

Adult Safeguarding



Personal and Health Services Scrutiny Panel

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Introduction by the Chair

Adult safeguarding is an issue within our society that we should all be concerned with. As our population continues to grow older, there is an ever increasing need to ensure that the care services we provide are of the appropriate standard.

Whilst the easiest form of abuse to detect is physical abuse, there are a range of other types of abuse that vulnerable adults could be subjected to such as emotional, psychological, sexual and financial abuse. Whilst the media portray physical abuse as the most prolific other forms of abuse are much harder to identify. Only through increasing the awareness of individuals can instances of abuse become more identifiable.

The primary purpose of adult safeguarding is not just to detect and identify where instances of abuse have occurred, but to also prevent the abuse from happening in the first place. This can be achieved through increasing the awareness of our residents, workers and practitioners in our communities and outlining what constitutes as abuse.



Adult safeguarding is not just the responsibility of those practitioners working with vulnerable adults within our communities, but it is the responsibility of all of us. Vulnerable adults are individuals who are in positions where they are unable to make choices and care for themselves and are often the most vulnerable groups in our communities.

Various procedures, protocols and pieces of legislation have been in place for a number of years within the UK. The 'No Secrets' document published in 2000 by the Home Office and Department of Health established a basic set of policies and procedures for ensuring the protection of our vulnerable adults.

Adult safeguarding within Tameside is considered to be of a very good standard when compared to neighbouring authorities and is leading the way in how adult safeguarding should be delivered.

On behalf of the Personal and Health Services Scrutiny Panel, I would like to thank all the individuals and organisations that have helped contribute to this review, with special thanks to Pam Gough the Adult Safeguarding Coordinator for Tameside MBC, who has provided a significant amount of time to this review.

Councillor Brenda Warrington
Chair of the Personal and Health Services Scrutiny Panel



Summary

Adult safeguarding is concerned with any person over the age of eighteen who might not be able to take steps to protect themselves without support. The 'No Secrets' policy guidance published in 2000 defined a multi agency framework to deliver a consistent approach in response to adult safeguarding.

The emergence of the draft Care and Support Bill 2012 will establish a statutory requirement for a Safeguarding Adults Board (SAB) in all authorities, to develop shared strategies for safeguarding and report to their local communities on progress.

Tameside Adult Safeguarding Partnership (TASP) is working to raise the profile of adult safeguarding, engaging members of the public and identifying how to raise the profile of adult safeguarding within the borough further.

TASP co-ordinates the way in which partner organisations work to protect vulnerable adults. TASP consists of in excess of two hundred Safeguarding Adult Managers based at different partner organisations throughout the borough.

There are a range of support services available throughout the borough that are delivered or commissioned by the local authority. The range of services provided include: care homes, extra care housing schemes, supported accommodation, respite care, home care support and re-ablement. Contract monitoring is carried out by the council around care homes on an annual basis.

Tameside Local Involvement Network (LINK) undertakes differing roles around safeguarding. As an organisation it works with members of the public to educate and inform them of safeguarding issues. LINK assists TASP with views around safeguarding identifying whether safeguarding is being carried out by organisations within Tameside.

The priority for providers is to ensure that service users are protected from all forms of abuse. Where instances of abuse have been identified a safeguarding framework should be followed.

As part of this review the Panel undertook adult safeguarding training provided by the Adult Safeguarding Coordinator for Tameside MBC, who provided Alerter Training to the Panel around adult safeguarding and how to identify signs of abuse.

Membership of the Scrutiny Panel

Councillors Brenda Warrington (Chair), Helen Bowden (Deputy Chair), Warren Bray, Joyce Bowerman, Raja Miah, Margaret Downs, Eileen Shorrocks, Adam White, Jim Middleton, Denise Ward, John Bell, John Sullivan and Dr Cropper (Co-opted).

Terms of Reference

Aim of the Review

To review the effectiveness of Tameside Council's monitoring procedures and protocols in ensuring Adult Safeguarding.

Objectives

1. To review what adult safeguarding in Tameside is trying to achieve.
2. To identify how effective and robust the policies, procedures and strategies are in ensuring adult safeguarding is delivered successfully within the borough.
3. To identify the effectiveness of partnerships in ensuring adult safeguarding within the borough.
4. To ensure safeguarding services and developments within the borough are sustainable for the future.

Value for Money/Use of Resources

The review will support appropriate care for those who need safeguarding within our communities and to look at the different types of care. Those who need help are often vulnerable adults in care or living on their own.

Equalities Issues

Adult safeguarding can affect residents of all sections of Tameside's communities; the majority are often elderly or frail and have physical or learning difficulties as well as people with mental health needs.

Tameside Area Agreement Targets

This review will support work towards a number of targets in the Tameside Area Agreement, which supports the achievements of the Community Strategy aims:
Healthy Tameside
Supporting vulnerable people

Methodology

- 5.1 The Panel met with Martin Garnett, Assistant Executive Director for Adult Services at Tameside MBC who provided the Panel with an overview of adult safeguarding within the borough.
- 5.2 The Panel met with Pam Gough, Adult Safeguarding Coordinator for Tameside MBC who provided the Panel with information regarding work undertaken by the Adult Safeguarding Team within Tameside and the processes and procedures followed to ensure adult safeguarding is maintained.
- 5.3 The Panel heard from Andy Searle, Independent Chair of Tameside Adult Safeguarding Partnership (TASP), who informed the Panel of the work undertaken by TASP within the borough and his experiences of safeguarding in Tameside.
- 5.4 The Panel heard from Sandra Whitehead, Service Unit Manager Adult Services, Tameside MBC who outlined the commissioning and contract monitoring procedures for care home providers and services within the borough.
- 5.5 The Panel heard from Paul Dulson, Head of Adult Assessment and Care Management for Tameside MBC, who provided an overview of the commissioning of Adult Services within the Borough.
- 5.6 The Panel met with the Manager of Bourne House Residential Care Home regarding the services provided to residents at Bourne House. The experiences and examples of good practice within the care home helped inform the Panel.
- 5.7 The Panel undertook adult safeguarding training, as part of the review which was delivered by the Adult Safeguarding Coordinator for Tameside MBC. The training will help Members to identify signs of abuse and adult safeguarding issues.

