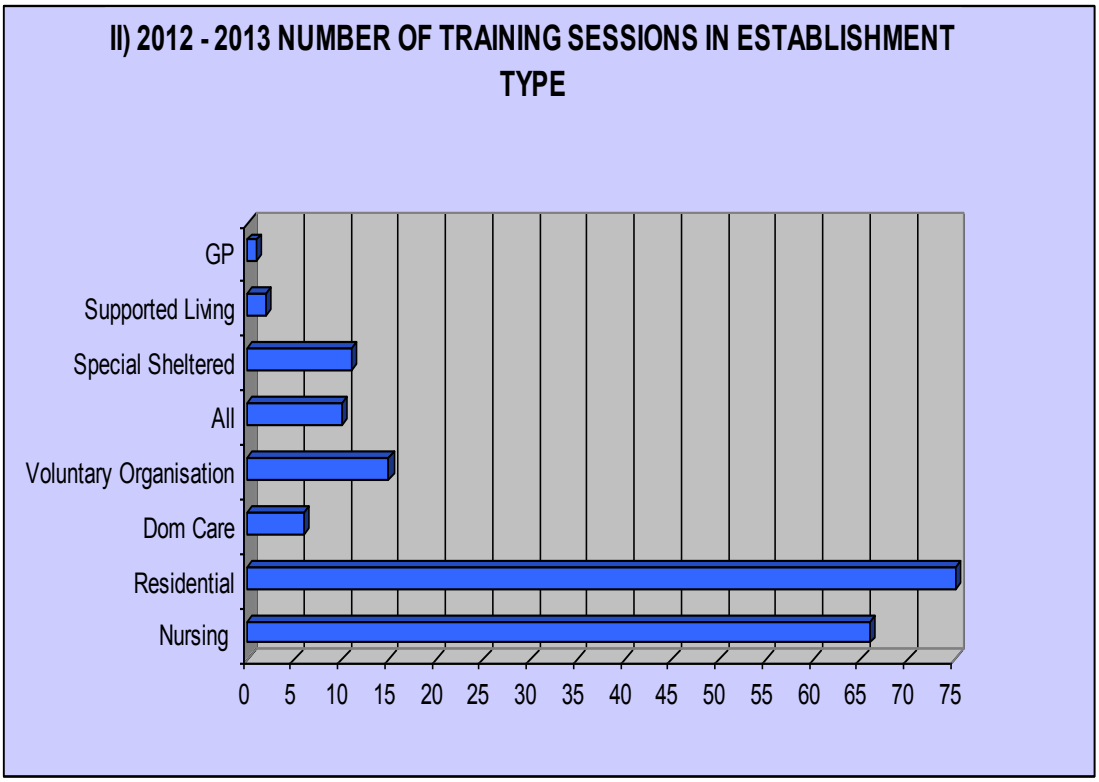
Knowledge, skills and experience of the team.

Together team members represent experience of physical health, mental health and social work and have highly developed auditing and analysis skills. All team members have proven ability in their specialist skills area.

A large part of the team's work involves building rapport and trust with managers and their staff some of whom have a degree of mistrust and caution at the prospect of the team's involvement. Being able to overcome initial resistance in order to achieve improvements in working practices requires team members to build sound working relationships.

2012 – 2013 Care Support Team Training Data

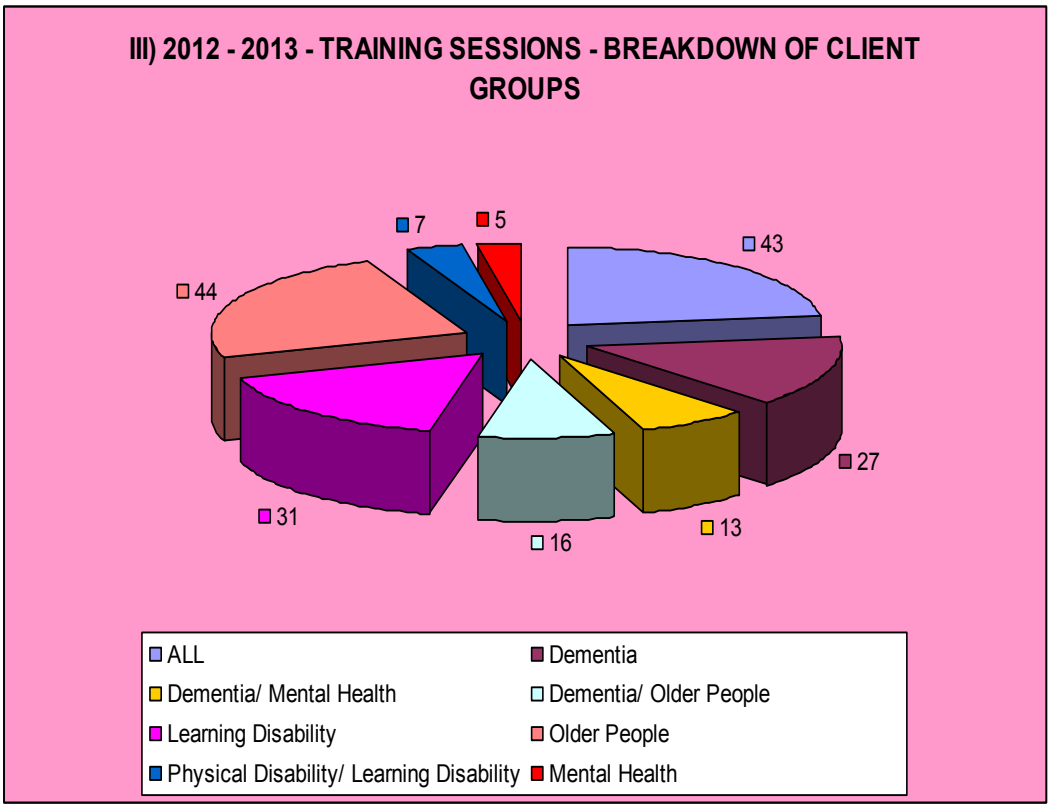




By far the greatest number of sessions has been provided to staff in residential care. This reflects the fact that registered care homes are the largest group of providers of institutional care within Croydon. This number is closely followed by nursing homes.

Of note is the number of voluntary agencies and services which have requested the teams support this year. Interestingly, Croydon Voluntary Action asked for input from the team to support the training needs of volunteers with Health Watch Croydon before taking on a role of visiting residents in care and nursing homes. Two full programmes were delivered to these volunteers with sessions being scheduled when volunteers could attend. These sessions took place on Saturdays.

The team has also worked closely with Croydon's Black and Minority Ethnic worker who has been steadily building connections with minority groups across Croydon. The team has provided one-off sessions on a variety of topics including dignity, safeguarding and effective communication.



As the team's reputation has grown there have been a number of requests from other boroughs and health authorities for information about setting up a similar service. The team have presented their work to:
Margaret Butterworth care home forum in London
Councils in Aylesbury, Buckinghamshire, Barnet, Richmond and Bromley
The Care Quality Commission

Other presentations have included
Mental Health Team (Older Adults) Purley,
Care Home Forum
Dignity In Care Forums
Mental Capacity Act and Deprivation of Liberty Forum
Mental Health Provider Services Forum
Local BME Forums
Croydon Voluntary Action

All training courses and workshops are based on core standards and cover key messages which have been identified after discussion with managers. Sessions are bespoke to meet the individual learning needs of staff. The team takes additional factors into consideration when designing sessions, including outcomes identified as part of safeguarding conferences, protection plans, reablement audits, regulatory frameworks, codes of practice and CQC inspection reports.

List of available training courses
Protection of Adults at Risk of Harm
Effective Communication
Developing Person Centred Care Plans
Person Centred Approaches to Providing Care to others
Records & Recordkeeping/Incident & Accident Reporting and Recording
Understanding Dementia
Person-centred Dementia Training (3 days intensive course)
Working with complex behaviour seen to be challenging
Understanding Depression
Dignity In Care Settings
Introduction to the Mental Capacity Act (MCA) In Practice
Mental Capacity Act 2005 in Practice & Deprivation of Liberty Safeguards (DoLs)
Mental Capacity 2005 Expectations and Requirements of Best Interest Meetings
Fundamentals of Supervision for supervisors
Making the most of professional supervision sessions (for supervisees)
Understanding Risk Assessment in communal living environments
Personal Care Advice for Carers
Infection Control & Practical hand washing techniques.
Continence Awareness/Catheter care
Diabetes awareness/Foot care/Practical sections
Nutritional Care & Monitoring Weight Loss
Loss, Adjustment and Transitions into institutional care
NMC Code of Practice
Activities
Prevention and Management of Pressure Ulcers
Schizophrenia Awareness
Wound care Awareness

The following programme of three days training was delivered to almost eighty staff.

<u>26th September 2012</u>

- Effective communication (Attitude, behaviour and appearance)
- Pressure ulcers
- Mental capacity awareness for staff working in domiciliary care

<u>31st October 2012</u>

- Record Keeping
- Dignity and Compassion
* Dementia Awareness
* Understanding Diabetes

- <u>5th December 2012</u>

- Infection Control
- Safeguarding
  business
* Risk Assessment
* Pharmacy – Are medicines a risky

Provider Managers Training – reinforcement of regulatory frameworks, new statutory requirements and new best practice initiatives

The experience of the team had identified that managers would benefit from dedicated training with a clear focus on their responsibilities to residents and staff. Furthermore that this training would be best delivered away from their usual place of work to avoid constant interruptions, time for reflection, and to provide opportunities for managers and senior staff to meet others with similar responsibilities. Alternative venues were identified and the first programme of three sessions commenced in January 2013. The feedback from managers has been so positive that a further programme has been scheduled from January 2014.

25th April 2012

- The consequences of poor communication for managers
- The importance of record keeping, recording & reporting incidents
- Managers' responsibilities for day to day risk assessment: personal context in shared living environments

30th May 2012

- Diabetes awareness
- End of life care
- Person centred approaches to care - an essential ingredient to supporting and working with people that affects the whole culture of a service
- Community pharmacist update

30th January 2013

- Skin/wound care and pressure ulcers and safeguarding responsibilities of managers and staff.
- Infection control/ health care acquired infection/ the ten compliance criteria.
- Continence and catheter care.
- Role of health protection unit with regards to supporting and advising care home managers.

27th February 2013

- Dementia care – the importance of developing person centred approaches. Awareness of barriers experienced and difficulties caused by dementia.
- Mental health awareness – signs, symptoms and treatment
- Dignity in care – the challenges for managers - what you need to know.

27th March 2013

- MCA & DoLS – The legal principles.
- Risk assessment – what you need to know as a manager of a provider service.
- CQC compliance
- Diabetes awareness

A total of ninety provider managers attended the provider manager's training programme over the three days in January, February and March this year. These sessions were deliberately focussed on reinforcing the legal requirements, governance arrangements, accountability, and quality issues for safety and well-being of service users. As many managers are unable to attend training sessions with their staff, these dedicated sessions offer managers and their seniors, time to explore key messages and updates on significant changes in practice, health related issues, government guidance, as well as guidance on where to obtain further sources of support.

Reablement Activity

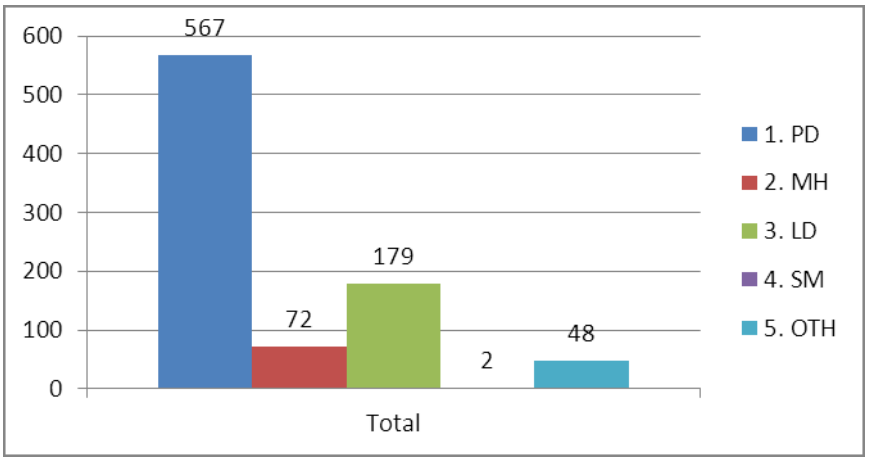
The reablement process begins with a base line audit of infection control and tissue viability. A total of 61 baseline audits have been carried out in 2012-2013. Ten of these homes have been identified as being on the list of homes that have the highest accident and emergency attendance which could potentially be avoided.

The audit tool has seventeen areas for detailed scrutiny, the outcome of which identifies areas that requires immediate or longer term improvements. The detailed audits include the scrutiny of procedures, clinical practice, management and disposal of waste, cleanliness of the environment and the management and storage of medication.

Within 2012 – 2013 the project nurses worked directly with **39** homes (not including the provider managers training) within this reporting period. Four hundred and eighty eight interventions were carried out.

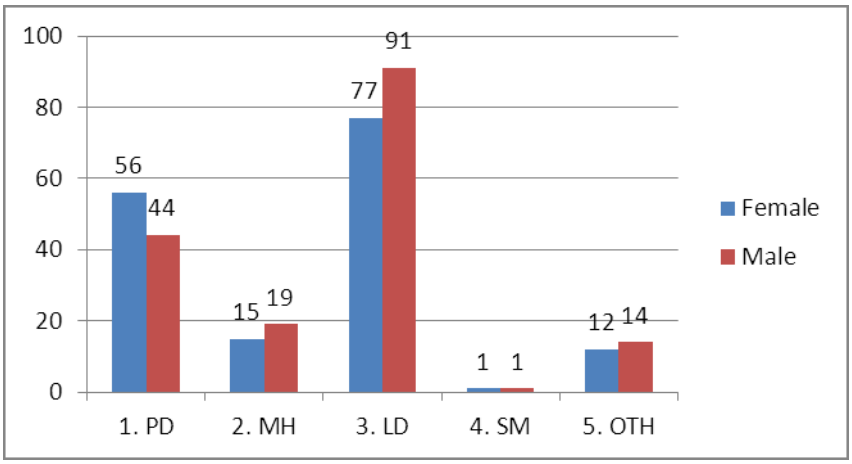
Safeguarding activity in 2012/2013

1. Number of Referrals for Alleged Abuse



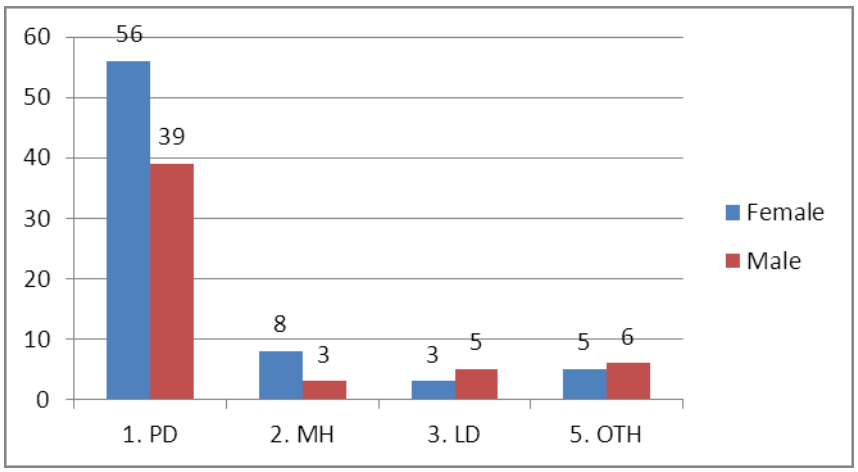
- 868 Safeguarding referrals were made between April 2012 and March 2013
- Of these 567 (65% or two-thirds) of referrals concerned clients categorised under physical disability (PD). Elderly and frail clients are also counted in this category.
- It is notable that there were only two clients categorised under substance misuse (SM). Rather than accurately reflecting the vulnerability of those with substance misuse issues, it is perhaps more likely that:
    - This group is under-reported and therefore under-represented, and/or
    - Substance Misuse may be listed as a secondary category to something else (e.g. Mental Health)

2a. Number of Referrals for Alleged Abuse – 18-64 Age Group



- Despite the overall pre-dominance of clients listed under the category of Physical Disability, within the 18-64 age group, it is actually those with Learning Disabilities that dominate in this instance.
- In part the dominance of the Learning Disability category in this age group may be attributed to the fact that the majority of referrals for people in the physical disability and frailty category concern people over the age of 65.

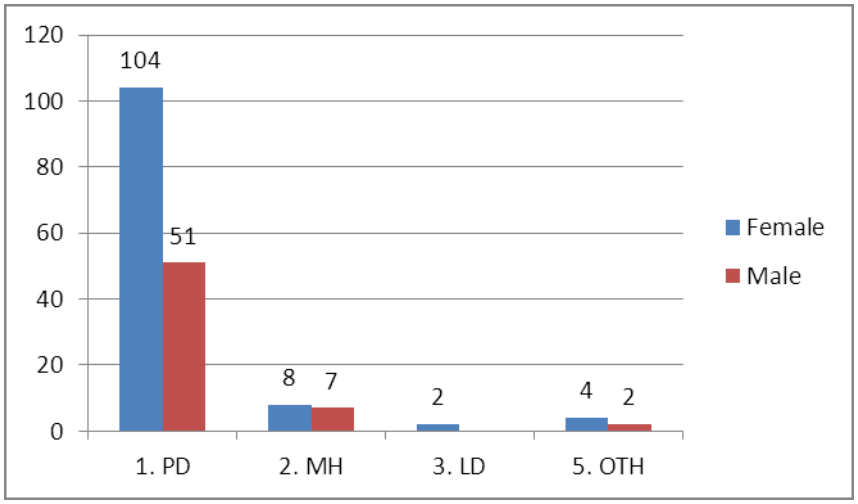
2b. Number of Referrals for Alleged Abuse – 65-74 Age Group



- As the age group gets older, clients categorised under Physical Disability, which includes frail elderly, become and consistently remain by far the most dominant group subject to safeguarding referrals in the financial year.
- An explanation for this is that elderly and frail clients (themselves particularly at risk of abuse) are also categorised under the Physical Disability umbrella.
- It is also particularly notable that women across all age groups in the Physically Disabled category are subject to more referrals than men. **Furthermore, this difference increases quite dramatically with the ages of the client groups.**

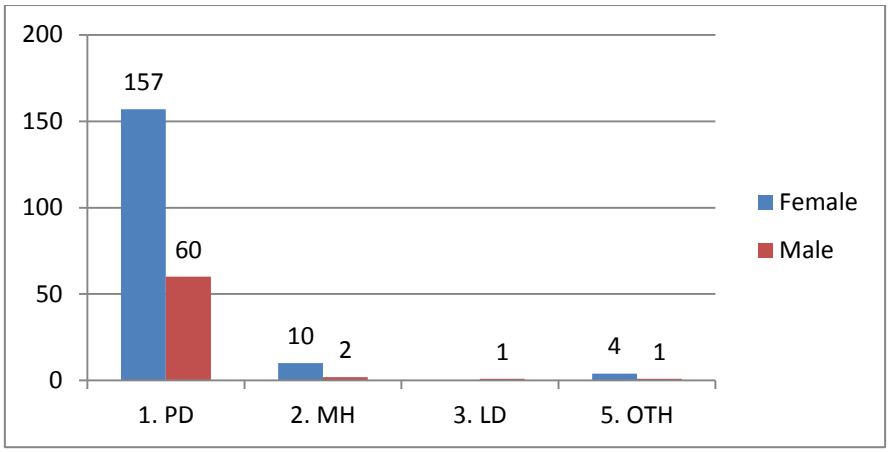
- This may reflect the greater longevity of woman and the fact that more women populate care homes than men.

2c. Number of Referrals for Alleged Abuse – 75-84 Age Group



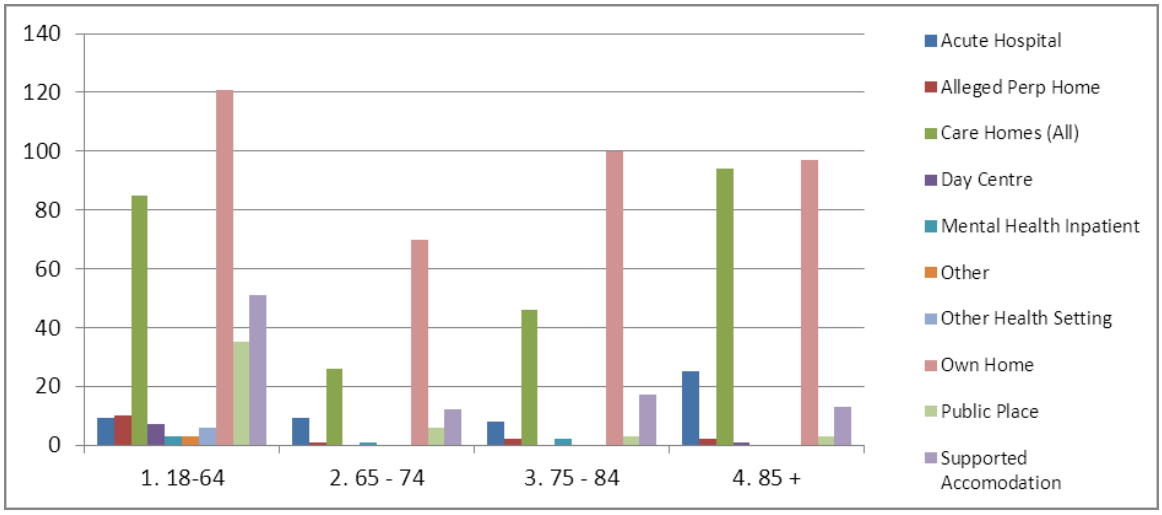
- Particularly when compared to the previous 65-74 age group above (chart 2b), it is notable that:
  - Clients under the category of Physical Disability dominate even further in respect to referrals for alleged abuse (155 compared to 95 for the 65-74 age group), and
  - The number of referrals for women (104) in this category is now just over double that for men (51). For the 65-74 age group the difference between women (56) and men (39) was much smaller (i.e. 15 referrals).

