



Bracknell Forest Council

**Safeguarding Adults Annual Report
2009/10**

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1. Introduction

- 1.1 In 2000 the Department of Health published guidance to all Councils with Adult Social Services Responsibilities (CASSR's). The report entitled 'No Secrets' set out guidance to local authorities and their partner agencies relating to the safeguarding 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, disclosures or suspicions of the abuse of adults whose circumstances make them vulnerable. Work with partner agencies ensures that effective prevention strategies are developed and implemented. It is also essential that the Council and its partners have in place policies and procedures to enable an effective and timely response to all safeguarding alerts. At the heart of these processes the Council and its partners should also ensure that people at risk are fully involved in achieving desired outcomes.
- 1.4 The Department of Health has undertaken a consultation on the review of 'No Secrets'. Bracknell Forest participated in this process by undertaking a wide ranging survey 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 2009/2010 objectives set out in the 2009 annual report

2009/2010 objectives are in bold with the progress stated directly underneath.

- 2.1.1 ***The Council will review and where appropriate amend all safeguarding procedures to ensure that they complement the personalisation agenda, and that safeguarding adult issues are reflected in the council's approach to personalisation.***

The personalisation approach enables people to be in control over how their social care needs are met. This is achieved through an individual budget which is made up from a person's money including benefits, pensions, savings etc and money provided by social services (direct payments) and other sources such as the Independent Living Fund. An individual budget is spent on what is identified in a person's Support Plan. Bracknell Forest Council has implemented a number of safeguards to help people with their Support Plan. These are:-

- When setting up direct payments Criminal Records Bureau (CRB) checks are offered to those people who are going to employ their own support workers.

- Advice and support is offered when people choose to employ their own support workers in terms of advertising, recruiting, payroll, insurance, appropriate use for the money and accounting.
- The Support Plan should have contingency planning within it in terms of what to do if a support worker is unwell.
- The Bracknell Forest Council Finance Officer will receive quarterly financial returns from the person in receipt of the direct payment and they will monitor the amount of money in the account.
- Effective risk assessment and risk management will form part of the Support Plan.
- All Support Plans will be reviewed at least annually.

The existing Berkshire Safeguarding Adults Policy and Procedures (2008) are currently being reviewed. The revised version will incorporate information and guidance on:-

- Identifying and developing person centred risk management strategies for those people in receipt of an Individual Budget.
- Supporting people to take and manage risks and including help to deal with potential harmful people and situations.
- Balancing the right to self determination with protecting the individual and promoting their safety.
- A pilot scheme ran from July 2009 to January 2010 which helped inform how we revise the Berkshire Policy and Procedures.
- The Council's Overview and Scrutiny Panel has developed a working group to examine the relationship between personalisation and safeguarding. Learning Disabilities Services have provided feedback from the pilot scheme to the Panel.

2.1.2 *There will be an 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.*

- The Bracknell Safeguarding Adults Partnership Board continues to meet bi monthly and is regularly attended by core membership organisations including those from the voluntary sector.
- Bracknell Forest Voluntary Action is a central support for voluntary and community action in Bracknell and local development agency which is non profit making and independent of local and national government. The Chief Executive of this organisation is a core member of the Safeguarding Adults Partnership Board and is able to disseminate information to a wide range of voluntary and community groups across the Borough.
- The Bracknell Safeguarding Adults Forum continues to meet quarterly providing an opportunity for Bracknell Forest Council operational teams, service providers and the voluntary sector to share good practice and learn together through visiting speakers and presentations.

2.1.3 *The Council will ensure all Safeguarding Adults procedures are accessible (e.g. an easy read version) 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.*

- The Council's 'Safeguarding Vulnerable Adults' information leaflet is routinely sent out to all people newly referred to Adult Social Care and Health.
- The Berkshire Safeguarding Adults Policy and Procedures are available on the Bracknell Forest Council website.
- All Personal Facilitators within the Personalisation Team have received the relevant safeguarding training and provide safeguarding advice and information to all those people who have chosen to direct their own support. This is achieved using communication styles appropriate and relevant to the person.
- Two people using this approach have contributed to their own safeguarding process.

2.1.4 *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.*

- The Bracknell Safeguarding Adults Partnership Board is well established and continues to be responsible for locally implementing the Berkshire Safeguarding Adults Policy and Procedures and responding accordingly to national guidance and policy.
- This can be evidenced by the Board's response to the introduction of the Deprivation of Liberty Safeguards in April 2009. The Board was responsible for ensuring that the arrangements for this new legislation were robust.
- The Board scrutinises findings from Serious Case Reviews and ensures that lessons learned are incorporated into the Council's relevant policies and procedures.

2.1.5 *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.*

- The Head of Adult Safeguarding is a core member of the multi agency Domestic Abuse Forum. Safeguarding concerns linked to domestic abuse are channelled either through this forum or directly to safeguarding vulnerable adults contact number. Given the existing arrangements it was decided that Adult Social Care did not need to be part of DART.

2.1.6 *Increase referral numbers 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.*

- There was a 50% decrease in referrals from the Police this reporting year from 8 to 4 referrals.
- However, Thames Valley Police are revising their policy and will ensure that all officers should now receive safeguarding awareness training. They are currently deciding in partnership with Safeguarding Adults Partnership Boards about how this should be delivered. This training should enable police officers to understand safeguarding processes and increase referrals.
- Officers from Specialist Units are now attending Level Two Safeguarding training.

2.1.7 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.

- There has been continued strong representation from health agencies at the Bracknell Safeguarding Adults Partnership Board including Berkshire East PCT, Berkshire East Community Health Services, Berkshire Healthcare NHS Foundation Trust and West London Mental Health Trust.
- There has been a 19% increase (from 16 to 19) in referrals from NHS agencies in 2009/10.
- The Head of Adult Safeguarding has maintained and strengthened links with West London Mental Health Trust and Services (Broadmoor Special Hospital). This has resulted in the Trust updating their current local Safeguarding Adults Policy and Procedures and how this links with the Berkshire Safeguarding Adults Policy and Bracknell arrangements in terms of attendance at the Safeguarding Adults Partnership Board and the Safeguarding Adults Forum. As a result of this there is an expectation that there will be an increase in safeguarding referrals from the hospital's social work team.

2.1.8 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.

- A 'Quality Assurance Monitoring Procedure' has been developed and is being used by Contracts and Brokerage as a tool when visiting residential, nursing and domiciliary care providers for older people.
- To date this tool has been used with 6 out of 16 care providers for older people and has contributed to service improvement.
- Details of how this tool has contributed to services improvement are in Section 5 of this report.

Performance Monitoring

2.1.9 The Care Governance Board will have 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.

- This has been achieved in terms of operational teams responding to and assessing safeguarding referrals within the recommended timescales.

2.1.10 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.