Background of the Review

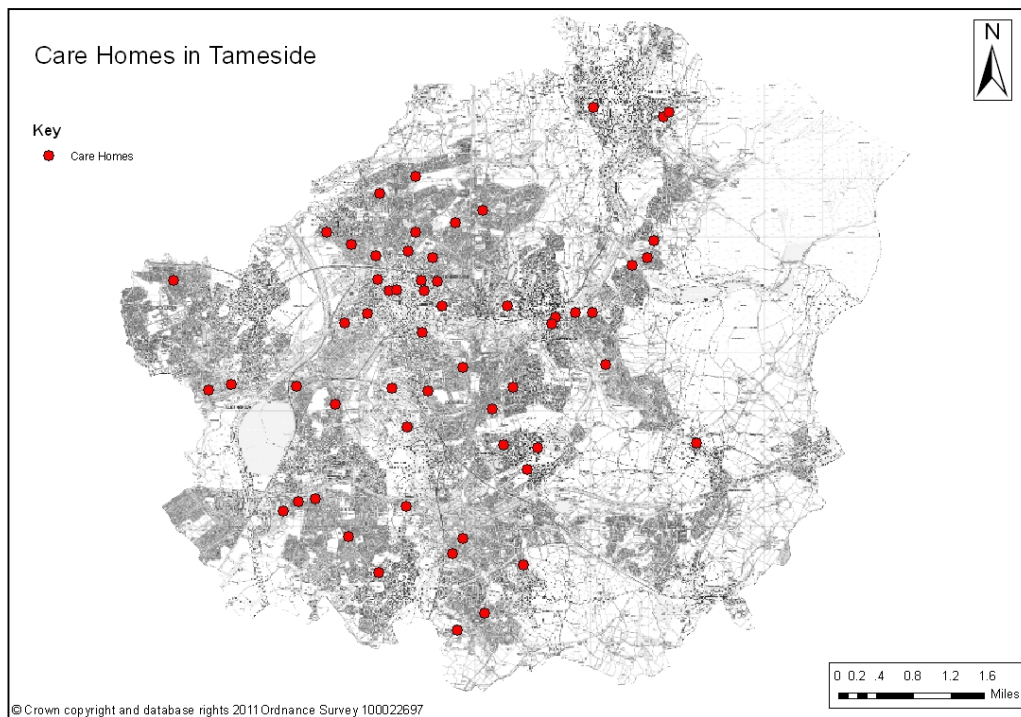
- 6.1 Following the death of David Askew in March 2010 the profile of adult safeguarding within the borough has been increasing. The Tameside Adult Safeguarding Partnership (TASP) undertook a serious case review into the death of David Askew. Following that review a number of measures were identified to address the concerns raised by the review and recommendations to ensure that the safeguarding of vulnerable adults in the borough is addressed.

- 6.2 Abuse can take many different forms and should be recognised as the violation of an individual's human and civil rights by any other person or persons. Abuse may be occurring in circumstances where it is not recognised as abuse. Abuse occurs in many different forms and can be physical, emotional, financial, psychological, sexual, neglect and institutional.
- 6.3 The Panel considered undertaking a review of adult safeguarding within the borough following many nationally televised programmes focussing on the abuse of residents and patients at the hands of their carers from around the country. In addition to the high profile media attention, a number of Panel Members felt strongly about undertaking this review following contact with residents within their wards.
- 6.4 Many Panel Members have had personal experiences of care homes and the services they provide in the borough either within their wards or through their own family experiences.
- 6.5 A review of home care provision was undertaken by this Panel in 2003 and a follow up review carried out in 2006. This review follows on from those reviews and looks at the services and commissioning provided throughout the borough that ensure adult safeguarding is maintained within Tameside.
- 6.6 Vulnerable adults can be abused by a wide range of people including family members, relations, friends, neighbours and professionals. This abuse can occur in varying circumstances and situations. All agencies, organisations and individuals who deal with vulnerable adults have a responsibility to ensure that abuse of vulnerable adults does not take place and that the safeguarding of adults is undertaken.

Review Findings

Adult Safeguarding Nationally and Locally

- 7.1 Adult Safeguarding is concerned with any person over the age of 18 who might not be able to take steps to protect themselves without support. The individuals may be in residential care, care at home or receiving community care services, to enable them to retain independence, wellbeing and choice.
- 7.2 Abuse can occur in many different circumstances from people receiving care at home who live alone, from a relative, family member, friend or within a care setting such as a residential home or nursing home as well as in hospital.



Map one outlining the location of care homes/residential homes and supported accommodation within Tameside

- 7.3 Map one outlines the geographical location of care homes within Tameside. There are also a large number of care home services that are commissioned outside of Tameside to provide care and support to residents of Tameside.
- 7.4 Adult Safeguarding within Tameside is considered to be of a good standard when compared to neighbouring authorities. The Chair of the Tameside Adult Safeguarding Partnership (TASP) recognises that Tameside has good safeguarding standards. Tameside has had a long journey towards getting the right partners to work together and has developed greatly since 'No secrets' was published in 2000.
- 7.5 The 'No Secrets' policy guidance published in 2000 defined a multi agency framework to deliver a consistent approach in response to adult abuse. The national framework of standards for good practice and outcomes in adult protection was released in 2005. Some key initiatives that have affected adult safeguarding are the local strategic partnership, Mental Capacity Act, Dignity in Care Initiative, Safeguarding Vulnerable Groups Act 2006 and Putting People First guidance.
- 7.6 'No Secrets' 2000, introduced a framework of action for all organisations involved with the safeguarding and care of adults to operate within. Prevention of abuse is recognised as the main priority, but where prevention strategies fail; correct and robust procedures should be implemented and followed.
- 7.7 The 'No Secrets' guidance identifies that all partner organisations whether primary care organisations, providers, care services or criminal justice services should work together to ensure that the safeguarding of adults is of paramount importance. The 'No Secrets' legislation identified, that local authorities need to undertake a coordinating role in the protection of vulnerable adults. Within Tameside this role is undertaken by the Adult Safeguarding Coordinator.
- 7.8 Daisy accreditations are awarded to organisations who have demonstrated that they provide care with dignity and respect. The accreditation demonstrates to the public that the organisation awarded the accreditation meets a specific high standard of care.

- 7.9 The standards of care outlined in order to be awarded the Daisy accreditation reflect those standards outlined by the Care Quality Commission (CQC) and the governments Dignity Standards. The Daisy accreditation is an indicator that the service provider or home is meeting and upholding standards for dignity, privacy and independence for its residents or patients.
- 7.10 In order for an organisation to be awarded the daisy accreditation they must meet the minimum criteria in a range of areas. These include 80% of all staff completing the daisy accreditation training, evidence based outcomes, prior learning, best practice examples and conforming to standards set by the CQC.

Care Quality Commission (CQC)

- 7.11 There are over 12,400 adult social care providers registered with the CQC as of March 2012. The CQC carried out 100 unannounced inspections of acute hospitals between March and June 2011. These inspections have recurring themes which look at whether older people are treated with dignity and respect.
- 7.12 The CQC has carried out over 11,500 inspections of independent healthcare and adult social care providers within the UK¹. The CQC in its 2011/12 report identified that of all the adult social care providers they had inspected, 72% were meeting the essential standards expected of them.
- 7.13 The CQC have however acknowledged that 27% were not meeting at least one standard expected of them and 1% had a serious non compliance that required the CQC to apply their powers to protect people from harm.
- 7.14 Guidance around whistleblowing is provided by the CQC to providers of social care services that are registered with the CQC². The guidance outlines the policies that the individual organisation should have in place around whistleblowing and how this policy should work in practice.
- 7.15 The Local Area Market Analyser (LAMA 2010) identified monitoring that was undertaken by the CQC around maintaining personal dignity and respect and was rated as good or excellent. The Collecting Regulatory Information at a Local Level (CRILL) is a mandatory return for commissioning councils that is sent to the CQC and provides a breakdown of the quality of care commissioned by councils throughout the UK. Table one highlights that Tameside has 94.7% of care home providers rated as good or excellent compared to 90.8% regionally and 86.4% nationally.

