

# Safeguarding adults in Torbay

Annual report

.....  
**2012**

Safeguarding  
**Adults**



# Not all abuse happens to children...

Every day, vulnerable adults are physically, psychologically, financially or sexually abused, discriminated against or neglected by others. And every day, people witness this and say nothing.

## Who is a vulnerable adult?

Vulnerable adults are aged 18 years and over who may be unable to:

- Take care of themselves
- Speak out for themselves
- Protect themselves against abuse or exploitation

They may depend on other people or a service to support or care for them.

## What is abuse?

As with children, abuse is any behaviour towards a person that deliberately or unknowingly causes him or her harm, endangers life or violates their rights.

As with children, abuse may be:

- Physical
- Sexual
- Emotional/psychological
- Neglect

Other forms of abuse may also be directed at adults. For example:

- Financial or material – stealing or denying access to money or possessions
- Discrimination – abuse motivated by discriminatory attitudes towards race, religion, disability, cultural background
- Institutional – neglect and poor professional practice within hospitals, and in care and nursing homes

## Where does abuse happen?

Abuse can happen anywhere, including:

- At home
- In a care home
- In a day centre
- At work
- At school or college
- At a hospital, health centre or surgery
- In a public place or in the community

## Who abuses?

Anyone can abuse. The abuser might be a partner or family member, friend, work colleague, neighbour, acquaintance or stranger.

Abusers can also be people in positions of trust and power, such as health or social care professionals, or paid or voluntary care workers.

## What should you do if you suspect abuse?

Full details of what to do are on the back cover of this report.

# Introduction from the Chair

## Safeguarding Adults

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Adult social care is often in the public eye for one reason or another. No one can or should forget the harrowing criminality witnessed at Winterbourne View.

The impact such abuse had on those directly involved and the fear it created in others cannot be underestimated; a reminder, if ever needed, that abuse happens to adults as well as children.

Advances in our understanding of conditions such as Alzheimer's disease and other illnesses mean that better, more-focused care, is helping people to live longer and to lead more-fulfilling lives.

This is wonderful, but there is no doubt that it places greater demands on local health and social care organisations. Pressures resulting from unemployment, poverty, and alcohol or drug misuse are also placing increasing demands on overstretched agencies.

Torbay Safeguarding Adults Board works closely with those agencies to better safeguard those who are most vulnerable in our society. Through the Board, we monitor the performance of agencies that each contribute to ensuring that vulnerable adults are properly supported.

In this Annual Report you will see how this tireless work has achieved some excellent results, and how individuals working together are making vulnerable adults safer in Torbay.



Bob Spencer  
Chair  
Safeguarding Adults Board

# Partnership and principles

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The Torbay Safeguarding Adult Partnership has a zero-tolerance approach to abuse. Every person has the right to live a life free from abuse and neglect. It is everyone's business to ensure that we work together as a community to support and safeguard the most vulnerable in society.

The Torbay Safeguarding Adults Board continues to develop and establish strong partnerships to ensure that those most vulnerable are safe, and free from fear, harm and neglect. We recognise that this will not be achieved in isolation, but by working collaboratively as responsible partners and with others in society who will have a key part to play in protecting those most vulnerable.

The overarching principles set out in Government policy for safeguarding vulnerable adults (May 2011) are fully supported by the Torbay SAB. These are:

- Empowerment – Presumption of person-led decisions and informed consent
- Protection – Support and representation for those in greatest need
- Prevention – It is better to take action before harm occurs
- Proportionality – Proportionate and least-intrusive response appropriate to the risk presented
- Partnership – Local solutions through services, working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- Accountability – Accountability and transparency in safeguarding

The Board has continued to show commitment to the priorities in its terms of reference, with each member taking responsibility for their role in achieving these essential standards for safeguarding adults.

## Who's represented on the Board?

Membership of the Safeguarding Adults Board includes senior representatives from all partner agencies, including the director responsible for safeguarding adults within Torbay and Southern Devon Health and Care Trust, the lead agency for safeguarding adults in Torbay.

A full list of members can be found on our website. See:

[www.tsdhc.nhs.uk/ourservices/safeguardingadults](http://www.tsdhc.nhs.uk/ourservices/safeguardingadults)

# Our main work during 2012

## **Safeguarding: How we protect vulnerable adults**

We received 434 safeguarding alerts during 2012, compared with 244 during 2011. Alerts are contacts where there is concern that a vulnerable person is, or might be, a victim of abuse. This is a significant increase, resulting from the sustained work that has been done to raise awareness of safeguarding. In 2012, 181 of these alerts progressed as referrals requiring further investigation. This compares with 158 in 2011. Often, these concerns will involve more than one type of abuse.

## **What happens when an adult alert is received?**

We aim to ensure that the adult at risk is at the centre of all we do, working to ensure that their wishes are taken into consideration when we develop plans to keep them safe. We aim to decide to how to respond to alerts within 48 hours of receipt

When an alert is received by the safeguarding team, we will decide if the vulnerable person requires safeguarding or if they can be supported outside the safeguarding service.

If the alert is assessed as meeting a safeguarding criterion (referral), we hold a strategy meeting within five working days whenever possible. At this meeting, any necessary investigations are planned and initial arrangements are reviewed to ensure that the person is safe during the investigation. By December 2012, we were holding 80 per cent of strategy meetings within five days.