- A Safeguarding Adults case audit was undertaken in May 2009. The audit looked at governance and management overview, assessment and planning, case recording and performance management.
- Heads of Service and Team Managers subsequently developed improvement plans for teams in terms of routinely assessing quality. Plans included the scrutiny of case files during supervision, quality of case recording as an agenda item during team meetings and a rolling six monthly audit of safeguarding case files by the Head of Adult Safeguarding.
- The introduction of the new IT system for safeguarding case recording has provided an opportunity to re-evaluate how quality assurance can be improved. The new system is enabling managers to quality check safeguarding data from their desk tops and remedy poor recording in a more timely fashion.

2.1.11 The new IT system for the keeping of electronic social care and health records, due for implementation in October 2009 will be configured to support a more in-depth analysis of safeguarding adults data.

- The new IT system became operational on March 2010. The new system IAS replaced the previous SWIFT system. The data reporting function is not yet configured although efforts are ongoing for this function to become operational as soon as possible. Therefore, operational teams are manually recording safeguarding data which is collated by the Performance Team.

2.1.12 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

- Analysis of information in relation to equality and diversity issues with safeguarding is undertaken by the Head of Adult Safeguarding alongside the Performance Team. Feedback is provided to operational Team Managers for individual cases and identified trends are discussed with Heads of Service and Chief Officers. In terms of diversity the number of safeguarding referrals this year reflects the population demographics of the Borough.

2.2 Training

2.2.1 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.

A Safeguarding Adults Senior Managers workshop was held in March 2010 and attended by a broad cross section of the core membership of the Bracknell Safeguarding Adults Partnership Board and others. The workshop enabled participants to:-

- Describe the roles and responsibilities of the Bracknell Forest Safeguarding Adults Partnership Board.
- Discuss the implications of 'No Secrets' consultation.
- Demonstrate an understanding of the legal drivers for the safeguarding adults partnership.
- Identify the role of safeguarding adults partners.

- Consider findings from recent national enquiries and inspections of other local authorities.
 - Agree and prioritise areas for action.
- 2.2.2 All staff undertaking safeguarding assessments will have attended level 2 training by March 2010.**
- All staff undertaking safeguarding assessments have attended level 2 specialist training.
 - This has enabled staff to conduct a thorough assessment and investigation once a safeguarding referral has been received, produce assessment reports as requested, monitor existing and identify new risks during the safeguarding assessment and contribute effectively to safeguarding meetings.
- 2.2.3 A rolling programme of training on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) will be developed to ensure that appropriate staff are targeted and attend this training.**
- A Mental Capacity Act Awareness course has been in operation since January 2009 and has targeted internal operational staff and external providers.
 - A Deprivation of Liberty Safeguards for Managers course has also been operational since January 2009 and has also targeted both internal and external managers of residential care homes.
 - Details of frequency and attendance can be found in Section 9 of this report.
- 2.2.4 Potential BIA's have been identified and applications have been submitted to local Universities, their training will be complete by October 2009.**
- Bracknell Forest Council currently has six registered Best Interest Assessors who have all undertaken the relevant training and refresher training.
 - Berkshire East PCT currently has two Best Interest Assessors working in the Bracknell area.
 - This level is sufficient to meet current demand.
 - A protocol has been agreed with Wokingham Borough Council when the need arises for a Best Interest assessor from another authority. This would happen if the DoLS application was received by a care home managed by Bracknell Forest Council.

3 Bracknell Forest Safeguarding Adults Partnership Board

- 3.1 The Bracknell Forest Safeguarding Adults Partnership Board was established in March 2009. A rolling action plan is developed, agreed and monitored throughout the year. The action plan includes specific actions relating to all of the headings contained in this report.
- 3.2 The Board is chaired by the Director of Adult Social Care and Health.
- 3.3 The Board meets bi monthly and is regularly attended by core member organisations including:-

- Bracknell Forest Council
- Thames Valley Police
- Berkshire East PCT
- Berkshire Healthcare Foundation Trust
- West London Mental Health Trust
- South Central Ambulance Service
- Care Quality Commission
- Bracknell Forest Voluntary Action

This membership represents a wide range of organisations working with adults at risk and therefore has the ability to ensure that safeguarding strategies and key messages are disseminated to relevant people and organisations throughout the Borough.

4 Bracknell Forest Safeguarding Adults Forum

- 4.1 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 four 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.
- 4.2 67 people have attended the group over the past year this includes representatives from:-
- Bracknell Forest Council
 - Care Home providers
 - Domiciliary Care agencies
 - Advocacy organisations
 - Berkshire East Primary Care Trust
 - Independent Hospitals
 - Berkshire East Community Health Services
 - Ealing Social Services (Broadmoor Hospital)
- 4.3 A range of external speakers have addressed the Forum including:-
- Domestic Abuse Co-ordinator, Thames Valley Police, who explained how her role links in with the local Safeguarding Boards and the Crime and Disorder Reduction Partnership.
 - Community Safety Manager, Bracknell Forest Council, who explained the six key priority areas in the Crime and Disorder Reduction Partnership Plan and how shared intelligence can lead to the prevention of abuse of vulnerable adults.
 - There was a presentation by Jennifer Kelsey from Just Advocacy who support people with learning disabilities. Jennifer explained the role of an independent advocate.
 - Bracknell Forest Council Human Resources Manager, Paul Young, gave a presentation on the Vetting and Barring Scheme which came into force in January 2009.
 - The Bracknell Forest Head of Adult Safeguarding has provided the Forum with an update on local activity in relation to the Deprivation of Liberty

Safeguards.

5 Care Governance Board (CGB)

- 5.1 The Care Governance Board continues to meet monthly to identify provider services that are of concern and ensure that appropriate management action is taken to address those concerns. There is information from a range of sources that will assist in identifying concerns including Care Quality Commission reports and safeguarding referrals, cautions/alerts from other local authorities or health commissioners of services, safeguarding alerts, complaints and feedback from individual reviews. A 'flagging system' is used to identify if a provider is high risk (red flag), medium risk (amber flag) or low risk (green flag). This then indicates the level and degree of management action to follow.
- 5.2 Significant improvement has been evidenced as a result of Care Governance Board involvement and feedback from the Quality Assurance Framework tool. These improvements include:-
- A care home for older people was found to have information on their residents that was out of date. Person centred care plans with up to date photographs are now in place.
 - A care home for older people was using a handyman who was unregistered to test electrical equipment. Electrical PAT testing is now being undertaken by qualified electrical engineers.
 - A care home for older people was not regularly monitoring the weight of its residents. There is now consistent monitoring of weight leading to GP referrals if a resident's weight fluctuates significantly.
 - There was a marked improvement in the physical appearance of one care home for adults with learning disabilities which had previously looked run down.
 - There was evidence of irregular supervision and appraisal in a care home for older people. There followed a significant improvement in the management approach i.e. Increased supervision, staff development plans, annual staff appraisals and targeted staff training programmes. This home went to move from a one to two star CQC rating.
 - There has been a marked improvement across the board in terms of communication between providers and the local authority resulting in transparency, identification of training needs, greater trust and a more joined up approach.