¹ http://www.cqc.org.uk/sites/default/files/media/documents/cqc_annualreport_2012_tagged.pdf

²

http://www.cqc.org.uk/sites/default/files/media/documents/rp_poc_100495_20111206_v2_00_whistleblowing_guidance_for_providers.pdf

		Good Excellent Rated	Total Rated	Percent	
Council		324	342	94.7%	
IPF		10,405	12,519	83.1%	
Regional		21,624	23,813	90.8%	
National		119,932	138,767	86.4%	
Comparator percentages	Excellent	Good	Adequate	Poor	% Good / Ex.
Tameside	20	75	5	0	94.7

Table one outlining the Collecting Regulatory Information at a Local Level (CRILL) rating for Tameside care home providers

- 7.16 Organisations are advised to have a whistleblowing policy in order to encourage staff to raise concerns they may have. The CQC advises care providers to identify procedures and policy whereby members of staff can raise concerns where the safeguarding of individuals within their care is concerned.
- 7.17 Following concerns raised in the wake of the Winterbourne View care home scandal, which followed a panorama investigation into the care received at a hospital for individuals with learning disabilities, the CQC released a quick guide to whistleblowing for practitioners.
- 7.18 The CQCs 2011/12 annual report identifies concerns around the safeguarding of adults receiving care who have a learning disability or dementia. The CQC identified that between a third and a quarter of care homes they inspected did not provide staff with training on safeguarding and in some instances Managers at the homes were the only ones aware of safeguarding issues.

Conclusions

- 1) The Care Quality Commission (CQC) regulates care homes and all providers must be registered with them.

Recommendations

- 1) Tameside Adult Safeguarding publicises the CQC whistleblowing policy in accompaniment with its own policy and procedures.

Tameside Adults Safeguarding Partnership (TASP)

- 7.19 The emergence of the draft Care and Support Bill in 2012 will help to establish a Safeguarding Adults Board (SAB) to develop shared strategies for safeguarding and report to their local communities on progress. The draft bill sets out membership as including local authorities, NHS and Police. The present Tameside Adult Safeguarding Partnership (TASP) consists of various member organisations who contribute to the partnership.
- 7.20 The Tameside Adult Safeguarding Partnership (TASP) co-ordinates the way in which partner organisations work to protect vulnerable adults from harm within the borough.

- 7.21 TASP's Mission Statement is:
"It is everyone's responsibility to promote Safeguarding Adults. Tameside Adult Safeguarding Partnership is a multi-agency group whose ultimate aim is to safeguard adults. They facilitate a consistent approach for organisations to work in partnership to raise awareness and respond to adult abuse. They are committed to ensuring staff are trained to recognise and respond to adult abuse issues. Tameside Adult Safeguarding Partnership will continue to progress the No Secrets agenda and integrate the National Safeguarding Adults Standard Framework, to enable Tameside residents to live a life free from violence, harassment, humiliation and degradation".
- 7.22 The TASP partner organisations are: Carers Action Group, Community, Environment, Adults and Health Services, Community Safety Unit, District Assemblies, Exchequer Services - Tameside MBC, Greater Manchester Fire & Rescue Service, Children's Services, Greater Manchester Police (Tameside Division), Housing, Pennine Care NHS Foundation Trust, Probation, Tameside Hospital NHS Foundation Trust, Tameside and Glossop Community Healthcare, Victim Support and LINK.
- 7.23 Tameside Adult Safeguarding Partnership produces an annual report outlining the key achievements, concerns and objectives for TASP for the previous and forthcoming year.
- 7.24 The TASP Annual Report 2011/12 outlined an increase in the number of concerns (9.5%) and investigations (9%) which were deemed by TASP as an indicator of increased vigilance around adult safeguarding within the borough.
- 7.25 Within the period 2011/12 Tameside Hospital instigated 40% more investigations for adult safeguarding than the previous year, whilst Pennine Care NHS Foundation Trust identified a 48% increase. The TASP is pleased with the increase in investigation figures over previous years which can be deemed as accountable to an increased awareness and understanding of adult safeguarding issues within the borough.
- 7.26 A strong focus of TASP has been the importance of partnership working with organisations; TASP recognises the role that partner organisations play in increasing awareness of adult safeguarding in Tameside.
- 7.27 Funding for TASP is provided by the Primary Care Trust and Tameside Metropolitan Borough Council. The TASP budget is divided between support, supplies and training throughout the year, with the majority of the expenditure being used for support services.

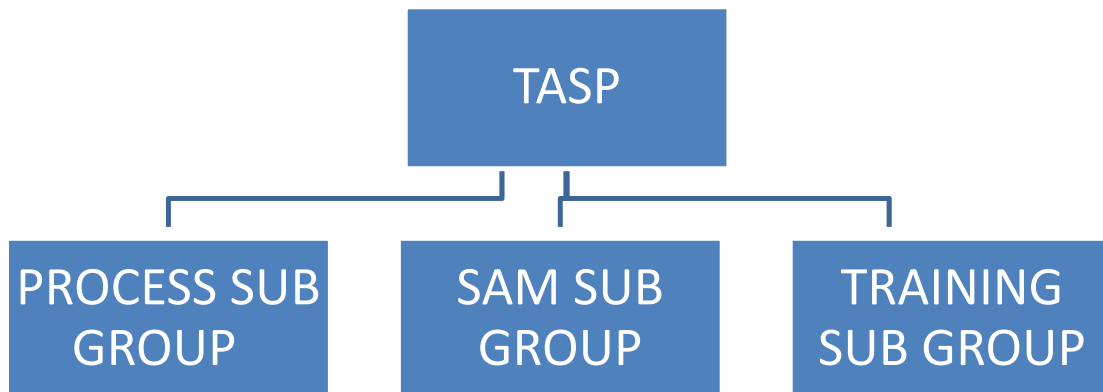


Chart one outlining the structure of the TASP and its subgroups, including the process sub group, the Safeguarding Adult Managers Sub Group and the Training Sub Group.

