



**Bracknell Forest Council**  
**Safeguarding Adults Annual Report**  
**2008/09**

**Compiled by**

**Alex Bayliss**  
**Safeguarding Adults Co-ordinator**  
**Social Care and Learning**

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## Glossary

| Abbreviation | Explanation   |
|--------------|---|
| AMT          | Adult Social Care Management Team: Chief Officer: Adult Social Care and Heads of Services |
| CASSR        | Council with Adult Social Services responsibility   |
| CMHT         | Community Mental Health Team  |
| CMHT (OA)    | Community Mental Health Team for Older Adults   |
| CR&R         | Community Response and Reablement Team  |
| CSCI         | Commission for Social Care Inspection   |
| CQC          | Care Quality Commission   |
| CTPLD        | Community Team for People with a Learning Disability                                      |
| DoLS         | Deprivation of Liberty Safeguards   |
| IMCA         | Independent Mental Capacity Advocate  |
| MCA          | Mental Capacity Act   |
| OP&LTC       | Older People and Long Term Conditions Team  |
| RiPFA        | Research in Practice for Adults   |

## 1 Introduction

- 1.1 In 2000 the Department of Health published guidance to all CASSRs. The report entitled 'No Secrets' set out guidance to local authorities and their partner agencies relating to the protection of vulnerable adults within their communities.
- 1.2 A key recommendation in 'No Secrets' is that: "Lead officers from each agency should submit annual progress reports to their agency's executive management body or group to ensure that adult protection policy requirements are part of the organisation's overall approach to service provision and service development".
- 1.3 In line with No Secrets guidance, Bracknell Forest Council has lead responsibility for co-ordinating multi agency procedures that address allegations or suspicions of the abuse of vulnerable adults. Work with partner agencies ensures effective assessment and that appropriate support is offered to individuals concerned, and that there is appropriate involvement in the assessment process.
- 1.4 The Department of Health has undertaken a consultation on the review of 'No Secrets'. Bracknell Forest participated in the consultation by undertaking a wide ranging consultation of stakeholders across the borough. The Department of Health has stated that as part of the review they are considering whether there is a need for primary legislation to address the issue of abuse of vulnerable adults.

## 2 Progress against the 2008/2009 objectives

2008/2009 objectives are in bold with the progress stated directly underneath.

- 2.1 ***To continue to build on the links established with the Safeguarding Children agenda, and implement the protocols developed to ensure appropriate alerts/referrals are made.***
  - The protocols developed in 2008 have been implemented across the care groups and the Safeguarding Adults Co-ordinator attends the Local Safeguarding Children's Board (LSCB).
  - A liaison meeting between Adult Social Care and Children's Social Care now takes place twice yearly to share good practice and update each branch of the department on progress and issues pertinent to safeguarding, and to the wider social care agendas.
- 2.2 ***Further work with Thames Valley Police will be undertaken to enable an appropriate understanding of the needs of adults with disabilities, which will ensure more effective criminal investigations. The focus of this work will be to ensure that any barriers preventing adults with disabilities accessing the criminal***

***justice system are recognised and overcome and that any appropriate supports are put in place for the victims when the investigation is ongoing.***

- Although the outcomes against this objective have been mixed overall there is a positive trend; Police attendance at Strategy meetings has increased from 6% in 2007/2008 to 9% in 2008/2009, it should be noted that Police attendance is not appropriate in the vast majority of circumstances. Extrapolating data from the audit undertaken an indicative figure for police attending strategy meetings would be 15% of occasions.
- Attendance at the East Berkshire Safeguarding Adults Board has also increased as police have attended all board meeting in the past year.
- The police have not attended any of the Bracknell Forest Safeguarding Adults Forum meetings in the past year.

**2.3 *We will work with NHS partners to establish levels of understanding of safeguarding responsibilities***

- All three of the NHS Trusts based in or covering the Bracknell area have developed safeguarding procedures, and work is continuing within these organisations to implement these procedures.
- Safeguarding Adults training is mandatory for staff working within Berkshire Healthcare Foundation NHS trust and Berkshire East PCT.
- Heatherwood and Wexham Park Foundation NHS Trust have set an objective of 60% of its staff to have attended Safeguarding Adults Training by January 2010.

**2.4 *The East Berkshire Safeguarding Adults Partnership Board is developing a publicity strategy. The aim of the strategy is to engage all members of the partnership board in raising awareness of the abuse of vulnerable adults and what support and or guidance is available, not only within their own organisation, but within the wider community.***

- The East Berkshire Safeguarding Adults publicity strategy has been implemented. Publicity material has been distributed to all registered care settings as well as Health Centres, Libraries and Police stations. An easy read version, with voice over, of the safeguarding policy is now available on the council website, as are copies of an updated public information leaflet.
- Safeguarding cue cards providing information to front line staff detailing the steps to take if they identify any concerns regarding an adult whose circumstances make them vulnerable. These cards

have been distributed, to all staff working with vulnerable adults within the Borough.

2.5 ***A Quality Assurance framework has been developed for services supporting adults with learning disabilities. This framework will ensure a holistic and person-centred assessment of the quality of service being provided. The framework incorporates safeguarding issues. This framework will be incorporated across all care groups.***

- Work has been undertaken to revise amend the quality assurance framework used by learning disabilities service to ensure it meets the needs for all services commissioned by the department.
- Providers of services are currently being consulted on the framework; once the consultation has ended the framework will be implemented in full across all services we commission, both internal and external.

2.6 ***As a result of the RiPFA project a practitioner's guide to best practice will be published in early 2009. The Guide will provide a range of tools for practitioners when undertaking safeguarding assessments. This guidance will be adopted in Bracknell Forest.***

- The piloted group have recently given their feedback on the handbook which is being incorporated into the revised guide. This will be available for staff within the department to use during the summer 2009.

### **3 The East Berkshire Safeguarding Adults Partnership Board**

3.1 The East Berkshire Safeguarding Adults Partnership Board provided a strategic lead on safeguarding issues across East Berkshire. However to enable greater local accountability and to ensure the momentum for change remains strong, it has been decided that the East Berkshire Board will cease in its current form. Each of the three Local Authorities across East Berkshire have formed their own Partnership Boards.

3.2 There are two areas of commonality across East Berkshire that will benefit from joint working across local Authority boundaries. Namely the

- Pan Berkshire multi-agency Policy and Procedures and
- Safeguarding Adults training.

3.3 It is therefore proposed that the current membership of the East Berkshire Board will become an advisory group which will operate as a sub group of the three Local Authority Partnership Boards, to work on these two specific areas.

#### **4 Bracknell Forest Safeguarding Adults Partnership Board**

- 4.1 The Bracknell Forest Safeguarding Adults Partnership Board has been established. The Terms of Reference are attached as Annex A. The Board is currently developing its work plan for the coming year.
- 4.2 The Board is chaired by the Chief Officer: Adult Social Care with the Director of Social Care and Learning and the Executive Member for Adult Services, Health and Housing in attendance. This further demonstrates the priority given to safeguarding adults by the council.