We aim to hold a case conference to discuss the investigation within a further 20 days, and to make recommendations for the next steps to ensure that the person is protected. Case conferences are repeated as frequently as

necessary. Sometimes it is decided that no further action is required under a safeguarding process.

The person involved is usually part of the case conference, so they are fully aware of what is happening. If not, they are informed afterwards.

The outcome of the case conference is discussed with partner agencies, which work together throughout to provide the best service to the people at risk.

We have continued to improve the number of case conferences held within 20 days. From holding just 13 per cent of case conferences within 20 days in 2010 and 33% in 2011, we held 83% within timescale in 2012. This confirms that the foundations referred to in last year's report have been successful in improving our performance in this area.

We are constantly working to improve the service we provide. Having made significant improvements in 2012, we are continuing to monitor performance on a monthly basis and to identify areas for improvement wherever possible.

## **Professional forums: Shared learning and ideas**

The safeguarding team held professional forums throughout 2012. These are designed to share learning and look at the development of services in safeguarding, with professionals from all partner organisations. They are also opportunities to keep frontline staff informed of local, regional and national developments in safeguarding practice and policy.

The professional forums' focus included feedback and reflection on the Winterbourne View Serious Case Review, a presentation by the police local public protection unit on 'mate crime' and financial abuse, local service development information and case law updates.



## Induction sessions

Councillors' induction sessions were held in Torbay with the Safeguarding Children service. This enabled newly-elected and existing members of the council to understand the systems in place for safeguarding vulnerable people, and how they should respond to individuals with concerns.

## Torbay Safeguarding Adults Single Point of Contact (SPOC)

Torbay SPOC is designed to ensure that all safeguarding alerts and concerns are handled in a consistent way, and acted upon in accordance with local multi-agency policies and procedures, and with regional Association of Directors of Social Services (ADASS) guidance.

The team has a number of functions, including:

- To act as a single point of contact in Torbay for people who wish to raise an alert or concern that an adult may be at risk, as defined by the Department of Health's 'No Secrets' framework
- To assess alerts or concerns, and determine if they meet a threshold for safeguarding adult procedures
- Where an immediate risk of significant harm or exploitation had been identified, to prioritise and pass to the appropriate agency for implementation of an immediate protection plan
- To pass ownership, to the appropriate team, of alerts that are deemed not to meet safeguarding thresholds

**Should you have a concern that a vulnerable adult may be at risk of significant harm or exploitation, please contact SPOC by phoning:**

- 01803 219888 on weekdays, 9am-5pm
- 01803 524519 at all other times

## Learning lessons: Serious case review and appreciative inquiry

The aim of a serious case review (SCR) is to understand the factors which have contributed to the death, abuse or impairment of an adult at risk's health and development; and to use the lessons learnt to improve practice, thereby reducing the number of local fatalities and serious injuries.

Following the SCR covered in last year's report, a the Safeguarding Adult Board held a 'local lessons learnt' event to inform and support frontline health and social care practitioners.

The Board also commissioned an appreciative inquiry following a serious incident. Recommendations have been made available to the Serious Case Review Sub Group of the Safeguarding Adults Board.

## Training: Doing it right

A new training strategy and programme was approved by the Torbay Safeguarding Adults Board in 2012. The programme links with national core competency and compliance frameworks for Safeguarding Adults and allows for training from induction to strategic roles in safeguarding adults. The programme includes

### Induction training (level 1)

Induction training is designed to enable all staff to develop an awareness of adult abuse and their roles in protecting people from abuse. The key theme at this level of training is, 'If you see something, say something'. Our aim is deliver this training to all staff; there is evidence that we have reached a greater number this year than ever before.

### Alert training (level 2)

This is split into two parts, dependent on people's roles, and is delivered either face-to-face or via

e-learning. Key themes include how to respond to a disclosure or a concern, how to recognise indicators of abuse, and where to report a concern.

It also provides a basic introduction to the Mental Capacity Act 2005, which is a key piece of legislation for all health and social care staff (see page 10).

### **Advanced practitioner training (level 3)**

This is targeted at those who are likely to play a role in safeguarding adults. Building on the alerter training, the course highlights safeguarding benchmarks, different stages of the safeguarding process and the importance of partnership working. It also explores key themes such as person-centred practice, consent, risk-assessment and self-neglect.

### **Investigator training**

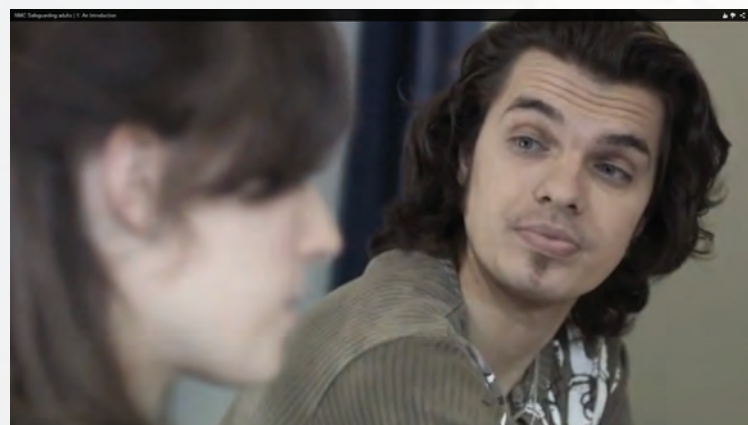
This is available to those likely to play a lead investigator role in a safeguarding process. Building on the advanced training, participants gain a clear understanding of the role of an investigator and the different stages of an investigation, and develop competence in undertaking interviews and co-working with partner agencies.