- 7.28 Chart one outlines the structure of the Tameside Adult Safeguarding Partnership in relation to its sub groups who support the processes and aims of TASP. The subgroups are responsible for undertaking tasks and development as directed by TASP. These sub groups include the Process Sub Group, Safeguarding Adult Managers Sub Group and Training Sub Group.
- 7.29 The structure of the Tameside Adult Safeguarding Partnership consists of Safeguarding Adult Managers located in the different partner organisations and within the Safeguarding Adult Team, which has 2.3 full time equivalent staff. The Safeguarding Multi Agency Policy is applied across all partners in order to deliver a consistent approach. Tameside MBC currently contributes £62,000 and the Primary Care Trust contributes £30,000 to the partnership.
- 7.30 During the period 2010/11 there were 729 concerns raised in Tameside which resulted in 420 investigations. During 2011/12 there were 799 concerns raised which resulted in 459 investigations being undertaken. Within the UK in 2011 there were 96,000 cases of alleged abuse against vulnerable adults reported.
- 7.31 In 2007, within the UK 342,000 people were anticipated to be abused in their own homes, with 4% of over 65s mistreated in their own homes by either family, close friends, care workers, neighbours or acquaintances. Three quarters of elder abuse happens to people over the age of 70.
- 7.32 Chart two, identifies that 44% of adult safeguarding concerns are raised by Adult Services, 24% by independent referrals, 13% by Pennine Care Foundation Trust, 7% by Tameside Hospital Foundation Trust, 6% by Community Health Services and 4% by the Primary Care Trust.

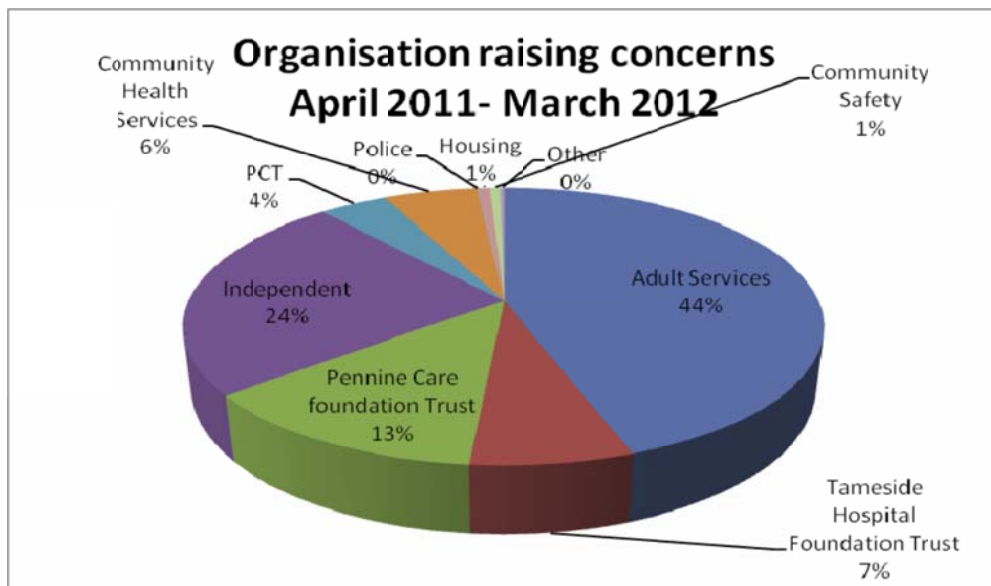


Chart two identifying the percentage of concerns raised by each organisation within Tameside during the year 2011/12.

- 7.33 The TASP strategy 2009-12 had varying challenges and milestones that needed to be achieved. These challenges were developing the Partnership, having the appropriate organisations represented on the partnership, appointing an Independent Chair and securing £30,000 of funding from the Primary Care Trust for three consecutive years. TASP recognise the challenge in the future will be to ensure this is maintained and confirming future funding will continue to be provided.



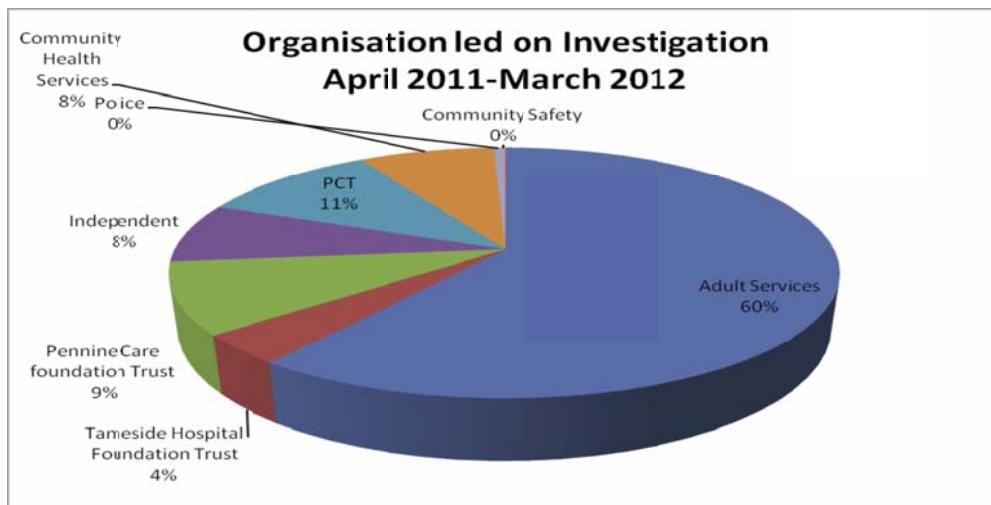


Chart three identifying the percentage of investigations that each organisation led on in 2011/12.