- 5.3 All agencies/care homes where concerns have been raised are regularly monitored by Contracts and Adult Social Care & Health staff who then proceed to work with the provider to drive up the quality of care. This is achieved by meeting with the provider and developing an action plan with timescales. Once this has been developed and agreed staff will work with the provider to monitor improvements.
- 5.4 Concerns raised at the Care Governance Board are shared with all other commissioning agencies. This is achieved through ensuring that minutes are circulated to health agencies and that information is shared with Contracts/Commissioning leads and safeguarding leads from other local authorities who commission services from the provider in question.

6 Safeguarding Adults Policy and Procedures

- 6.1 The Berkshire Multi-Agency Safeguarding Adults Policy and Procedures (2008) is currently being updated by safeguarding co-ordinators/managers from the six unitary authorities that form Berkshire. The revised procedures will include information on:-
- Mental Capacity Act (2005) including the Deprivation of Liberty Safeguards
 - Processes for learning from Serious Case Reviews
 - The links between Serious Untoward Incidents and Serious Case Reviews
 - Safeguarding and the Personalisation agenda
 - Community Safety agenda and how this links to safeguarding
 - Multi Agency Risk assessment Conferences (MARAC)
 - Multi Agency Public Protection Arrangements (MAPPA)
 - The role of the Independent Safeguarding Authority
 - 'No Secrets 2'
- 6.2 The Bracknell Forest internal guidance are currently being revised to incorporate learning from audits of safeguarding work and to guide staff in the recording of the safeguarding process using the new IT system safeguarding module.

7 Strategic Developments

- 7.1 In order to strengthen our approach to safeguarding the Council has invested additional resources to create a new post developed from the Safeguarding Adults Co-ordinator entitled Head of Adult Safeguarding. This post was successfully recruited to in March 2010. This post holder is responsible for representing the Council on a range of strategic partnerships in relation to safeguarding adults, ensuring that internal safeguarding systems are responsive and effective, analysing safeguarding data and developing plans to address identified trends.
- 7.2 The Head of Adult Safeguarding is in the process of recruiting a Safeguarding Adults Development Worker. The post holder will be responsible for working with operational teams to ensure that their safeguarding practice is

consistent, person centred and outcome focussed. The post holder will also work with providers to ensure that their internal safeguarding processes are robust and effective. The post holder will also work with the Central Unit for Learning and Development to ensure that safeguarding training is being delivered appropriately and effectively.

- 7.3 The publication of the Multi-Agency Workforce Development Strategy 2010-12 provides the strategic direction to ensure that East Berkshire has a workforce that can identify and respond in a confident manner to safeguarding adults issues.

8 Performance Monitoring

- 8.1 Audits have been undertaken with all Adult Social Care & Health Teams in terms of compliance with the Mental Capacity Act. This has resulted in SMART action plans for practice improvement which are currently being reviewed. Actions included:-
- Ensure that all applications for 24 hour EMI care include a Mental Capacity assessment and referral to Independent Mental Capacity Advocacy (IMCA) Service if appropriate. The Mental Capacity Act (2005) provides a statutory framework for acting and making decisions on behalf of individuals who lack the mental capacity to do so for themselves.
 - Consideration of capacity to be undertaken and recorded for all people in relation to assessment, care planning and reviewing. If there is doubt then an assessment of mental capacity would need to be undertaken.
- 8.2 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.
- 8.3 Six monthly performance reports are presented to the Safeguarding Adults Partnership Board.

9 Training

- 9.1 Progress on Safeguarding Adults training has been significant during the period of this report. 95.7% of all staff working within Adult Social Care has now received safeguarding training to an appropriate level. A session was cancelled in January this year due to the snow. This has now been rescheduled. It would be improbable to achieve 100% given adverse weather, staff sickness and staff turnover.
- 9.2 Of the 45 external organisations/agencies from which Bracknell Forest Council commissions services a sample of 15 were contacted regarding relevant safeguarding training undertaken by their staff in this reporting year.

7 of these reported a 100% return. The lowest reported return was 66% from an organisation employing less than 10 staff. This service has now been prioritised for further training. The average was 92%. The aim is to improve on this average.

- 9.3 26 out of 33 in house managers have attended training for 'Safer Recruitment'. A further session has been scheduled for the remaining 7. The Safer Recruitment policy is currently being updated to include the work and role of the Independent Safeguarding Authority (ISA) including the Vetting and Barring Scheme. Bracknell Forest Council has so far referred one person to the ISA.
- 9.4 200 people have attended DoLS awareness training of which 65% were from external organisations.
- 9.5 80 Managers/Supervisors have attended Mental Capacity Act training of which 90% were from external organisations.
- 9.6 There is an ongoing rolling monthly programme of Safeguarding Level 1 Awareness training.
- 9.7 Level 1 safeguarding training is aimed at all staff, carers, people who use services and volunteers to enable them to recognise evidence and indicators of abuse and report concerns about abuse using appropriate systems.
- 9.8 Level 2 training is aimed at qualified staff in the Adult Social Care and Health department enabling them to conduct safeguarding investigations and assessments.
- 9.9 Level 3 training is aimed at operational team managers and assistant team managers enabling them to make sound and consistent safeguarding decisions.
- 9.10 A new contract has been agreed with Matrix Training Associates who have been commissioned to provide level 2 and level 3 Safeguarding training for practitioners and managers/supervisors.
- 9.11 The Safeguarding Workforce Strategy 2010-12 has been produced in conjunction with the Safeguarding Adults Partnership Boards of Slough Borough Council and Royal Borough of Windsor & Maidenhead and provides clear strategic direction regarding training for all agencies and people working with adults at risk.

10 Mental Capacity Act 2005

- 10.1 To ensure compliance with the Mental Capacity Act and the associated Codes of Practice, a rolling programme of audit is ongoing. The outcomes of the audit are shared with the Departmental Management Team and recommendations from the audit reports are implemented.
- 10.2 There are specific circumstances under which Local Authorities must engage an IMCA:

- When considering a residential placement for an individual who has been assessed as not having the capacity to make this decision and there are no family or friends available to support them in this decision.
 - When decisions are needed regarding the provision, withholding or stopping of serious medical treatment and there are no family or friends available to support them with this decision.
 - When someone may need to be deprived of their liberty.
 - Local Authorities have a discretionary power to engage an IMCA in Safeguarding Adults investigations even if there are family members or friends involved.
- 10.3 Bracknell Forest is a member of the Berkshire Implementation Network (BIN) for the Mental Capacity Act. A pooled budget is in place to commission both training and the IMCA service across Berkshire.
- 10.4 The training programme relating to Mental Capacity Act will continue in 2011/12 to ensure that all new staff are appropriately trained.
- 10.5 During 2009/2010, 24 referrals were made for an IMCA. This is a 140% increase from last year. This increase can be attributed to the increased awareness and understanding of the IMCA role and when to make an application. Referrals (numbers in brackets) were in relation to people with:
- Mental Health issues (2)
 - Learning Disabilities (22)
 - Older Adults (1)
 - Physical Disability (1)

The IMCA service provides detailed information regarding these referrals and this is available from the Head of Adult Safeguarding.