The Trust also undertook a variety of bespoke training sessions and 'lessons learnt' events in 2012, and will be expanding on this in 2013. Further sessions are planned on chairing skills, forums have been set up for minute-takers, and further sessions will be held relating to investigations in whole homes and on a large scale.

Individual agencies also provide training to their staff in safeguarding practice, including care homes within Torbay.

General awareness training is supported with introductory films produced by the UK Nursing and Midwifery Council, which can be viewed at:

<http://www.nmc-uk.org/Nurses-and-midwives/safeguarding-film-one-an-introduction/>



In 2012 all care homes were sent a copy of this film, as well as additional links to training resources for safeguarding.

### **Sub-group reports**

Torbay Safeguarding Adults Board has a range of sub-groups, which meet to work on particular aspects of our business. The following groups were in place during 2012/13.

#### **1 Awareness and communication**

This sub-group is responsible for developing and implementing the Communication Strategy for both children's and adults' safeguarding boards in Torbay. This includes improving inter-agency communication, raising public awareness and working with the local media, in addition to developing links with different communities and faith groups.

The group arranged an awareness-raising event in November 2011, and has produced a leaflet aimed at raising awareness of child and adult abuse for distribution across the Bay.

Further initiatives are under consideration to provide local people with the information and advice they need to protect themselves against

possible future abuse. This might include putting plans in place to secure their financial affairs through a Lasting Power of Attorney and other practical steps.

## **2 Systems and practice**

The Systems and Practice Sub-group continued to work on improving standards and monitoring performance on behalf of the Safeguarding Adults Board.

This multi-agency sub-group has developed a comprehensive business plan for the Board, which will provide work plans for the sub-groups that are aligned and work together to achieve goals.

Further details are available on our website. See: [www.torbaycaretrust.nhs.uk/ourservices/SafeguardingAdults](http://www.torbaycaretrust.nhs.uk/ourservices/SafeguardingAdults)

## **3 Experts by experience**

Our members remain committed to the role of the service user sub-group for the Board, as reflected in the work undertaken this year. The group has been represented at internal safeguarding events and at intelligence-sharing workshops which were led by our police colleagues.

We have continued to meet and to expand our links with our regional safeguarding service user colleagues. The regional group is compiling information to give an overview of the region's service user sub-groups, and is looking to meet again to form a work plan.

During the year, members conducted phase one of a qualitative evaluation to understand the safeguarding process from the vulnerable adult's perspective. The outcomes from this work are to provide service user-led information, which will inform the strategic and operational plans of Torbay Safeguarding Board.

A report and recommendations from the evaluation were compiled by the Experts by Experience members and presented to

the Safeguarding Adult Board. We are now commencing on phase two of the evaluation with older people.

Safeguarding and personalisation are priorities for the Experts by Experience group and again we look forward to supporting and contributing to the Adult Safeguarding Board in the forthcoming year.

A more-detailed account of our work is included in the next section of this report.

## **Serious Case Review Group**

The Serious Case Review Group has overseen several Serious Case Reviews during 2012, as commissioned by the Safeguarding Adults Board. The recommendations from each review have been considered carefully, with plans in place to take learning forward to improve our practice and processes for the future.

A staff seminar was held regarding the outcomes of one such review, which was very well attended.



# The experience of service users

Torbay Safeguarding Adult Board is very pleased with the work carried out by the Experts by Experience Sub-group this year, and plans to use it to develop and improve practice. Here, we look in more detail at the work they have done so far.

## Introduction

This piece of work seeks to look at the reality of going through the safeguarding process from the vulnerable adult's frame of reference. This evaluation uses a qualitative framework, using words rather than numerical data.

## Purpose

The study has been developed in response to the Department of Health's statement of Government policy on Adult Safeguarding. The intended outcomes are to provide high-level, service user-led information which will inform strategic and operational plans of the Torbay Safeguarding Adult Board.

## Process

At the outset of the evaluation, research was carried out at a local and national level to ascertain what processes were already in place and how effective they were. This would inform the basis of best practice recommendations made by the project.

Members of the Experts by Experience group participating in this project all held a CRB check. They underwent a health and risk assessment as well as Torbay and Southern Devon Health and Care NHS Trust induction and a simulation of a project interview. Within the induction, there were explicit statements covering confidentiality and debriefing time for members.

Practice interview time was built into the project for the Experts by Experience members. Strategies

were put in place with due regard to the emotional and physical safety of the members.

As the Experts by Experience are working in conjunction with Diane Graham in completing her Master's degree, we decided that the initial group of people invited to join the project would be those with a learning disability.

Prospective participants were identified from among the service users known to the Community Learning Disability Team (CLDT). Invitations to participate were sent out via the Transformational Support team, with self-addressed envelopes enclosed and a telephone number for the project supporter/social worker.

We felt it was essential for participants to have capacity to accept or decline the invitation to participate. The knowledge and understanding of CLDT was sought for this.