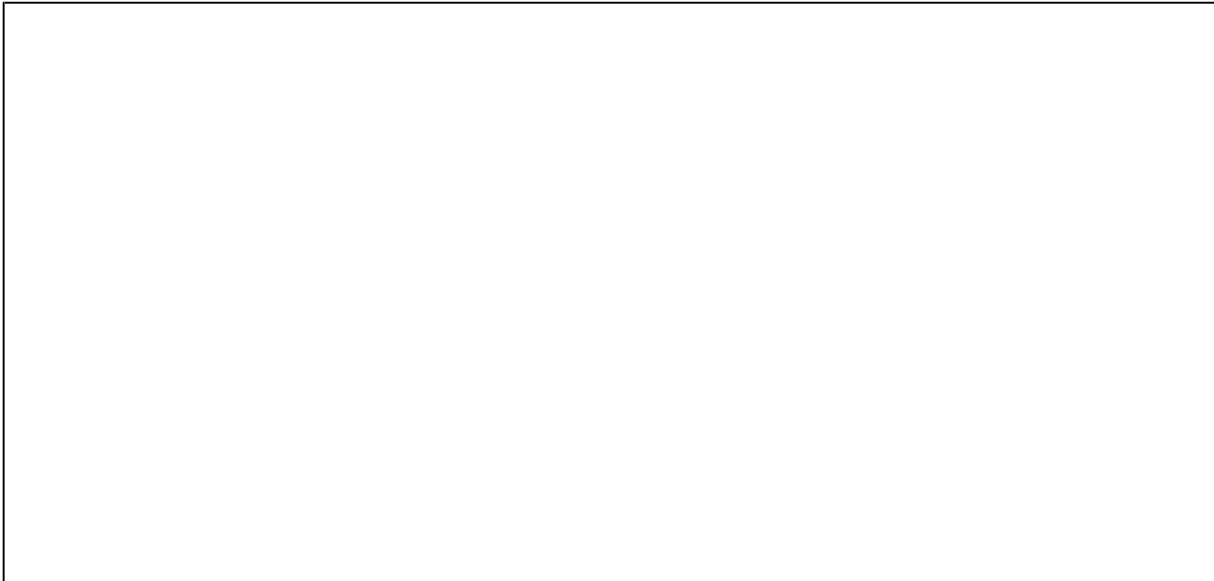
- 7.34 Chart three identifies the different partner organisations involved with adult safeguarding and the percentage of investigations each organisation led on between April 2011 and March 2012. Tameside Adult Services led on 60% of investigations with the next highest percentage of investigations being led by the Primary Care Trust with 11%. Community Safety and the Police led on the fewest with 0% of safeguarding investigations although they would still be involved in the investigation where appropriate.
- 7.35 The TASP strategy has strong links to the Safer Community Agenda, focussing on prevention of abuse and neglect in the community. There is also a challenge in measuring how successful TASP has been in raising awareness. An increase in concerns and incidents could be regarded as a good indication that the work of the TASP is improving adult safeguarding within the Borough.
- 7.36 Prevention of abuse and neglect training is available to practitioners, the TASP has been working to ensure that safeguarding training can be delivered to GP's to educate them on the signs of adult safeguarding issues. The TASP faces various challenges in how it will deliver training within budget.
- 7.37 TASP is working to raise the profile of adult safeguarding, by engaging members of the public and identifying how to raise the profile of adult safeguarding and the role of the TASP.
- 7.38 Tameside has been identified by the Independent Tameside Adult Safeguarding Partnership Chair as a good example of where steps around adult safeguarding are being taken. Tameside was the first borough within the Greater Manchester area to appoint an Independent Chair of the Adult Safeguarding Partnership.
- 7.39 Care homes get a wide range of coverage in the media, but the authority needs to convey the message further to inform residents of the steps that can be taken around adult safeguarding. It is the responsibility of everyone within our communities to be vigilante of safeguarding concerns. This vigilance can only be achieved by raising the awareness of adult safeguarding within the borough.
- 7.40 Around 90% of care home services provided in Tameside is provided by the independent sector. There is a contractual obligation for care homes to provide an expected standard of care. Where issues have been identified in the past contracts are revoked or further action is taken depending upon necessity.



- 7.41 There are processes in place between organisations to share information in cases where this is necessary. The sharing of information is done on a case by case basis dependent on the circumstances of the individuals involved.

Image one an adult safeguarding leaflet used within Tameside to promote awareness of adult safeguarding.

- 7.42 Tameside Adult Safeguarding Partnership (TASP) along with Tameside MBC Adult Safeguarding Team is integral to TASP and supports the partnership to promote and raise awareness of adult safeguarding in Tameside. Image one outlines an example of a safeguarding adults poster that is used throughout Tameside to highlight and raise awareness of adult safeguarding issues within the Borough.



Recommendations

- 2) That high profile awareness campaigns continue to be held to raise the profile of adult safeguarding within the borough.
- 3) Consideration is given to developing, improving and strengthening information sharing agreements between partner organisations concerned with the protection of vulnerable adults.
- 4) The Tameside Health and Wellbeing Board and Clinical Commissioning Group promote and expect GPs to undertake adult safeguarding training.

Adult Safeguarding Commissioning

- 7.43 There are a range of support services available throughout the borough that are delivered or commissioned by the council. The services provided include: care homes, extra care housing schemes, supported accommodation, respite care, home care support and re-ablement. Re-ablement services are provided at a much earlier stage in order to reduce long term dependency on services.
- 7.44 There are various methods of safeguarding adult services. The Care Quality Commission (CQC) regulates the care homes and all providers must be registered with them. The council has a close working relationship with the CQC and information sharing occurs where areas of concern are identified by either party. Staff and services commissioned by the council are expected to sign up to Tameside's Safeguarding Adult Policy.
- 7.45 Chart four identifies the number of concerns that were raised within the borough and the subsequent number of incidents that are investigated during 2011/12. The graph indicates that there are fluctuations in the number of concerns raised throughout 2011/12. A high majority of concerns raised at residential nursing homes transpire to be incidents that are investigated as safeguarding issues.

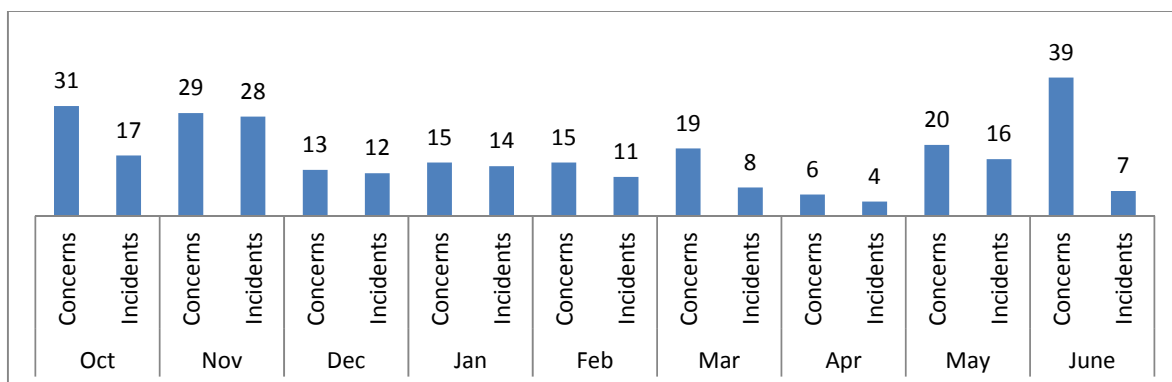


Chart four outlining the number of concerns raised and incidents identified at residential nursing homes within Tameside during 2011/12

- 7.46 Within Tameside each home has a Safeguarding Adults Manager who acts as a point of contact in relation to safeguarding. Contract monitoring is carried out by the council around care homes on an annual basis. The council has a Care Home Quality Group and a Home Care Quality Group and is one of the few boroughs with such groups.
- 7.47 Regular sessions are run with care providers to look at best practice and policy and procedural change. The authority also provides a Care Home Provider Forum and a Home Care Provider Forum to enable best practice sharing and engagement between care

homes. In addition to this, shared learning seminars and a Tameside Training Consortium are offered to providers. A number of homes within the borough have been awarded the dignity in care award from the Daisy Campaign, identifying homes that are accredited against a specific high standard.

7.48 There are currently 1,789 care home beds within Tameside; the Council and the PCT commission approximately 940 beds in the borough. Although only a small percentage of raised concerns transpire to identified incidents, all concerns are investigated.