2d. Number of Referrals for Alleged Abuse – 85+ Age Group



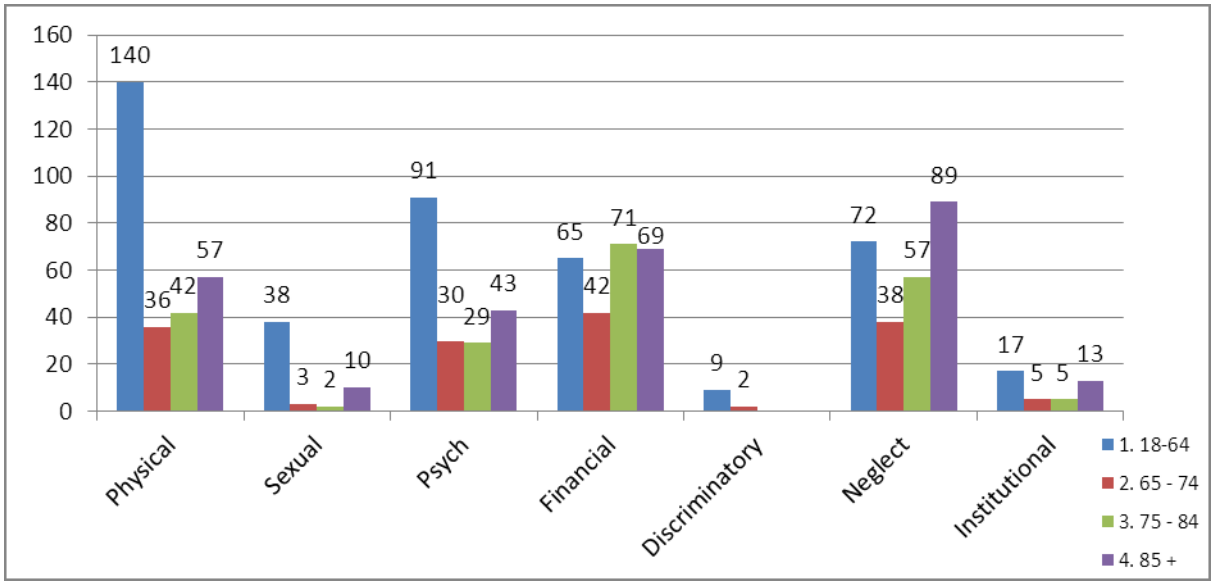
- Again, there is a clear link between the increasing age group of clients, the increasing dominance of clients under the category of Physical Disability, and the increasing dominance of women in particular within that category.
- Again the difference in the number of referrals for women in the Physical Disability category (157) compared to men (60) has increased substantially.
- Overall, it would seem that as the client age group increases, either women are more at risk of abuse, and/or more referrals are being made for women than men.

3. Location of Alleged Abuse for Referrals



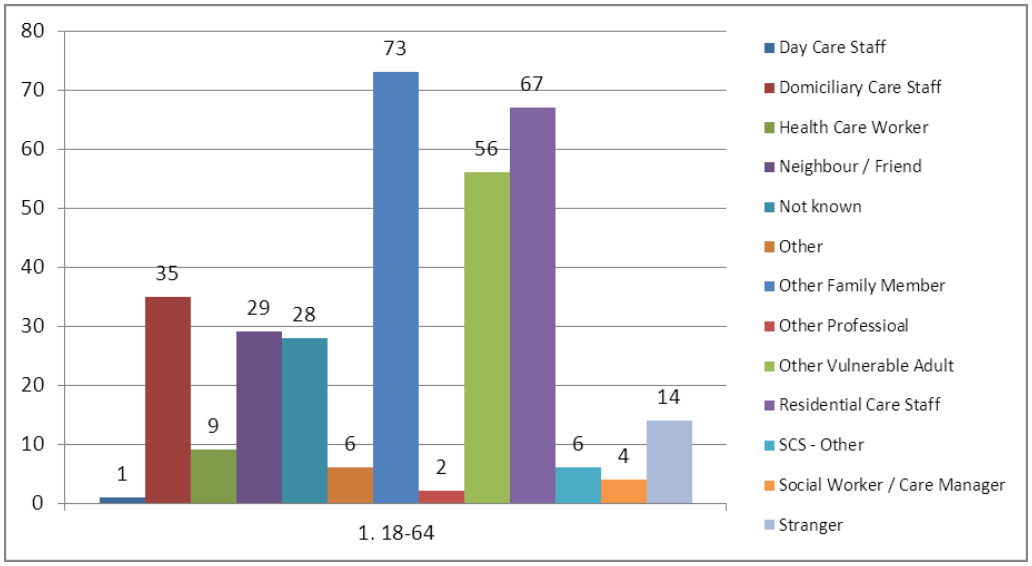
- Across all age groups, there is a consistent pattern of the Clients' own homes (388 total) being the most common location of alleged abuse, followed by Care Homes (251 total).
- In both instances, there seems to be a correlation with carers and other family members recorded as the people most common alleged to have caused harm (the latter of whom may also be carers). See graph 5a for further details.
- It should be noted that particularly given the recurring prevalence of public scandals regarding the poor treatment of NHS patients (especially the elderly), the "Acute Hospital" category reflects an increased referral rate for older people of 85 years plus.

4. Nature of Alleged Abuse for Referrals



- Physical abuse, financial abuse and neglect – in that order – are overall the most common forms of abuse alleged. Physical abuse is particularly prominent amongst the 18-64 age group. The group next at risk are those aged 85+ where financial abuse and neglect predominate.

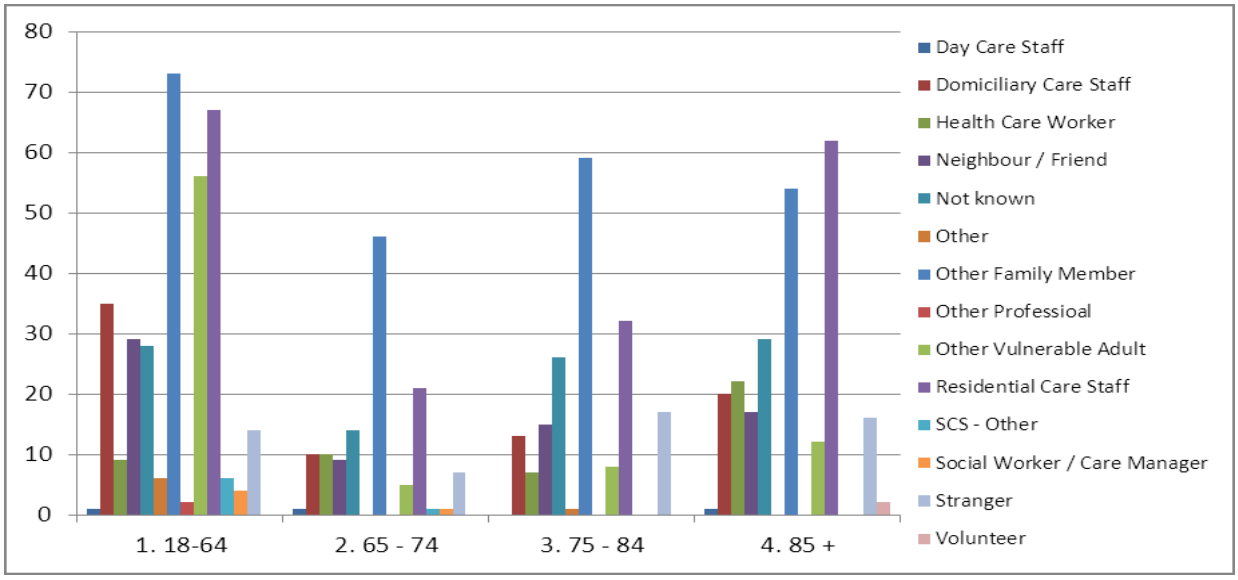
5a. Relationship to the Alleged Abuser for Referrals – 18-64 Age Group



- Other Family members (73) are most commonly recorded as the person alleged to have caused harm , followed by residential care staff (67), other vulnerable people (56), and domiciliary care staff (35). All are consistent with the most common locations of abuse being the clients' homes and care homes.

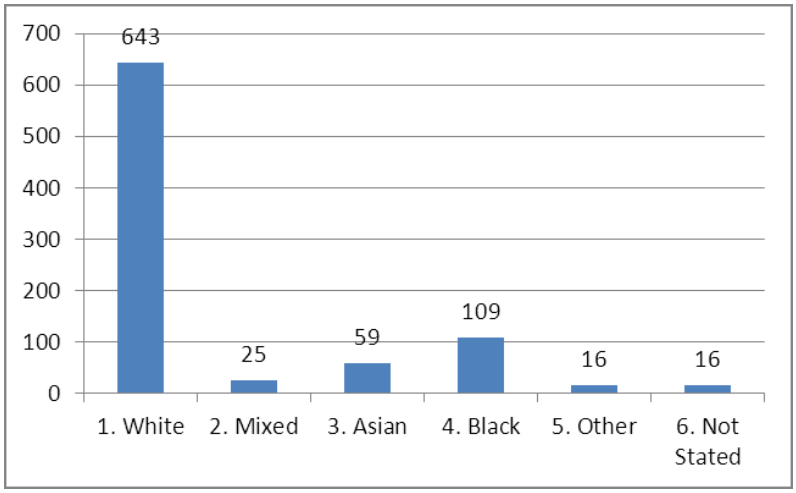
- With the exception of other vulnerable people, the people alleged to have caused harm follow a similar pattern for all other age groups as well

5b. Relationship to the Alleged Abuser for Referrals – All Age Groups



- It is worth considering that “other family members” may also be unpaid carers for clients allegedly abused (whether formal or otherwise); this in itself may indicate an inability to cope / inadequate support.
- In respect to care staff, it highlights the on-going need for safe recruitment practices and access to training, monitoring, accountability and management oversight.

6. Ethnicity of Clients subject to Referrals

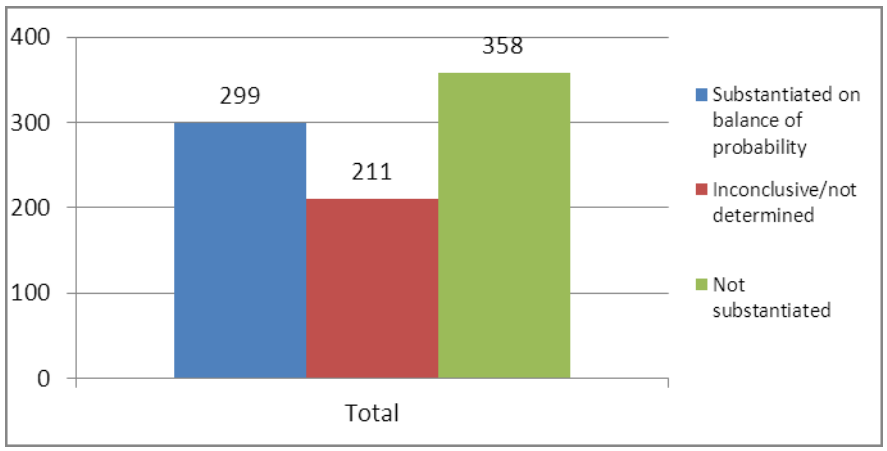


- White (and specifically White British) clients form a substantial majority of those referred for alleged abuse in the 2012-13 financial year (643 of 868

total). The white ethnic group count is also greater than all other ethnic groups combined.

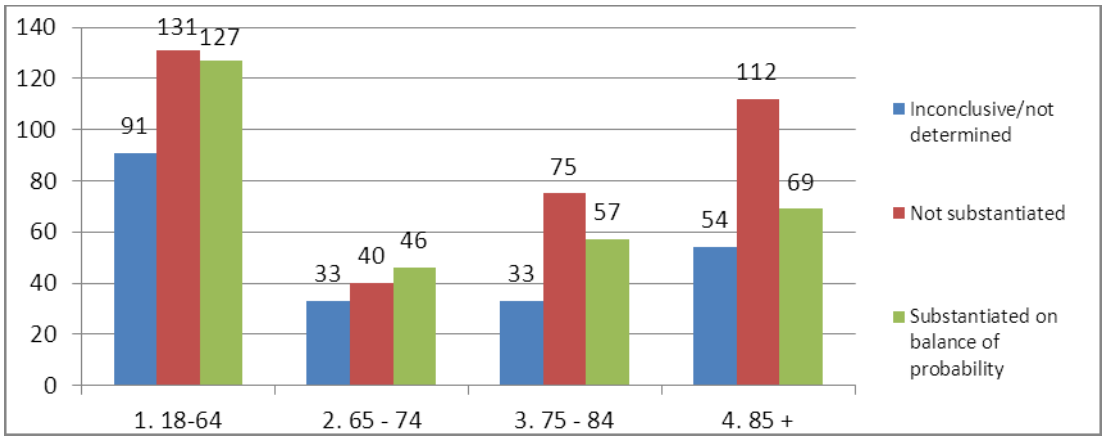
- As such, when considering the data provided above, the client group which is most at risk seems to be **older or elderly white women, and with physical disabilities / frailty.**
- However this is not representative of the ethnic composition of Croydon residents and points to under reporting of possible abuse of people from ethnic minority groups.
- This underreporting and reasons why this occurs has been the focus of on-going work amongst BME groups.

7. Outcomes of Concluded Referrals



- The outcomes of safeguarding investigations continue to be split roughly into thirds spread between those incidents that were substantiated, those that were not substantiated and those that were inconclusive.
- Out of 868 referrals 358 were not substantiated which is the largest single category.
- When allegations are not substantiated, this does not necessarily mean that the allegation was not valid and the investigation may lead to a review of the person's care plan.
- The numbers of cases that prove to be inconclusive remains relatively high, at 211 out of 868. An inconclusive outcome is often the result of insufficient evidence to gain clarity over how an event occurred. Efforts continue to be made by safeguarding investigators to increase levels of enquiries to attempt to reach a clear outcome.
- In every case that is substantiated, a risk management plan will be set up to reduce risks for the future and to take appropriate action against any person who has caused harm. This may include additional training and support and additional support for family carers.

8. Outcomes of Concluded Referrals – All Age Groups



- Overall, there is a very similar pattern of outcomes for concluded referrals in respect to substantiation.
- However, the increasing dominance of unsubstantiated conclusions for clients aged 75 and over may be worth investigating further. With this older client group safeguarding referrals may be made when there is a concern about signs of deteriorating health or an injury that may be the result of neglect or harm. On investigation this may signify a general deterioration in health and increased susceptibility to injury as part of the ageing process.
- The ratio of completed referrals by age group also broadly reflects the ratio of referrals made.

9. Conclusion

- The most common group subject to abuse allegations are older / elderly white women with physical disabilities / frailty.
- The most common locations of abuse are the clients' own homes and care homes.
- The most common category of person alleged to have caused harm are family members and care staff (the former may also be carers).
- The most common types of abuse are physical, financial and neglect.
- A small majority of allegations are not substantiated compared with those that are either substantiated or are inconclusive (although this does not necessarily indicate that the allegations themselves are false– simply that it is not always easy to know at first sight whether someone who may have suffered harm or sustained an injury has been abused).
- Please note that this is based on the latest data as of 13th August 2013. There may therefore be a slight variation from the second safeguarding data submission in September 2013.

Safeguarding activity – how does Croydon compare?

It is not possible to analyse comparisons with other local authorities with 2012/2013 data as this is still being finalised across the country. What follows is the most recent analysis that is possible from 2011/12.

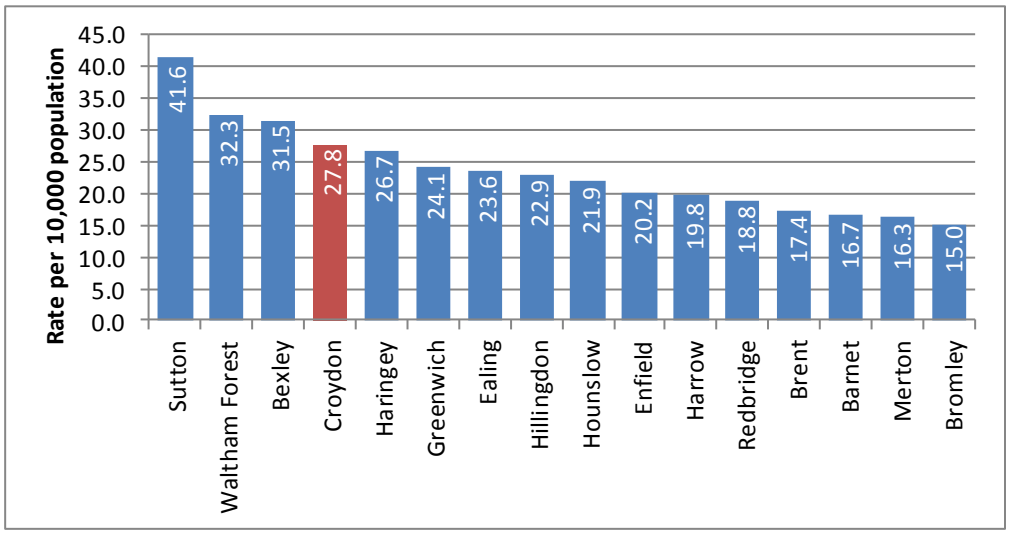
Referrals

During 2011/12 Croydon had 735 safeguarding referrals (a rate of 27.8 per 10.000 of the population) which was a decrease of 265 from the 1,000 (a rate of 37.8 per 10.000) it had in 2010/11.

Within Croydon's comparator group it has a high rate of safeguarding referrals per 10,000 of its aged 18 and over population.

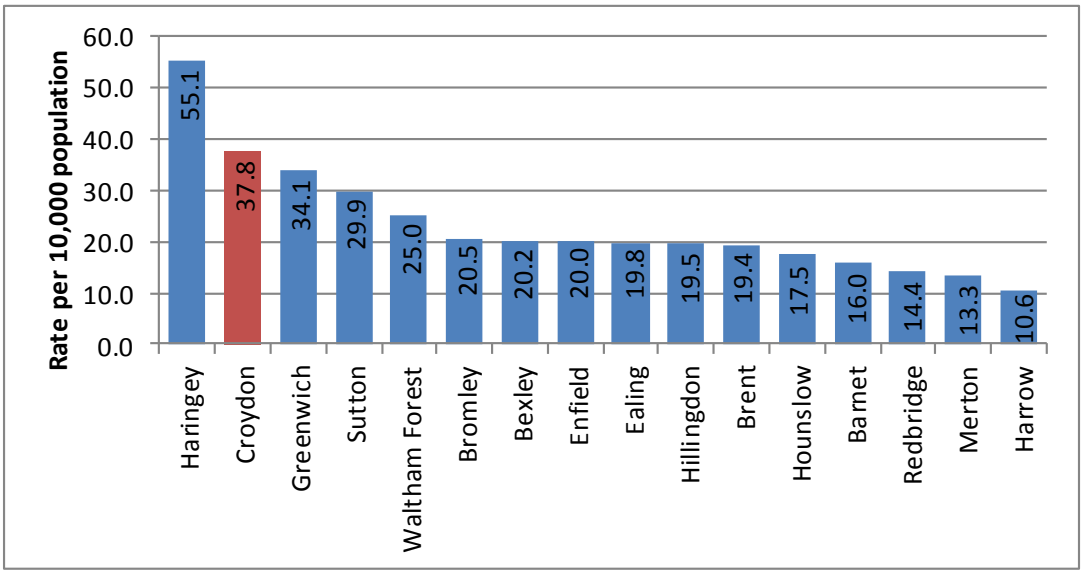
The Local Authority (LA) in Croydon's comparator group with the highest rate of referrals (per 10,000 population) in 2011/12 was Sutton with 41.6 (625 referrals), compared to being 13th highest in 2010/11 with 29.9 (450 referrals). The LA with the lowest rate was Bromley with 15.0 (365 referrals) which is a decrease from 2010/11 when they were 11th highest with a rate of 20.5 (500 referrals). In comparison Croydon is 13th highest in 2011/12 having fallen from 15th highest in 2010/11 (see figure 1.1 and 1.2).

Figure 1.1 - Rate of safeguarding referrals for 2011/12, by LAs in Croydon's comparator group



Source: NASCIS for referrals using CIPFA comparator group; ONS for population

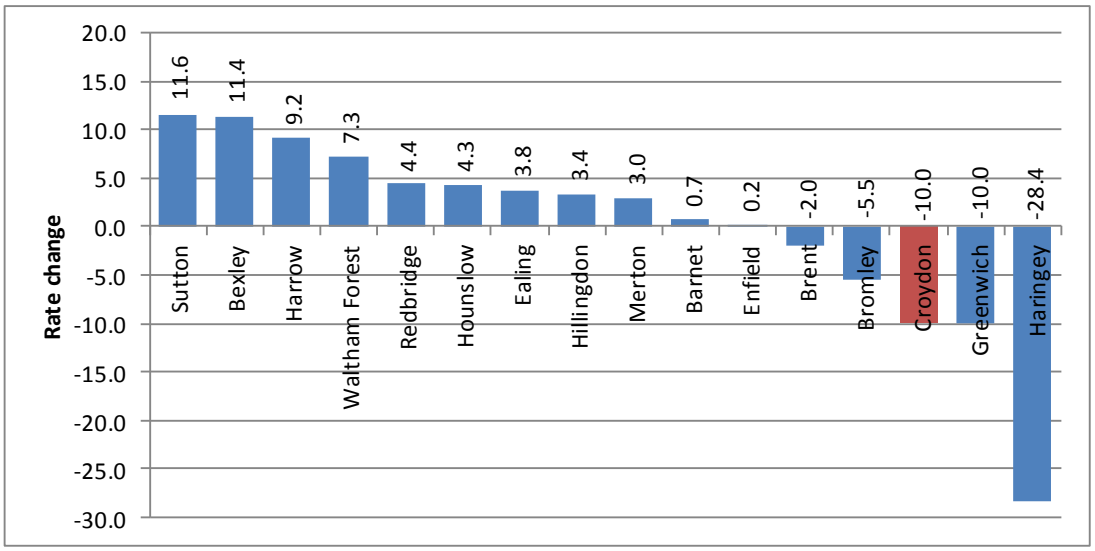
Figure 1.2 – Rate of safeguarding referrals for 2010/11, by LA



Source: NASCIS for referrals using CIPFA comparator group; ONS for population

Across the 16 LAs there has been an overall rate increase of 3.4 with 11 of the 16 increasing. The largest increase being in Sutton with a rate increase of 11.6. The remaining 5 had a decrease with Haringey having the largest at -28.4. In comparison Croydon had a decrease of -10.0 (see figure 1.3).

Figure 1.3 – Rate change in safeguarding referrals between 2010/11 and 2011/12, by LA.



