Knowsley Safeguarding Adults Board

"No Silence, No Secrets"

Knowsley Safeguarding Adults Board

Annual Report 2010/11

Safeguarding Adults

Welcome

Jan Coulter

Chair Knowsley Safeguarding Adults Board
Director of Health & Social Care

Welcome to the 2010/11 Annual Report of the Knowsley Safeguarding Adults Board. This is our fourth annual report and it details what we have achieved during 2010/11 and our plans for the year ahead.

This time last year we were awaiting the implementation of the previous Government's response to the "No Secrets" Consultation. It is still not clear whether all the actions outlined in January 2010 will be taken forward but in Knowsley we are confident that the progress made in the last twelve months has not only ensured that we have continued to work together to protect all adults at risk but will also be well placed to implement any future national developments.

The Annual Report details much of which we can all be proud but we recognise that there is more to do in the future. We need to work together in a supportive and collaborative way, whilst ensuring that we challenge ourselves and each other in assessing our effectiveness.

The Board can only operate if it is supported by partner organisations, staff and service providers, service users and their families and the wider community. During the year the Board has further strengthened the safeguarding partnership through a range of collaborative working arrangements. The Board Business Plan for 2011/12 details how we will be taking this further over the coming months.

I hope you find this Report useful, either by raising awareness or identifying issues you can take forward in your own organisation as it is important that this is a "working document". We would also welcome any feedback on how we can improve the presentation of this information in the future.

Contents

Joint Planning, Partnership and Accountability

The partnership arrangements for safeguarding adults in Knowsley have been developed in accordance with the government guidance for adult protection (No Secrets 2000), best practice standards developed by the Association of Directors of Social Services (Safeguarding Adults 2005) and in response to learning and experience both locally and nationally.

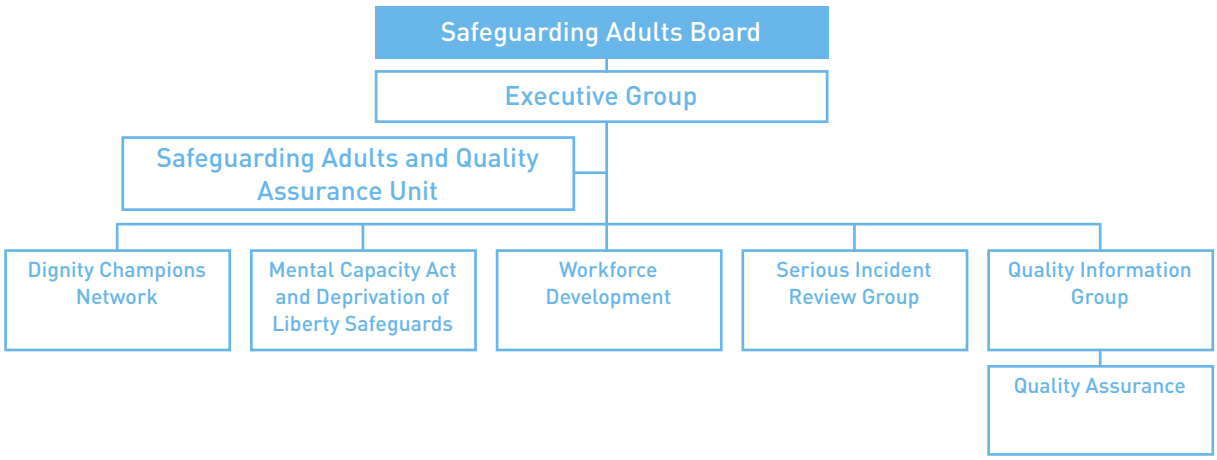
Knowsley Safeguarding Adults Board is proactive in its response to safeguarding adults and promotes a broad understanding of safeguarding. This reflects a strong focus on the prevention of abuse as well as a robust response to incidents of abuse and the importance of strong strategic links with other key partnerships in order to ensure that all our residents are safeguarded both within the community and in residential or supported living situations.