7.49 Chart five highlights the number of recorded incidents and concerns raised regarding residents receiving home care services. The number of concerns and incidents fluctuate throughout 2011/12, however in a number of months there are significantly higher concerns raised than incidents recorded. This is a good indication that individuals are being cautious and reporting concerns they feel are safeguarding issues.

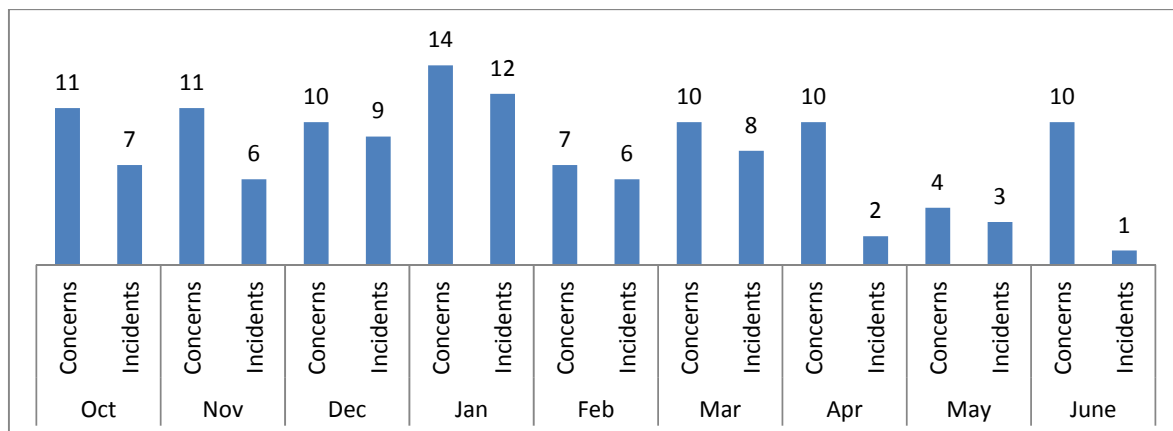


Chart five indicating the number of safeguarding concerns raised and incidents identified for residents receiving home care within the period 2011/12

7.50 Chart six highlights the number of concerns raised and incidents identified within homemaker supported accommodation during 2011/12. The number of concerns and incidents are much lower than those for residential nursing homes and home care services.

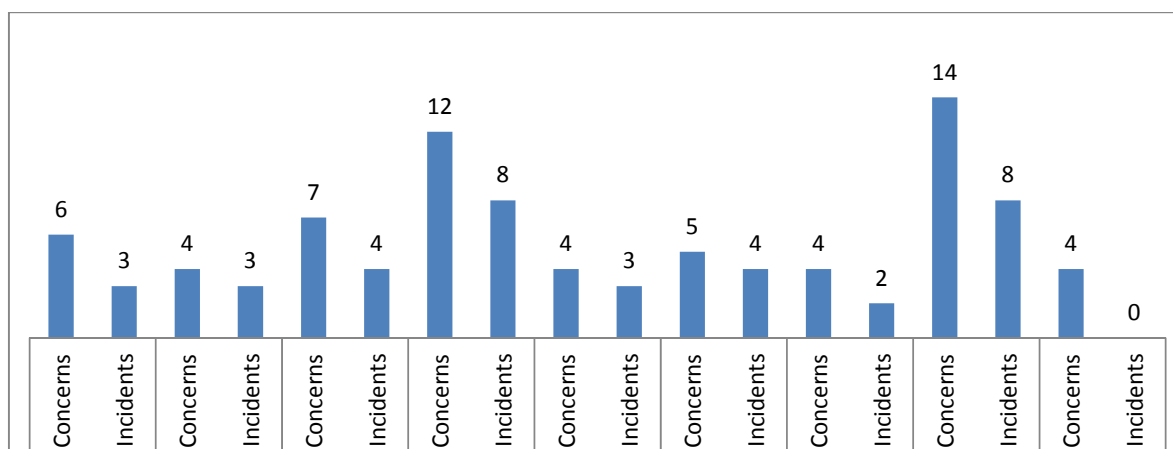


Chart six showing the number of concerns raised and incidents identified within homemaker supported accommodation during 2011/12

7.51 The outcomes from safeguarding investigations can result in staff being suspended, disciplined, dismissed or prosecuted. Similarly organisations can undergo safeguarding investigations, with action plans being implemented, suspension of placements, and termination of contracts or eventual closure. Providers are expected to outline action plans, and how these will be implemented when areas of concern have been raised. Where concerns are identified by the council or partners, the local authority works closely with the provider to resolve any issues and to enable improvement from the provider.

- 7.52 The economic climate has provided the opportunity to redesign services that are provided and to ensure that safeguarding remains a priority whilst being given the recognition and profile it needs within the borough.

Conclusions

- 7) The Collecting Regulatory information at a Local Level (CRILL) identified 94.7% of Tameside care home providers as good or excellent quality.

Recommendations

- 5) All services commissioned by the authority, where relevant to adult safeguarding, sign up to the TASP policy.
- 6) Adult Safeguarding considers undertaking a further consultation exercise to establish whether the understanding, knowledge and expectations of residents around adult safeguarding within Tameside have changed since the previous consultation.
- 7) The Chair of the Tameside Adult Safeguarding Partnership and the Adult Safeguarding Coordinator return to the Personal and Health Services Scrutiny Panel on an annual basis to update the Panel.

Tameside LINK, Healthwatch and Adult Safeguarding

- 7.53 LINK³ are full members of the Tameside Adult Safeguarding Partnership (TASP). LINK is currently an active Member of the TASP Board and supports the on-going work of TASP. LINK undertakes differing roles around safeguarding as an organisation working with members of the public, to raise awareness of safeguarding issues. LINK also assists TASP with views around safeguarding and identifying whether safeguarding is being carried out by organisations within Tameside. LINK helps to raise awareness of safeguarding issues and concerns within Tameside.
- 7.54 LINK is able to convey areas of concern to TASP due to the organisations contact with the public. LINK has a clear understanding of how the public feel about certain organisations and providers, which it is then able to raise with TASP when issues are identified.
- 7.55 All LINK staff and those who undertake face to face contact with the public have completed a half day training course, around adult safeguarding and are aware of the associated signs and issues. Those volunteers undertaking Enter and View visits complete a half day training course around safeguarding and a shorter training course of one and a half hours is also available to volunteers. The role of LINK around adult safeguarding is to act as a reporter for safeguarding issues and not to undertake investigations.

³ At the time of writing this report LINK had existed for some time. Since the report has been written arrangements have changed and Health Watch now exists to act as an independent consumer champion for health and social care. Health Watch's role is to protect the consumer interest of all those who use health and social care services.