#### **5 Bracknell Forest Safeguarding Adults Forum**

- 5.1 The Forum continues to meet on a quarterly basis and is an information sharing and consultation Forum which ensures that local stakeholders are engaged in the safeguarding agenda. The Forum has been in operation for two years, and continues to be regarded by local stakeholders as a positive group, which is useful to the local community. The Forum reports to the Bracknell Forest Safeguarding Adults Partnership Board.
- 5.2 70 People have attended the group over the past year this includes representatives from
- Commissioners of social care
  - Providers of services for all vulnerable groups, from both the public and private sectors.
  - Berkshire East PCT
  - Community Health Services
  - Legal Services
  - Commission for Social Care Inspection
  - Vulnerable groups: expansion of this group is a target for 2009/10
  - Bracknell Forest Strategic Housing Team and providers of social housing
  - Environmental Health
- 5.3 The Forum has discussed, or has been consulted on various issues including Deprivation of Liberty Safeguards (DoLS), the role of environmental health in Safeguarding and the Department of Health's consultation on the review of 'No secrets'.

## **6 Safeguarding Adults Policy and Procedures**

- 6.1 To supplement the Pan-Berkshire Safeguarding Adults procedures a Bracknell Forest procedure has been produced to give staff working within Adult Social Care clear guidance on the safeguarding process. The procedure set out the expectations of staff in relation to the format for recording assessments and safeguarding plans.
- 6.2 Plans are in place to review the Bracknell Forest internal procedures to incorporate the learning gained from audits of safeguarding work.
- 6.3 A review of the Bracknell Forest Safeguarding procedures will take place in conjunction with the implementation of the new I.T. system for Adults Social Care (October 2009). This will incorporate safeguarding, mental capacity assessment and deprivation of liberty requests and authorisations.

## **7 Strategic Developments**

- 7.1 There is an increasing emphasis for Local Authorities, where necessary to continually improve the standards of services (in regulated services) they provide or commission. To achieve this Adult Social Care has created the Care Governance Board - ToR attached as Annex B.
  - 7.1.1 The focus of the Board is to ensure that where issues of poor quality of services are identified, the Council works in partnership with the providers of those services to ensure that robust improvement plans are in place.
  - 7.1.2 The Board is the decision making body in relation to the success of the improvement plan, were the local authority has the power to support the delivery of the necessary changes.
  - 7.1.3 The Board also provides a scrutiny function on the quality of Care Management practice, with any appropriate actions being developed and implemented.
  - 7.1.4 During the year 2008/09 the Head of Adults and Commissioning, commissioned audits into:
    - The application of the Mental Capacity Act
    - Adherence to the statutory timeframes for reviews of peoples' needs who are currently living in a Residential or Nursing Home.

The recommendations of the report are currently being considered by the Adults Management Team and the Care Governance Board.

- 7.2 Safeguarding Adults remains on the agenda of the Domestic Abuse Forum, with clear and identifiable actions being assigned to the Safeguarding Adults Co-ordinator to ensure that adults whose



circumstances make them vulnerable are enabled to access information and support on the issue of Domestic Abuse.

- 7.3 A protocol has been developed for Adult Social Care finance section to ensure there are clear procedures in place in relation to their responsibilities regarding Safeguarding Adults. The protocol identifies the types of abuse and what steps staff must take following the identification of concerns.
- 7.4 The Safeguarding Adults Co-ordinator now attends the Multi Agency Public Protection (MAPP) meeting. This enables potential risk to Adults whose circumstances make them vulnerable posed by serious and or sexual offenders living within the community to be fully assessed, and where necessary plans put in place to minimise the risk.
- 7.5 Safeguarding now forms part of the Multi Agency Risk Assessment Conference (MARAC). The focus of this process is to look at the victims of Domestic Abuse and where appropriate formulate risk management plans to support the victim. The Safeguarding Adults Co-ordinator attend this meeting regularly.

## **8 Performance Monitoring**

- 8.1 During the summer of 2008 an audit of 20% of safeguarding assessments undertaken during 2007/2008 was completed. The audit highlighted a number of areas for development in relation to the application of the Berkshire Safeguarding Adults procedures. A report was submitted to the AMT with a number of recommendations. The recommendations were accepted in full.
- 8.2 One of the recommendations of the above report was that all safeguarding assessments undertaken since April 2008 be audited. Data cleaning has taken place and a detailed analysis of practice has been developed across all teams. Processes are in place to enable Team Managers and Heads of Service within care groups to be aware of the progress of safeguarding assessments. There are also now processes in place for Team or Assistant Team Manager to audit assessments prior to the closure of any safeguarding concerns.
- 8.3 A rolling programme of audit into the application of the safeguarding procedures is in place;
  - All safeguarding assessments and application of the process is audited by either a Team Manager or Assistant Team Manager prior to the closure of the safeguarding process.
  - Random samples of safeguarding assessments are audited by the relevant Head of Service.
  - A six monthly audit of 20% of all safeguarding referrals across all care groups is carried out by the Safeguarding Adults Co-ordinator

in conjunction with a member of the relevant team's management. This stage of the audit process also comments on the compliance with the above stages of audit process.

- 8.4 Reports are provided to Team Managers and Heads of Service in relation to compliance with the timeframes within the Safeguarding Procedures. The report forms part of the quality assurance arrangements for senior managers and informs continual service improvement.
- 8.5 There is evidence that this programme of work has contributed to an improvement in compliance with the standards laid out in the Berkshire Procedures. Performance management data since January 2009 till March 2009 show that we are now compliant with the 24 hours timeframe for strategy discussion in 98% of occasions were as the same time period for the previous year compliance was only on 94% of occasions.

## **9 Statistical Analysis**

- 9.1 Annex C, sets out a range of information in relation to referral numbers and compliance with agreed time scales. Overall compliance with the 24 timeframe for a strategy discussion is positive with 95% compliance. Improvements need to be made to ensure 100% compliance, this will be achieved by August 2009 and ongoing monitoring is in place to ensure 100% compliance is maintained.
  - 9.1.1 Annex C shows compliance with best practice in relation to holding strategy meetings. ADASS standards indicate a five day target, but on occasions, the need to ensure that the individual concerned and relevant professionals are engaged overrides this timescale... There has been a significant improvement on performance compared to the previous year when compliance with the timeframe was achieved in 64% of occasions.
  - 9.1.2 Analysis of all strategy meetings indicates that 86% of strategy meetings were held at the earliest opportunity to ensure that all relevant people were in attendance.
  - 9.1.3 Annex C highlights the outcome of the safeguarding process in terms of the allegation of abuse being substantiated, unsubstantiated or inconclusive. It should be noted that to come to this decision the balance of possibilities test is used rather than beyond reasonable doubt as is used in the criminal justice system. The majority of referrals are either unsubstantiated or inconclusive following assessment; this is the same as 2007/08. This is in part due to the majority of allegations or concerns relating to acts of possible abuse happening on occasions when there is no third party witness. It therefore comes down to one person's word against another.