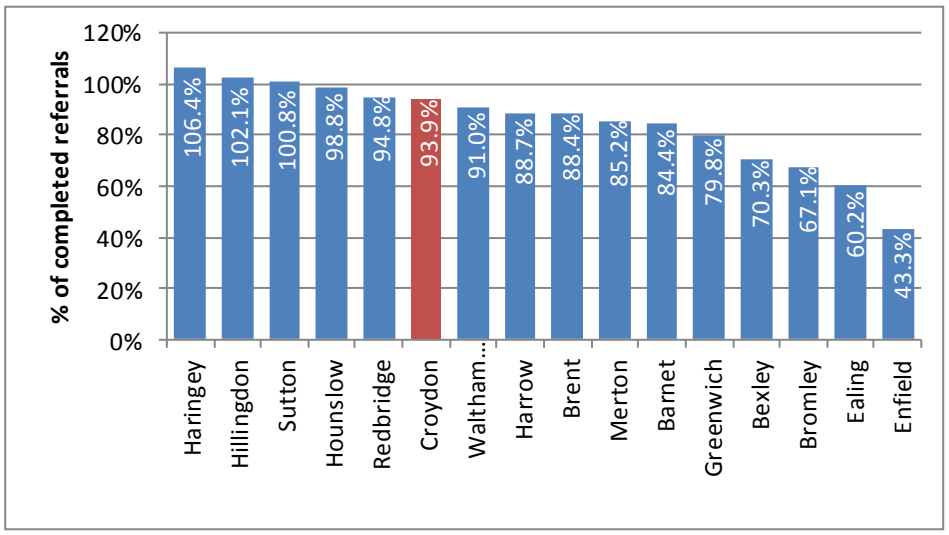
Source: NASCIS for referrals using CIPFA comparator group; ONS for population

Overall there has been a decrease in the number of referrals with the biggest decrease in Haringey of 500 (rate decrease of 28.4) and the biggest increase in Bexley of 200 referrals (rate increase of 11.4), although the biggest rate increase was by Sutton with 11.6.

Completed referrals

In 2011/12 those LAs with over 100% completed referrals were Haringey, Hillingdon & Sutton. The LA with the smallest % is Enfield at 43.3%. In comparison Croydon has 93.9% referrals completed in 2011/12, having the 6th highest % of completed referrals (see figure 2.1)

Figure 2.1 – Percentage of completed referrals in 2011/12, by LA.

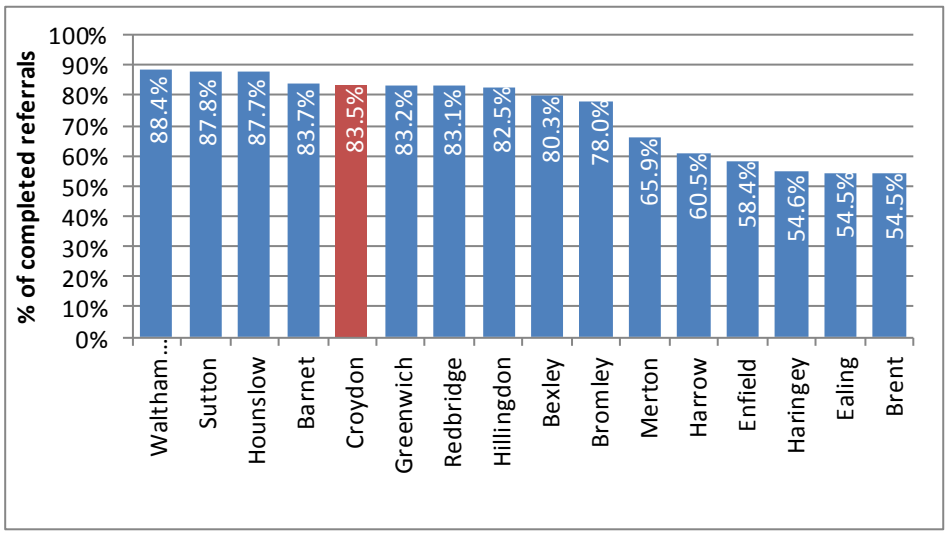


Source: NASCIS for referrals using CIPFA comparator group; ONS for population

Those that exceed 100% are due to guidance where referrals from the previous year are counted as completed the following year.

In 2010/11 not one LA reached 90%, the closest was Waltham Forest with 88.4%. Croydon had 83.5% referrals completed in 2010/11, being the 5th highest out of the 16 LAs in its comparator group. The lowest was Brent and Ealing with 54.5% (see figure 2.2)

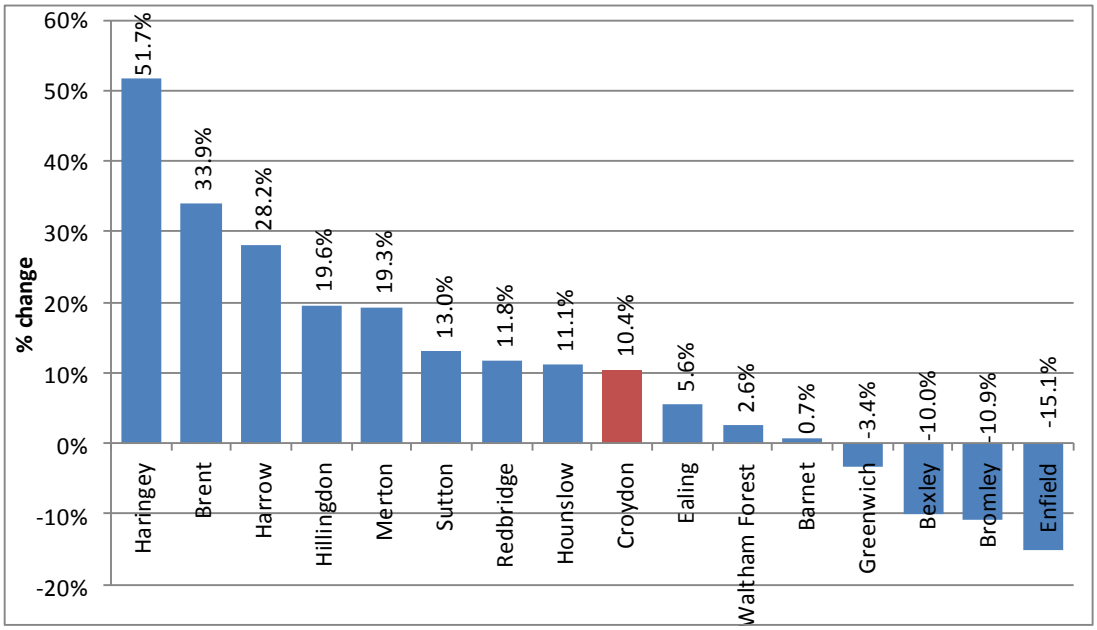
Figure 2.2 – Percentage of completed referrals in 2010/11, by LA.



Source: NASCIS for referrals using CIPFA comparator group; ONS for population

The LA with the largest % increase is Haringey with 51.7%. Croydon had a 10.4% increase. There were 4 LAs with decreases being Greenwich with -3.4%, Bexley with-10%, Bromley with 10.9% and Enfield with 15.1% (see figure 2.3)

Figure 2.3 – Percentage change of completed referrals from 2010/11 to 2011/12, by LA.

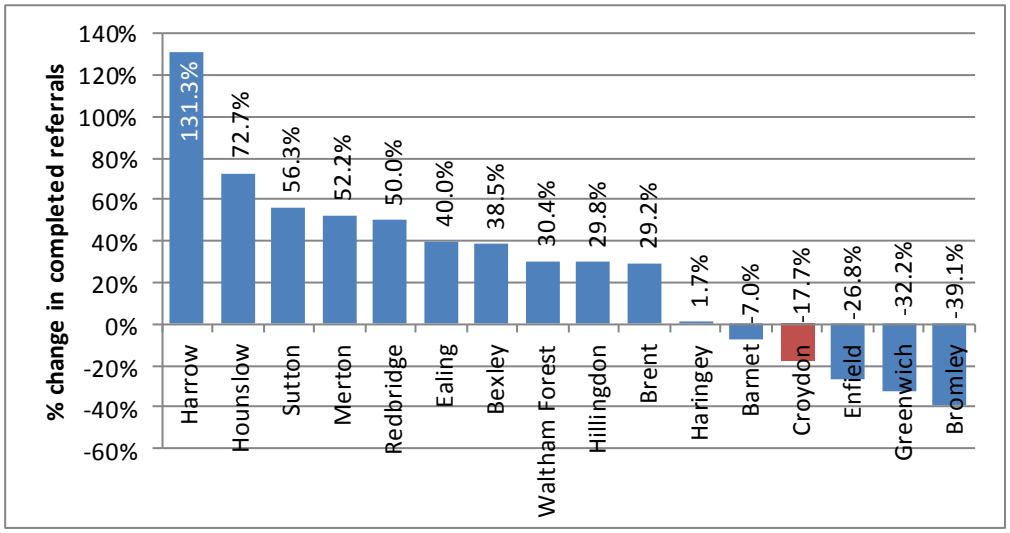


Source: NASCIS for referrals using CIPFA comparator group; ONS for population

Ethnic profile

During 2011/12, 73.4% of Croydon's completed safeguarding referrals where from a white background and 22.3% from a black minority background. Compared to 2010/11 Croydon has seen a % decrease in both white and black minority backgrounds compared to the majority of LAs who have seen increases (see figure 2.4 below)

Figure 2.4 – Percentage change in ethnicity between 2010/11 and 2011/12, by LA

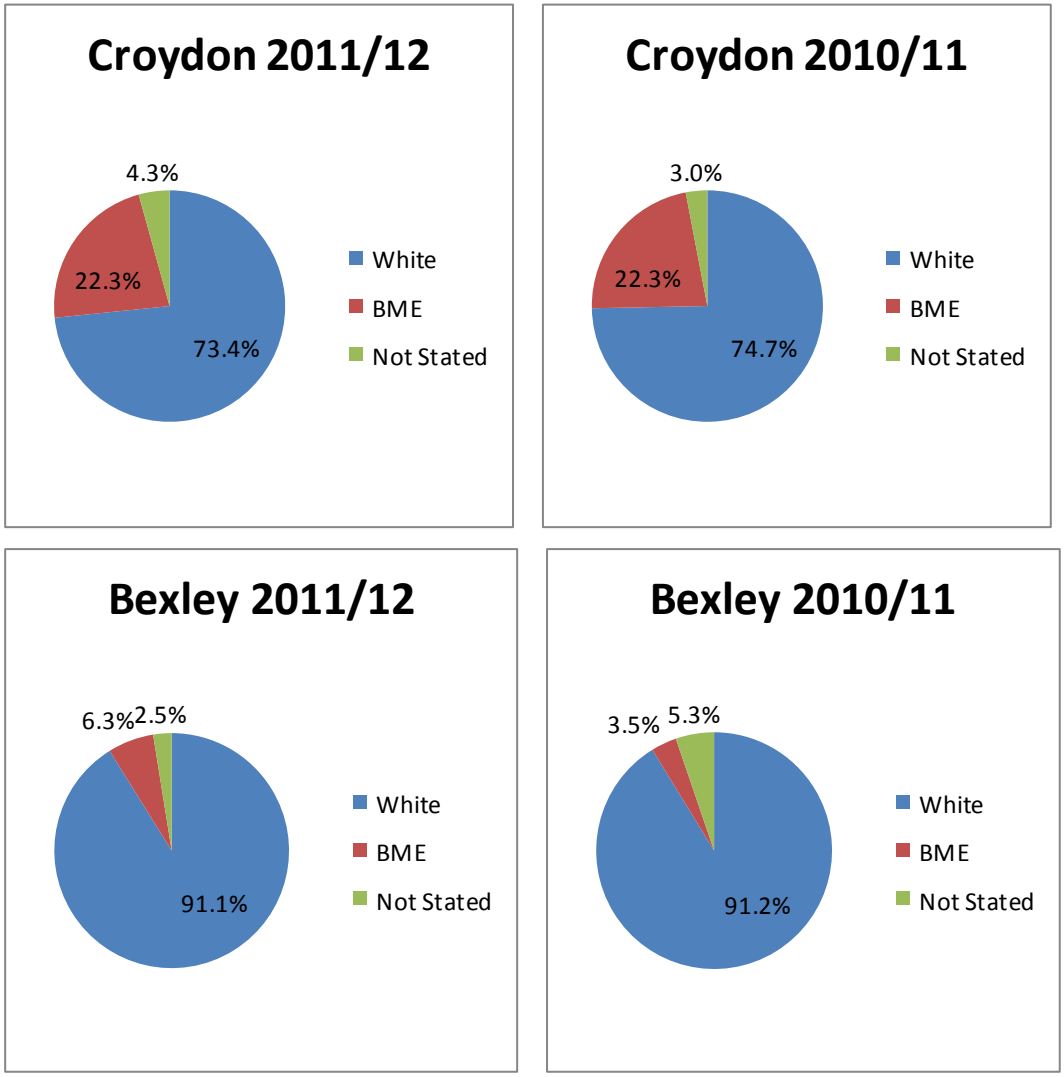


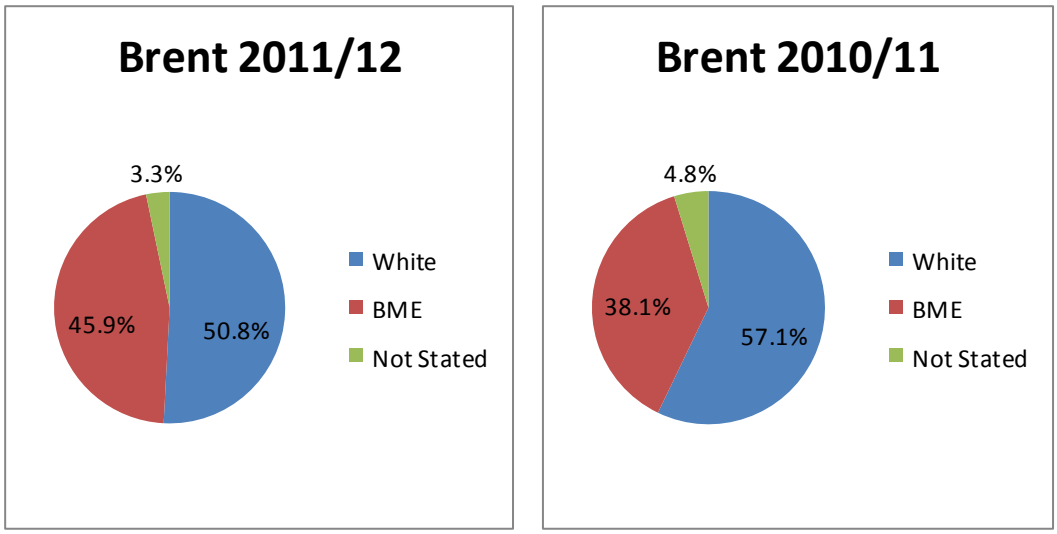
Source: NASCIS for referrals using CIPFA comparator group; ONS for population

The LA in Croydon's comparator group with the highest percentage of completed referrals from a white background in 2011/12 is Bexley with 91.1%. Compared to 2010/11 Bexley has seen a decrease by 0.1% when they also had the highest percentage from white backgrounds.

The LA with the highest percentage of completed referrals from a black minority background in 2011/12 is Brent with 45.9%. Compared to 2010/11 Brent has seen an increase of 7.8% when they also had the highest percentage from black minority backgrounds (see figure 2.5 below)

Figure 2.5 – Ethnic breakdown of completed referrals for Croydon, Bexley and Brent.





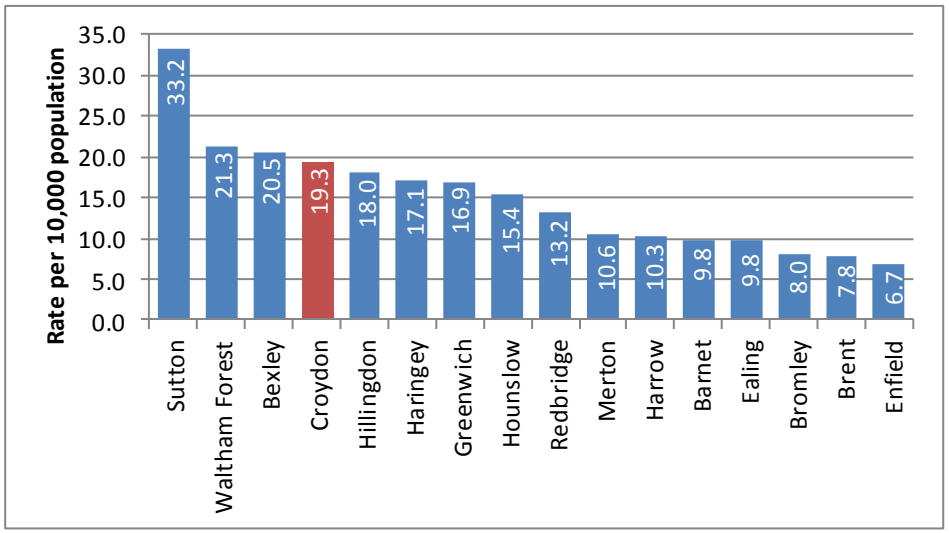
Source: NASCIS for referrals using CIPFA comparator group; ONS for population

During 2011/12 Croydon had a white background rate of 19.3 (see figure 2.6) per 10,000 of its aged 18 and over population and a black minority rate of 5.9 (see figure 2.7). Compared to 2010/11 the white background rate fell by 4.2 and the black minority rate fell by 1.1 (see figure 2.8).

The LA with the highest white background rate during 2011/12 was Sutton with 33.2 (see figure 2.6) which increased by a rate of 12.0 from 2010/11. Their black minority rate in 2011/12 was 5.0 (see figure 2.7).which was a rate increase of 2.7 from 2010/11 (see figure 2.8).

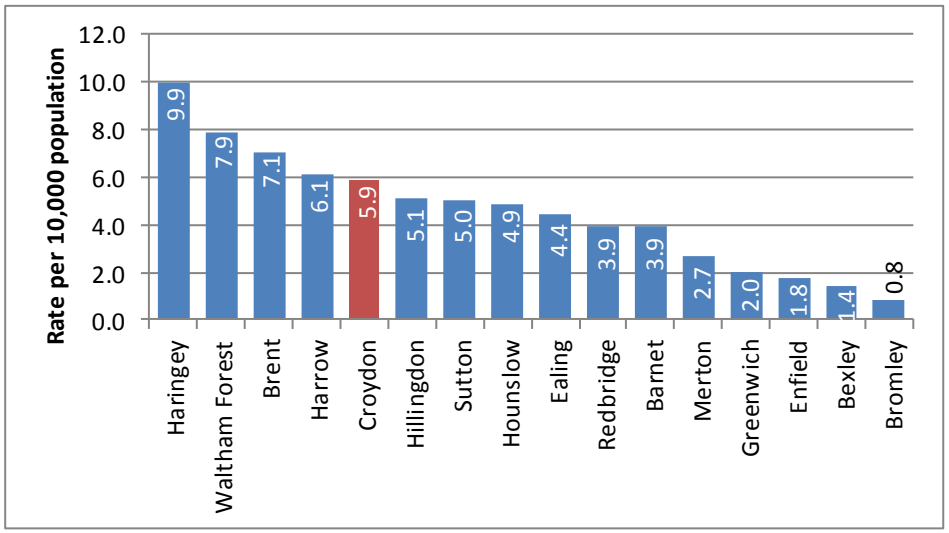
The LA with the highest black minority background rate during 2011/12 was Haringey with 9.9 which fell by a rate of 0.9 from 2010/11. Their white rate in 2011/12 was 17.1 which was a rate increase of 0.3 from 2010/11.

Figure 2.6 – Rate of white backgrounds 2011/12, by LA



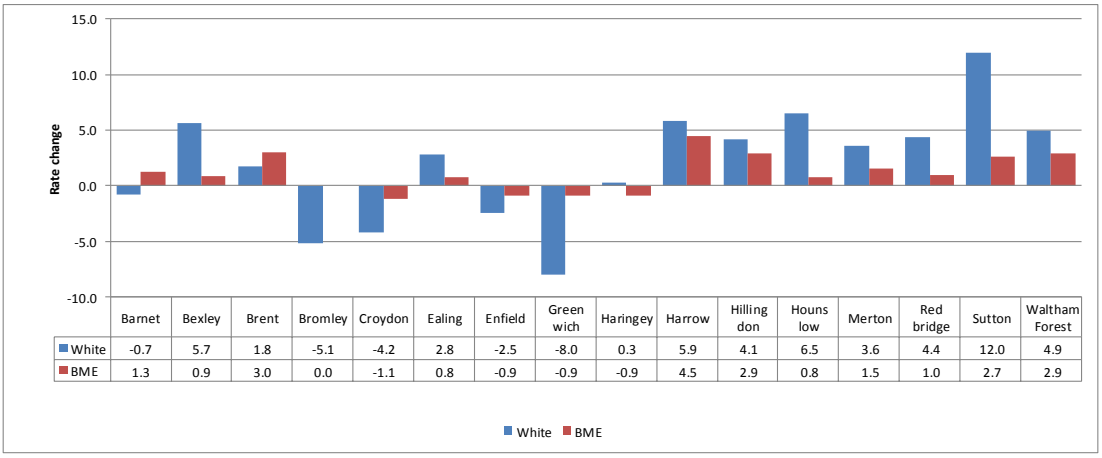
Source: NASCIS for referrals using CIPFA comparator group; ONS for population

Figure 2.7 - Rate of black minority backgrounds 2011/12, by LA



Source: NASCIS for referrals using CIPFA comparator group; ONS for population

Figure 2.8 – Ethnicity rate change from 2010/11 to 2011/12, by LA.



	Barnet	Bexley	Brent	Bromley	Croydon	Ealing	Enfield	Green wich	Haringey	Harrow	Hilling don	Houns low	Merton	Red bridge	Sutton	Waltham Forest
White	-0.7	5.7	1.8	-5.1	-4.2	2.8	-2.5	-8.0	0.3	5.9	4.1	6.5	3.6	4.4	12.0	4.9
BME	1.3	0.9	3.0	0.0	-1.1	0.8	-0.9	-0.9	-0.9	4.5	2.9	0.8	1.5	1.0	2.7	2.9

Source: NASCIS for referrals using CIPFA comparator group; ONS for population

Across the 16 LAs for those from a white background there has been an overall rate increase of 31.4 with 11 of the 16 increasing. The largest increase being in Sutton with a rate increase of 12.0. The remaining 5 had a decrease with Greenwich having the largest at -8.0. In comparison Croydon had a decrease of -4.2.
And for those from a black minority background there has been an overall rate increase of 18.5 with 11 of the 16 increasing. The largest increase being in Harrow with a rate increase of 4.5. One LA had no movement and the remaining 4 had a decrease with Croydon having the largest at -1.1.