11 Deprivation of Liberty Safeguards (DoLS)

- 11.1 The Deprivation of Liberty Safeguards were implemented in April 2009. The safeguards apply to adults in a care home or hospital setting 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. There is no simple definition of deprivation of liberty. The question of whether the steps taken by staff or institutions in relation to a person amount to a deprivation of that person's liberty is ultimately a legal question, and only the courts can determine the law. The Deprivation of Liberty Safeguards Code of Practice assists staff and institutions in considering whether or not the steps they are taking, or proposing to take, amount to a deprivation of a person's liberty. The deprivation of liberty safeguards give best interests assessors the authority to make recommendations about proposed deprivations of liberty, and supervisory bodies the power to give authorisations that deprive people of their liberty.
- 11.2 It is the role of Best Interest Assessor (BIA), whose responsibility it is to undertake six assessments with an appropriately trained Doctor for the purpose of assessing 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. The six assessments are:-

- **Age assessment (BIA)** – The purpose of the age assessment is to confirm whether the relevant person is aged 18 or over
- **No Refusals assessment (BIA)** – The purpose of the no refusals assessment is to establish whether an authorisation to deprive the relevant person of their liberty would conflict with other existing authority for decision making for that person e.g. an advance decision to refuse treatment.
- **Mental Capacity assessment (BIA or Doctor)** – The purpose of the mental capacity assessment is to establish whether the relevant person lacks capacity to decide whether or not they should be accommodated in the relevant hospital or care home to be given care or treatment.
- **Mental Health assessment (Doctor)** – The purpose of the mental health assessment is to establish whether the relevant person has a disorder within the meaning of the Mental Health Act 1983
- **Eligibility assessment (BIA)** - This assessment relates specifically to the relevant person's status under the Mental Health Act 1983. If they are already detained under the Mental Health Act DoLS would not be used
- **Best Interests assessment (BIA)** – The purpose of this assessment is to establish, firstly, whether deprivation of liberty is occurring and, if so, whether it is the best interests of the relevant person to be deprived of liberty, it is necessary for them to be deprived of liberty in order to prevent harm to themselves and deprivation of liberty is a proportionate response to the likelihood of the relevant person suffering harm and the seriousness of that harm

- 11.3 There have been far fewer DoLS applications than was originally anticipated by the Department of Health. This is the national picture and is reflected in Bracknell (9 applications to date). Therefore a recent scoping exercise has been undertaken with Bracknell care homes by Best Interest Assessors to gauge their understanding of DoLS and ability to make appropriate applications to Bracknell Forest Council who are the Supervisory Body.
- 11.4 This exercise indicated that there remains some gaps in training and awareness in terms of Deprivation of Liberty Safeguards and has resulted in the Head of Adult Safeguarding developing an action plan to address these gaps.

12 Statistical Analysis

Care Team	Referrals 08/09	Referrals 09/10	Decrease/ Increase %	Outcome	Comment
Community Team for People with a Learning Disability	59	49	-17%	Partly Substantiated 1	Please refer to 12.3
				Substantiated 27	
				Inconclusive 20	
				Ongoing 1	
Community Response and Re-ablement	108	37	-66%	Unsubstantiated 5	Please refer to 12.3
				Substantiated 10	
				Partly Substantiated 1	
				Inconclusive 18	
Community Mental Health Team	17	12	-29%	Substantiated 5	Please refer to 12.3
				Inconclusive 7	
Community Mental Health Team (Older Adults)	11	5	-55%	Substantiated	Please refer to 12.3
				Inconclusive 4	
Older People and Long Term Conditions Team	19	43	126%	Unsubstantiated 8	Please refer to 12.3
				Substantiated 17	
				Inconclusive 14	
				Ongoing 4	
Personalisation Team	N/A	1		Inconclusive 1	Please refer to 12.3
All Care groups	214	147	-31%	Unsubstantiated 13 Substantiated 60 Partly Substantiated 2 Inconclusive 64 Ongoing 8	Please refer to 12.1

- 12.1 The overall picture of safeguarding activity in Bracknell in 2009-10 is that there has been a 30% decrease (from 213 to 147) in referrals compared to the last reporting year. This decrease can be attributed to a number of factors detailed elsewhere in this report. However, pertinent factors to consider are:-
- Care Governance Board decisions not to make placements in poor performing homes, whilst working with these homes to improve standards. This has had a significant impact on the reduction in referrals.
 - Three care homes have improved from a one to two star CQC rating which would indicate improved safeguarding arrangements within the home.
 - The experience of Level 3 trained Designated Safeguarding Managers within each of the operational Adult Social Care & Health teams has meant that decisions are now being taken about whether a safeguarding alert needs to be progressed to a safeguarding referral or that it can be managed safely through effective care management and robust risk assessment/risk management. In previous reporting years the vast majority of safeguarding alerts were progressed through the safeguarding process, sometimes unnecessarily. The Department of Health has said that the safeguarding process should be one of many options in ensuring that people at risk are effectively safeguarded.
- 12.2 **Annex A** indicates that 41% of all referrals were substantiated. This is a significant increase compared to last year, from 23 to 60. Given that there was also a 30% decrease in referrals it indicates that safeguarding referrals are now being appropriately processed and investigated/assessed thoroughly and effectively by practitioners alongside partners from Thames Valley Police where relevant.
- 12.3 **Annex B** illustrates referrals by receiving team. There is a far more even distribution of referrals into different teams this year indicating team's improved ability to accept and progress safeguarding referrals. In the last reporting year 50 % of referrals were progressed through the Community & Re-ablement Team who provided the initial point of contact. This year the team have been able to take down the initial contact details and then pass the alert to the relevant operational team.
- 12.4 **Annex C** provides information in relation to the category of the alleged abuse. The picture is broadly similar to that of last year with physical abuse most prevalent - 33%, followed by financial abuse - 23%, psychological abuse - 15% and neglect - 14%.
- 12.5 **Annex D** illustrates the source of referrals. There has been an increase in referrals by people receiving services and friends/ relatives. This would indicate an increased awareness of safeguarding arrangements in the Borough. The aim is for this trend to continue.
- 12.6 **Annex E** highlights the alleged perpetrators relationship with the vulnerable adult. The two most prevalent categories continue to be family members (34%) and care staff (33%) who account for 67% of all referrals which is the same as last year (32% and 35% respectively). This is unsurprising as the majority of people who are at risk are either living in a care home or with families.

- 12.7 **Annex F** shows the location of the alleged abuse. The majority of alleged abuse continues to happen in a person's home. There has been a significant decrease (from 56 to 17) in alleged abuse occurring in registered care/nursing homes. This would indicate that safeguarding training strategies and the work of the Care Governance Board have influenced the practice in these commissioned services. The aim is to continue with this trend.
- 12.8 **Annex G** provides detailed information on substantiated allegations by receiving team and category of abuse and reflects the increase in substantiated abuse illustrated in Annex A.
- 12.9 **Annex H** provides information on the source of referrals in relation to substantiated allegations and the perpetrators relationship with the victim. There has been a significant increase across all sources of referrals where abuse was substantiated.
- 12.10 **Annex I** provides information on the location of where the abuse was substantiated and the victim's gender. A new category of 'supported living' has been added for this reporting year which reflects the Council's drive to encourage people especially those with learning disabilities to receive support in their own home. There have been 7 safeguarding referrals in this category.
- 12.11 **Annex J** provides the ethnicity of victims of substantiated abuse. This is under representative of the Borough's population demographics and would suggest that these communities may need to be targeted in terms of raising awareness.