There were 435 people known/open to the team at the time of the evaluation. The team looked for those who had been in the safeguarding process during the past 12 months. Eight people met the criteria. Of the eight invited to participate, three wanted to take part:

Case	Age	Gender
1	50-60	Male
2	30-40	Male
3	60-70	Female
4	20-30	Female
5	30-40	Female
6	40-50	Male
7	50-60	Female
8	40-50	Female

'Easy read' letters asking for consent, consent of the supporter and information on the service evaluation were made available for participants with learning difficulties. These forms could have been reviewed and changed if observation of the process suggested a benefit for interviewees, and will be adjusted to suit future groups of participants.

The questions for the face-to-face interviews were identified as well as a short introduction script for the Expert by Experience members. Again, this was available for review and adjustment as necessary.

## Interviews

The methods for gathering and analysing information have been endorsed by Bristol University, the Audit and Effectiveness Committee, and the Information Governance Committee for Torbay and Southern Devon Health and Care NHS Trust. South Devon Health Care NHS Foundation Trust was also informed of the evaluation.

For the purposes of this evaluation, the person's gender, where they live and what abuse occurred has been changed to protect the person's true identity. The evaluation is working to the Department of Health's retention paper for keeping tapes.

Participants were engaged in face-to-face interviews. The disclosure of information was in their control, with the interviewers checking and rechecking their understanding of the story. Participants could halt the process at any time and/or have a break from the recording at any time. Interviews were held in different venues, according to the participant's preference.

The three interviews differed in style. The first interview flowed and the interviewers felt there was little intervention from them. In the second

interview, the relative chose to give no detail of the safeguarding incident but talked of the process. The third interview fell mid-way between the first and the second. The participant required a break and some facilitation to remain with the interview.

Diane Graham, General Manager of the Community Learning Disability Team, used the Government's six themes for safeguarding to interpret findings for this evaluation: empowerment, protection, prevention, proportionality, partnership and accountability.

The Experts by Experience group met with Diane following the interviews to consider the recommendations they would like to put to the Board.

## Recommendations

- 1 Consider the environment and location of the safeguarding meeting and for the safeguarding person to be involved in this decision. Evidence from our research seemed to indicate that when the location was familiar to the individual, their engagement was more relaxed and involvement in the process easier for them.
- 2 Where a meeting is held in two parts, it is more appropriate for the person to be the first in the room rather than to enter a room of professionals.
- 3 Consideration for the same people from all agencies and professionals, including the chair, to remain consistent in meetings and throughout the process.
- 4 Consider person-centred safeguarding meetings as best practice, with the right people present for the contribution they can make rather than to reflect professional roles; for example, ensuring that the safeguarding person is asked who they

would like to attend, not duplicating roles, and reducing the possibility of participants' feeling overwhelmed, thus making best use of resources available.

- 5 Design a range of information leaflets alongside service users to reflect the different parts of the process and the agencies that will be involved.

## **Conclusion**

As agencies with a responsibility for safeguarding vulnerable adults, we need to be aware of the loss of control the person may feel due to the very fact that they need safeguarding (being abused), and to make sure we do not compound this vulnerability by taking away areas of control where the person could exercise choice and their rights; for example, who attends meetings and where they are held.

The service evaluation confirmed that all those interviewed agreed that the safeguarding process was necessary and that the people involved were focused on the person's remaining safe.

The next part of the evaluation will be expanded with further face-to-face interviews with older people who have been through the safeguarding process, and any similarities highlighted.

*Experts by Experience and Di Graham*



# The Mental Capacity Act

The Mental Capacity Act 2005 (MCA) is a piece of legislation, for people aged 16 years and over, that can have an important and central role in all aspects of health and social care. The aim of the Act is to protect and empower the most vulnerable adults within our communities; that is, those who are, or may be, unable to make decisions for themselves, and find themselves in situations where they become totally reliant on others to make the right decisions for them.

The Act provides a statutory framework, which includes:

- Key principles developed to empower and protect people's rights as individuals, regardless of their age, gender, disorder, disability, religion or culture, with the presumption of capacity unless proven otherwise
- A clear test for assessing capacity
- A statutory checklist to safeguard people within the decision-making processes.

In 2009, the Deprivation of Liberty Safeguards (DoLS) came into force for people aged 18 years and over. The aim is to provide protection for vulnerable people in hospitals or care homes, in circumstances that may be considered to be a deprivation of their liberty, and who lack the capacity to consent to the care or treatment they require.

The safeguards have introduced a rigorous, standardised assessment and authorisation process, ensuring that the person being deprived of their liberty has appropriate support systems in place, the right to request a review, and access to the Court of Protection if necessary.

## **Developments during 2012 to support implementation of the MCA and DoLS**

### **New training strategy**

We have developed a new training strategy, which will enable people to access distance learning via specific MCA and DoLS e-learning modules, alongside the opportunity to attend more-advanced face-to-face sessions.

During 2011/12 the Safeguarding Adult team have provided MCA/DoLS training and awareness sessions for unpaid carers, registered managers/ proprietors of care and nursing homes, health and social care staff, Best Interest Assessors and Mental Health Assessors (both of which are required within the DoLS), and specialist dental and podiatry staff who work with vulnerable people across Torbay and Southern Devon.