- 9.2 Annex D shows referrals by receiving team. Community Response and Reablement received the largest number of referrals. This team acts as a single point of access for referrals into the department. People with a learning disability are highly represented in terms of a care group; this is consistent with previous years and may in part be due to the disproportionate number of people with a learning disability living in Bracknell Forest.
- 9.3 Annex E provides information in relation to the type of alleged abuse to which people have been subjected. The main areas of change from the figures presented in the 2007/08 annual report are in relation to referrals of alleged institutional abuse. There has been a 5% decrease but this is due to the way in which these concerns are now addressed. Concerns in relation to the way in which services are provided to more than one person are now addressed under the Care Governance protocol. Therefore they are no longer included with this section of the report. Please refer to section 11.
- 9.3.1 Annex E also highlights an increase in referrals regarding alleged financial abuse. This is a result of increased awareness of safeguarding issues by staff working with the finance section of Adult Social Care and the implementation of the procedure previously outlined in section 6.5
- 9.4 Annex F highlights the sources of referrals. The highest source of referrals is Adult Social Care itself. Concerns are often identified through assessment and review process.
- 9.4.1 It is encouraging to see that providers of services are continuing to identify safeguarding concerns and refer them to Adult Social Care.
- 9.4.2 The biggest increase in source of referrals is individuals referring themselves for support and assessment. This is of particular significance as previous years' reports have identified that individuals themselves tend not contact Adult Social Care asking for support when they are experiencing abuse or neglect. It is thought that this increase is due to the awareness raising work that has been undertaken with various partnership boards and the publicity campaign undertaken.
- 9.4.3 Analysis of the sources of safeguarding referrals and participation in safeguarding training suggest that there is further work to do to establish whether the low level of referrals from NHS partner organisations reflects levels of awareness and understanding of responsibilities. Currently only 6% of safeguarding referrals come from the NHS, and they have been under-represented on training.
- 9.4.4 Annex's I-M are in relation to those circumstances where the allegation of abuse was substantiated. It is not possible to comment on trends due to the small number of substantiated allegations.

## **10 Care Governance Board**

- 10.1 The Care Governance Board has worked with 12 providers of regulated services during the year to develop improvements plans. The need for improvement plans being formulated were either a zero or one star rating from CSCI or safeguarding concerns being raised in relation to the way in which the service is being provided.
- 10.2 Currently 3 providers of regulated services are being supported by the Care Governance Board. Of the remaining 9 providers of regulated services, 8 have been supported to improve their services to a level whereby the council no longer has concerns about the way in which the services are provided. The council did take the decision to no longer use one provider due to concerns about the quality of service provided.

## **11 Training**

- 11.1 Progress on Safeguarding Adults training has been significant during the period of this report. 95% of all staff working within Adult Social Care have now received safeguarding training to an appropriate level. For action in relation to the remaining 5%, see section 14.
- 11.2 To ensure that Safeguarding training is provided to all council staff that have contact with adults whose circumstances make them vulnerable, a programme of training has been developed that will be delivered across all council departments. The training will also include information on safeguarding children.
- 11.3 To ensure a high level of staff awareness in relation to DoLS, a programme of training has been developed on a Berkshire-wide basis. Key staffs needing to attend have been identified and attended the relevant courses.
- 11.4 The DoLS legislation has introduced new roles and functions. One of the new roles is that of Best Interest Assessor. It is the responsibility of the BIA to undertake certain elements of the assessment process to ensure that, where appropriate, an authorisation is granted to deprive an individual of their liberty in a care home setting. See section 13 for full details.
- 11.5 Staff have been selected to undertake the role of Best Interest Assessor and have recently completed the mandatory training course which is accredited by the Department of Health.

## **12 Mental Capacity Act 2005**

12.1 To ensure compliance with the Mental Capacity Act and the associated Codes of Practice, a rolling programme of audit is planned. The outcomes of the audit will be shared with the Adult Management Team and recommendations from the audit reports will be implemented.

12.2 There are specific circumstances under which Local Authorities must engage an IMCA:

- When considering moving an individual who has been assessed as not having the capacity to make this decision into residential/nursing care
- And there are no family or friends available to support them in this decision
- Local Authorities have a discretionary power to engage an IMCA in Safeguarding Adults investigations even if there are family members or friends involved.

12.3 Bracknell Forest is a member of the Berkshire Implementation Network (BIN) for the Mental Capacity Act. A pooled budget has been in place to commission both training and the IMCA service across Berkshire.

12.4 The training programme for mental capacity will continue in 2009/10 to ensure that all new staff are appropriately trained.

12.5 During 2008/2009, 10 referrals were made for an IMCA. Referrals were in relation to people with:

- Mental Health issues
- Learning Disabilities
- Older Adults
- Physical Disability

The data provided by the IMCA service does not currently support analysis of the sources or reasons for individual referrals

## **13 Deprivation of Liberty Safeguards (DoLS)**

13.1 The Deprivation of Liberty Safeguards (DoLS) were implemented in April 2009. The safeguards apply to adults in a care home or hospital setting (for the local authority we are only responsible for care home settings) who lack capacity to consent to their stay in the care home and whose care regime is such that it amounts to a deprivation of their liberty.

- 13.2 The safeguards have a new role of Best Interest Assessor (BIA), who responsibility it is to undertake assessments with an appropriately trained Doctor to ascertain if the person is being or needs to be deprived of their liberty. It is the responsibility of the council to ensure this happens and that the code of practice is complied with.
- 13.3 The Safeguarding Adults Co-ordinator is supporting the Head of Adults and Commissioning in leading the implementation work and providing professional support to local stakeholders and BIA.
- 13.4 An information pack has been distributed to all care homes in the borough and DoLS has been a standing agenda item at the Forum for the past 12 months.

## **14 Objectives for 2009/10**

### **14.1 Strategic Developments**

- 14.1.1 The council has adopted 6 medium term objectives. Objective four is of particular relevance to the Safeguarding Agenda: "Create a borough where people are safe and feel safe". To enable Adult Social Care to contribute to the achievement of this overarching objective the following are agreed as the Safeguarding Adults objectives for the year 2009/2010
- 14.1.2 The Council will review and where appropriate amend all safeguarding procedures to ensure that they compliment the personalisation agenda, and that safeguarding adult issues are reflected in the council's approach to personalisation.
- 14.1.3 Increased awareness of Safeguarding Adults issues within the voluntary sector. The outcome of this will be evidenced by attendance at the Partnership Board and Forum by representatives of the voluntary sector and an increase in referrals/alerts from voluntary organisations.
- 14.1.4 The council will ensure all Safeguarding Adults procedures are accessible to all members of the community, including people who purchase their own care. The outcome of this will be measured by the number of individuals who purchase their own care who are supported through the safeguarding process.
- 14.1.5 Ensure the Bracknell Forest Safeguarding Adults Partnership Board is a robust Board that both scrutinises the council's own performance in relation to safeguarding, and acts as a critical friend to other member organisations.
- 14.1.6 Safeguarding adults will be part of the proposed Domestic Abuse Referral Team (DART) that is being facilitated by Children's Social Care. This will be a multi-agency virtual team that will signpost victims of domestic abuse to relevant support agencies. This will support objective 14.1.3 as the police will be in attendance.

- 14.1.7 Increase referrals number from Thames Valley Police, ensuring through audit processes that staff are considering the need to refer concerns where appropriate to Thames Valley Police. This will be achieved by April 2010.
- 14.1.8 Continue work with NHS partners to further increase levels of understanding of safeguarding responsibilities. The outcome of this work will be demonstrated by an increase in referral numbers from NHS partners.
- 14.1.9 Currently a Quality Assurance Framework is under consultation with providers of services. This framework will ensure a holistic and person-centred assessment of the quality of service being provided. The framework incorporates safeguarding issues i.e. are staff aware of safeguarding procedures, any alerts or referrals that have been made regarding the provider and if they have been subject of an improvement plan agreed by Care Governance Board or CQC . This framework will be implemented across all care groups.