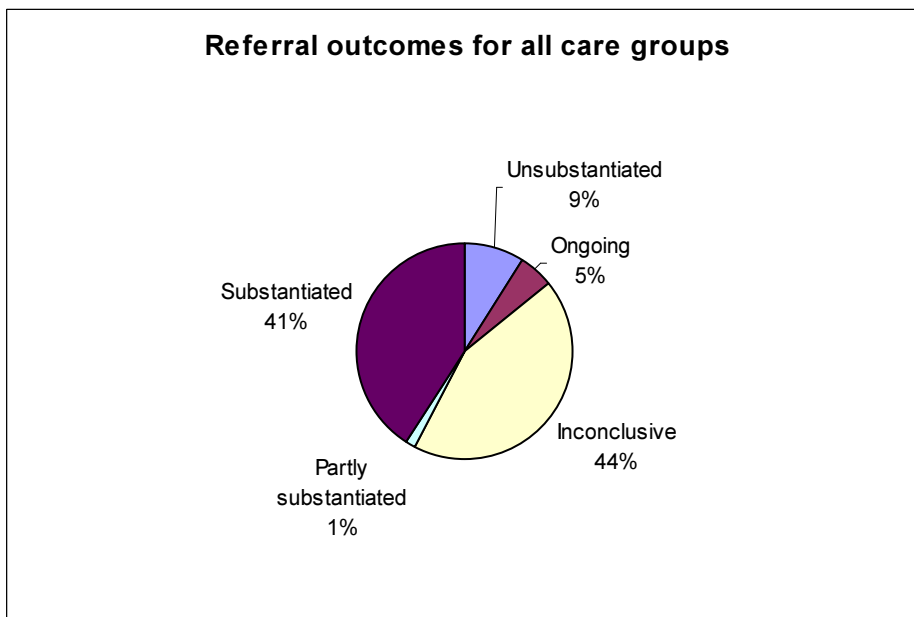
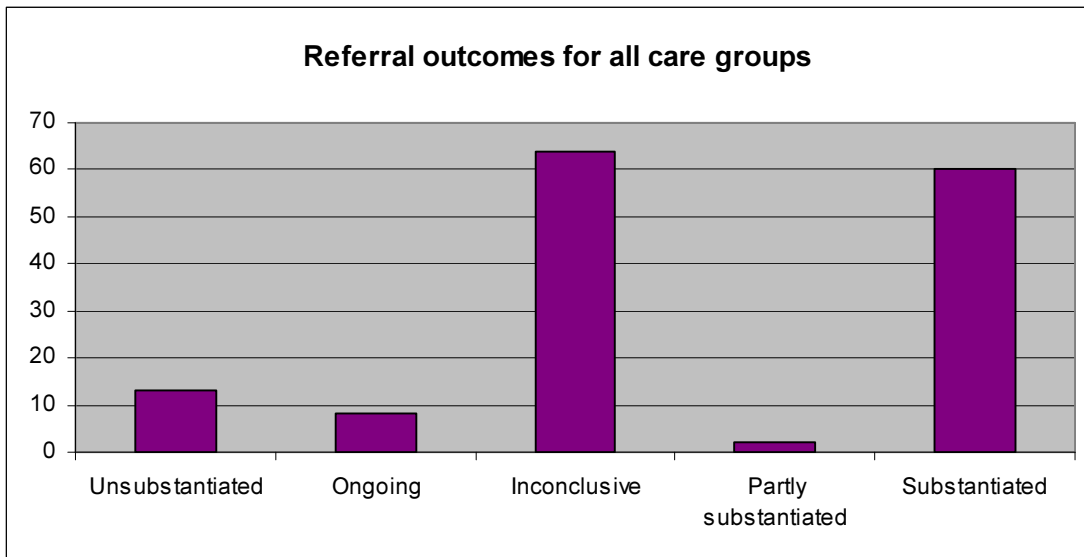
13 Objectives for 20010/11

1. **To review the Berkshire Safeguarding Adults Policy and Procedures (2008).** Consideration will be given to a web based version which would enable updates to be inserted more easily and frequently. This will inform and enable all stakeholders interested or involved in protecting adults at risk to have quick and easy access to the policy and procedures. This will also enable people who may be at risk of abuse to understand how we are trying to prevent abuse and also how we will respond should abuse occur. **The goal is for this to have been achieved by March 2011.**
2. **A Serious Untoward Incident/Serious Case Review Protocol to be developed in conjunction with South Central Strategic Health Authority, Berkshire East PCT and Berkshire East Local Authorities.** This will provide an explanation and pathway detailing how these two investigatory processes interact and what this means for people who use health and social care services. **This will be in place by December 2010.**
3. **To work in partnership with health agencies and other local authorities in Berkshire East to use Contracts and Commissioning processes to ensure that adults are appropriately safeguarded when using services commissioned by Berkshire East Primary Care Trust, Berkshire Healthcare Foundation NHS Trust and Berkshire East Local Authorities.** This will ensure that adult safeguarding requirements are clearly set in contracts for commissioned services and that monitoring arrangements and response to safeguarding concerns are collectively shared. People who use

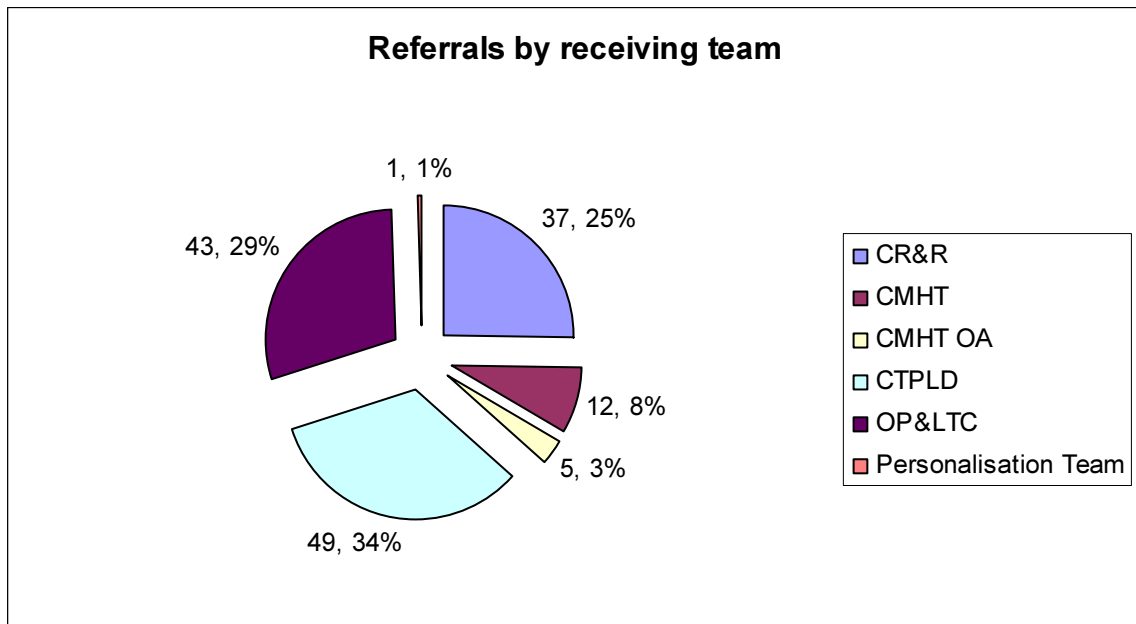
services will be able to expect a consistency amongst health and social care agencies. **This will be achieved by March 2011.**