In 2013 the Safeguarding Adult Team will be working closely with the Learning and Development team, and further developing 'Ask the Expert' MCA and DoLS information sessions. These will be designed to further support learning in practice by providing staff with a chance to talk to specialists about particular queries they may have within their own field of practice.

### **DoLS screening checklist**

We have prepared a DoLS screening checklist to help managers in hospitals and care homes (managing authorities) identify any developing deprivation within a person's care arrangements. The checklist is now available on the DoLS web information page. Within the Trust, the checklist will initially be piloted within care review processes, and later in the year extended to all community hospitals within Torbay and Southern Devon Health and Care NHS Trust.

### **DoLS post-authorisation checklist**

To further support managers in hospitals and care homes, we have prepared a DoLS post-authorisation checklist. The aim is to clearly set

out their legal responsibilities once a person in their care has received a full DoLS assessment and the supervisory body has granted a standard authorisation to deprive that person of their liberty.

This checklist is also available on the DoLS web page, and is directly sent out to each individual managing authority when a standard authorisation is granted.

#### **New webpages for the public, independent providers and partner agencies**

We have developed a new MCA-specific webpage, which includes:

- An explanation of the purpose and scope of the Act
- Links for the statutory code of practice
- A set of six information booklets, including one for family members and carers and one in an 'easy read' format
- A link to an information leaflet in different languages
- A link to eight short films with examples of implementation of the Act in real-life situations
- Links to the Office of the Public Guardian and to the Care Quality Commission's 'Guide for Providers'

See: <http://www.torbaycaretrust.nhs.uk/ourservices/MentalCapacityAct/Pages/Default.aspx>

We have also developed two DoLS-specific webpages. These first gives general information about the safeguards and includes much of the content of the MCA page. In addition, it provides guidance on what you can do if you believe a person is being unlawfully deprived of their liberty in a hospital or a care home.

See: <http://www.torbaycaretrust.nhs.uk/ourservices/MentalCapacityAct/Pages/DeprivationofLibertySafeguards.aspx>

The second DoLS page has been developed to provide specialist information for managers of hospital wards and care homes. It explains when it may be appropriate to make an application to deprive a person of their liberty (and includes the DoLS screening checklist); the forms that will require completion as part of the application and where to send them; some samples of completed forms; and the post-authorisation checklist.

See: <http://www.torbaycaretrust.nhs.uk/ourservices/MentalCapacityAct/Pages/-DoLSInformationforCareHomesandHospitals.aspx>

#### **Independent Mental Capacity Advocates (IMCA)**

We continue to commission the IMCA service from both Age Concern Devon and Living Options to ensure that people are fully supported and represented if they lack mental capacity, and have no family members, unpaid carers or friends to consult with when decisions are being made about changing their accommodation or providing serious medical treatment.

During 2012, we have extended the IMCA contract to incorporate IMCA'S role of 'persons representative' within the DoLS framework, when necessary.

#### **Mental Health Assessors**

We have agreed a new contract with Devon Partnership NHS Trust for the provision of approved and appropriately-skilled Mental Health Assessors able to undertake assessments on behalf of the supervisory body within the DoLS legislative framework. The new contract will commence in April 2013, and will be subject to quarterly contract monitoring reviews.

# Reports from partner agencies



## Devon & Cornwall Police

Building safer communities together

There are a number of ongoing reviews within Devon & Cornwall Police, one of which is the Safeguarding Vulnerable Persons review. This review of safeguarding processes seeks to identify improvements, promote multi-agency working and lead to more consistent identification of vulnerability. The review team have consulted extensively with partner agencies across the peninsula, as well as internal police departments.

The review has looked at demand data in respect of the numbers of vulnerable adult crimes and incidents that are dealt with by the force. Recommendations have been made for increasing the resilience of Public Protection Units to deal with all such incidents.

The review has also developed a risk matrix which, if adopted, will be used by frontline staff to identify vulnerability at the first point of contact. This matrix will assist in signposting the vulnerable to the level of service appropriate to their needs.

The recommendations from the review are currently being presented to chief officers, with implementation planned later in 2013.

While the review is ongoing, the force's focus remains on its strategic priorities, one of which is protecting people from harm, by:

- Protecting vulnerable people
- Working with partner agencies to reduce alcohol and substance abuse
- Preventing violent extremism
- Reducing the number of people being killed or seriously injured on our roads
- Pursuing those people who cause the most harm to the community

- Reducing the harassment experienced by disabled people

The force will also be linking its own priorities with that determined by the new Police and Crime Commissioner for safeguarding.

The NCALT national electronic training package for mental ill-health (incorporating the Mental Capacity Act) and learning disability, which is mandatory for all frontline staff in Devon and Cornwall, has been completed. Overall, 3,122 frontline officers were trained.

With the introduction of national fraud reporting in December 2012 via 'Action Fraud,' Devon and Cornwall Police have put measures in place via our Central Referral Unit to ensure that the investigation of financial abuse involving vulnerable adults is fully captured.

We are currently working across the peninsula with our multi-agency partners, seeking to improve knowledge/reporting in this important area. In Torbay, a decision has been made by the SAB to form a strategic multi-agency group that will look at issues around financial abuse.