Nature of alleged abuse
In Croydon during 2011/12 the type of alleged abuse that was highest was physical at 26.2%, followed by neglect at 23.8% and financial abuse at 23.3% (see figure 3.1)

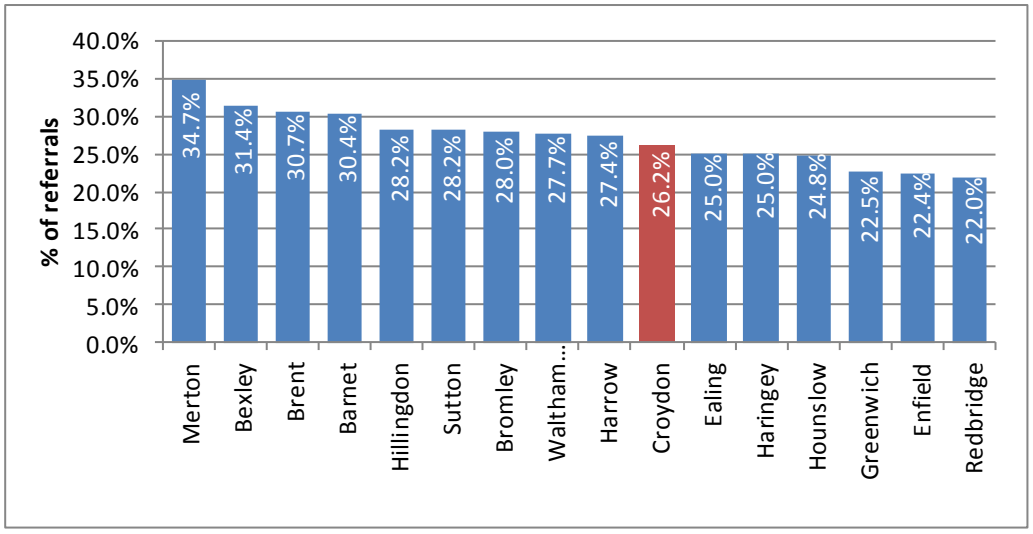
Figure 3.1 - % breakdown of types of alleged abuse in Croydon during 2011/12

2011/12	Physical	Sexual	Emotional/ psychological	Financial	Neglect	Discriminatory	Institutional
Croydon	26.2%	4.7%	16.9%	23.3%	23.8%	1.7%	3.5%

Source: NASCIS

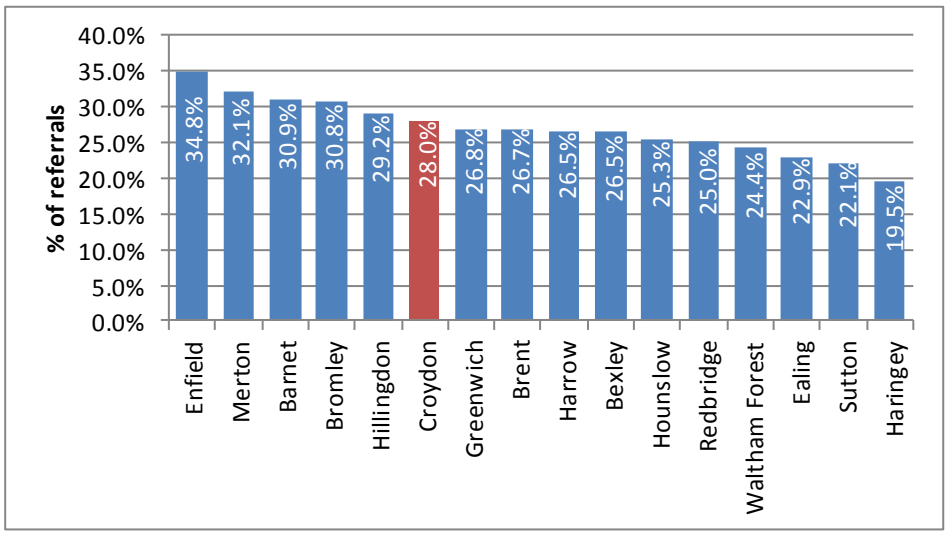
Physical abuse was the most common type of abuse alleged across Croydon's comparator group during 2011/12 (see figure 3.2), and this has not changed since 2010/11 (see figure 3.3).

Figure 3.2 - Physical abuse during 2011/12, by LA.



Source: NASCIS for referrals using CIPFA comparator group

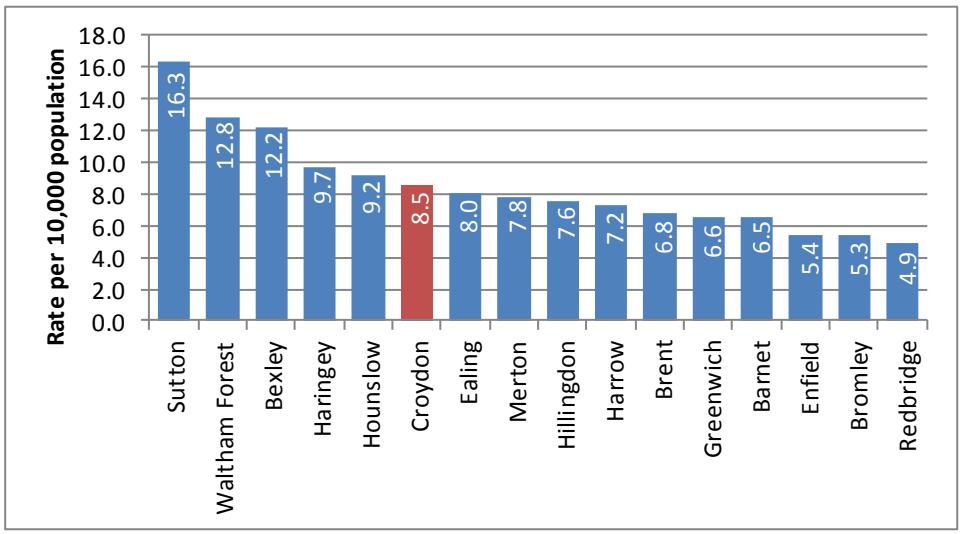
Figure 3.3 - Physical abuse during 2010/11, by LA.



Source: NASCIS for referrals using CIPFA comparator group

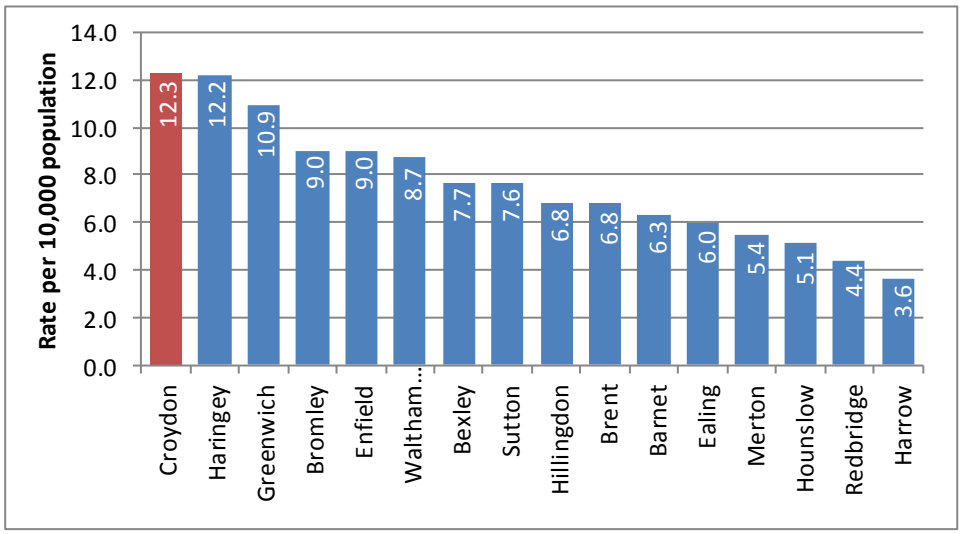
Croydon's rate of alleged physical abuse during 2011/12 was 8.5 compared to the highest of 16.3 in Sutton and the lowest of 4.9 in Redbridge (see figure 3.4). This has changed since 2010/11 when Croydon had the highest rate at 12.3 across the comparator group, the lowest being 3.6 (see figure 3.5).

Figure 3.4 - Rate of physical abuse during 2011/12, by LA.



Source: NASCIS for referrals using CIPFA comparator group; ONS for population

Figure 3.5 - Rate of physical abuse during 2010/11, by LA.



Source: NASCIS for referrals using CIPFA comparator group; ONS for population

The type of alleged abuse with the biggest rate change between 2010/11 and 2011/12 was that of neglect with a rate decrease of -12.5 in Haringey, followed by physical abuse with a rate increase of 8.6 in Sutton. Croydon had a rate decrease across all alleged types of abuse with the biggest decrease for physical abuse (see figure 3.6).

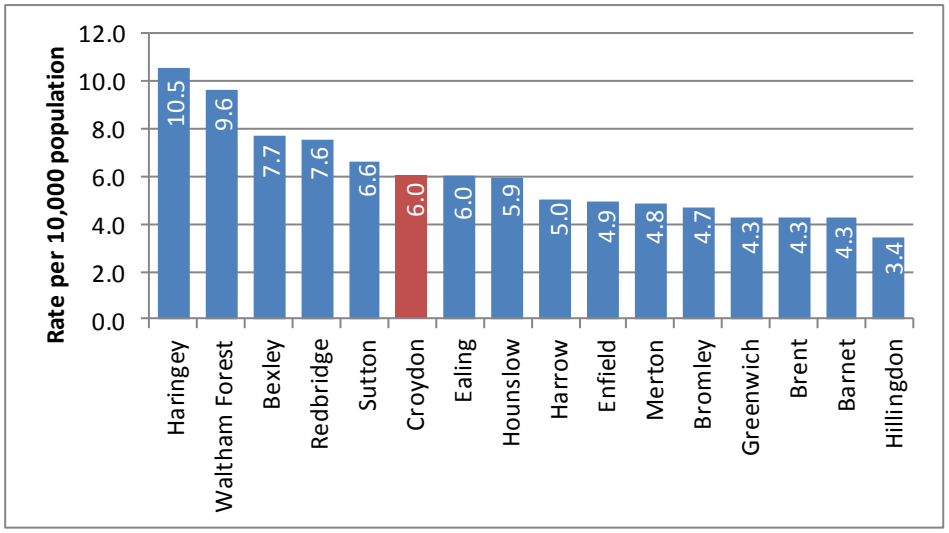
Figure 3.6 – Rate change of types of alleged abuse, by LA.

Rate Change 10/11 to 11/12	Physical	Sexual	Emotional/ psychological	Financial	Neglect	Discriminatory	Institutional
Barnet	0.2	0.0	0.0	-1.1	1.9	0.2	-0.2
Bexley	4.5	0.3	0.6	1.1	3.7	0.3	-0.6
Brent	0.0	-0.5	0.3	-2.8	0.3	0.0	-0.5
Bromley	-3.7	-1.0	-2.3	-1.2	-1.8	-0.2	0.0
Croydon	**-3.8**	**-0.8**	**-1.7**	**-2.5**	**-2.5**	**0.0**	**-0.2**
Ealing	2.0	0.2	2.2	-0.2	1.8	0.0	-0.2
Enfield	-3.6	0.2	-1.3	0.9	1.3	-0.2	0.9
Greenwich	-4.3	-1.4	-2.0	-3.4	0.9	-0.3	-0.9
Haringey	-2.6	-0.3	-5.1	-3.4	**-12.5**	-0.3	0.0
Harrow	3.6	0.6	3.6	2.0	2.2	0.3	0.6
Hillingdon	0.7	0.2	1.7	-0.2	0.7	0.0	0.2
Hounslow	4.0	1.9	1.3	1.6	4.9	2.7	0.3
Merton	2.4	-0.3	1.5	0.3	0.9	-0.3	1.2
Redbridge	0.5	0.2	1.0	0.5	2.4	0.0	0.0
Sutton	**8.6**	1.0	3.7	2.0	7.6	0.3	0.0
Waltham Forest	4.1	2.3	-0.3	-0.3	4.7	-0.3	0.3

Source: NASCIS for referrals using CIPFA comparator group; ONS for population

In 2011/12 Croydon had a rate of 6.0 for the number of unique referrals with multiple types of abuse. The LA with the highest rate was Haringey with 10.5 and the LA with the lowest rate was Hillingdon with 3.4 (see figure 3.7).

Figure 3.7 - Rate of unique referrals involving multiple types of abuse during 2011/12, by LA.



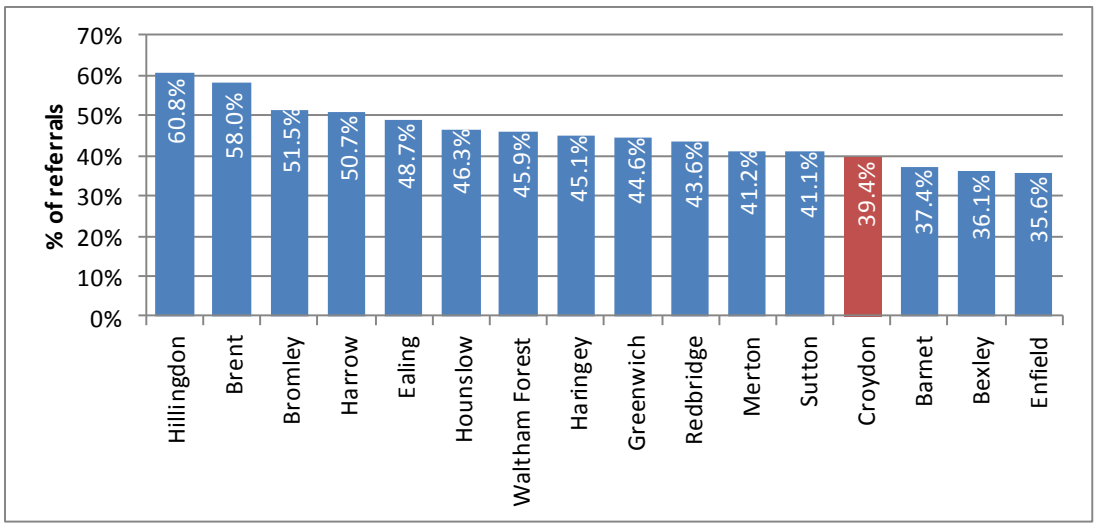
Source: NASCIS for referrals using CIPFA comparator group; ONS for population.

Location of alleged abuse

In Croydon during 2011/12 the most common location of alleged abuse was in a residents own home at 39.4% (see figure 4.1), followed by in a permanent care home at 20.4%.

The most common location that abuse was alleged to have taken place across Croydon's comparator group during 2011/12 was in a residents own home which hasn't changed since 2010/11.

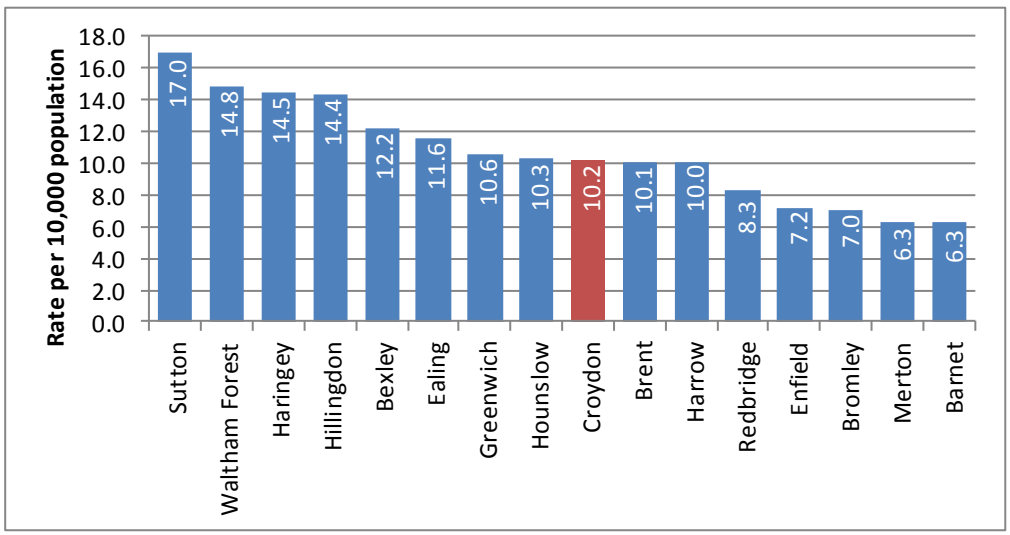
Figure 4.1 - % of alleged abuse in own home during 2011/12, by LA.



Source: NASCIS for referrals using CIPFA comparator group

Croydon's rate for location being own home during 2011/12 was 10.2 compared to the highest of 17.0 in Sutton and the lowest at 6.3 in Barnet & Merton. This has changed since 2010/11 when Croydon had a rate of 14.6 and the highest being 33.8 in Haringey and the lowest being 5.0 in Harrow.

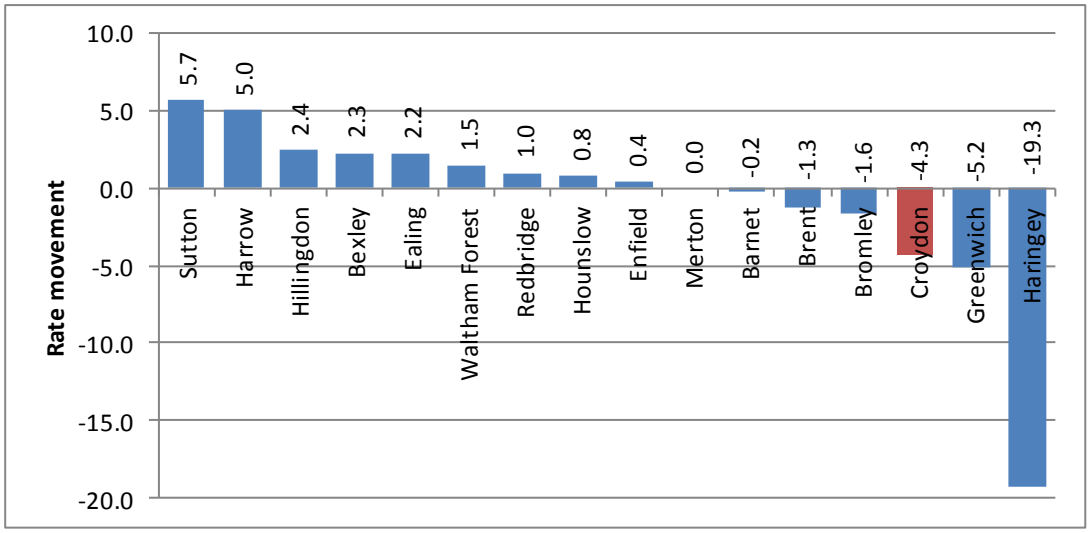
Figure 4.2 - Rate of alleged abuse in own home during 2011/12, by LA.



Source: NASCIS for referrals using CIPFA comparator group; ONS for population

The location of alleged abuse with the biggest rate change between 2010/11 and 2011/12 was that of own home with a rate decrease of -19.3 in Haringey, followed by not known with a rate increase of 9.0 in Sutton (see figure 4.3)

Figure 4.3 - Rate movement of own home between 2010/11 to 2011/12, by LA.



Source: NASCIS for referrals using CIPFA comparator group; ONS for population

Case conclusion outcomes

In Croydon during 2011/12 the case conclusion outcomes were pretty evenly split across substantiated at 33.1%, not substantiated at 36.7% and not determined/inconclusive at 30.2%.

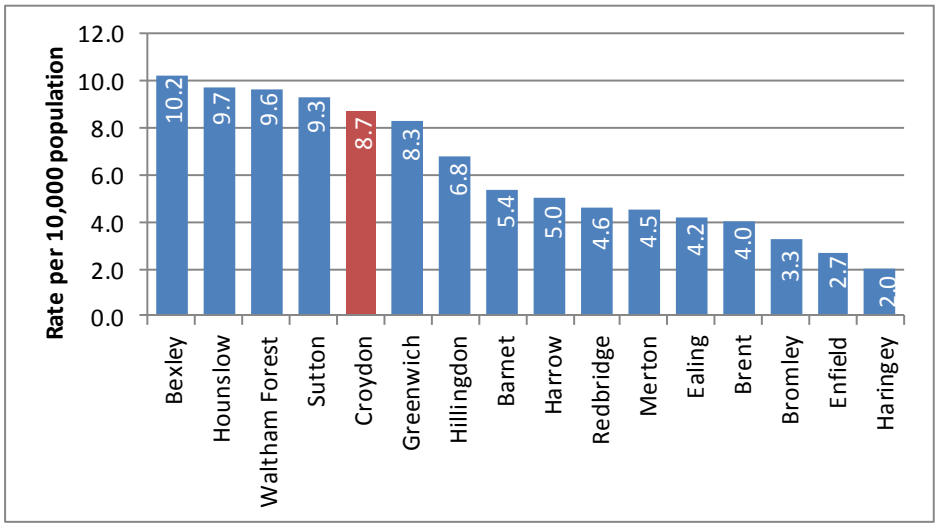
Figure 4.4 – Croydon's % breakdown of outcomes during 2011/12

2011/12	Substantiated	Partly Substantiated	Not Substantiated	Not Determined/ Inconclusive
Croydon	33.1%	0.0%	36.7%	30.2%

Source: NASCIS

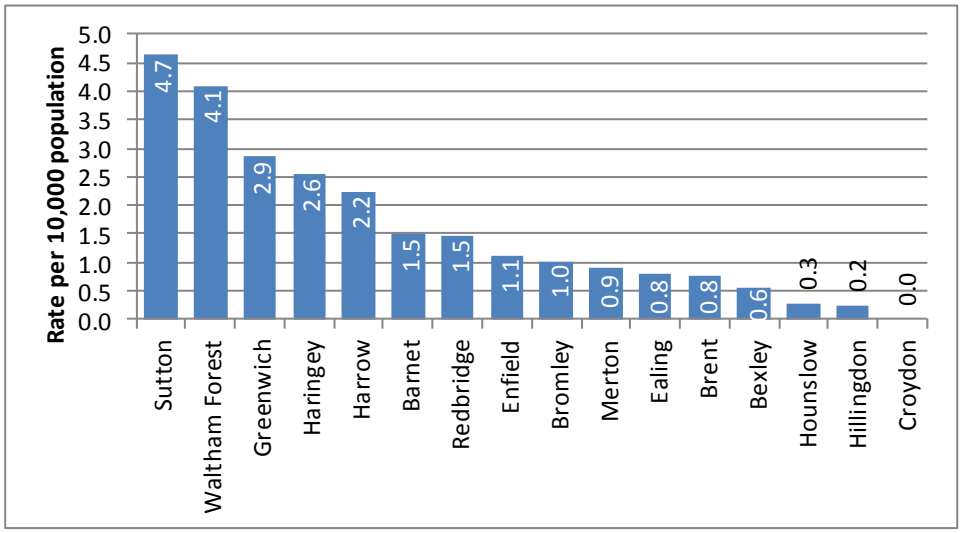
Croydon's outcome rates during 2011/12 for substantiated is 8.7, partly substantiated is 0, not substantiated is 9.6, and for not determined/inconclusive is 8.3. Location being own home nursing 2011/12 was 10.2 compared to the highest of 17.0 in Sutton and the lowest at 6.3 in Barnet & Merton. This has changed since 2010/11 when Croydon had a rate of 14.6 and the highest being 33.8 in Haringey and the lowest being 5.0 in Harrow (see figures 4.5 to 4.7)

Figure 4.5 - Rate of outcomes substantiated in 2011/12, by LA.