## 14.2 **Performance Monitoring**

- 14.2.1 The Care Governance Board will assume responsibility for ensuring compliance with internal performance targets. This will be achieved via reports from the Safeguarding Adults co-ordinator to the Board with appropriate improvement plans being formulated by Heads of Service/Team Managers.
- 14.2.2 Continuation of the audit programme for safeguarding adults' assessments will be undertaken. The audit will focus on compliance with performance targets and will look at the quality of assessment with the aim of recognising good practice and where necessary driving up standards of assessment.
- 14.2.3 The new IT system, due for implementation in October 2009 will be configured to support a more in-depth analysis of safeguarding adults data.
- 14.2.4 A robust data set will be devised to aid analysis of equality issues in relation to individuals whom have been subject of safeguarding alerts/referrals

## 14.3 **Training**

- 14.3.1 The remaining 5% of Adult Social Care staff, who have not undertaken an appropriate level of Safeguarding Adults training, have been identified. As a result, specific training targeted at Senior Managers and their role in safeguarding adults is being commissioned.
- 14.3.2 All staff undertaking safeguarding assessments will have attended level 2 training by March 2010.

- 14.3.3 A rolling programme for Mental Capacity and Deprivation of Liberty Safeguards will be developed to ensure that appropriate staff are targeted and attend this training.
- 14.3.4 Potential BIA's have been identified and applications have been submitted to local Universities, their training will be complete by October 2009.



Annex A

## **Bracknell Forest Safeguarding Adults Partnership Board (SAPB)**

### **Terms of Reference**

#### **Aims**

The Partnership Board is responsible for the development and implementation of local policy and procedures in relation to the safeguarding of adults whose circumstances make them vulnerable. Policies and procedures must respond to National standards, and reflect best practice.

#### **Objectives**

##### **Policy and Procedures**

To establish, maintain and review multi-agency policy and procedures for responding to allegations or suspicions of significant harm to individuals covered by the policy.

To ensure that member agencies develop local procedures that respond to the Bracknell Forest/ Berkshire procedures.

##### **Prevention**

To co-ordinate a programme of work, the purpose of which is to actively promote a culture which prevents harm through the development and implementation of a of a publicity strategy, the target audiences being:-

- The general public
- Providers of care and support services
- Individuals whose circumstances make them vulnerable, and
- their informal carers

Through appropriate membership, ensure that the work of other themed partnerships<sup>1</sup> reflects the safeguarding adults' agenda

##### **Training**

To ensure that a robust programme of training, which, is delivered in all appropriate agencies (and meets ADASS standards). This must include level 1 training for all staff, and levels 2 and 3 training for identified professional staff.

To ensure that issues of safeguarding are embedded in all training provided by partner agencies

##### **Forum**

To oversee the work of the local Safeguarding Adults Forum. This will provide an information sharing and discussion opportunity for staff and managers from all local services.

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<sup>1</sup> Local Safeguarding Children's Board, Domestic Abuse Forum, Crime and Disorder Reduction Partnership, Learning Disabilities Partnership Board, Multi-Agency Public Protection, Multi-Agency Risk Assessment Conference, Mental Health sub-LIT

**Governance**

Each member agency is accountable to the SAPB for their safeguarding “activity”. Each member agency will produce quarterly activity information for the Board, using the pro-forma agreed.

Each agency will produce an annual report in May, summarising activity for the previous financial year.

The Board will produce an annual report, summarising activity and outcomes, for scrutiny by the Health and Social Care Partnership Board and the Departmental Overview and Scrutiny Panel.

**Involvement**

Ensure that people made vulnerable by their circumstances, and their informal carers are involved in the work of the SAPB in ways which are meaningful and appropriate to them.

**Practice Development**

The Board will establish a Serious Case Review Protocol and where appropriate will commission such reviews.

Any issues of concern arising through the BFC Care Governance Board that require the attention of the Safeguarding Adults Partnership Board will be reported as appropriate.

The Board will ensure that member organisations are informed about practice and research developments.

**Performance Management**

The Board will monitor safeguarding activity across member organisations and act as a ‘critical friend’ to member organisations in supporting them to recognise good practice and where appropriate develop improvement plans.

# Membership

## Core Member Organisations

- Bracknell Forest Council:
  - Social Care and Learning
  - Environment, Culture and Communities
  - Corporate Services
  - Executive Member for Adult Services, Health and Housing
- Thames Valley Police
- NHS
  - Berkshire East
  - Berkshire East Community Health Services
  - Berkshire Healthcare NHS Foundation Trust
  - West London Mental Health Trust (Broadmoor Special Hospital)
  - South Central Ambulance
- Care Quality Commission
- Bracknell Forest Voluntary Action
- Berkshire Care Association
- Members of the LINKs Steering Group
- Royal Berkshire Fire and Rescue Service



## **ADULT SOCIAL CARE CARE GOVERNANCE PROTOCOL**

### **1 INTRODUCTION**

It is the responsibility of the Council to work with providers of adult social care to ensure continuous improvement. This is particularly important where services are not judged to meet appropriate standards, and may therefore place individuals at risk. The CSCI inspection regime has recently changed, and during 2008, CSCI will be inspecting services that provide adult social care, and awarding ratings on a scale of 0 (poor) - 3 (excellent). The quality of services that are commissioned by a Local Authority will impact on departmental performance.

### **2 PRINCIPLES AND PURPOSE**

This protocol will be used to ensure that the Department commissions safe services that deliver quality outcomes in line with the objectives of the Council. It establishes and/or clarifies the systems and processes which will

- identify provider services that are of concern, and
- ensure appropriate management action to address those concerns

### **3 RESPONSIBILITIES**

Operational Heads of Service are accountable for the management of day-to-day quality/performance issues associated with the independent sector providers, such as missed/late calls or allegations about provider bad practice.

They are therefore responsible for ensuring that the protocols are implemented within their areas of responsibility.

### **4 SOURCES OF INFORMATION**

There is information from a range of sources that will assist in assessing the quality of services, identifying potential causes for concern, and taking appropriate action to ensure that those concerns are addressed.

- **CSCI Reports and Regulatory Letters**

On a monthly basis, CSCI circulate notifications of all inspection reports that have been published in the previous month.

CSCI write to services if they have serious cause for concern about the quality of service. The Local Authority within which the service is located is informed that there are concerns, and will be expected to discuss and

clarify any issues with the service concerned, and take appropriate actions if the concerns relate to safeguarding issues. If BFC receive such letters the information is circulated to neighbouring authorities, and similarly BFC may receive such information from neighbouring authorities.

- **Cautions alerts from other Local Authorities**

Where other Local Authorities have concerns about the quality of services, they will alert either the Contracts Team of Local Authorities that may purchase services from the provider.

- **Safeguarding Adults Alerts**

Safeguarding Adults investigations may lead to wider concerns about provider organisations, or particular services that need addressing.

Safeguarding Adults Coordinators from other Local Authorities will share information if there is a possibility that other people supported by the independent sector organisation in question may be at risk.

- **Complaints, MP enquiries and Member enquiries.**

The department has procedures to respond to complaints, MP and Member enquiries. A system is in place to ensure that responses are co-ordinated, monitored and appropriate action is taken to ensure continuous improvement. This includes issues relating to commissioned services. The Complaints Coordination Group will ensure that any relevant information is made available to the contracts team.

- **Feedback from Individuals and Reviews**

Care Managers or staff working in other provider services can have concerns themselves, or receive information from individuals or families that raise concerns about service quality. Provider staff and care managers must ensure that the relevant Team Manager is made aware of concerns, and Team Managers should ensure that the Contracts Team are notified of any concerns, so that the information can be disseminated and acted upon in accordance with this protocol.