4. **To ensure that there is a consistent quality of safeguarding training being delivered across Berkshire East to establish shared standards.** This will mean that people who use services can expect stability across Berkshire East in terms of training the caring workforce and volunteers that provide services. It will also create a consistency amongst those staff who are responsible for responding to allegations, disclosures and suspicions of abuse. **This objective is ongoing and will be monitored quarterly by the Berkshire East Directors of Adults Social Services, Independent Chairs of Safeguarding Adults Partnership Boards and local authority Safeguarding Leads.**
5. **To ensure that all providers of care homes in Bracknell receive the appropriate training and support in terms of the Deprivation of Liberty Safeguards.** This will provide care staff and managers with the knowledge to ensure that no Bracknell care home resident is being unlawfully deprived of their liberty. **This is a rolling programme of training which will be monitored through the Bracknell Forest Adult Social Care & Health Departmental Management Team (DMT) and the Bracknell Forest Safeguarding Adults Partnership Board.**
6. **Revision of the Council's safeguarding adults staff guidance incorporating the new IT system safeguarding module.** This will enable Adult Social Care & Health staff to effectively record safeguarding processes and evidence decisions allowing quality assurance, analysis and identification of trends. **This will be achieved by October 2010.**
7. **Consideration to be given that all Council employees undertake mandatory Safeguarding Awareness training.** There are a number of departments and teams within the Council, outside of Adult Social Care & Health, who have contact with vulnerable people as part of their daily jobs. An increased awareness of safeguarding across all Council employees would further protect vulnerable people with the Borough. **This will be achieved by October 2010.**
8. **A review to ascertain which Council employees are required to undertake a Criminal Records Bureau (CRB) check.** There are a number of roles within the Council that have access to confidential personal information. A review of those roles that are currently, or need to be, CRB checked would contribute to the safeguarding of personal information held by the Council. **This will be achieved by December 2010.**
9. **Raise safeguarding awareness with BME communities in Bracknell Forest.** These communities have been under represented in terms of safeguarding referrals. **This objective is ongoing and will be monitored bi monthly by the Safeguarding Adults Partnership Board.**