Source: NASCIS for referrals using CIPFA comparator group; ONS for population

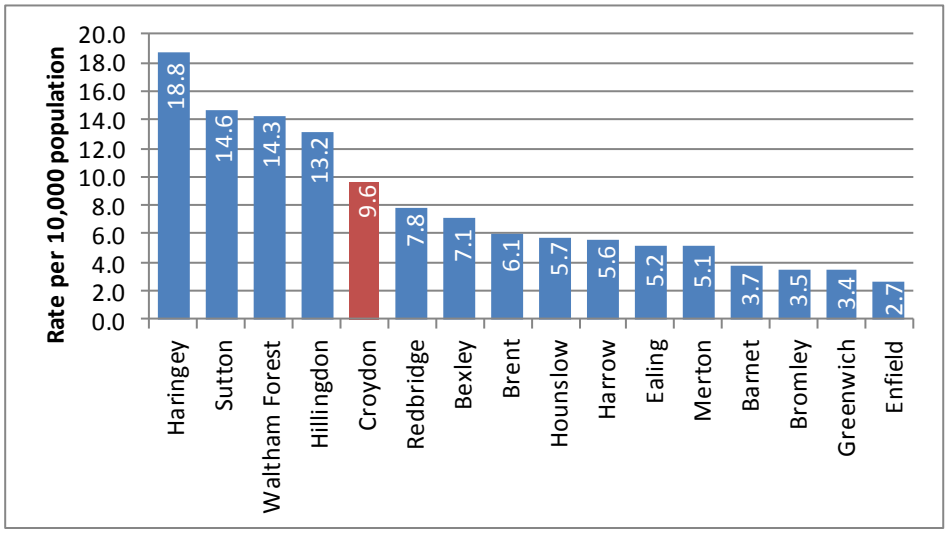
Figure 4.6 - Rate of outcomes partly substantiated during 2011/12, by LA.



Source: NASCIS for referrals using CIPFA comparator group; ONS for population

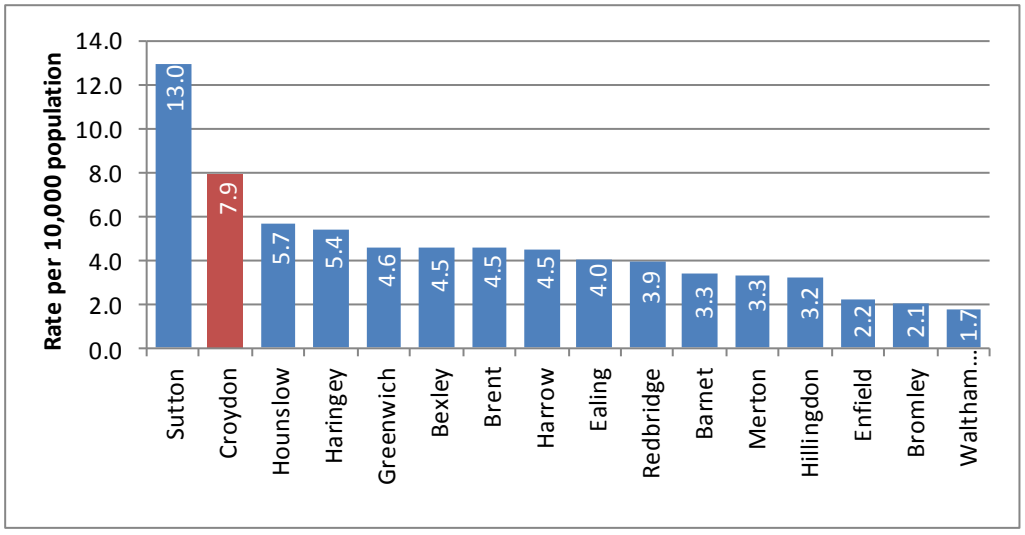
Croydon has a zero rating for partially substantiated outcomes as this is a category not in use in Croydon during 2012/2013

Figure 4.7 - Rate of outcomes not substantiated during 2011/12, by LA.



Source: NASCIS for referrals using CIPFA comparator group; ONS for population

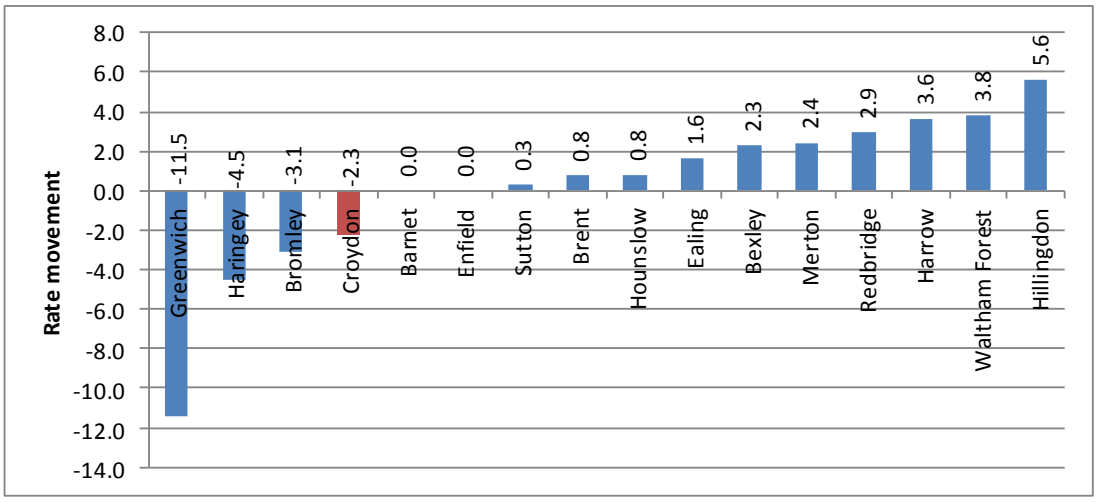
Figure 4.8 - Rate of outcomes not determined/inconclusive during 2011/12, by LA.



Source: NASCIS for referrals using CIPFA comparator group; ONS for population

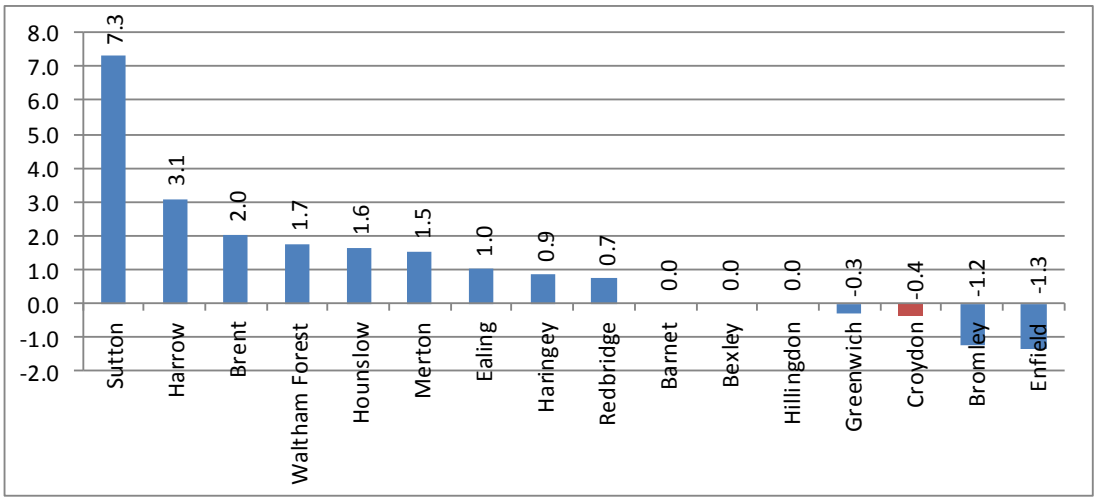
The LA with the biggest rate change was that of Greenwich with a decrease of -11.5 for the outcome 'not substantiated', followed by Sutton with an increase of 7.6 for 'not determined/inconclusive' (see figure 4.9 & 4.10)

Figure 4.9 - Rate movement between 2010/11 & 2011/12 for not substantiated, by LA



Source: NASCIS for referrals using CIPFA comparator group; ONS for population

Figure 4.10 - Rate movement between 2010/11 & 2011/12 for not determined/inconclusive, by LA



Source: NASCIS for referrals using CIPFA comparator group; ONS for population

All statistics are provided by:

NASCIS – the national adult social care intelligence service

CIPFA – the chartered institute of public finance and accountancy (performance in public services)

ONS – office for national statistics

What are some of the broad themes from this comparative study?

- In 2011/ 12, Croydon's safeguarding referral and investigation rate declined from previous years with Croydon's position for level of activity dropping from 15th highest out of 16 LA's to 13th position. Since 2011/12, the rate is again increasing. Croydon has more care homes than any other local authority and therefore can be expected to have a proportionately higher number of adults at risk in its area.

- It remains unclear why the Croydon referral and investigation rate in 2011/12 fell. This was at odds with most other LA's. One factor may be that there was a change of data recording methods in Croydon during this period and the actual recorded rate may not have fully reflected the level of work that was on –going.

- Croydon came 11th highest of 16 LA's in terms of the numbers of completed referrals. Referrals may not always show as completed as some referrals are taken out of safeguarding after initial fact finding reveals that there is no need for further investigation. Again data collection improvements are underway in order to ensure that these cases are removed completely from the data or are recorded as completed following initial fact finding. Another factor is that some cases are only completed after the end of the data collection period.

- In 2011/12 the most common form of abuse alleged was physical abuse. This was in line with other LA's.

- The outcome of cases, substantiated, not substantiated or inconclusive was fairly evenly spread between these three outcomes. Croydon's data collection did not include the category of partly substantiated though this is changing for later years. The percentage split is broadly in line with other LA's. In Croydon we are trying to reduce the numbers of cases that are inconclusive on outcome by increased levels of investigation in order to reach an outcome on balance of probability. Whilst in some cases it is simply not possible to reach a clear conclusion (one person's word against another's) sometimes there is sufficient evidence to reach a conclusion on balance of probability.

Reports of the sub groups of the safeguarding board

Public awareness & Information Dissemination sub group (PAID)

The PAID group is chaired by the Chief Executive of Mind in Croydon and its objective is: "To raise public awareness and understanding of Adult Protection issues in Croydon so that abuse is prevented and reported wherever possible". In the light of the SAB Business Plan, the group has increased its tasks thus:

- To oversee the production and dissemination of public information and awareness activities about safeguarding adults in Croydon, including help available to support and empower people.
- To create links with agencies who are providing public information to ensure consistency.
- To monitor in an appropriate manner that information is accessible and that information is being provided to all sections of the communityTo create links and work in partnership with agencies.
- To develop a strategy and set out / resource a measurable action plan so that service user experience and knowledge is both developed and informs practice, processes and quality assurance approaches.
- To facilitate representation of service user views at the Croydon Safeguarding Adults Board.

The sub-group enjoys good representation from a range of agencies, including local third sector organisations, colleagues from NHS Croydon, the council and the local police service. It has been particularly helpful to have input from the local Trading Standards Department who have helped to make sure that members of the group are kept up to date about scams and doorstep crime which target people at risk of harm.

This year the group continued its focus on making sure that Croydon's Safeguarding literature was clear and accessible to the public and in particular to some groups considered "hard to reach", those with learning difficulties and older people from Croydon's BME (black and ethnic minority) communities. After considerable input from the local BME Forum and Croydon Mencap, the group produced a range of posters and leaflets aimed at getting clear messages across to the general public. These materials were launched towards the end of the year and next year the group will evaluate the effectiveness of these.

The group spent significant time contributing to the advocacy stock take and commenting on the work that the Council was undertaking in this area.

The PAID group was pleased that their recommendations for an on-line system of Safeguarding reporting was accepted by the main Board and the Council introduced the system this year. Early data seems to indicate that this system is being well used, but further work is required so that clearer data can be produced by the on-line system.

During the year the group worked closely with other Safeguarding colleagues in health, particularly those working in primary care to help ensure that these front-line staff (including G.P.s) could access training on Safeguarding issues.

Actions planned for 2013-14

The Safeguarding Adults' Board's Business Plan will inform the work of the group over the coming year. The most significant change for the group will be to take the lead in developing the involvement and empowerment of service users and carers in safeguarding adults.

The group will continue its work in producing and reviewing the effectiveness of publicity materials around safeguarding, this will include detailed information for health and social care professionals and more general publicity aimed at the general public.

Following on from its work in 12-13, the group will take a particular interest in making sure that certain groups of people such as those will learning difficulties and people from BME groups find the messages meaningful and accessible.

The group will monitor the use of the on-line reporting system.

The group will develop its role in promoting Safeguarding in health settings. This will include close working with colleagues in primary care and those in Clinical Commissioning Groups.

The group will continue to liaise with colleagues over Advocacy developments.

Name of Subgroup : **Learning and Development Sub Group**

Role of subgroup :

The Learning and Development Sub Group are part of Croydon's Safeguarding Board and have a key role to play in ensuring that staff trained to recognise and

report abuse. The sub group fulfils this role by producing, implementing, monitoring and evaluating the multi-agency learning and development plan.

The Learning and Development sub-group comprises representatives from LB Croydon, CALAT, Croydon University Hospital, Croydon Health Services and the Private and Voluntary sector.

Is there a designated lead officer for safeguarding?
Please provide name:

Sarah Hornsey is chair of the Learning and Development (L & D) Sub Group and the designated lead for the delivery of safeguarding adults at risk training to Croydon council staff and with respect to multi-agency training.

How does your organisation fulfil its role in safeguarding adults from abuse in Croydon?

The L & D Sub Group devises, implements and monitors an annual multi-agency learning and development plan which makes provision for a wide range of training programmes for staff to improve awareness and understanding of the protection and empowerment of adults at risk. The Sub Group responds to meet the learning and development requirements identified in the safeguarding board's business plan and incorporates themes that emerge from national legislation, guidance, research and best practice.

Please describe how the safeguarding of adults in your organisation impacts on individuals or groups i.e. what are the outcomes?

By increasing the knowledge, skills, awareness and competency of staff, both paid and voluntary, involved in supporting adults at risk, the learning and development Sub Group raises standards of safe care and support, encouraging the independence and well-being of adults at risk through its training programme.

Training and awareness:

Training Steps Model

The multi-agency learning and development plan comprises a programme of events that supports the implementation of Pan London procedures and the training steps model. This model identifies six levels of training interventions which are aligned to specific safeguarding roles and responsibilities as identified in the policy and procedure and each level is linked with competencies to evidence their practice to meet national standards. The model is therefore very practical in explicitly linking

theory with changes in practice.

The model identifies 6 levels of training –
Level 1 Awareness Raising including e-learning for all staff in the Department for Adult Services, Health and Housing (DASHH), Health, Private and Voluntary Organisations, Carers and the Police.

Level 2 Roles and responsibilities – Safeguarding Adults at Risk Advanced Awareness for care home managers in social care, health, private and voluntary Organisations and senior staff from domiciliary agencies and Pan London Safeguarding Procedures

Level 3 Safeguarding Adults at Risk from financial and material abuse for care managers, senior care managers, appointee staff, finance, police, senior practitioners, team and practice managers.

Level 4 Recording and Investigation Skills for Investigators i.e. care managers, social workers, OTs, team managers and care co-ordinators who are involved in and/or are responsible for leading a safeguarding investigation

Level 5 Chairing and minuting strategy and case conference meetings for team managers, practice managers and senior care managers with their minute takers

Level 6 One-off bespoke specialist interventions for team managers, board members, commissioning managers and lead practitioners to promote best practice and professional development.

Please include any data collection or monitoring carried out in your organisation on safeguarding adults

Training records – see separate document for summary of attendance 2012/13

How does your organisation ensure that it links its safeguarding work to national developments?

A small group has been set up to consider the National Competence Framework for Safeguarding Adults that was developed by Bournemouth University to link it to the Croydon multi-agency learning and development plan and steps model.

Learning and development programmes are reviewed and updated in line with new developments.

What have been your key achievements?

For 2012/13

Safeguarding Adults at Risk (SAR) Awareness – level 1

17 multi-agency safeguarding adults at risk awareness courses were provided to staff where there is likely to be contact with adults at risk of harm. 322 people attended the courses. The aim of the programme is to raise awareness of what is abuse, how to recognise it and what to do if you suspect that an adult needs protection from abuse.

In addition to this the Safeguarding Adults Co-ordinator provided awareness raising sessions to:

- 42 staff from Croydon Council
- 223 people from private and voluntary organisations
- 71 people from BME forum hosted events
- 69 GP, nursing and dental care

The Safeguarding Adults Co-ordinator also provided information, training and support through the Care Forums which were attended by 322 care home staff.

Croydon Health Services (Hospital and Community) complimented this training programme by the provision of:

- Induction session level 1 (30 minutes) provided to 756 CHS staff
- Level 1 awareness (90 minutes) provided to 513 CHS staff
- Foundation for clinicians (3 hours) provided to 931 clinicians
- Refresher for clinicians (90 minutes) provided to 58 clinicians
- Level 1 safeguarding awareness including Mental Capacity Act and Deprivation of Liberty Safeguards was provided to 30 staff
- SAR and tissues viability provided to 117 nursing staff

Pan London Briefings

Pan London briefing sessions were provided by the safeguarding adults co-ordinator as follows:

- 140 people attended Pan London Alerting Managers briefings which focused on the roles and responsibilities of alerting managers
- 60 people attended Pan London Provider Led Investigations
- 80 people attended Dignity in Care and Developing Zero Tolerance to Abuse
- 14 practitioners attended bite size sessions on Investigator Reports

E-learning – level 1

The Safeguarding Vulnerable Adults E-learning Course has been further promoted to compliment the Multi-Agency one day Safeguarding Adults Awareness courses. The

total number of logins was 3641.

Domestic Violence Awareness – level 1
6 multi-agency domestic violence awareness courses were provided to raise awareness and enhance understanding and knowledge of domestic violence issues, the legislation and services available. 87 people attended these.

Safeguarding Issues for children in context of working primarily with adults – level 1
6 multi-agency sessions were provided to ensure that practitioners in adult services are alert to safeguarding concerns for any child they are in contact with and that staff respond safely and appropriately in a way that ensures the child's needs are met. 65 people attended these.

Safeguarding Adults Advanced Awareness for Provider Managers – level 2
Three multi-agency Advanced Awareness courses were provided which were attended by 38 managers. This programme was developed for care home managers in Social Services, Health, Private and Voluntary Organisations and senior staff from domiciliary agencies to raise their awareness of their roles and responsibilities of safeguarding. The aim of the programme is to further support managers to effectively safeguard the service users who are in their care and for whom they have a duty of care.

Croydon Health Services (Hospital and Community) complimented this training programme by the provision of a safeguarding advanced course which was attended by 28 managers.

Safeguarding Vulnerable Adults from financial and material abuse
These programmes were provided at two levels to equip staff with the skills and knowledge required to respond appropriately to concerns and reports of financial/material abuse within the context of the multi-agency safeguarding adult's protocol. 22 people attended the basic level course and 14 attended the advanced level.

Recording and investigation skills – level 4
One course was provided for Team Managers, Practice Managers, Care Managers and Care Co-ordinators to equip them with the skills and knowledge required to record the outcomes of concerns and reports of abuse, whilst developing confidence and an understanding of the investigation process. 16 people attended.

Adult Safeguarding Serious Case Reviews: Messages for Current Practice
Two workshops were provided with the aim of improving practice by acting on learning from local Serious Case Reviews. The 42 delegates who attended, explored

what we have learnt so far from the experiences of all three of the adults concerned and can still learn together to reduce the risk in future.

Human Trafficking Introduction
Seven multi-agency introduction to human trafficking sessions were provided to 121 staff. The programme included the identification of victims of trafficking; Referral processes and support systems available (including how to complete an NRM referral) and the return and reintegration of victims of trafficking.

What are your priorities for the coming year?

The Learning and Development sub group will support the achievement of the objectives in the CSAB business plan as follows:

- To address the Learning and Development (L&D) implications as and when raised by the Clinical Commissioning Group (CCG) and London Borough of Croydon (LBC) at the board meetings.
- The sub group meeting has a standard agenda item to consider the L&D implications from the reports presented to the Croydon Adult Safeguarding Board (CSAB).
- There is an annual multi-agency safeguarding learning and development plan identifying a range of development opportunities and events which is aligned to the Training Steps Model. Fliers are produced for each event and distributed to the appropriate staff target groups.
- The L&D plan will be regularly reviewed and updated in line with emerging legislations and guidance as well as in response to local issues.
- The training provided will be monitored and evaluated and a summary of attendance will be presented to the CSAB on a six monthly basis.
- A small group of members from the L&D sub group has been set up to consider the National Competence Framework for Safeguarding Adults that was developed by Bournemouth University with a view to directly linking the competencies to the Croydon multi-agency learning and development plan and steps model.
- A more comprehensive approach to evaluation will be adopted to evidence the effectiveness of training against the national competencies, including:
  - Summary of event evaluation forms
  - Summary of trainer evaluation reports
  - Multi-agency case file audits and SCR processes to assess the effectiveness of practice
- Training aimed at NHS staff in the community and hospital will be monitored by the Croydon Clinical Commissioning Group (CCCG).
- There is a multi-agency MCA learning and development plan which will also be monitored and reviewed through the L&D sub group and summary of

attendance at training events will be presented to the CSAB on a six monthly basis.

Following an evaluation of the 2012/13 programme the plan for 2013/14 has incorporated the following changes:

- Continue with the provision of a variety of Pan London Guidance briefings for social workers, care managers, care co-ordinators and provider organisations which are focused on a current theme / issue
- Continue with the sessions for care home managers focusing on developing a zero tolerance to abuse to promote the Dignity Challenge, meeting the 10 principles of care. These are complimented by the Dignity in Care Forums.
- The safeguarding adults at risk from financial and material abuse will continue to be offered at two levels i.e. level one basic for staff in health, private and voluntary organisations; and level 2 advanced for care managers, senior practitioners and CALAT (adult education) .
- The multi-agency events on feedback from serious case reviews will continue for practitioners aiming to improve practice by acting on the learning from local serious case reviews. An additional four, half day workshops will be provided to staff in DASHH, private and voluntary organisations and carers to provide information on the key learning points from the local serious case reviews.
- The addition of a Duty to Refer Event provided by the Disclosing and Barring Service (DBS) to provide information that outlines the practical changes to referring organisations following the Protection of Freedoms Act 2012. The event will also provide best practice guidance for those submitting information to accompany referrals to the DBS.
- The addition of a two day course on working with difficult, dangerous and evasive people for team managers, social workers, care managers and care co-ordinators.
- Additional learning opportunities are being explored on hoarding, self-neglect and complaints.

The Safeguarding Adults at Risk Learning and Development Plan 2013/14 makes provision for the following events:

Level 1 Safeguarding Adults at Risk Awareness
14 x 1 day courses providing 320 places
These will be complimented by the e-learning programme and sessions provided by the Safeguarding Adults Co-ordinator.

Level 1 Keeping Safe training package
The DVD has been distributed to every registered care home in Croydon for learning disabilities. Resources have been put aside to continue with the implementation,

support, and roll out of the training package which includes a DVD and game.