## **5 COLLATION AND DISSEMINATION OF INFORMATION**

The Contracts Team maintain a central spreadsheet detailing all causes for concern relating to external service providers: this includes those providers from whom BFC purchases or commissions services, including services outside of the Borough, and other local providers from which it is possible that services may be purchased in future.

This is updated monthly on receipt of the information from CSCI (see section 4), and notification of this is circulated to Team Managers and Heads of Service.

*When considering purchasing a service, staff should consult the database so that any potential concerns can be taken into consideration.*

## **6 CAUSE FOR CONCERN TRIGGERS**

Cause for concern may be triggered in a number of ways such as:

- a negative CSCI inspection with a rating of 0 or 1,
- a particular untoward incident

- suspected safeguarding issue,
- concerns raised by care management staff,
- complaints from residents or relatives
- concerns expressed by partners agencies e.g. NHS

The following are also triggers that may raise quality issues

- Exceptional or unusual death rate
- State of building
- Financial stability
- Low occupancy levels, particularly in small care homes
- % of beds purchased by BFC adult services (*not in itself a cause for concern, but the impact would be great if there were issues*).
- High level of complaints
- Changes and transition in management or ownership
- High staff turnover

## **7 RISK ASSESSMENT**

- 7.1** If concern is triggered then the Department needs to assess the risk to the individuals using the service, based on the range of information available, and should plan to address the risks, and support service improvement a number of actions may be included in the Action Plan.

## **8 ACTION PLANNING**

### **8.1 Immediate Actions/Options**

- **Cautions**

The Contracts Section maintain a list of providers for which new placements are held in abeyance whilst serious quality and/or safeguarding adult concerns are being investigated or have an improvement action plan in place: this is the Cautions list.

A service may be placed on the Cautions List following concerns raised through any of the routes identified in Section 4. The decision to place a service on the Cautions list will be taken by the relevant Strategic Head of Service in consultation with the Contracts Manager. The list and the “flag status” of each service will be reviewed by the Care Governance Board. Services will be “flagged” according to assessed levels of risk, as agreed by the Care Governance Board:-

- Red:- High risk
- Amber – Medium risk
- Green - Low risk

Caution notifications received from neighbouring authorities may result in inclusion on BFC cautions list. This decision will be taken by the relevant Strategic Head of Service in consultation with the Contracts Manager.

If concerns about a service warrant it, BFC may need to review all existing placements in a particular home, or with a particular organisation. This process will be managed by the Operational Head of Service.

- **Formal Suspensions**

Providers are suspended when CSCI issue a Notice to Close. The Department is usually well informed on homes with major quality issues, as under the CSCI information sharing protocol information is shared if individual providers may be subject to enforcement action which could lead the department to formally suspend placements.

## **8.2 Informal Improvement plan**

Where issues are minor and readily rectified and there is a willingness to work in partnership, the provider and Operational Head of Service can agree an informal improvement plan.

## **8.3 Support for long-term improvement**

Where a service is under caution the department will work with them to develop a quality improvement plan which will be supported and monitored at a local level. These will be co-ordinated by a manager nominated by the relevant Head of Service.

- **Workforce Development**

The department has a workforce development and training function that is an integral component of the quality assurance framework. This can deliver a targeted service to care providers in the independent sector who are assessed as 'poor', or where there is concern about their capacity to deliver safe and effective services.

- **Care Group Management Team Advice and Support**

Team Managers and frontline staff can provide advice and support to providers in order to work in partnership with providers to deliver good quality support and care.

## **8.4 Care Group Monitoring Response**

There will be strong links between the Cautions List and care group processes.

- Red flagged services will have a robust action plan and monitoring regime in place, and no new placements will be made. Review outcomes will be reported to the Care Governance Board to inform decisions regarding future status of the service.
- Amber flagged services will have a robust action plan and monitoring regime in place. New placements may be agreed after a risk management plan is approved by the relevant Operational Head of Service.

Green flagged services will be monitored to ensure sustained performance, and may be removed from the Cautions list once the Care Governance Board is satisfied that the quality issues have been addressed and maintained. Where other Local Authorities have concerns

about the quality of services, they will alert either the Contracts Team, or the Safeguarding Adults Coordinator of other Local Authorities that may purchase services from the provider.

- All 0-1 star providers will have an identified link care manager to monitor and support quality improvement.

## **9 ONGOING ACTION**

Before making arrangements to purchase a service from an independent sector provider, Care Managers must consult:

- the Cautions List
- latest CSCI Inspection report

to inform the final decision regarding whether to place, and the subsequent monitoring plan.





## **ADULT SOCIAL CARE**

### **CARE GOVERNANCE BOARD**

Operational Heads of Service will take the lead in developing borough wide review arrangements to support local quality outcomes and contract monitoring of providers in the independent sector.

#### **The aim of the Care Governance will be:**

- To ensure there is a forum for bringing together evidence of quality or concern in relation to independent providers across the borough
- To ensure some consistency and sharing of decision making about Cause for Concern Triggers, and inclusion of provider services on the Cautions List
- To monitor and progress chase improvement actions and or action plans
- To provide forum to discuss monitor and review institutional safeguarding issues.
- To report to and advise the Adult Management Team.

#### **Membership will be:**

Head of Adults and Commissioning (Chair) (Head of OP and LTC in absence)  
Care Group Team Managers  
Operational Heads of Service (if relevant services are being discussed.)  
Contract Manager  
Brokerage Team Manager  
Safeguarding Adults Co-ordinator  
*PCT Community Matrons*

#### **Meetings will be monthly**

##### **Format**

- Issues raised from Care Governance
- Report from Safeguarding Co-ordinator
- District concerns and actions plans (new cases) – brought by Head of Service based on local info and CSCI updates
- Sign off of new action plans
- Updates on existing improvement plans/action plans – to include sign off when satisfactory progress demonstrated
- Discussion of good practice issues – innovation and good ideas for improvement

#### **Fast Track Decision Making**

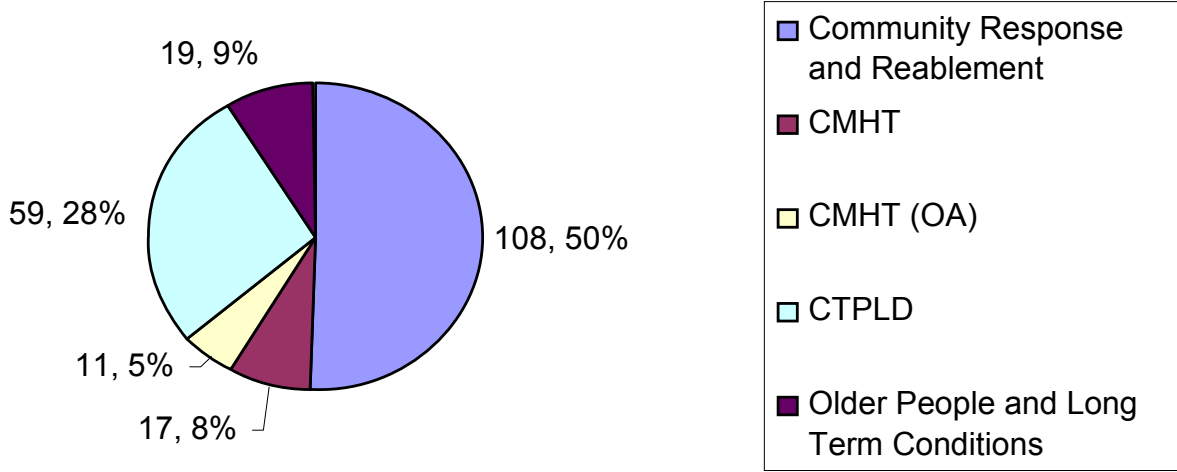
Where urgent decisions need to be made concerning provider quality issues these will be taken by the Strategic Head of Service to the Area Governance Group and then placed on the agenda at the next meeting.