The Torbay Vulnerability Forum has been formed to minimise risk to vulnerable adults, providing a new multi-agency forum to discuss, assess and signpost vulnerable adults to appropriate support and services. This includes adult vulnerability relating to mental health, learning disability, older people, physical disability, substance misuse, carers, victims of hate/mate crime and repeat victims of crime.

With early intervention from the appropriate services, it is hoped that the most vulnerable groups of people within our society can be protected from the risk of harm or exploitation.





### **Internal arrangements for governance and commitment to safeguarding adults at risk:**

Torbay Council's elected members and officers are committed to working in partnership to prevent harm and improve the safeguarding of vulnerable adults. The principles of early intervention and prevention, with a focus on the most vulnerable in the most-deprived areas, underpin our work to create stronger and safer communities. Our pledges include reducing incidents of domestic abuse and supporting victims, as well as ensuring that effective child and adult safeguarding arrangements are in place for those at risk.

### **Achievements in 2012:**

- Launch of the Torbay Vulnerability Forum – a new multi-agency forum aimed at improving the safety of vulnerable adults who are not in contact with, or eligible for, social care where they are at risk of harm or exploitation.
- Improving quality-assurance of residential care by piloting an observational checklist with visiting staff and care homes, to provide early alert on issues involving care delivered or the environment that might affect residents' safety.
- Launch of targeted community interventions providing specialist support to adults affected disproportionately by anti-social behaviour in priority community safety areas. This work has already resulted in a reduction in anti-social behaviour and increased community cohesion.
- Continuing to make the link between child and adult safeguarding through the work of the Intensive Family Support Service and the Family Intervention Project.
- Extending arrangements with support services, including the domestic abuse refuge, outreach support and accommodation services for vulnerable adults.

- Supporting a user-led community group to raise awareness of the effects of hate and mate crime on vulnerable people.
- Successful funding bid to increase capacity to tackle poor housing standards for the most vulnerable by, for example, improving thermal comfort, and supplying and fitting aids and adaptations that improve mobility and make homes safer for vulnerable adults.

### **Organisational learning:**

- The Torbay Vulnerability Forum was set up in response to an appreciative inquiry that highlighted the importance of bringing together the range of low-level information held by a number of different organisations to co-ordinate safeguarding of vulnerable adults who are not in regular contact with services.
- Learning from a serious case review led to improvements in contract management and reporting requirements for housing support services.

### **Work planned in 2013:**

- Roll out the observational checklist to all care homes alongside a 'mystery shopping' exercise in care homes for people over 65 by Experts by Experience.
- Re-design domiciliary care services to focus on personal outcomes for vulnerable adults, supporting their independence, wellbeing and safety, and involving local community voluntary support to reduce loneliness and isolation.
- Develop a five-year domestic abuse strategy.

The Trust provides specialist mental health and learning disability services across the county, including Torbay.

The Director of Operations is executive lead for safeguarding. She is supported by Chris Burford, management lead for adult safeguarding, and Jim Masters, management lead for Multi-Agency Public Protection Arrangements (MAPPA). The practice lead for safeguarding is Clare Cox.

The Trust is represented on the Safeguarding Adults Board by Liz Davenport; it also has representatives on a number of sub-groups.

The Trust has a Safeguarding Committee in place, chaired by Liz Davenport.

Single Point of Contact arrangements for safeguarding are now well established, taking account of the guidance, 'Clinical Governance and Adult Safeguarding: An Integrated Approach'.

Reviews of the Trust's safeguarding arrangements are completed by the Care Quality Commission (CQC), as part of the planned review process, and by internal audit.

## Highlights of 2012

- Healthcare professionals may meet and treat people who are vulnerable to radicalisation, and it is possible that people with mental health issues or a learning disability may be drawn more easily into terrorism. The Trust is actively involved in the implementation of the nationwide 'Prevent' strategy, which seeks to address this issue. It is identifying appropriate people to be trained by the Department of Health, raising awareness about 'Prevent' among all staff groups, providing its own training to key staff, and strengthening local partnership and inter-agency working to prevent vulnerable individuals becoming the victims or causes of harm.

- The Trust has continued to fulfil its MAPPA obligations, liaising closely with its partner organisations, attending case conferences and ensuring that relevant staff receive appropriate training.
- The Trust has continued to ensure that all staff have appropriate employment checks, including CRB.
- A training needs analysis has been completed for adult safeguarding. The training standards now form part of the contract with commissioners and are monitored as part of the Contract Quality Review meeting. Compliance with all staff training requirements, including safeguarding, is now monitored on a weekly basis at the Trust's 'Huddle' and at regular directorate performance reviews.
- In response to the issues raised at Winterbourne View, the CQC undertook a themed review of learning disability services across the country. The review included an inspection of standards in relation to Outcome 7: Safeguarding. At our Trust, the inspection identified minor concerns in relation to safeguarding practice at two locations. The two units implemented action plans in response to the CQC; follow-up reviews confirmed that standards are now being met. The findings of the review prompted the development of a 'Safeguarding Dashboard', which now monitors staff practice in a number of areas and is used as a tool to review performance and to address concerns.
- The Trust was successfully reviewed against the standards required to meet the NHS Litigation Authority's Level 1 compliance, which included a review of safeguarding policies.