Level 1 Domestic Violence Adults Awareness
6 x 1 day courses providing 108 places

Level 1 Safeguarding Issues for Children
4 x 1 day courses providing 72 places

Level 2 Safeguarding Adults at Risk Advanced Awareness for Provider Managers
2 x 1 day courses providing 40 places

Level 2 Pan London Alerting Managers Briefings
6 x ½ day sessions providing 270 places

Level 2 Pan London Managers Briefings – Provider Led Investigations
6 x ½ day sessions providing 270 places

Level 2 Developing a zero tolerance to abuse to promote the Dignity Challenge
6 x ½ day sessions providing 270 places

Dignity in Care Champion forums
4 events to promote the Dignity Challenge – meeting the 10 principles of care

Level 2 Care Forums
4 events to raise awareness of safeguarding and DoLS focusing on a current theme to care home managers

Level 2 Disclosing and Barring Service: Duty to Refer event

Safeguarding Adults at Risk from Financial and Material Abuse
4 x 1 day level 1 basic courses providing 64 places
2 x 1 day level 2 advanced courses providing 32 places

Level 4 Recording and Investigation Skills
2 x 2 day courses providing 32 places

Working with difficult, dangerous and evasive people
1 x 2 day event providing 18 places

Multi-agency events on feedback from serious case reviews
2 x 1 day events for 40 practitioners to improve practice by acting on learning from local serious case reviews

4 x ½ day multi-agency workshops to provide information on key learning points from local serious case reviews with provision for 80 places

Level 6 One-off bespoke courses for practitioners to promote best practice and on-going professional development.

Human Trafficking
6 programmes providing 120 places

The Best Practice and Procedures Subgroup Annual Report April 2012 to March 2013

INTRODUCTION:
The subgroup was chaired by the Named Nurse Safeguarding Adults from Croydon Health Service for 75% of the year. The chair was then transferred to the Commissioning Manager for Adults from Croydon Clinical Commissioning Group.

This year there were on average 16 individuals that attended the subgroup each meeting, representing the following organisations, DASHH, Croydon health Services, Croydon Clinical Commissioning Group, Croydon Mencap, SLAM, Croydon Age UK, YMCA, VoiceAbility, Croydon Police, BME Forum, Independence Homes, Penderels Trust, Learning Disability Commissioning and Philomena House.

KEY ACHIEVEMENTS:
There were several issues and topics discussed to improve safeguarding practice and systems within Croydon Council and partner organisations. The main achievements of the subgroup were:

Self-neglect: Dignity and Choice Protocol was discussed by the group and ratified by the Project Group. The protocol was completed to support and guide agencies and frontline staff on how to deal with clients who self neglect, which includes hoarders. It gives guidance on how to engage effectively with clients by, maintaining a Multi-agency approach, providing strategic planning and seeking appropriate legal advice. There were concerns raised about the clients who were assessed as having mental capacity but were incapable of carrying out the decisions they had made. Therefore, legal advice may be required to influence a person who is in danger of seriously harming self.

Direct Payments support was discussed in depth with Penderels Trust, which provides support for clients to safely recruit and work with personal assistants. The video produced by Action on Elder Abuse was promoted to ensure the appropriate

checks were undertaken and professional relationship development was encouraged between the client and worker.

Reports emerged this year that the reporting of domestic violence incidents in Croydon has increased. To ensure all partners are aware of the referral process to MARAC (Multi-agency Risk Assessment Committee), information was circulated about the CAADA form referral system. MARAC is run by the Police to provide robust protection plans for victims of severe domestic abuse.

Changes in the structure of SLAM gave Croydon Local Authority the lead to coordinate the mental health safeguarding investigations again. To support this change, two workers were seconded to work directly within Croydon's Safeguarding team.

Warning systems are set up in each organisation to ensure lone workers in the community are aware of risks before visiting clients. These warnings are normally recorded electronically but the information is not electronically transferable between organisations because each agency has different information technology (IT) systems. This concern was shared with CSAB, it was agreed that each agency will need to improve their referral information data sets, in order to share relevant risks identified to keep staff and service users safe.

A local appeals process was drafted to allow services users and providers to appeal if unsatisfied with the process of a safeguarding investigation. Following initial implementation, the appeals process will be further strengthened in the coming year to ensure there is sufficient clarity between appeals and complaints.

A presentation by Croydon's Metropolitan police representative to the group provided an opportunity for partner agencies to explore what happens to safeguarding adult referrals to the police, what information is necessary at referral and how an adult at risk is interviewed.

A PREVENT presentation was delivered by the Channel representative for Croydon, which highlighted the importance of training staff and managers in all organisations, especially Health. The training aimed to raise awareness in order to identify and prevent adults at risk from becoming radicalised by extremists. The adult could then translate these extremists' views into criminal acts. By reporting suspects to the Channel the individual can receive support and advice to prevent harm to self and others.

The Group discussed the learning from the three Serious Case Reviews (SCR) that took place in Croydon. Arrangements were made to hold an event to share the learning. The SCR event successfully emphasised the lessons learnt to all partner agencies that attended, the most salient points were: to complete mental capacity

assessments in a timely manner, to undertake Best Interest meetings with the inclusion of appropriate carers/ significant others and to communicate important facts about service users on transfer to and from organisations and Boroughs, which can affect the funding provision of care e.g. Section 117 of the Mental Health Act.

PRIORITIES FOR THE COMING YEAR

Complete concise briefing packs to support care standards in:

- Safer Recruitment
- Affective staff supervision
- Whistle blowing procedures

Safeguarding Adults strategy
CSAB Newsletter
Consistent joint working across partnerships
Service user actively involved in weighing up risks and benefits associated with their choices
Case file audits
Clear policies and procedures in place in partner organisations

Name of Organisation : **Case Review and Audit Group (CRAG)**
Role of subgroup : To review four completed safeguarding investigations per year in order to identify the learning and good practice points from the investigations and to disseminate these throughout every organisation in Croydon
Is there a designated lead officer for safeguarding? Each member who attends the quarterly meeting is a `designated` lead officer for disseminating the learning and good practice points within their organisation.
How does your subgroup fulfil its role in safeguarding adults from abuse in Croydon? CRAG`s role is to: • review completed safeguarding investigations, identify the learning and good practice points and disseminate these throughout all organisations in Croydon. • refer any identified training issues to the learning and development sub – group • refer any identified issues to the public awareness and information dissemination sub - group

- report on a quarterly basis to the best practice and procedures sub – group
- report on a quarterly basis to the Croydon safeguarding adult board

Please describe how the safeguarding of adults in your organisation impacts on individuals or groups ie what are the outcomes?

CRAG fulfils quality assurance and development roles by raising awareness of specific learning and good practice issues and ensuring that these are disseminated throughout all organisations.

The aim is to increase the knowledge, skills and confidence of participating organisations with regard to safeguarding investigations. For example, all the investigations reviewed showed how essential it is to establish at the outset of the investigation the views, wishes, feelings and needs of the person who has been harmed and to keep checking this with them throughout the investigation. Coupled with this is the importance of all agencies `working together` closely with the person who has been harmed. This ensures that the person at the heart of the investigation, or their representative, feels fully included and consulted at all times.

Several investigations highlighted how important it is to offer the person who has been harmed someone to help support them through the investigation i.e.an advocate. This had the very positive outcome that the person felt fully supported and informed.

Investigations showed that people who had been harmed felt they achieved a better outcome when time had been taken to ensure they understood fully what would happen during the safeguarding enquiry to agree with them what was trying to be achieved.

One of the cases reviewed showed how very important it was for the person who had been harmed as to be fully consulted as to how they wanted to deal with the perceived risks which they seemed to have faced. This resulted in the person feeling more in control of their own situation.

The learning from this subgroup is helping to underpin the direction of safeguarding with regard to 'making safeguarding personal'. This is a shift towards ensuring better outcomes for people by making sure that the person at risk is always at the centre of the process and that their desired outcomes remain key.

Training and awareness:

CRAG identifies training issues to the learning and development sub – group so that this can be built into the training and development programme.
CRAG also raises awareness of key safeguarding learning points to relevant organisations within Croydon and to all members of the Croydon safeguarding adult board

How does your sub group ensure that it links its safeguarding work to national developments?

CRAG ensures that the learning and good practice points identified are in line with national developments and government guidance.

Has there been any preventative work carried out in your organisation in the last year?

CRAG is a reviewing group and any identified knowledge / practice points are brought to the attention of senior managers in the relevant organisations, to the learning and development sub – group and the best practice and procedures sub – group with recommendations to improve practice.

What have been your key achievements?

Four safeguarding investigations have been reviewed by the subgroup. The learning and good practice points have been identified and disseminated to the participating organisations.

What are your priorities for the coming year?

To continue to review four safeguarding cases annually on a multiagency basis in order to identify learning and good practice and share this with relevant organisations in Croydon.

Lead practitioners subgroup

The lead practitioner group is made up of social work and adult mental health practitioners with a lead role in adult safeguarding work.

The group has focused on the impact of the electronic safeguarding adults toolbox produced in late October 2012 by the Social Care Institute for Excellence – SCIE . The toolbox was produced to supplement the policy document produced in February 2011 when the Pan London guidance was published.

One priority for the group has been to drive up the standard of investigation reports completed by social work practitioners and presented to case conferences. The quality of investigation reports dictate the quality of the decisions made at case conferences. As such bite size training and lead practitioner work has focused on the types of evidence identified within the SCIE guidance and the structure of reports. This theme is reinforced by practitioner work becoming increasingly linked to the principles of accountability and proportionality. If decisions are being made at case conferences which may have a significant and long lasting impact on the lives of those who may have caused harm as well as the person harmed, the evidence used and the analysis given to it becomes increasingly more important.

This year has also seen the further development of practitioners keeping paperless records of safeguarding work through the AIS recording system. Lead practitioners from both adult safeguarding and the AIS development team have worked very much together. This is reflected in the Pan London e toolbox guidance being integrated into the AIS electronic software and templates.

The lead practitioner group has expanded over the last year to include the three new independent chairs of adult safeguarding case conferences. Their role has added significantly to the consistency and continuity of safeguarding practice within the borough.

Mental Capacity Act and Deprivation of Liberty Safeguards Board
Deprivation of Liberty Safeguards Annual Activity Report

Introduction

'Deprivation of liberty safeguards' (DOLS) refers to a statutory process when a person who lacks capacity to give consent is held for their own safety or due to health needs in a care home or in hospital. If the level of restriction is so complete that this amounts to depriving them of their liberty, then a deprivation of liberty assessment is required in order to assess if this is in the person's best interest. The assessment is a comprehensive process carried out within clear timescales by specially trained assessors, including a doctor and a best interest assessor (BIA) , and which features close involvement of family or other representatives for the person who lacks capacity. The assessment concludes whether the deprivation is in the person's best interest and is 'authorised' or whether changes should be made to how the person is being cared for or whether the level of restrictions do not in fact amount to a deprivation at all.

The Deprivation of Liberty Safeguards responsibilities sit within the Professional standards team, managed by the MCA and DOLS Lead, with support from a designated administrator.

This activity report covers the following areas:

- Mental Capacity and Deprivation of Liberty sub-group
- Best Interest Assessors
- Mental Capacity and Deprivation of Liberty Forums

Mental Capacity and Deprivation of Liberty Sub-group

Attendance at the Mental Capacity Act and Deprivation of Liberty Safeguards subgroup had been inconsistent at the beginning of the year, which had resulted in consideration being given to joining this group with that of the learning and development sub-group. Following due consideration it was agreed to continue with separate sub-groups for a fixed period in the hope that attendance would increase.

Latterly numbers of attendees have increased and the members have worked to agree a terms of reference, and have concentrated on assisting all partnership agencies in focusing on developing agency knowledge of their statutory responsibilities. We continue to work in partnership with police, NHS community services, London Ambulance Service, London Fire Service, Voiceability and voluntary agencies

This sub-group reports to the Croydon Safeguarding Adults Board, and has been part of the work plan for the coming year focussing on embedding the statutory principles of Best interest.

Training and Best Interest Assessors

We now have 14 trained BIA's (Best interest assessor) across all service areas and a rota has been operational this year. An additional four members of staff have completed their training and will be joining the rota in the coming months giving a total of 18 trained BIA's. Upon successful completion of the course each BIA is required to shadow two assessments and are then supported when they undertake their first assessment.

Peer support and group supervision is takes place at the bi-monthly BIA Best Practice meetings which all BIA's are required to attend. All BIA's have received a Mental Capacity Act and Deprivation of Liberty Code of Practice as well as the 2012 Mental Capacity Act manual by Richard M Jones.

All BIA's must attend two mandatory training days and we currently offer three which cover legislative update, BIA best practice and the Code Of Practice. It is a statutory requirement that BIA's attend an annual refresher to update their knowledge,

Mental Capacity and Dols Care Forums

There have been two forums last year on the following dates:

15th May 2012 with 45 attendees

14th November 2012 with 38 attendees

The forums cover the following topics "Best Interest – a study of case law, judgements and best interest principles" and "Roles and Responsibility of Managing Authorities'"

Both events were well attended and information regarding further training offered by the Training and Develop department was shared.

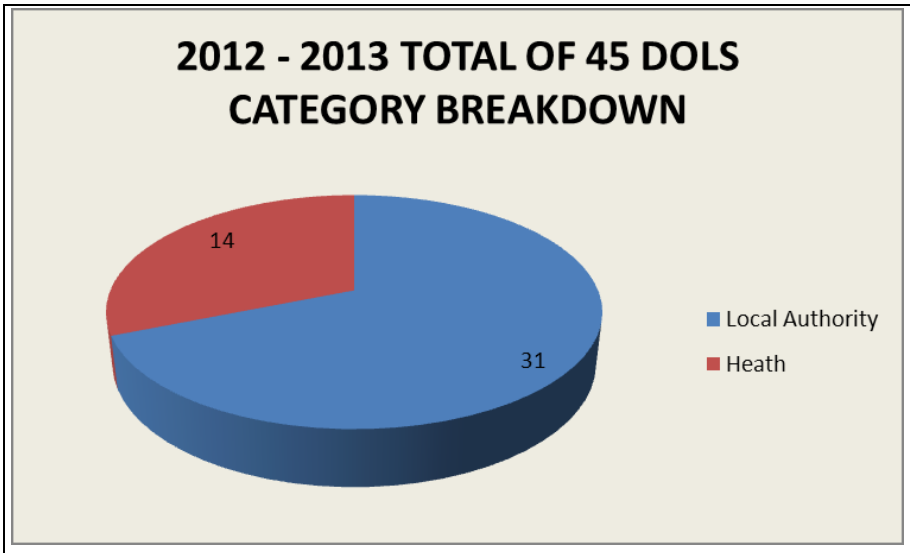
Activity Charts

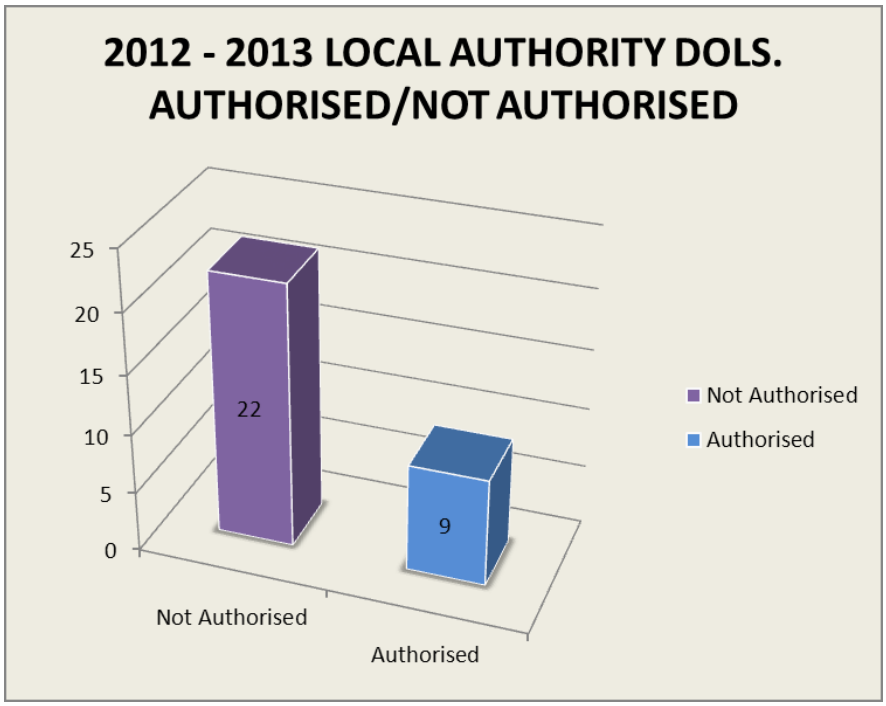
We had received 45 requests this year, last year we received 53 requests, this decrease in numbers is in line with national figures and is a cause for concern as Croydon has the number of care home in the borough remains the highest across London.

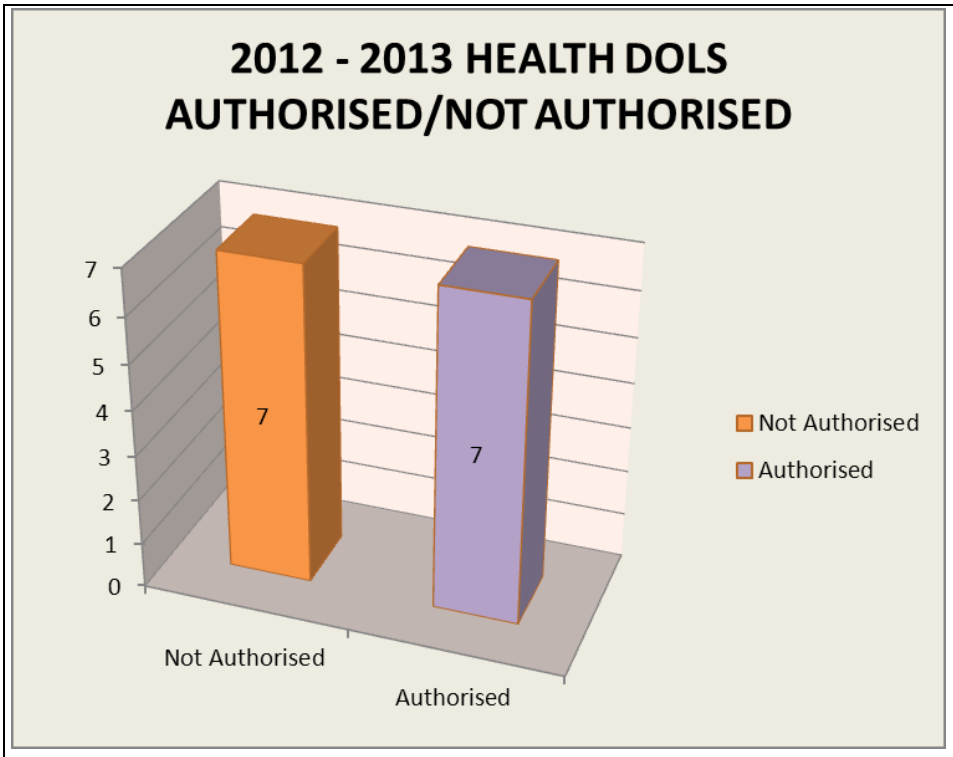
The largest numbers of requests continues to be for clients with dementia, and demonstrates that this group of clients is the largest group who may be deprived of their liberty in the borough. Of this group, 65% are in the age bands 75 – 84 and 85 plus.

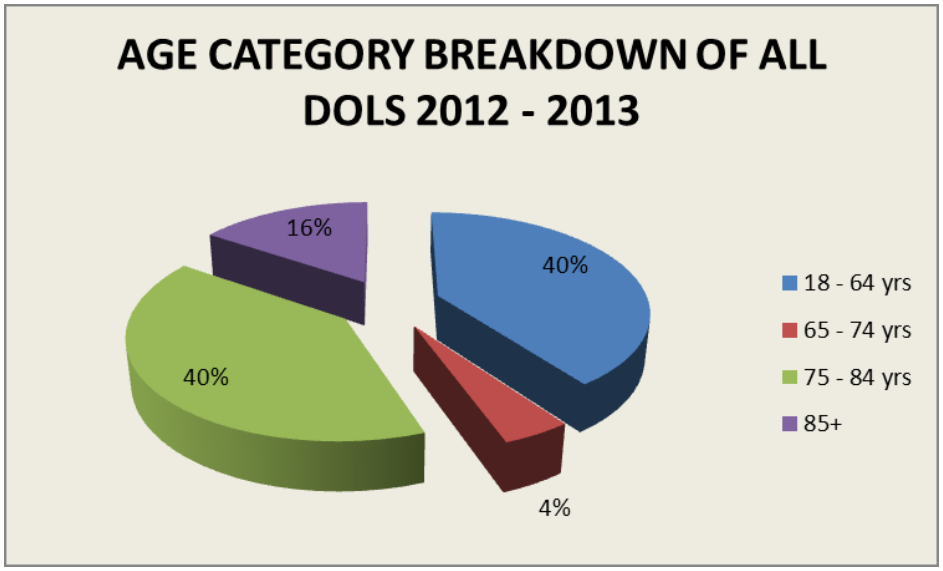
The dols legislation is still comparatively new being implemented in April 2009 and many care homes are still unsure of their roles as the managing authority.

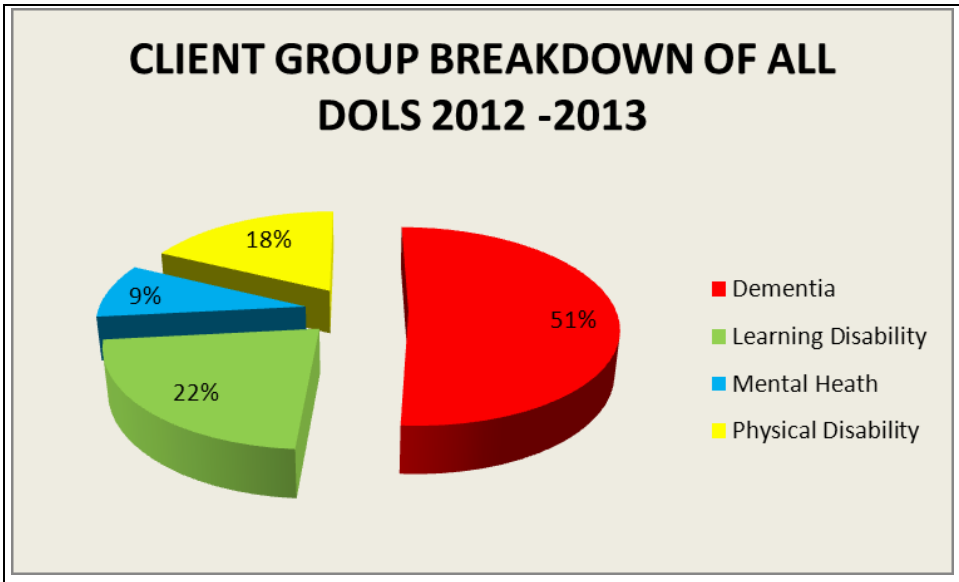
In the coming year the aim is to spend more time with individual services to enhance their understanding through guidance and training.