Annex C

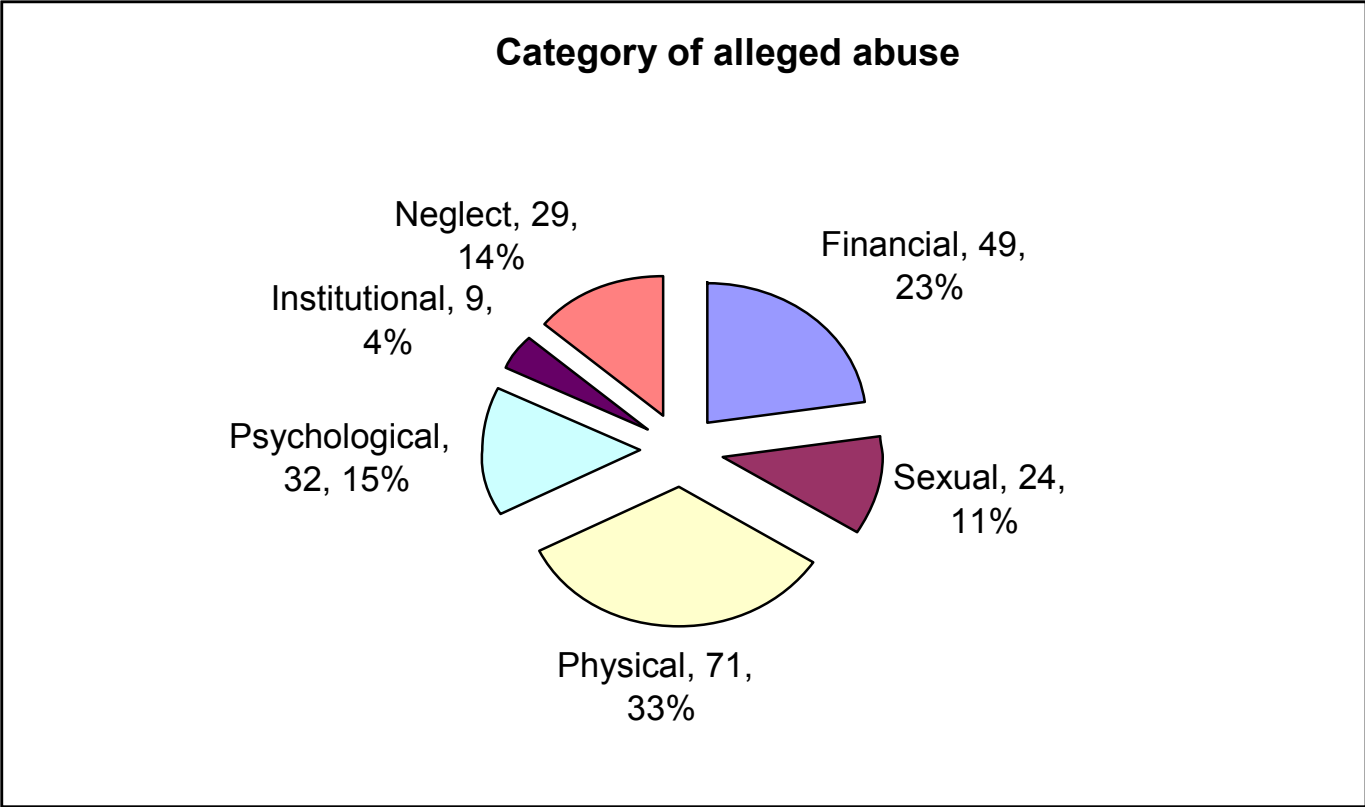
| Care Group  | Referrals<br>07/08 | Referrals<br>08/09 | Compliance with<br>Strategy discussion<br>Timeframe of 24<br>hours | Occasions were the Strategy<br>meeting has been held at the<br>earliest opportunity with all<br>relevant people in attendance | Outcome                      |
|---|--------------------|--------------------|--|---|------------------------------|
| <b>Community<br/>Team for People<br/>with a Learning<br/>Disability</b> | 25                 | 59                 | 99%  | 91%   | Unsubstantiated – 35         |
|   |                    |                    |  |   | Substantiated – 13           |
|   |                    |                    |  |   | Inconclusive – 5             |
|   |                    |                    |  |   | Ongoing – 6                  |
| <b>Community<br/>Response and<br/>Reablement</b>                        | 39                 | 108                | 96%  | 99.5%   | Unsubstantiated – 84         |
|   |                    |                    |  |   | Substantiated – 5            |
|   |                    |                    |  |   | Inconclusive – 10            |
|   |                    |                    |  |   | Ongoing – 9                  |
| <b>Community<br/>Mental Health<br/>Team</b>                             | 5                  | 17                 | 100%   | 84%   | Unsubstantiated – 16         |
|   |                    |                    |  |   | Substantiated – 1            |
| <b>Community<br/>Mental Health<br/>Team (Older<br/>Adults)</b>          | 1                  | 11                 | 82%  | 66%   | Unsubstantiated – 7          |
|   |                    |                    |  |   | Substantiated – 1            |
|   |                    |                    |  |   | Inconclusive – 2             |
|   |                    |                    |  |   | Ongoing – 2                  |
| <b>Older People<br/>and Long Term<br/>Conditions Team</b>               | 7                  | 19                 | 95%  | 100%  | Unsubstantiated – 13         |
|   |                    |                    |  |   | Substantiated – 2            |
|   |                    |                    |  |   | Inconclusive – 2             |
|   |                    |                    |  |   | Ongoing – 2                  |
| <b>All Care groups</b>  | <b>77</b>          | <b>214</b>         | <b>95%</b>   | <b>86%</b>  | <b>Unsubstantiated – 155</b> |
|   |                    |                    |  |   | <b>Substantiated – 22</b>    |
|   |                    |                    |  |   | <b>Inconclusive – 19</b>     |
|   |                    |                    |  |   | <b>Ongoing – 18</b>          |