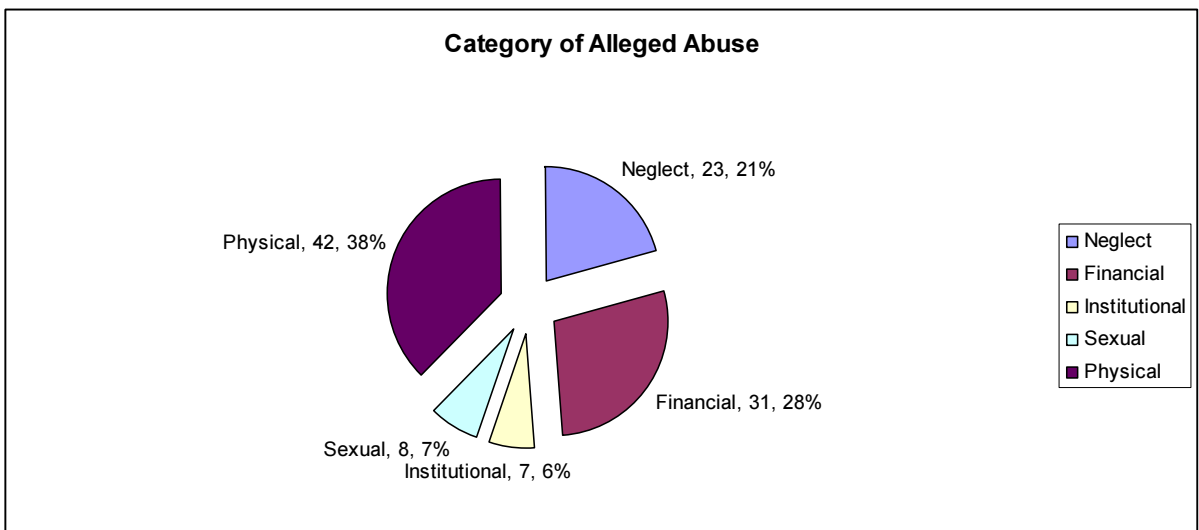
Annex A



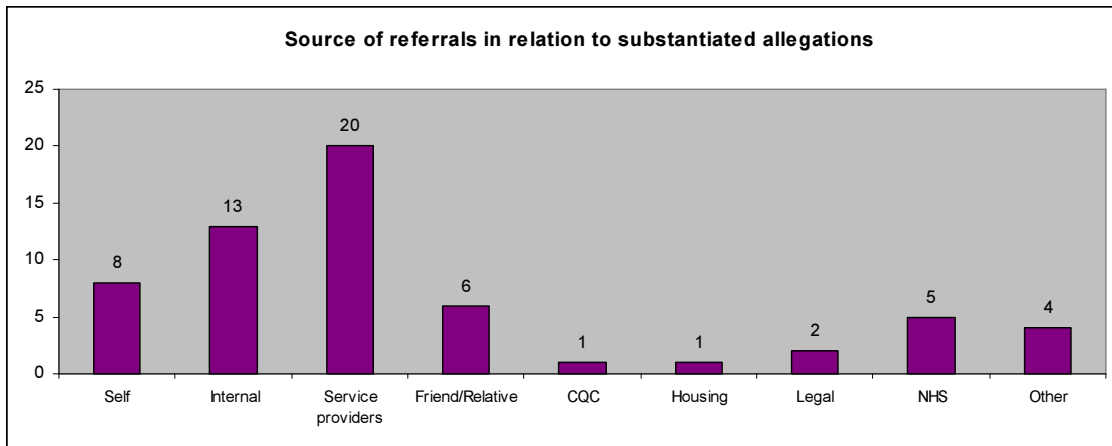
Annex B



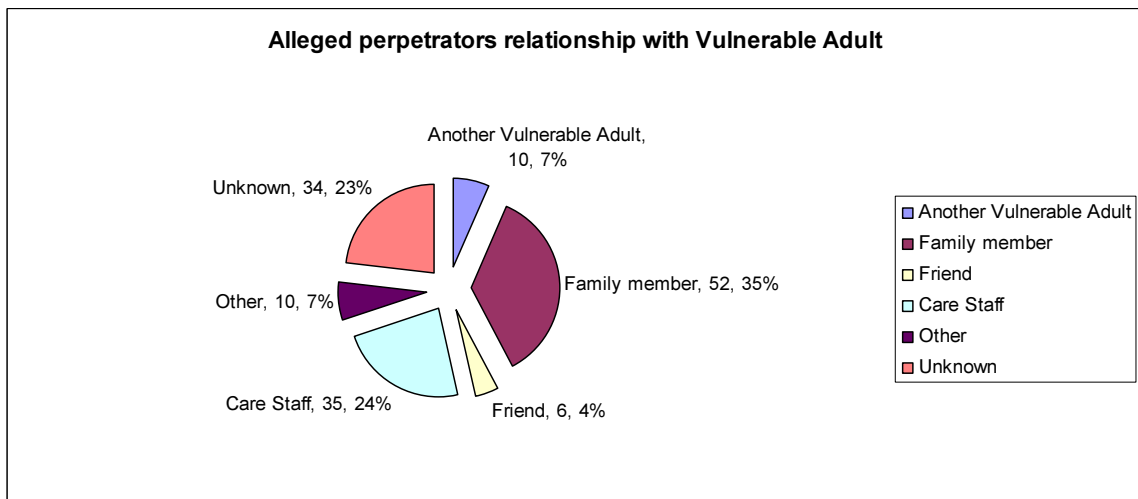
Annex C



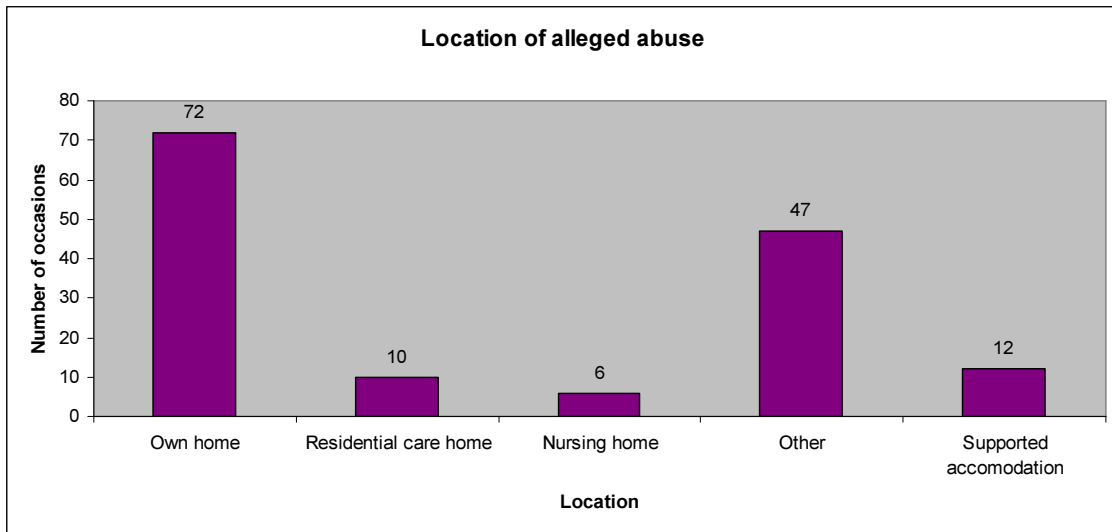
Annex D



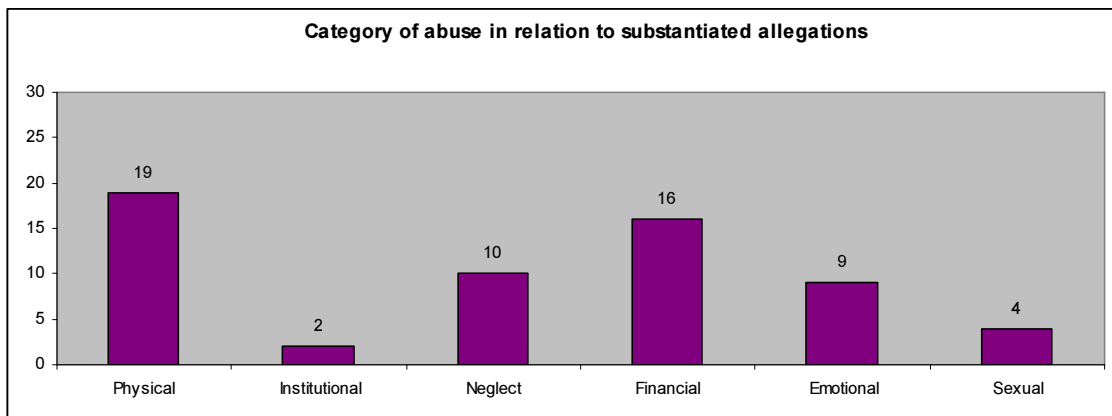
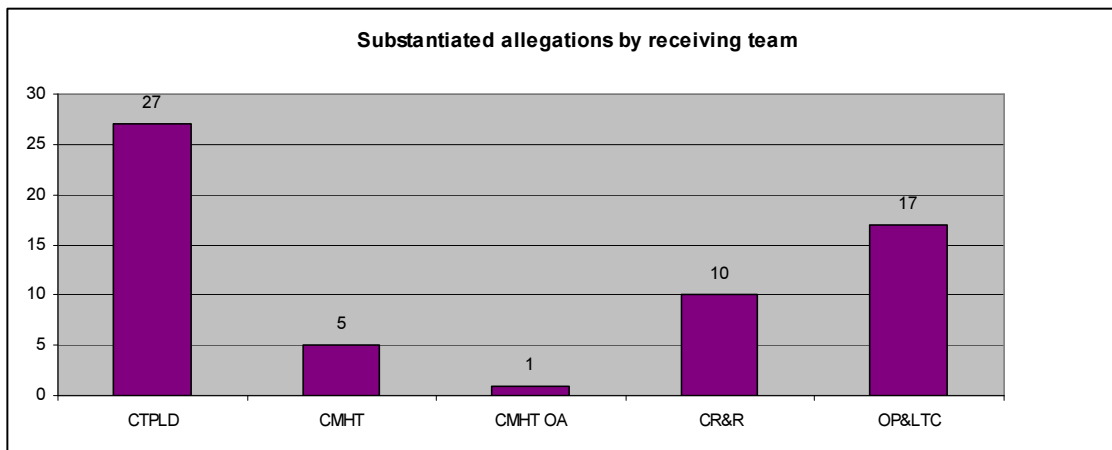
Annex E