2012 - 2013 TOTAL OF 45 DOLS
CATEGORY BREAKDOWN
14
31
Local Authority
Heath


2012 - 2013 LOCAL AUTHORITY DOLS.
AUTHORISED/NOT AUTHORISED
25
20
15
10
5
0
22
9
Not Authorised
Authorised
Not Authorised
Authorised


2012 - 2013 HEALTH DOLS AUTHORISED/NOT AUTHORISED
7
6
5
4
3
2
1
0
7
7
Not Authorised
Authorised
Not Authorised
Authorised


AGE CATEGORY BREAKDOWN OF ALL DOLS 2012 - 2013
16%
40%
40%
4%
18 - 64 yrs
65 - 74 yrs
75 - 84 yrs
85+



Reports of multi-agency partner agencies

Name of Organisation : Croydon Clinical Commissioning Group
Role of organisation: From April 2013 Croydon Clinical Commissioning Group became responsible for commissioning many local health services across the Croydon area
Is there a designated lead officer for safeguarding? Please provide name: Amy Page – Chief Nurse and Executive Lead for Safeguarding Rachel Blaney – Lead Nurse for Safeguarding Adults
How does your organisation fulfil its role in safeguarding adults from abuse in Croydon? Safeguarding adults at risk continues to be a high priority for Croydon Clinical Commissioning Group (CCCG) and integral element of authorisation, as a clinical commissioning group during 2012- 2013. Croydon Clinical Commissioning Group plays a key role in raising awareness of safeguarding concerns across health providers across the Croydon area and gaining assurance of safeguarding processes with regards to adults at risk. The CCG contributes to the governance arrangements for safeguarding adults through executive level representation on the Croydon Safeguarding Adults Board (CSAB) and clear internal governance processes via newly formed Safeguarding Children

and Adults Governance Committee reporting to senior management team and CCG Board.

Strong partnership and close working with multi-agency partners , in the management of safeguarding adults issues including monitoring and management of serious incidents and serious case reviews; quality assurance and governance; completion and submission of self- assessment and assurance framework (SAAF) and identifying areas requiring further development.

CCCG continues to support and fund joint initiatives with Croydon Council and South London and Maudsley NHS Foundation Trust (SLAM) through work undertaken by the Care Support Team in care and nursing homes.

The Local Enhanced Service piloted during 2010/11 which involved GPs carrying out individual assessment and management of complex patients in care homes and medication reviews by pharmacists proved successful in particular the medication reviews.

Care Support Team

CCCG continues to fund the joint initiative with Croydon Council and SLAM which led to the establishment of the Care Home Support Team in 2009 (now the Care Support team in recognition that this team works with domiciliary providers of care, not just residential providers) following a successful pilot. The team plays an important role in ensuring that people in care and nursing homes and those supported by domiciliary care agencies are treated with dignity and respect at all times. Successful establishment of the care support team and evident impact of their work in developing safeguarding adults work across care and nursing providers in Croydon. The Care Support Team has led on a Dignity in Care initiative resulting in a number of dignity champions being identified across the Borough. The team supports quality monitoring and self-assessment of care providers.

Self-Assessment and Assurance Framework

Croydon Clinical Commissioning Group completed the Safeguarding Adults Self-assessment and Assurance Framework for Health Care Services in 2012. Our self-assessment and assurance status was rated as ‘working towards’ and ‘effective’ with areas that require further development such as embedding robust systems within all contracting and procurement process and workforce development in safeguarding.

As part of the CCG commissioning responsibilities, the safeguarding function has formed part of the board assurance to ensure that the national agenda and requirements are progressed, maintained and developed. The findings and

learning points from the NHS London-wide overview report on safeguarding adults indicate that generally, organisations appeared to have systems and processes in place to meet their responsibilities. This is demonstrated in the commitment of senior leadership and the organisation as a whole in safeguarding adults work.

Areas of development as indicated in the overview report include:

- ensuring that safeguarding is embedded as 'everybody's business'
- developing stronger strategies that link safeguarding, quality and workforce development
- strengthening the relationship between commissioners and service providers on safeguarding
- embedding good practice in mental capacity securely within safeguarding
- developing the range and quality of local partnership working.

Training and awareness:

Changes regards safeguarding training and education for General Practice and independent contractors:

- Safeguarding training provided to newly formed CCCG Governing Body in May 2013
- Lead Nurse for Safeguarding Adults member of Training Subgroup and Chair of Best Practice and Procedures Subgroup Chair from July 2013
- Basic awareness e-learning programme for CCCG to be implemented autumn 2013
- Case reflection workshops for General Practice to raise awareness regards safeguarding children and adults and lessons learnt from serious case reviews and domestic homicide reviews from October 2013

Please include any data collection or monitoring carried out in your organisation on safeguarding adults

Self-Assessment rating: Our self-assessment and assurance status was rated as 'working towards' and 'effective'. However, there are areas that require further development such as embedding robust systems within all contracting and procurement process; quality assurance and monitoring and workforce development in safeguarding.

How does your organisation ensure that it links its safeguarding work to national developments?

The Safeguarding Adults Self-assessment and Assurance Framework for Health Care Services

This framework was developed by Strategic Health Authorities in collaboration with the Department of Health, commissioners and clinicians within their regional networks. The framework draws on existing standards and other inspection

frameworks including the Care Quality Commission Essential Standards for Quality and Safety, the national standards for Adult Protection and the NHS Outcomes Framework.

The primary aim of the framework is to support health services to meet safeguarding adults' responsibilities and achieve improved outcomes in:
- Preventing harm occurring
- Effective, patient centred responses where harm has occurred

As previously noted the findings and learning points from the NHS London wide overview report on safeguarding adults indicate that generally organisations appeared to have systems and processes in place to meet their responsibilities. This is demonstrated in the commitment of senior leadership and the organisation as a whole in safeguarding adults works.

Areas of development as indicated in the overview report include:

- ensuring that safeguarding is embedded as 'everybody's business' developing stronger strategies that link safeguarding, quality and workforce development
- strengthening the relationship between commissioners and service providers on safeguarding
- embedding good practice in mental capacity securely with safeguarding and developing the range and quality of local partnership working
- CCCG Action Plan on the Self-Assessment and Assurance Framework will be developed in alignment with the national agenda on safeguarding adults and the areas identified within the NHS London overview report and CSAB Business Plan

Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework

From 1 April 2013 NHS England (NHSE) came into existence replacing the previous strategic health authorities, with the responsibility for accountability and assurance of safeguarding of health providers and direct commissioning of primary care, specialised health services, prison healthcare and some public health services (including, for a transitional period, health visiting and family nurse partnerships).

This has resulted in a change in the relationship between the CCG and General Practices and Independent Contractors in particular regards the provision of training and education being the responsibility of NHSE. The CCG still have responsibility regards providing support and advice to practitioners and raising awareness of lessons learnt from national and local reviews, hence the development of a case reflection programme in 2013 - 2015

From April 2013 the substantive permanent post of Lead Nurse for Safeguarding

Adults commenced within the CCG with the appointee bringing experience from both provider and commissioning of safeguarding adults and an active member of the newly formed NHSE Safeguarding Adults Leads Network ,Prevent and London Mental Capacity Act /Deprivation of Liberties of Safeguards Network.

Has there been any preventative work carried out in your organisation in the last year?

To summarise the above:

• Training and awareness raising
• Contribution to case reviews
• Care provider support
• Clear governance
• CCG responsibilities
• Strong multi-agency working

What have been your key achievements?

- Appointment of Executive Lead and Lead Nurse for Safeguarding Adults
- CCCG Safeguarding Team for Adults and Children
- Strong Partnership working and engagement with the Safeguarding Adults Board ,CSAB Business Plan and the work of subgroups

What are your priorities for the coming year?

- **Quality assurance :** implementation of CCCG Safeguarding Adults Quality Monitoring Tool to gain assurance and monitoring of health providers both acute and nursing/care homes providers in relation to compliance with Care Quality Commission Essential Standards of Care and Pan London multi-agency policy and procedures to safeguard adults from abuse.
- **Tissue Viability and Pressure Ulcer Safeguarding Referrals** - to review current practice and protocols in line with the development of a pan London approach by NHS England – London region
- **Embedding robust systems within all contracting and procurement Processes -** all contracts
- **Care Home Pathway** – implementation of care home pathway to provide information to support care decision making both preventative and contemporary treatment
- **Commissioning intentions -** to be submitted to the CCG Board regards for CSAB funding and post of GP Lead for Safeguarding adults

Name of Organisation : Croydon Health Services (CHS)

Role of organisation:

- To provide acute and community health services for the people of Croydon

Is there a designated lead officer for safeguarding?
Please provide name:

The safeguarding adult team is as follows:

- The Director of Nursing, Midwifery & Allied Health Professionals is the executive director for safeguarding (Zoe Packman)
- Associate Director of Nursing for Children, Young People and Families in the Health and Wellbeing Directorate (Christina Hickson)
- Named Nurse Safeguarding Adults (Patricia Leigh)
- Learning Disability Acute Liaison Nurse (Susan Dunn)

How does your organisation fulfil its role in safeguarding adults from abuse in Croydon?

1. **Specific professional responsibilities or legal obligations relation to safeguarding adults.**

CHS are responsible for safeguarding vulnerable adults at risk as stipulated in Outcome 7 of the Care Quality Commission Regulations. The Care Quality Commission (CQC) has made several inspections of our services this year and actions plans are in place to improve service delivery and patient involvement.

In August 2012, CHS completed the annual Self-Assessment Assurance Frameworks (SAAF) for Learning Disability (LD) and for Adults at risk, which were submitted to NHS London (now known as NHS England). The report highlights the performance, achievements and gaps in the safeguarding services of Providers and Commissioners in London. CHS were commended for the following areas:

- Datix process, daily monitoring of trends and scrutiny by the Trust's Risk Management
- Internal audit that was completed in 2011 is being monitored by the Audit Steering Group
- Mandatory safeguarding and Tissue Viability (TV) training to prevent TV neglect
- Weekly Pressure Ulcer meetings
- The three levels of safeguarding training and an in-house stand-alone MCA and DOLs course is in place

The SAAF Action plan for the Trust was validated by CHS Safeguarding committee and Croydon Multi-agency Board

2. **Internal policy development and links to other structures or boards within the organisation:**

CHS policies on Mental Capacity Act 2005, Deprivation of Liberty Safeguards 2007 and Restraint are in place on the Trust's intranet. The CHS Safeguarding Adult Policy and Procedures is due to be ratified in September 2013 by the CHS Policy committee. Controls are in place to ensure staff understand the procedures to follow, that is the Pan London Policy, CHS Safeguarding Reporting flow chart and pathway are accessible to staff on the Trust intranet.

There is a CHS Safeguarding Child and Adult committee in place that has strategic responsibility to ensure adults at risk are safeguarded. There is a CHS safeguarding adult steering group in place, which is accountable to the CHS Safeguarding committee. The steering group has a multi-agency membership. The group discusses, disseminates learning and information obtained from all safeguarding subgroups and the Safeguarding Adult Board (SAB). Board reports are presented quarterly to the Safeguarding committee, the Quality board and annually reports are presented to the CHS Board and SAB; to give internal assurance, showing the safeguarding activity and achievements throughout the year.

3. **How safeguarding of adults in the organisation impacts on individuals or groups i.e. what are the outcomes?**

The CHS Safeguarding team has been working across the organisation; providing advice to staff and practical support by attending complex SVA strategy and case conference meetings as required.

Staff are encouraged to report all pressure ulcers grade 1 to 4 on Datix to improve the monitoring of patients with pressure ulcers that are admitted into the organisation or have developed ulcers in the organisation (Healthcare acquired pressure ulcers). A pressure ulcer meeting convenes weekly to verify the grade and condition of the wound, to establish the origin, to appropriately raise grade 3s, 4s and multiple grade 2 pressure ulcers as safeguarding concerns and for Root Cause Analysis reports to be sent to NHS England.

Social Services work closely with the Hospital Discharging team to improve the effectiveness of in-patient discharge, by supporting the wards with mental capacity assessment and best interest issues.

Training and awareness:

- Please describe training offered to staff or others in the safeguarding of adults and in awareness raising

All staff receive an induction for safeguarding adults at the beginning of employment.

Induction training which is delivered fortnightly, consisting of a 30 minute basic safeguarding adults training. In January 2012, a 5-day induction course was started for all new nursing staff, which now includes Level 2 safeguarding adult training. The course is run once a month.

There are three levels of safeguarding adult training available for CHS staff in accordance with the Bournemouth University Competency Framework. Each staff member is required to attend the most appropriate level every 3 years.

- Level 1 contains the basic safeguarding adult training, which is mandatory for all staff, to ensure everyone is able to recognise and report abuse promptly and all staff are encouraged to work collaboratively with multi-agency partners to assist the investigative process. (30 to 90 minutes)

- Level 2 contains the basic safeguarding training and an introduction to Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS), which is mandatory for all clinicians. This 2-3 hour course aims to equip staff with the confidence and competence to complete informal MCA assessments and raise appropriate DOLs referrals.

- Level 3 contains advance safeguarding adult awareness, MCA & DOLs information. The one day course also discusses the managerial responsibility in complex safeguarding issues e.g. Forced Marriages, Human trafficking, PREVENT etc. This course is for Managers who manage adult services.

This year a shortened module at level 2 was introduced to provide a comprehensive update for clinicians who received training 3 years ago and only require a 90 minute refresher.

All courses have been updated this year and have been ratified by the Multi-agency Training subgroup.

In March 2012, trust training compliancy was 29%. Immediately a training trajectory was drawn up to highlight how the training compliancy would be improved. .. **On 31st March 2013, the compliance was 70% (n=2145)**.

To improve the uptake the following strategies were deployed.

- March 2013, an external trainer was employed to support the delivery of the programme
- Extra safeguarding sessions were built into the training programme for 2013.
- A new Level 2 Refresher course was introduced to target those who received training 3 years ago and are now due for an update.
- An email was sent from Directors to all managers promoting the attendance to

a safeguarding adult session appropriate to their job role or to complete an e-learning programme, which is freely available from the Croydon Council via www.kwango.com .

- Regular level 2 training was provided to specific teams e.g. Midwifery & Nursing newcomers
- Corporate induction was increased to 30 minutes and delivered at level 1
- An individual email was sent to all staff that were not compliant.

During April 2012 to March 2013:

- In 2012 there were 71 SVA sessions offered. A new safeguarding training brochure has been completed offering 102 sessions, thus increasing SVA training availability by 30.4%.This has been possible due to the appointment of an external trainer.
- There were 2433 staff members who received safeguarding Adult training, which increased the overall safeguarding adult training compliance from 29% to 70%.
- The Named Nurse delivered training highlighted in the Table One below, with occasional support from other trainers.

TABLE One
Shows the number of staff who attended the various courses during April 2012 to March 2013

Safeguarding Vulnerable Adult (SVA) Courses (and the total number of places available)	**April – June 2012 (Q1)**	**July – Sept 2012 (Q2)**	**Oct – Dec 2012 (Q3)**	**Jan – March 2013 (Q4)**	**Total**
Trust Induction 30 mins	198	175	149	234	**756**
Level 1 Basic Awareness 90 mins (capacity = 992)	115	98	173	127	**513**
Level 2 Foundation For Clinicians 3hrs (capacity = 1152)	192	202	352	185	**931**
Level 2 Refresher (new in 2013) 90mins (capacity = 145)	/	/	/	58	**58**
Level 3 Advance Courses Full day (capacity = 54)	13	10	0	5	**28**

MCA & DOLs Course 3 hrs (capacity = 125)	18	0	12	0	**30**
SVA and Tissue Viability For Nursing Staff	0	43	22	52	**117**
TOTAL	**536**	**528**	**708**	**661**	**2433**

- The attendance to the level 2 Foundation course improved significantly throughout the year. 51 sessions provided 1152 places. The total number of clinicians who attended the course were 931, achieving 81% fill rate.
- All courses have been updated this year and have been ratified by the Multi-agency Training subgroup.

- The number of staff completing the Kwango E Learning course increased from 7 during the previous year to 164 (see the Table Two below). Plans are in place to provide further Safeguarding ELearning availability on the NHS knowledge and skills website.

TABLE TWO: Shows the number of staff who completed the Safeguarding Adult ELearning courses during April 2012 to March 2013

Safeguarding Adult Kwango ELearning Courses	April – June 2012	July – Sept 2012	Oct – Dec 2012	Jan – March 2013	Total
Basic SVA Level 1	70	30	20	14	**134**
Basic MCA Level 1	8	20	0	2	**30**
Total	**78**	**50**	**20**	**16**	**164**

Please include any data collection or monitoring carried out in your organisation on safeguarding adults:

1. **Number of Safeguarding referrals**

There were 184 patients referred to the Named Nurse during April 2012 and March 2013. Each patient referred to the Named Nurse requires advice, fact finding and allocation to the appropriate staff member (Health Representative). The Heath Representative is responsible for liaising closely with the Care Manager investigating the safeguarding concern, collating the evidence, writing the appropriate health report, attending the strategy and case conference and finally disseminating the lessons learnt. The Named Nurse's role chases evidence and prompts actions via several emails and telephone calls.

Table Three below shows the type of abuse referred, with the highest type of abuse referred being neglect (n= 80).

TABLE THREE Shows the number of cases referred to the Named Nurse and the Types of Abuse						
		April – June 2012	July – Sept 2012	Oct – Dec 2012	Jan – March 2013	Total
Total No. of cases allocated		41	48	48	47	184
Male		14	13	24	24	75
Female		27	33	24	22	106
Unknown			2		1	3
Types of Abuse	Neglect	**18**	**11**	**25**	**26**	80
	Physical	**5**	**6**	**9**	**6**	26
	Sexual	**1**	**6**	**1**	**1**	9
	Financial	**2**	**3**	**3**	**0**	8
	Emotional	**0**	**1**	**0**	**1**	2
	Institutional	**0**	**0**	**0**	**0**	0
	Discrimination	**0**	**0**	**0**	**0**	0
	Type unknown / Self neglect/ no abuse	**8**	**12**	**7**	**12**	39
	Domestic Violence	7	9	3	1	20

- **Number of Accusations of abuse**

There were 59 safeguarding cases where CHS was involved, of these cases 41 were for tissue viability neglect as shown in Table Four. The Named Nurse is working with Heads of Patient Safety and the Tissue Viability (TV) Team. Safeguarding Training to prevent abuse by tissue viability neglect, commenced in the 2nd quarter of the year, targeting ward and community nurses. Since the commencement of training there was an increase in the number of tissue viability neglect cases in quarter 3. This could be due to the increased awareness and the trend towards nurses reporting grade 3 pressure ulcer concerns via the safeguarding route.

TABLE FOUR:
Shows the No of allegations against CHS, the investigation outcomes and the cases still open on the safeguarding team database

		April – June 2012 (Q1)	July – Sept 2012 (Q2)	Oct – Dec 2012 (Q3)	Jan – March 2013 (Q4)	Total
No of Accusations against CHS	Tissue Viability	12	7	15	7	41
	Others Abuses *	0	3	5	10	18
TOTAL		12	10	20	17	59
Outcome of Closed CHS cases	Substantiated	**1**	**2**	**3**	**1**	7
	Unsubstantiated	**2**	**1**	**2**	**0**	5
	Inconclusive	**0**	**0**	**1**	**0**	1
	Outcome unknown	**2**	**5**	**10**	**4**	22
	Skin Damage tool evidence accepted	**0**	**0**	**2**	**0**	2
TOTAL		5	8	18	5	36
Cases still open	Against CHS	7	2	2	12	23
	Against others **	8	11	6	15	40

*Others include: I.e. Falls (x3), Emotional abuse(x1), illegal restraint (x1), Drug error (x1), cannula insitu post discharge (x2), Poor Discharge (x3), nil by mouth for 4 days (x1), Dehydration (x1), sexual abuse(x2) physical abuse (x2) neglect (x1)

**Some of these cases against others require information from CHS Staff to assist the investigation. The Safeguarding team is working with the Local Authority to seek closure of these cases and to cleanse the CHS safeguarding team's patient database.

3. Number of Deprivation of Liberty Safeguards (DOLS) referrals

During April 2012 to March 2013 there were seven patients that were discussed with the Local Authority DOLs team, in order to request a legal authorisation to restrain and detain the vulnerable adult in hospital. This observation suggests that ward staff require further training or confidence to follow the DOLs Policy. A stand-alone Mental Capacity and DOLs training session is currently available, facilitated by the DOLs Manager who is jointly funded by CHS and Local Authority.

Out of the seven patients that were discussed five were referred officially to obtain a DOLs assessment. Two patients were granted a DOLs authorisation and three were declined. See Table Five which shows the reason for the referral and the type of

restraints applied.

TABLE FIVE:
Shows the no of DOLs requests, the reason for the referral the type of restraints applied and the reason for refusal

No of referrals	Reason for Referral	Type of Restraint	DOLs Granted	Reason for DOLs refusal
1	**Inappropriate behaviour in an open ward**	**Sedation, side room and 1 to 1 nursing**	Yes	
2 ***	**Inappropriate behaviour in an open ward**	**Sedation, side room and 1 to 1 nursing**	No	**Patient not requiring acute treatment**
3	**Criminal behaviour and absconding from the ward**	**Sedation and 1 to 1 nursing**	Yes	
4	**Systemic infection causing confusion and absconding from the ward**	**1 to 1 nursing**	No	**Patient condition & behaviour had improved prior to assessment**
5	**Removing Naso-gastric tube and refusing medication and nutrition**	**Mittens**	No	**Deem to be a restriction not a deprivation of liberty**
6	**Absconding from the ward**	**1 to 1 nursing**	No	**Patient was discharged prior to assessment**

***Please note: one of the patients had two DOLs referrals

How does your organisation ensure that it links its safeguarding work to national developments?

National Drivers and Local response

a. Protection of Freedoms Act September 2012

This act repealed some of the powers of the Safeguarding Vulnerable Groups Act (2006). The work of the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) merged in Dec 2012 to become the Disclosure and Barring Service (DBS). A new definition of Regulated Activity was drawn up. There will be a more rigorous 'relevancy' test for the Police before deciding to disclose information held on the Police computers. Controlled activity has been repealed and the minimum age for a DBS is 16. Applicants can challenge the disclosed information. In the summer 2013, there will be a new subscription service which enables individuals to keep their DBS up-to-date and can be used when they move jobs or roles. To avoid unnecessary repeat applications, employers can complete a

Status Check on line to seek any new DBS information. In CHS all employers will have DBS checks completed every three years.

b. Prevent

In November 2011, the DH Building Partnerships, Staying Safe documents were released to provide guidance and a toolkit to healthcare organisations and workers of the Prevent strategy and awareness programme. The aim of the programme is to enable health organisations to identify those most vulnerable to radicalisation and to report concerns early to prevent against terrorist attack. Locally the CHS Prevent lead Lynn Taylor is working in collaboration with the Named Nurse for safeguarding adults to establish Prevent procedures and commence training within CHS. On 26th June 2012, the first session was presented to managers as part of the Level 3 safeguarding adult course. Regular stand-alone PREVENT sessions are available for staff to attend.