Annex D

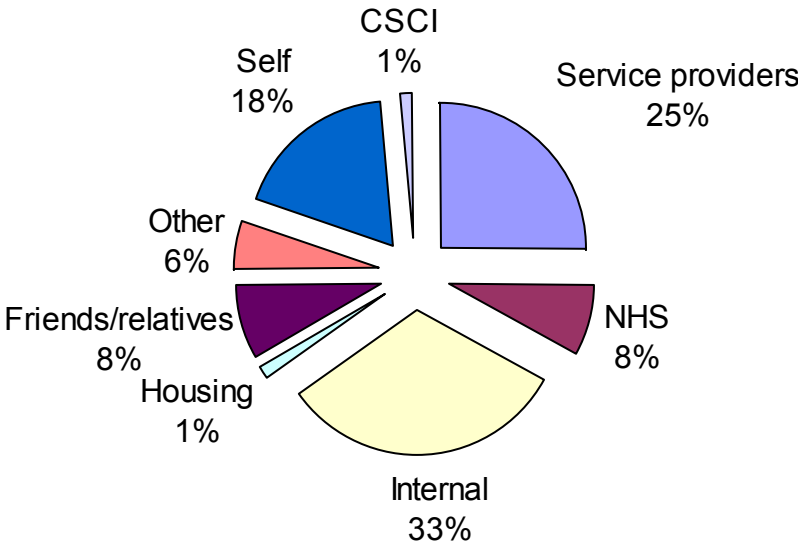
**Referrals by receiving team**



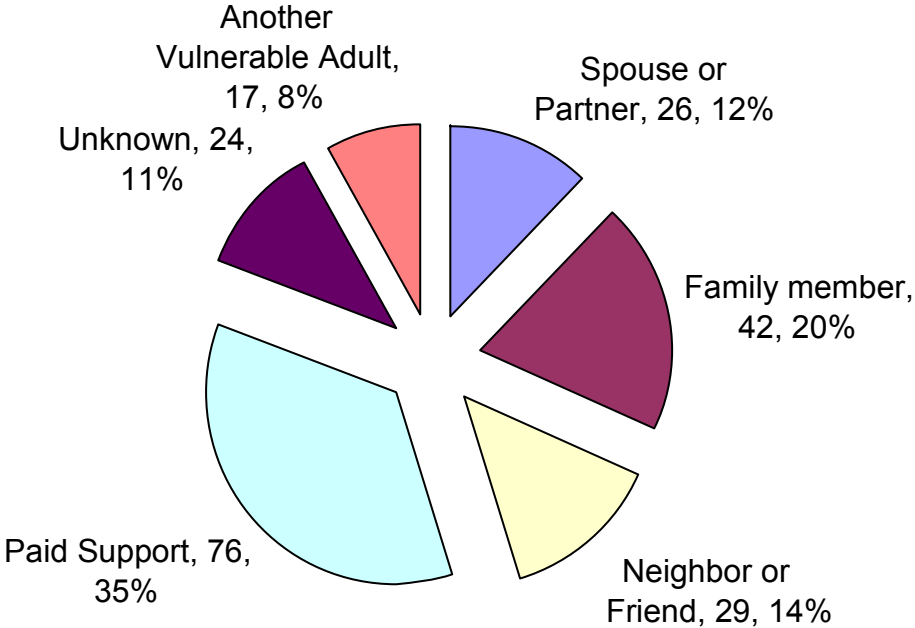
Annex E



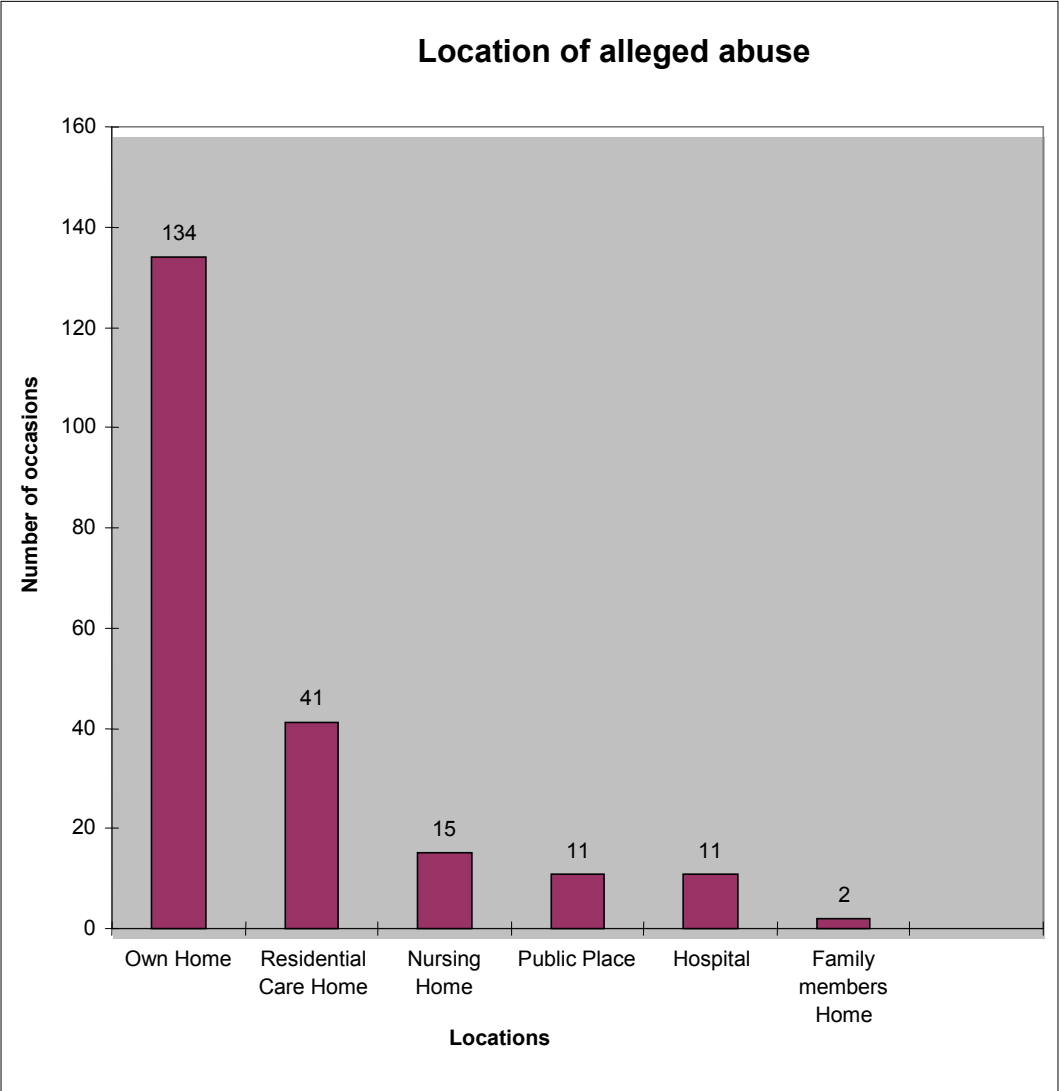
### Referral source 2008/2009



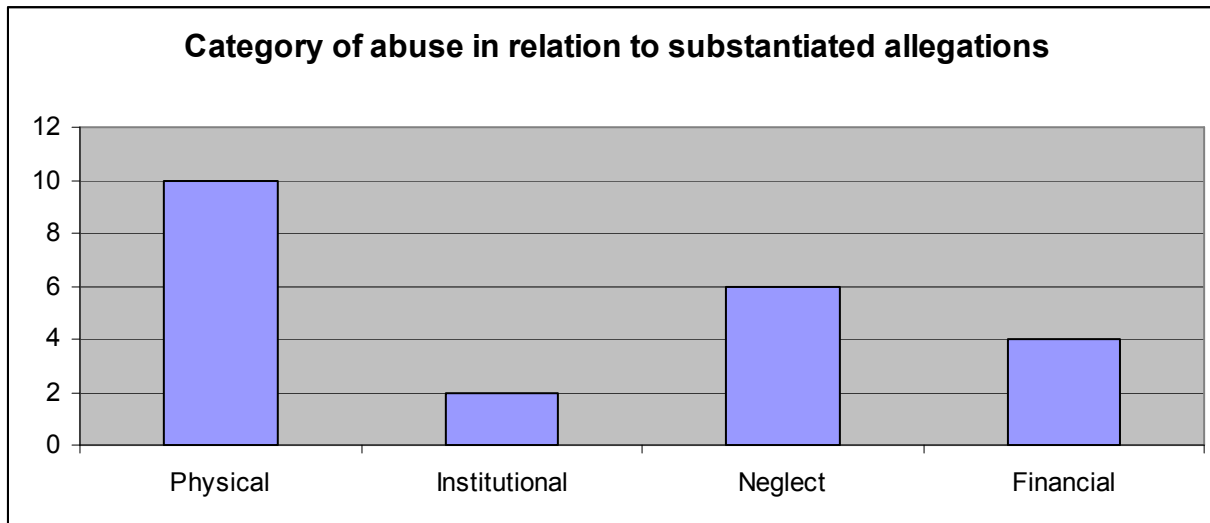
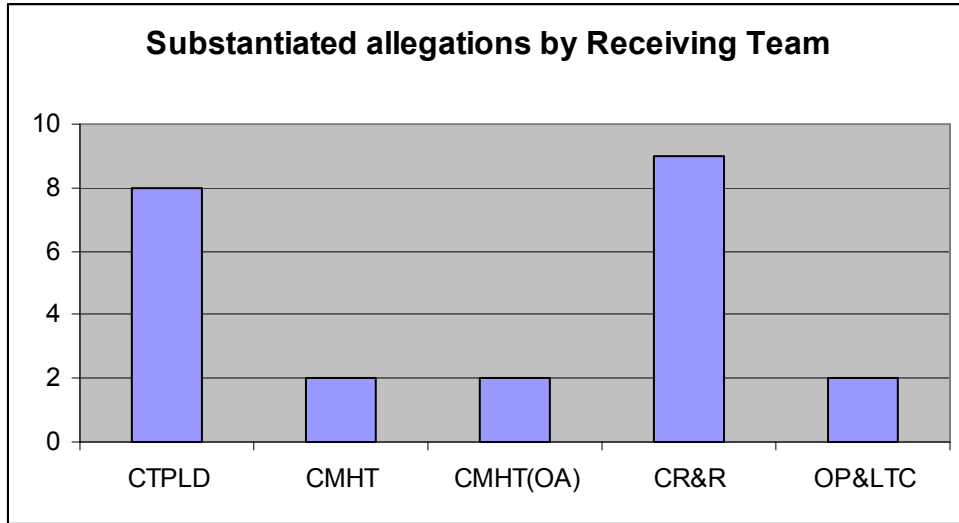
### Alleged perpetrators relationship with vulnerable adult



Annex H