- 7.56 Individuals undertaking the Enter and View visits are volunteers. Whenever Enter and View visits are undertaken the LINK Manager is available to provide advice and guidance to volunteers. A member of LINK staff accompanies volunteers on all Enter and View visits that are carried out.
- 7.57 LINK helps to raise the awareness of adult safeguarding in the borough, with articles in LINK News that is distributed to GP surgeries and libraries. In addition to raising awareness LINK also highlights the work that TASP undertakes around safeguarding and signposts residents to TASP for further information where necessary.
- 7.58 LINK has identified the potential to raise awareness during Enter and View visits and within LINK surveys to enable individuals to recognise safeguarding issues. LINK intends to include additional information around adult safeguarding in the induction that it undertakes with future volunteers.
- 7.59 LINK during the course of this review has not carried out any visits to care homes (October 2012), LINK is in the process of undertaking consultation to identify and define what the public recognise as “good quality” levels of care. In early 2013 LINK will be planning to undertake Enter and View visits at care homes in order to identify and assess the levels of care provided at different homes throughout the borough.
- 7.60 The role of Healthwatch on the Health and Wellbeing Board (HWBB) will help the HWBB to understand TASP policies as well as helping them to understand the HWBB’s role around positioning and policy. Healthwatch could work towards aggregating safeguarding data with information requests around service providers and complaints. Healthwatch could also look to provide an information function to help raise awareness with the public and to enable residents to make informed choices around the health services they receive.
- 7.61 This function will work through members of the Public approaching Healthwatch regarding the availability of care services within the borough and specifically around care homes that are available within the borough. This will enable Healthwatch to provide advice and background information around the quality of services being provided at a specific care home.
- 7.62 Healthwatch will have a key function of providing information to members of the public and this will work in conjunction with safeguarding to identify areas or providers where there are concerns.

Conclusions

- 8) LINK helps to raise the awareness of adult safeguarding with articles in LINK News that are distributed to GP surgeries and libraries.
- 9) The role of Healthwatch on the Health and Wellbeing Board (HWBB) will help the board to understand TASP policies.

Recommendations

- 8) Enter and View visits are carried out by Healthwatch in care homes throughout the Borough.
- 9) Information should be made publically available around the quality of care in Tameside’s care homes.

Care Home Practices

- 7.63 As part of the Panel's review of adult safeguarding within Tameside, the Panel met with the Manager of Bourne House Residential Care Home.
- 7.64 Bourne House Care Home is situated in Ashton under Lyne and cares for 33 residents with dementia, sensory impairment, physical disability and palliative care (improving quality of life). Bourne House was awarded the Gold Standard Framework Home and in September 2011 was the first residential care home in Tameside to be awarded the standard. In addition to this the home received the Daisy Accreditation in June 2012 and is working towards the Daisy Dementia Plus in 2012. The home has held an Investor in People Gold award since September 2012.
- 7.65 A priority of the home is to ensure that all service users are protected from all forms of abuse. Bourne House deals with some of the most vulnerable people from Tameside's communities and many lack the capacity to make decisions around basic care and risk taking.
- 7.66 Effective policies and procedures are in place to prevent abuse and Bourne House staff are aware of these. Staff are committed to maximising a service user's choice, control and inclusion whilst protecting their human rights.
- 7.67 Staff training brings awareness around the impact that diversity, beliefs and values of people can have. All staff are trained in safeguarding and different forms of abuse, and know how to recognise signs of abuse. Staff at Bourne House recognise they have a personal responsibility to safeguard residents.
- 7.68 Bourne House monitors and reviews incidents, concerns and complaints that have the potential to become safeguarding or abuse concerns and take action to prevent them where possible. The care home has a robust and clear policy to address any concerns and these policies are outlined to service users.
- 7.69 Where instances of abuse have been identified within Bourne House a safeguarding framework is followed. This includes safeguarding concern forms being completed, statutory notifications sent to the Care Quality Commission (CQC), families informed, opinions from professionals sought, residents assessed and re-evaluated, meetings held with families, care plans reviewed and risk assessments put in place.
- 7.70 This framework has previously been used in an incident involving two residents who both lacked a basic awareness regarding risks and decisions. This framework has enabled situations at Bourne House to be managed effectively in the past.
- 7.71 There are instances where abuse is not intended and may not be identified without the appropriate training. Abuse and neglect may occur; where staff are not aware what they are doing constitutes abuse.
- 7.72 Residents are being identified as staying at home for much longer periods of time and are joining the home at a much later stage with much severer conditions. Bourne House undertakes life story work with residents, which often helps the residents when they are feeling agitated or distressed.
- 7.73 GPs often attend Bourne House and refer the residents to hospital when this is not always necessary. Steps could be implemented with the support of the district nurse to ensure the resident or patient is able to die with dignity in familiar and comfortable surroundings.

Conclusions

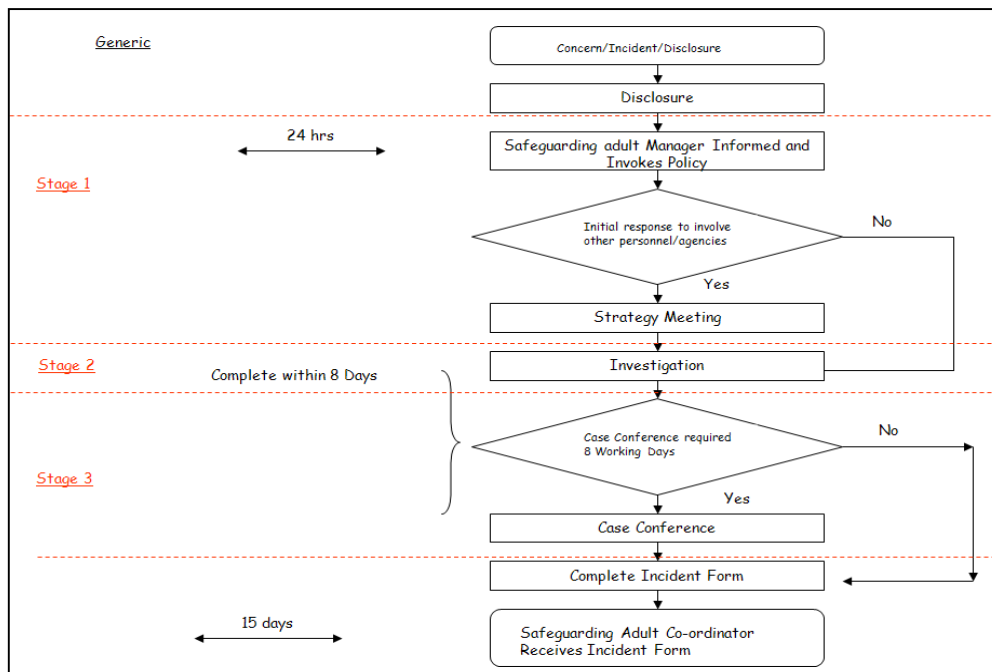
- 10) Staff within care homes need to be committed to maximising a service user's choice, control and inclusion whilst also protecting their human rights.
- 11) Safeguarding frameworks are followed as appropriate to ensure an agreed set of procedures and protocols are adhered to when concerns around safeguarding are raised.