Has there been any preventative work carried out in your organisation in the last year?

Falls Prevention

There is a Falls in-patient action plan, which aims to prevent the likelihood of patients falling. The Falls Management policy was updated and a risk assessment is completed on admission to Croydon University Hospital. Those patients who are at risk of falling are given non-slip socks and are referred to the Falls services if appropriate.

Dementia Nurse

A Dementia Nurse Specialist was appointed this year to improve experience and outcomes for people with dementia. As part of the new CHS strategy for caring for people with dementia we are developing a network of Dementia Champions and Dementia Link Practitioners. CHS has secured a bid to improve the environment for patients with dementia. The Emergency Department is creating a dedicated area for patients with Dementia, which aims to settle and orientate the patient, whilst urgent assessments are completed. There will be extra staff in place to offer companionship and assurance to patients in the dementia friendly emergency zone.

What have been your key achievements?

- Improved safeguarding data collection systems
- Increased the overall safeguarding adult training compliance from 29% to 70%
- Delivering safeguarding training to prevent pressure ulcer neglect.
- Improving the uptake of the ELearning module

What are your priorities for the coming year?

- Revision of Skin Damage tool
- Ratify the CHS Safeguarding Adults policy
- To achieved 98% training compliancy
- Increase electronic recording of patient safeguarding information
- Commence Safeguarding Supervision of staff
- Improve knowledge of clinical staff in MCA and DOLS.

Name of Organisation : Metropolitan Police Service , Croydon

Role of organisation:

Police service

Is there a designated lead officer for safeguarding?

Please provide name: Safeguarding Adults is DI Bennett and DCI Sian Thomas

How does your organisation fulfil its role in safeguarding adults from abuse in Croydon?

The community Safety Unit is responsible for any allegations which involve elder abuse or adults at risk. Any police interaction which involves contact with an adult at risk is recorded on a MERLIN and is shared with adult social services.
Police sit on the Adult Safeguarding Boards, sub groups and also executive committee and Child Safeguarding boards.

Adult safeguarding impacts across all levels in the organisation from missing person reports / mental health to crime reports.

Training and awareness:
Since the implementation of MERLIN for all vulnerable adults there has been an increase in awareness and training for first respondents.

Please include any data collection or monitoring carried out in your organisation on safeguarding adults
MERLIN reports are sent after every interaction. Croydon has the highest number of reports for adults

How does your organisation ensure that it links its safeguarding work to national developments?

By attendance at child/ adult safeguarding boards and sub groups. Community Safety works on elder abuse.
Has there been any preventative work carried out in your organisation in the last year? Yes. Police officers are represented on the human trafficking working board. Officers have been given training in adult merlin referrals and the outcomes of such referrals.
What have been your key achievements? Number of successful prosecutions for care homes and investigations into care homes
What are your priorities for the coming year? Further training for front line staff in relation to adult referrals. Training for Neighbourhood Policing teams in recognising signs of elder abuse and increase reporting. Ensure third party referrals increase

Name of Organisation : **Croydon Mencap**
Role of organisation: To provide advice, support, information and activities to adults and children with learning disabilities, their families and carers.
Is there a designated lead officer for safeguarding? Vanessa Hosford, (for children) Treetops - Debbie Pettit
How does your organisation fulfil its role in safeguarding adults from abuse in Croydon? We ensure that all staff are CRB/DBS checked with Mencap National and references taken up. Staff receive regular supervision and support by their line managers who in turn report to me as chief executive officer and I report to the Board. We have internal policies and procedures to ensure that staff are up to date and aware of safeguarding and how to report it. All staff will sign to say they have read and understood policies relating to their 'duty of care', risk assessing, and appropriate support of Service Users as well as safeguarding as part of their

overall Induction.

We make it clear to staff, Service Users and their families and carers that if we have any concerns we will refer the matter on. This has sometimes been difficult as it may be a parent or family member but we explain that we are 'duty bound' to do this and overall we have managed to work through such situations. We promote dignity within the environments in which we support Service Users and get their feedback whenever we can. Also, as we are a voluntary sector organisation we can sometimes be a 'listening ear' and Service Users are often willing to share their feelings with us which can be a route for them to disclose.

Training and awareness:

Staff attend courses run by Social Services and during supervision we may, if appropriate, discuss issues which may be causing concern.

Please include any data collection or monitoring carried out in your organisation on safeguarding adults

This year (April 2012 – March 2013) we referred in 4 Safeguarding issues.
2 related to housing situation and other tenants in the house
1 related to service user and possible abuse by a family member
1 related to a member of staff within a supported living environment

How does your organisation ensure that it links its safeguarding work to national developments?

By linking in to the Safeguarding Board in Croydon, at Croydon University Hospital in Croydon and via the PAID sub group meetings. Also we are updated through our affiliation to Mencap National.

Has there been any preventative work carried out in your organisation in the last year?

We have included updates within our Newsletter and we talk to Service Users about issues such as bullying, transport – appropriate touch and their feelings in general.

What have been your key achievements?

Keeping our members as safe as we can when in our care and as far as we can alert Care Managers to any potential for safeguarding arising due to their behaviours and situations. Ensure our Service Users know they can speak to us. Being approachable – this is very important as many Service Users cannot read and so it

can be doubly difficult for them to tell others when issues arise.

What are your priorities for the coming year?

- Continue with training for our staff
- Maintain awareness of safeguarding and reporting lines to our members and the learning disability community in general
- Review our policies in the light of changes and/or experiences of safeguarding cases

Name of Organisation : Mind in Croydon

Role of organisation:

Mental health charity providing a broad range of service to people with mental health problems and their carers and families. Also provides independent advocacy.

Is there a designated lead officer for safeguarding? Please provide name:

Richard Pacitti, Chief Executive of MIND

'We consider safeguarding adults at risk to be everyone's responsibility'.

How does your organisation fulfil its role in safeguarding adults from abuse in Croydon?

We have a comprehensive policy which links to the Pan London procedures. This policy is available on our website at www.mindincroydon.org.uk

Please describe how the safeguarding of adults in your organisation impacts on individuals or groups ie what are the outcomes?

All staff and volunteers are made aware of the policy and the duty that this places on them to report abuse.

We often work with people who, because of their mental health, may be neglecting themselves. We have encourage all staff to familiarise themselves with Croydon's Self-Neglect Protocol.

Training and awareness:

All staff and volunteers attend safeguarding training. In addition, the Safeguarding

adults co-ordinator has attended our agency to provide bespoke training to our team of volunteer counsellors.

How does your organisation ensure that it links its safeguarding work to national developments?

By linking to the Pan London procedures and by the attendance of the CEO on the local Safeguarding Board and chairing of the PAID sub-committee.

Has there been any preventative work carried out in your organisation in the last year?

We do preventative work every day with the people with whom we work. This ranges from supporting people to understand their rights and entitlements and helping people who have acquiesced in abuse to gain the confidence and self-esteem to change certain situations and relationships.

We have begun delivering services to carers this year and part of the training that we have provided to them has been around safeguarding.

What have been your key achievements?

We have supported a number of services users to understand what abuse is and that it is something that they do not have to tolerate or acquiesce in.

What are your priorities for the coming year?

To ensure that we maintain high levels of awareness amongst all staff and volunteers. To make sure that the people we work with avoid abuse and exploitation.

Name of Organisation : Croydon Voluntary Action

Role of organisation:

Infrastructure and Involvement voluntary sector group

Is there a designated lead officer for safeguarding?

Due to part time hours, all senior managers share this lead

How does your organisation fulfil its role in safeguarding adults from abuse in Croydon?

CVA has a safeguarding procedure that is known to all staff. Different projects in CVA host safeguarding courses that staff may attend periodically. Staff are DBS checked as appropriate for their post, and key volunteers. Regular supervision takes place with staff and with our volunteers, some of whom are vulnerable to ensure that their needs are being met. During induction staff and volunteers are made aware of the company policies and reasonable adjustments are made as appropriate e.g. more time to complete tasks or ensuring all areas are accessible.

Training and awareness:

Staff and volunteers are offered the opportunity to attend the safeguarding courses (as appropriate to their post), arranged by the council as well as courses provided by the safeguarding team delivered on site e.g. dementia awareness. E training is also available and more convenient to some staff and volunteers..

How does your organisation ensure that it links its safeguarding work to national developments?

Our organisation uses an outsourced HR company to keep us up to date on policies and national developments. Additionally any workplace changes are emailed to all staff so that they are aware and respective changes are included in reviews of policies.

Has there been any preventative work carried out in your organisation in the last year?

Continuous training by accessing the council's courses. Projects within the organisation regularly host events that raise awareness of challenges in the community and services around safeguarding.

What have been your key achievements?

A key achievement is our annual Dignity in Care event hosted jointly by our project OPeN, Croydon's Older People's network and Croydon Social services to encourage organisations and individuals to become dignity champions which will support the aims of the preventative agenda – a zero tolerance regarding abuse of adults at risk. Key partners like Age UK Croydon, St Christopher's Hospice, People First and care homes provide varied information on how their organisation safeguards adults at risk.

What are your priorities for the coming year?

Continue to promote safeguarding in all areas of the organisation, with staff, our projects and organisations to ensure residents, staff and volunteers that we work with are safe.

Name of Organisation : Croydon BME Forum

Role of organisation: Umbrella organisation for BME groups in Croydon.

The Forum works with BME community groups in Croydon improving their effectiveness, representing their views on public bodies and promoting race equality and community cohesion.

Is there a designated lead officer for safeguarding?

Please provide name: Nero Ughwujabo, CEO

How does your organisation fulfil its role in safeguarding adults from abuse in Croydon?

Croydon BME Forum safeguarding policy is being approved by the board of trustees.

We will review our process every six months, looking at the list of complaints and making the necessary improvements

We will ensure that members have a process in place for agreeing a safeguarding policy by the their board

A statement is included in Croydon BME Forum safeguarding adults policy to encourage the reporting of any suspected abuse

We currently have a confidentiality policy which safeguards and person that reports abuse.

Croydon BME Forum commitment is reflected in the work of the Community Development Workers project. A Community Development Worker (CDW) delivers safeguarding training in partnership with Croydon Council Safeguarding Coordinator

Training and awareness:

Safeguarding training is delivered to members and staff to include the Pan London

Policy and Procedure guidance

We have delivered a series of safeguarding training sessions to BME groups in Croydon in partnership with Croydon Council Safeguarding Coordinator. (see below)

Please include any data collection or monitoring carried out in your organisation on safeguarding adults

Data not currently available but will be included in our plans

How does your organisation ensure that it links its safeguarding work to national developments?

We are aware of the Pan London Policy and Procedure document in the sections relevant to the voluntary sector

Has there been any preventative work carried out in your organisation in the last year?

The training sessions provided to BME older adults in the community as well as group coordinators (see below) have raised awareness of the categories of abuse and how to disclose abuse in Croydon. The sessions contributed to an open discussion on the importance of reporting any harm instead of suffering in silence.

What have been your key achievements?

In the last year, we have achieved the following:

1. The delivery of a series of safeguarding training sessions to BME groups in Croydon in partnership with Croydon Council Safeguarding Coordinator.

In particular, a basic session was targeted at BME older adults and focused on understanding the categories of abuse and how to report abuse in Croydon. BME older people found the sessions informative. The discussions helped participants discuss this ‘taboo’ subject and understand where to seek help and advice.

More in-depth sessions were targeted at BME group coordinators and highlighted the safeguarding adults policies that groups should have in place, the e-learning course available to all and an outline of human trafficking and dignity in care campaign. Participants increased their awareness on how to support members if they reported abuse. They also expressed an interest in becoming involved in the dignity in care campaign.

2. Circulating the 'How safe are you?' safeguarding poster

The poster is the result of a consultation with BME older people groups in Croydon on how to improve the safeguarding publicity in the borough and encourage older people to report abuse. We are aware that older people would still prefer to report abuse to a trusted person (their GP, nurse or a close friend). However, some BME older adults mentioned the possibility of contacting Croydon Council if there process of reporting was confidential, safe and easy to understand.
The Community Development Worker for BME older adults has circulated the poster to a variety of older people's groups and networks/services with a request to print the poster and display it. The list includes:

- Croydon Neighbourhood Care
- Community pharmacists (through Barbara Jesson, Community Pharmacy Adviser). Dennis Murray
- Reablement Resource Centres (through Dennis Murray, service manager)
- Muslim Association of Croydon
- Asian Resource Centre Croydon

Dr Agnelo Fernandes (Assistant Clinical Chair of Croydon CCG) has been emailed with a request to circulate the poster to all Croydon GP surgeries.

The Central Library in Croydon has confirmed that posters will be displayed in the Ashburton, Thornton Heath, Norbury, New Addington and Central Croydon branches.

What are your priorities for the coming year?

Priorities include:

- Having a safeguarding policy fully approved by the board of trustees
- Review our process every six months for any improvements that are necessary
- Deliver safeguarding training to all members and staff
- Ensure that each member has in place a process that enables the board to agree a safeguarding policy

Name of Organisation : Age UK Croydon

Role of organisation: To provide information, advice and support to people 50 +

living in the borough of Croydon, their family, friends and carers

Is there a designated lead officer for safeguarding?
Please provide name: Stuart Routledge

How does your organisation fulfil its role in safeguarding adults from abuse in Croydon?

Age UK Croydon:

- Are represented on the Croydon University Hospital Safeguarding Adults at Risk steering group
- Are represented on the Croydon Safeguarding Adults at Risk Board
- Ensure all staff and volunteers receive Safeguarding Adults at Risk training and are able to access further training around specific issues relating to this
- Has a Safeguarding Adults at Risk policy which has recently been reviewed
- Is currently being audited by Age UK for their Information and Advice Quality Standards charter mark
- Ensures all staff and volunteers have an enhanced DBS check
- Work within the Pan London guidance
- Work jointly with the local authority in Adults at Risk Awareness raising events
- Work with Trading Standards and Victim Support

Please describe how the safeguarding of adults in your organisation impacts on individuals or groups i.e. what are the outcomes?

All staff and volunteers are aware of their and the organisation's responsibilities. We are able to identify clients who have been abused or are at risk of abuse and make appropriate referrals.

Clients are offered support through the advocacy service and are able to access other support through in-house and external referrals.

Staff attend a range of meetings with the Safeguarding and Care Management teams to offer information, advice and to speak up on behalf of clients.

Clients tell us that they feel supported and less vulnerable.

We ensure, where possible that clients have on-going support to prevent abuse recurring.

We have a Financial Maintenance project which provides support to help clients manage their paperwork and money. Clients who have been victims of financial

abuse are often referred on to this project for on-going support. However, we are not able to support clients to access their cash.

Training and awareness:

- All staff and volunteers undertake Safeguarding Adults at Risk training as part of the core training within AUKC (Age UK Croydon). This can be done online (e-learning module), in-house AUK training, external via Croydon Council and the Safeguarding Adults at Risk Co-ordinator and other training opportunities available via Croydon Council.
- We can access additional training e.g. DOLS; Mental Capacity; Identifying Financial Abuse; Scams; Financial & Material Abuse; Mental Health Law

Please include any data collection or monitoring carried out in your organisation on safeguarding adults

- We have a Database which enables us to capture a range of data.
- As part of the DASHH funding, we undertake regular monitoring and evaluation of our work
- Our statistics for the enquiries records data on safeguarding

How does your organisation ensure that it links its safeguarding work to national developments?

- Through links to the Croydon Council Safeguarding Team and Co-ordinator; available training and updates (local and national); Department of Health and Government policy updates; Action on Elder Abuse; Pan London Safeguarding Adults at Risk procedures

Has there been any preventative work carried out in your organisation in the last year?

- We have identified a number of clients who have been or were at risk of being abused.
- We have referred clients on to the Safeguarding team and/or police
- We have worked with and supported Care Managers and other local authority staff to put in place preventative measures to ensure clients are safe
- We have represented clients at best interest, review and investigative meetings
- We have supported clients during court hearings

What have been your key achievements?

- Ensuring that all staff and volunteers are knowledgeable and confident in Safeguarding Adults at Risk procedures and aware of role and responsibilities of other agencies and organisations

- Providing support to clients at risk of harm to prevent abuse and/or through Safeguarding investigations

What are your priorities for the coming year?

Our 3 year funding comes to an end in March 2014. Our priorities will be:

- To access funding to continue the work that we do
- To ensure older people are less vulnerable and support those who have been or are at risk of being abused

Name of Organisation : Public Safety

Role of organisation:

Consists of various services within the Council that lead on or coordinate the response to crime and ASB (anti-social behaviour) including vulnerable victims of crime

Is there a designated lead officer for safeguarding?

Please provide name:

Tony Brooks Director Public Safety and Public Realm

How does your organisation fulfil its role in safeguarding adults from abuse in Croydon?

- *Please refer to any specific professional responsibilities or legal obligations (if any) that the organisation adopts in relation to safeguarding adults .*

Supporting victims of hate crime
Supporting victims of Anti-social behaviour
Supporting adults at risk who are experiencing substance misuse issues (alcohol, drugs) and mental health
Trading standards have a legal duty to enforce various consumer protection laws - vulnerable, often older, adults are protected through rigorous enforcement of legislation relating to property fraud by bogus workmen

- *Please refer to any internal policy development and how this links to other structures or boards within the organisation?*

Community Safety Strategy – statutory obligation under Crime and Disorder Act
Safer Croydon Partnership – as above
Links to all other themed partnerships and the Local Strategic Partnership (LSP)
Trading standards internal policy requires all older person/ vulnerable person victims of doorstep crime /fraud related cases to be referred to Older Adults team of DASSH within 24 hours of crime report being received. Other partner referrals then follow.

- *Please describe how the safeguarding of adults in your organisation impacts on individuals or groups i.e. what are the outcomes?*

Identifying repeat victims of ASB specifically where they are deemed to be vulnerable.
Work with banks and other agencies to prevent vulnerable adults at risk of financial fraud
Links to partner agencies i.e. police and probation and Fire – i.e. victims of arson, links to 'Beds in Sheds'

Training and awareness:

- Please describe training offered to staff or others in the safeguarding of adults and in awareness raising

Beds in Sheds training
Trading standards regularly provide awareness training to professional carers, financial institutions, police, neighbourhood watch, pharmacies, postmen, milkmen, social workers.

How does your organisation ensure that it links its safeguarding work to national developments?

Through information received from the Adult Safeguarding Board.

Has there been any preventative work carried out in your organisation in the last year?

Early intervention work to tackle anti-social behaviour
Signposting to support networks
Trading standards carry out regular pro-active ward based operations spotting potential vulnerable victims of crime in their homes and ensuring regular welfare checks are carried out thereafter
Trading standards also offer regular awareness sessions and crime prevention community events held

What have been your key achievements?

Successful interventions in doorstep crimes/mass marketing frauds in action resulting in victims being safeguarded and perpetrators being prosecuted.
In excess of £150 000 being saved for individual victims of crime due to direct interventions
Introduction of Croydon instigated pan London procedure for investigating Trading

Standards related mass marketing fraud leading to more adults London wide being safeguarded
What are your priorities for the coming year? These are set out in the Community Safety Strategy Tackling anti-social behaviour and repeat victimisation will be a key priority. Trading Standards priorities include protection of residents who are at risk of harm through proactive and reactive methods in relation to doorstep crime and other fraud.

Glossary

CSS: Certificate of social services – a social work qualification

CVA: Croydon Voluntary Action – group of voluntary agencies acting in Croydon for the benefit of the community

DASHH: Department for Adult Services, Health & Housing – delivers Croydon Council's responsibilities with regard to housing, health and social care for adults at risk

DBS: Disclosure and Barring Service - concerns the vetting of people who will be working with children or vulnerable adults

DCI: Detective Chief Inspector – rank in the police force

DH: Department of Health – government department

DI: Detective Inspector – rank in the police force

DoLS: Deprivation of Liberty Safeguards – the process to ensure that a person who lacks capacity to make key decisions is not being unlawfully deprived of their liberty in a care home or hospital

GP: General Practitioner – community doctor

HR: Human Resources - the department of an organisation that deals with the administration, management and training of personnel

IMR: Individual Management Reports - reports produced by individual agencies often in respect of the cases of people who are subject to a serious case review

ISA: Independent Safeguarding Authority - The Independent Safeguarding Authority (ISA) existed until 1 December 2012, when it merged with the Criminal Records Bureau (CRB) to form the Disclosure and Barring Service (DBS). It ensures that all those working with vulnerable groups undergo an enhanced vetting procedure before being allowed to commence any relevant duties.

IT:	**Information Technology - refers to electronic recording systems, computers and data collection**
LA:	**Local Authority – local government administrative area**
LBC:	**London Borough of Croydon**
LD:	**Learning Disability – describes a person with a significantly impaired ability to learn new information**
MA:	**Master of Arts – formal qualification**
MARAC:	**Multi-agency Risk Assessment Committee – multiagency panel which discusses high risks domestic abuse cases**
MBA:	**Masters of Business Administration – formal qualification**
MCA:	**Mental Capacity Act 2005 – concerns people who lack capacity to make decisions about key aspects of their own health, finances and well being**
MERLIN reports:	**Police reports to social services about adults or children who may be at risk**
MH:	**Mental Health**
MHA:	**Mental Health Act 1983 and revised in 2007**
NASCIS:	**The National Adult Social Care Intelligence Service – national data collection**
NHS:	**National Health Service**

NHSE:	**National Health Service England**
ONS:	**Office for National Statistics**
OPeN:	**Older People's Network – supports older people in Croydon**
PAID:	**Public Awareness & Information Dissemination subgroup**
PREVENT:	**Concerned with preventing the radicalisation of people to terrorism**
S117:	**Section 117 of the Mental Health Act – concerns after care arrangements for people who have been detained under the act**
SAAF:	**Self-assessment & Assurance Framework**
SAB:	**Safeguarding Adults Board – statutory body of agencies concerned with the protection of adults at risk**
SCIE:	**Social Care Institute for Excellence – research and development organisation concerned with good practice in social care**
SCR:	**Serious Case Review – relates to the process for reviewing cases when someone at risk has died in circumstances that may have been avoidable in order to extract learning**
SLAM:	**South London & Maudsley NHS Trust – provides mental health services across four London boroughs**
SVA:	**Safeguarding Vulnerable Adults – the process for investigating incidents of possible harm to adults at risk, more recently referred to as 'safeguarding adults at risk'**
TV:	**Tissue Viability – related to pressure wounds and skin integrity**
YMCA:	**Young Men's Christian Association – supports people who are**

homeless