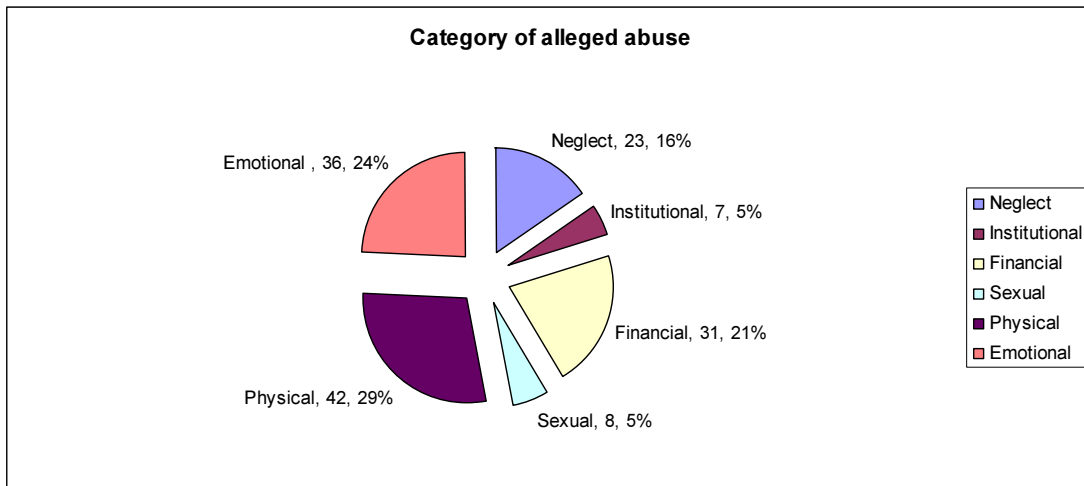


Annex F

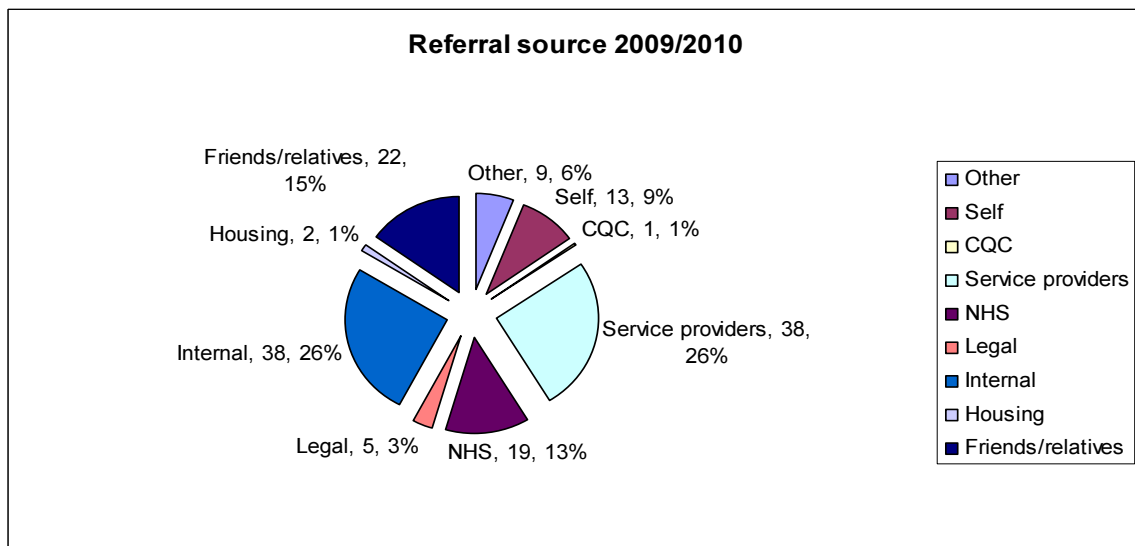


Annex G

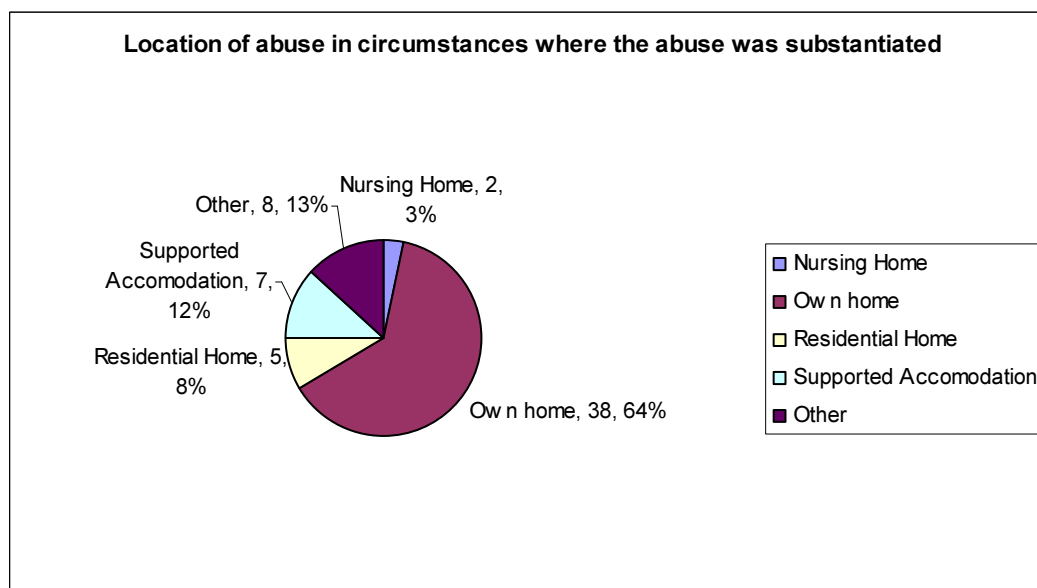


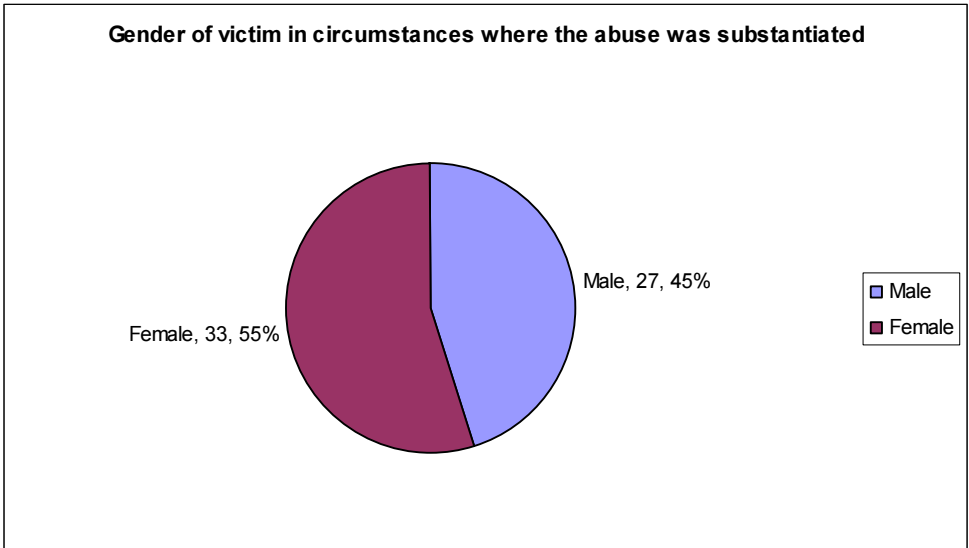


Annex H



Annex I





Annex J