Recommendations

- 10) End of life plans should be in place and addressed through the Health and Well Being Strategy theme 'Dying Well'.

Adult Safeguarding Training

- 7.74 Tameside Council's Safeguarding Adults procedures are based around the No Secrets 2000 guidance and the National Standards Framework for Safeguarding Adults. The procedures have been agreed and reviewed by all partner agencies and are available to all service areas.
- 7.75 The new Care and Support Bill will require local authorities to establish a Safeguarding Adults Board within their area. Tameside Council currently has a Safeguarding Adults Board even though it is not yet a statutory function. The Boards consist of local authority representatives, the NHS and Police.
- 7.76 Adult abuse is harm caused to a vulnerable adult by an act or failure to act, on the part of another person. Abuse can be intentional or unintentional. Every adult is deemed to have a right to a life free of fear, to be treated with dignity, have choices, their rights upheld, protection of the law, lead an independent life and privacy.
- 7.77 Within Tameside a Serious Case Review was established following the death of a vulnerable pensioner, David Askew. Since this serious case review a large amount of work and development has taken place.



Flow chart one showing the implementation of the adult safeguarding procedures within Tameside

- 7.78 Flow chart one shows the implementation of adult safeguarding procedures within Tameside. The whole process from concern or incident being raised, to the incident form being received by the Safeguarding Adult Coordinator should take fifteen days. Within 24 hours of an alert being raised, stage 2 and 3 is invoked and completed within eight days of the alert being raised. This is to establish the outcome of the allegation to ensure a relevant protection plan is put into place. Stage 3 if appropriate requires a case conference followed by the completion of an incident form by the relevant organisation; the incident form is then passed onto the safeguarding adult coordinator.
- 7.79 Neglect can include untreated medical problems, inadequate or shabby clothing and appearance and medications not being provided. Financial abuse can be identified through unpaid bills, unexplained shortages of money, and reluctance from the person with responsibility to provide basic food and clothing. Emotional abuse can be identified through fear or depression and unexpected or unexplained changes in behaviour.
- 7.80 Indicators of sexual abuse can include unexpected changes in behaviour, bruising, preoccupation with anything sexual, sexually transmitted diseases and pregnancy. Institutional abuse can take place in the home, within hospitals and residential homes. This can be caused by inflexible and non negotiable systems and routines, lack of consideration for dietary and cultural requirements, name calling and lack of physical care.
- 7.81 Those who may abuse are anyone who has power over a vulnerable person at a particular point in time. This could include family, neighbours, and friends, informal carers, paid carers or even strangers. This power can often mean that although people have choices they can be told what to do and when to do it which can constitute as abuse.
- 7.82 There are three primary roles and responsibilities around adult safeguarding these are Alerters, Investigators and Safeguarding Adult Managers. There are certain issues that stop people reporting abuse these may include fear that you may lose your job or not be

supported, fear of being wrong, find abuse hard to believe and fear it may make the situation worse. There is still a responsibility to report the abuse.

- 7.83 All Members of staff have an obligation and duty to raise concerns they have with their employer. This includes any instance of malpractice, negligence, or unprofessional behaviour and any matter of concern relating to delivery of services which are detrimental to service users or a carer's interests.
- 7.84 The role of the alerter is to ensure the safety of individuals, remove the individual from danger and be aware of any crime related evidence. Alerters should speak to the Safeguarding Adult Manager and ensure no disclosure or observation is dismissed.

Conclusions

- 12) Abuse may take many forms and include physical abuse, neglect, emotional abuse, sexual abuse, financial abuse, institutional abuse or a combination it can also be intentional or unintentional.
- 13) All Members of staff have an obligation and duty to raise concerns they have with their employer.

Recommendations

- 11) All Elected Members undertake adult safeguarding awareness training as part of their role.

Conclusions

- 8.1 The Care Quality Commission (CQC) regulates care homes and all providers must be registered with them.
- 8.2 90% of the care home services provided in Tameside are provided by the independent sector.
- 8.3 Increases in the levels of recorded Safeguarding concerns could be regarded as a good sign, indicating more concerns are being identified and reported.
- 8.4 During 2011/12 there were 799 concerns raised which results in 459 investigations being undertaken within Tameside.
- 8.5 2011/12 saw an increase in the number of concerns raised (9.5%) and the number of investigations undertaken (9%).
- 8.6 For the period 2011/12 Tameside Hospital instigated 40% more investigations for adult safeguarding than the previous year whilst Pennine Care NHS Foundation Trust identified a 48% increase.

- 8.7 The Collecting Regulatory information at a Local Level (CRILL) identified 94.7% of Tameside care home providers as good or excellent quality.
- 8.8 LINK helps to raise the awareness of adult safeguarding with articles in LINK News that are distributed to GP surgeries and libraries.
- 8.9 The role of Healthwatch on the Health and Wellbeing Board (HWBB) will help the board to understand TASP policies.
- 8.10 Staff within care homes need to be committed to maximising a service user's choice, control and inclusion whilst also protecting their human rights.
- 8.11 Safeguarding frameworks are followed as appropriate to ensure an agreed set of procedures and protocols are adhered to when concerns around safeguarding are raised.
- 8.12 Abuse may take many forms and include physical abuse, neglect, emotional abuse, sexual abuse, financial abuse, institutional abuse or a combination it can also be intentional or unintentional.
- 8.13 All Members of staff have an obligation and duty to raise concerns they have with their employer.

Recommendations

- 9.1 Tameside Adult Safeguarding publicises the CQC whistleblowing policy in accompaniment with its own policy and procedures.
- 9.2 That high profile awareness campaigns continue to be held to raise the profile of adult safeguarding within the borough.
- 9.3 Consideration is given to developing, improving and strengthening information sharing agreements between partner organisations concerned with the protection of vulnerable adults.
- 9.4 The Tameside Health and Wellbeing Board and Clinical Commissioning Group promote and expect GPs to undertake adult safeguarding training.
- 9.5 All services commissioned by the authority, where relevant to adult safeguarding, sign up to the TASP policy.
- 9.6 Adult Safeguarding considers undertaking a further consultation exercise to establish whether the understanding, knowledge and expectations of residents around adult safeguarding within Tameside have changed since the previous consultation.
- 9.7 The Chair of the Tameside Adult Safeguarding Partnership and the Adult Safeguarding Coordinator return to the Personal and Health Services Scrutiny Panel on an annual basis to update the Panel.
- 9.8 Enter and View visits are carried out by Healthwatch in care homes throughout the Borough.
- 9.9 Information should be made publically available around the quality of care in Tameside's care homes.

9.10 End of life plans should be in place and addressed through the Health and Well Being Strategy theme 'Dying Well'.

9.11 All Elected Members undertake adult safeguarding awareness training as part of their role.