In addition, the following improvement activities have also been undertaken:

- Implementation of the Safeguarding Assurance Framework
- Implementation of the MAPPA improvement plan
- Improved information-sharing through Safety Bulletins

### Priorities for 2013

The Trust has identified the following priorities for the forthcoming year:

- The development of a Business Case to support increased capacity to support the Safeguarding Agenda
- Continued focus on the 'Prevent' agenda
- Compliance with training requirements
- Completion of an audit of safeguarding practice
- Sharing the learning from incidents and Serious Case Reviews

### Governance arrangements

Under the new arrangements for the NHS from April 2013, clinical commissioning groups (CCGs), led by GPs and other clinicians, took over from PCTs the responsibility for commissioning most local healthcare services. The NHS Commissioning Board (NHS CB) will support CCGs and hold them to account, and will itself be responsible for commissioning some healthcare services. Local authorities become responsible for most local public health functions, supported by Public Health England.

Both CCGs and the NHS CB will be statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards children and vulnerable adults. Both CCGs and the NHS CB will have a statutory duty to be members of Local Safeguarding Adults and Children Boards (SABs and LSCBs), working in partnership with local authorities to fulfil their safeguarding responsibilities.

Close liaison with the Torbay safeguarding team was considered to be a priority for NHS Torbay when the Torbay Care Trust separated to form a provider organisation (Torbay and Southern Devon Health & Care NHS Trust) and a commissioning organisation (NHS Torbay) on 1 April 2012, and was a key focus of the patient safety and quality team.

Safeguarding continued to be a priority with the formation of South Devon and Torbay (Shadow) CCG, with the creation of a clear structure for safeguarding adults which continued after 1 April 2013, when South Devon and Torbay Clinical Commissioning Group (SDT CCG) became fully responsible for commissioning healthcare within both Torbay and South Devon.

The patient safety and quality team continue to take the lead for safeguarding adults within the CCG. The executive clinical lead for patient safety



and the Director of Quality Governance both sit on the governing body and have responsibilities for safeguarding. They are supported by the Safeguarding and Patient Safety lead, which also incorporates a lead MCA role.

The CCG gains assurance from the organisations from which we commission services using a variety of methods, including monitoring contracts against quality standards and participation on the Safeguarding Adult Board. Any issues of concerns are addressed through these meetings.

## Achievements

- NHS Torbay (Shadow SDT CCG) has been working very closely with both Torbay and Devon Safeguarding Adults Boards, as the area of the CCG covers two local authority areas.
- In preparation for formation of the CCGs, a safeguarding strategy was developed and approved in October 2012. The strategy covers both safeguarding adults and children across the three PCTs of Torbay, Plymouth and Devon, and the two new CCGs of South Devon and Torbay CCG and North, East and West Devon CCG (NEW Devon).
- In preparation for the regulation of general practice by the Care Quality Commission in April 2013 and the revalidation of GPs, each practice was sent a template policy for safeguarding adults.
- In support of this the commissioners offered profession-specific Safeguarding Adults Practitioner Level 3 training for GPs across Devon, Plymouth and Torbay, with support from the Safeguarding and Patient Safety Lead and the Clinical Lead for Safeguarding Adults.
- Training requirements for dentists, pharmacists and optical professionals were reviewed, with

resources such as DVDs for awareness-raising of MCA and DoLS being distributed.

- The Clinical Lead and the Safeguarding and Patient Safety Lead are members of the TSAB and DSAB, while the Safeguarding and Patient Safety Lead is also an active member of various sub-committees of both boards.
- A flowchart bringing together Safeguarding and Serious Incidents Requiring Investigation (SIRI) processes has been developed in response to a request for clarity from the various Safeguarding Adults teams, and has been incorporated into the Torbay Multi-Agency Safeguarding Procedures.

## Work planned

- The CCG will continue to focus on safeguarding as a priority. The local implementation plan for the strategy will be reviewed by the TSAB.
- Joint working with Torbay and Safeguarding Adults Team will continue, and standard operating procedures to support the safeguarding and SIRI flowchart will be developed for use by both social and healthcare.
- Close working relationships will be developed with the Safeguarding Adult Lead for NEW Devon to ensure parity across both CCGs.
- The focus on training will continue, with the aim of gaining alignment where possible between Torbay and Devon, and between adult and child safeguarding.
- The CCG will ensure that the work it carries out is in accordance with new national guidance when it is published – such as the NHS Commissioning Boards final arrangements to secure children's and adults' safeguarding in the future NHS and the Care and Support Bill.

South Devon Healthcare NHS Foundation Trust provides acute services to the population of South Devon, including Torbay. Acute hospital services are provided at Torbay District General Hospital.

The Director of Nursing is the lead executive for safeguarding, supported by the deputy and associate nurse directors.

The Trust has two named professionals for safeguarding adults, who receive alerts, manage safeguarding procedures and provide training and advice for all staff within the Trust.

The Director of Nursing is a member of the Torbay Safeguarding Adult Board. The Trust is also represented on sub-groups of the Board.

The Trust operates a Safeguarding Adult Committee, chaired by the Director of Nursing or deputy. Key functions of this group are to ratify policy and procedure and to oversee any complaints and recommendations which relate to vulnerable groups.