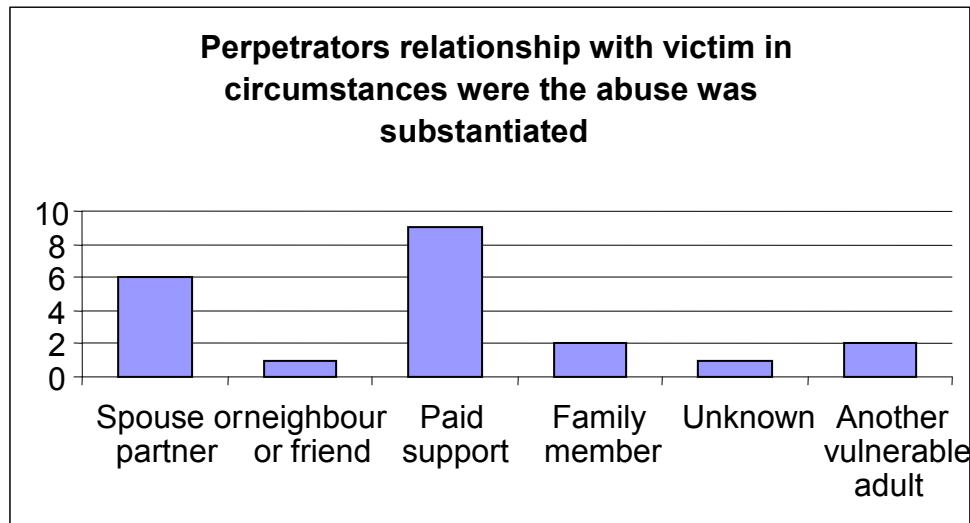
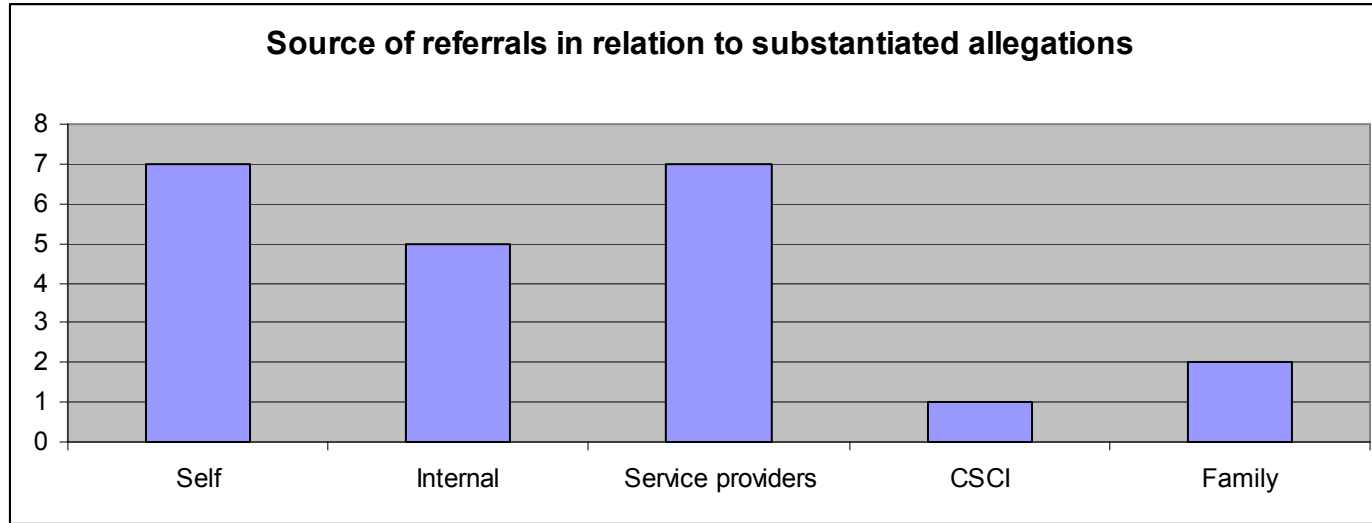


Annex I



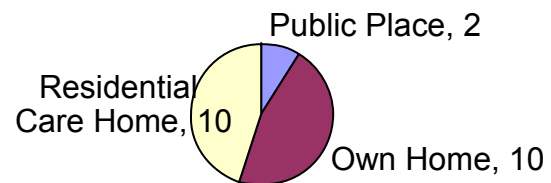


Annex J



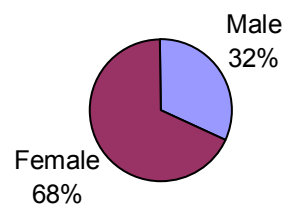
Annex K

**Location of abuse in circumstances where the abuse was substantiated**



Annex L

**Gender of victim in circumstances where the abuse was substantiated.**



Annex M