Our work in 2012 has included:

- Ongoing work against the South West Dementia Standards for Hospital Care. We have continued to create and support dementia champions in clinical areas, as well as delivering targeted educational programmes for qualified and support staff. We received a peer review visit in January 2013, which commended these aspects of our care, and helpfully focused on areas for development such as minor improvements to the environment and awareness training for non-clinical staff groups.
- Involvement in the Torbay Vulnerability Forum, a multi-agency group set up under the auspices of Devon and Cornwall Police. This group aims to identify and support vulnerable people who may not already be known to services.
- Formulating an audit plan to monitor the impact of Safeguarding policy and training.

- Rolling out use of the Observations of Care tool. This process involves two people purposefully observing one area of a ward or department for a short period of time. One of those observing is a visitor to the ward. Following the observation, staff in the area receive feedback on the observation. Our Safeguarding Adults leads have undertaken training in this technique and regularly use it to monitor Safeguarding principles in clinical areas.

### Priorities for 2013

- Continue to work on the dementia and learning disabilities service action plans; in particular to develop greater awareness for non-clinical staff and to work with carers of people with dementia to improve the experience of hospital care for this vulnerable group.
- Improve awareness, and reduce the incidence, of pressure ulcers through education and audit.
- Formalise the Safeguarding training programme and further develop the Safeguarding audit programme.

Torbay and Southern Devon Health and Care Trust (TSDHCT) plays a major role in safeguarding in Torbay, leading on much of the work described elsewhere in this report.

Our priorities this year have included the updating and revision of the Torbay Multi-Agency Policy and Procedures for the Protection of At Risk Adults from Abuse. This reflects best practice guidance from the Association of Directors of Adult Social Services (ADASS) and is supported by a comprehensive training strategy and increase in local training.

TSDHCT manages the Single Point of Contact for Safeguarding Adults (SPOC), which has seen a significant increase in workload. This includes higher volumes of alerts, referrals and investigations, including large-scale investigations.

The increase in work impacts significantly on the small staff team and on staff in the zone teams. With reducing funding, the skill mix and capacity of all teams is being considered as part of a wider review of social care, to ensure that we can direct our attention to those most in need.



# Expenditure and plans

There has been an increased cost associated with a greater number of Serious Case Reviews this year, but other expenditure has remained stable, with some savings in staffing.

## Forecast year-end expenditure 2012/13

Staffing	£320,346
SAB	£14,438
Venues / Office	£5,403
SCR/AI	£14,663
IMCA	£47,600
Training	£25,000

## Business Plan 2013/14

Several of the organisations which make up the Board are going through a period of great change in terms of their role and structure. In addition, public funding is becoming more restricted, which has an impact on services and how they are provided.

Whilst each partner is committed to Safeguarding Adults as a priority, the Board will be seeking assurance that clear arrangements are in place for governance and that any potential risks are identified and managed.

We will be taking stock of how local services are provided in the light of the recommendations from national and local serious case reviews and investigations.

The police are carrying out a review of their practice and organisational structures which will need to be taken into account when planning for the most effective partnership working.

Our Experts by Experience sub-group has been undertaking some very valuable work on our behalf around our service users experience (see

page 7); we are very keen to make best use of this to improve the service in future.

A strong focus for the Board this year will be on prevention. We are clear that everything possible should be done to avoid the need for people to fall under Safeguarding Adults processes, as all forms of abuse are unacceptable.

We will do this by working with provider organisations, care homes and domiciliary care organisations especially, to share best practice and to avoid any harm coming to service users in their care.

Our new plan will be on our website:  
[www.tsdhc.nhs.uk/ourservices/safeguardingadults](http://www.tsdhc.nhs.uk/ourservices/safeguardingadults)







# What to do if you suspect abuse

What should you do if you think that a vulnerable adult or a child is being abused or is at risk of being abused?

- For a vulnerable adult, telephone Torbay Care Trust Customer Service Centre on 01803 219700
- For a child, telephone Torbay Council Children's Services on 01803 208100
- You can also call the Devon and Cornwall Police non-emergency number: 101
- Or call the NSPCC: 0808 800 5000
- In an emergency, always call the police on 999

All safeguarding concerns raised will be assessed by highly-experienced staff, who will explore your concerns with you further and, where appropriate, take decisions about what should happen next.

## Do you have to give your name?

No, it is your choice, and you may prefer to remain anonymous. However, it is important that you provide as much information as possible to enable the right decisions to be made.

Everyone has the right to feel safe....

If you're concerned about a CHILD in Torbay call 01803 208100  
If you're concerned about a vulnerable ADULT in Torbay call 01803 219700

Safeguarding Adults

torbaysafeguarding childrensboard

"Keeping children and vulnerable adults safe is everyone's responsibility"

For further information visit: [www.torbay.gov.uk/tscb](http://www.torbay.gov.uk/tscb)  
[www.torbaycaretrust.nhs.uk/ourservices/SafeguardingAdults](http://www.torbaycaretrust.nhs.uk/ourservices/SafeguardingAdults)

For further information, see:  
[www.tsdhc.nhs.uk/ourservices/safeguardingadults](http://www.tsdhc.nhs.uk/ourservices/safeguardingadults)

The Safeguarding Adults Board comprises:

- Torbay Council
- Torbay and Southern Devon Health and Care NHS Trust
- South Devon Healthcare NHS Foundation Trust
- South Devon and Torbay Clinical Commissioning Group
- Devon Partnership NHS Trust
- Devon & Cornwall Police
- ...and many voluntary organisations

## Safeguarding Adults