In the last twelve months we have taken further the work that partner and provider agencies are doing to support the work of the Board. Examples of this include the development of the "Care Concerns" process, which places more responsibility on Provider Agencies to address issues of compromised care, and report how they will ensure that any lessons are learnt; the establishment of the "Quality of Life" Audits in Residential and Nursing Homes by the Local Involvement Network Knowsley (LINk) with Older People's Voice, and the three multi-agency Serious Incident Reviews we have completed to ensure that we use every opportunity to improve joint work across partner agencies. There are further details of each of these initiatives elsewhere in this Report.

Structure of Knowsley Safeguarding Arrangements

Over the last year the Safeguarding Adults Board has continued to strengthen its partnership arrangements, to improve its governance and business arrangements and to improve its operational effectiveness in delivering its Business Plan.

The current Knowsley Safeguarding Adults Board structure and business arrangements are as follows:



Safeguarding Adults Board

Chaired by Jan Coulter Director of Health and Social Care, Directorate of Wellbeing Services, the Board meets three times per year. It has representation from statutory, voluntary and independent sector organisations and partnerships within Knowsley. Membership for 2010/11 includes representatives from the following organisations:

- Knowsley Council
- NHS Knowsley
- Merseyside Police
- St Helens & Knowsley Hospital Trust
- 5 Boroughs Partnership NHS Foundation Trust
- Mersey Care NHS Trust
- Aintree Hospital NHS Foundation Trust
- Knowsley Carers Centre
- Knowsley Council for Voluntary Service
- Age UK - Knowsley
- Knowsley Pensioners Advocacy & Information Service
- Knowsley Housing Trust
- Knowsley Safeguarding Children Board
- Safer Knowsley Partnership
- Care Quality Commission
- Representative for Domiciliary Care Providers
- Mersey Fire & Rescue
- Knowsley Disability Concern

As part of the Review of Policy and Procedures we will be reviewing membership of the Board to ensure that it has the broadest possible representation.

Safeguarding Adults Board Executive Group

Chaired by Jan Coulter the Director of Health and Social Care, Directorate of Wellbeing Services, it oversees and coordinates the implementation of the Safeguarding Adults Board business plan and performance against it. The Executive meets up to six times per year and is comprised of the Head of Safeguarding and Quality Assurance from Health and Wellbeing, the Board Business Manager and the Chairs of the Sub Groups.

Sub Groups

Chaired by, either a senior officer from the partnership or an officer from the Safeguarding Adults and Quality Assurance Unit, to carry out specific functions identified within the Board Business Plan and / or emerging priorities identified by the Board and the Executive Group. The membership of the working groups reflects the expertise required and involves both operational managers and frontline practitioners.

Safeguarding Adults and Quality Assurance Unit / Board Support Team

This year two members left the Safeguarding Adults and Quality Assurance Unit; Mark Harrison, the Business Manager left to pursue other opportunities and Diana Ralph, Quality Assurance Manager retired. We would like to thank them both for all their hard work and wish them well for the future. The Unit has taken this opportunity to review and streamline the infrastructure whilst maintaining the key areas of activity.

The Unit continues to provide dedicated officer capacity to support the Board in the development, delivery and administration of its work. It is currently jointly funded by the council and NHS Knowsley which reflects the close integration of health and wellbeing services across the Borough. The unit provides the Business and Quality Assurance capability for the Board and acts as a central point for specialist advice and guidance in relation to safeguarding, mental health, mental capacity and deprivation of liberty safeguards. It also provides, where necessary, direct input into safeguarding strategy meetings and chairs complex safeguarding strategy meetings and investigations as required.

Key Achievements in 2010/11

The Safeguarding Unit is working closely with Health Trusts to ensure the continued development of Safeguarding Adults arrangements across the NHS and that safeguarding arrangements are more closely aligned with the reporting of Serious Untoward Incidents in accordance with the DH publication 'Clinical Governance and Adult Safeguarding: an Integrated Process' 2010.

We have strengthened arrangements for ensuring that lessons are learnt by all agencies by carrying out a number of Reviews of Serious Incidents.

We have worked with partner Mental Health Trusts to ensure that safeguarding vulnerable people is fully embedded in the policy and practice of the Care Programme Approach. Members of the Mental Health Trusts have worked closely with the Board in developing practice guidance.

There has been a further development of the Quality Assurance role of the Safeguarding Unit with the establishment of the "Care Concern" process. This is an agreed arrangement with partner agencies to ensure that there is a multi agency approach to determining the threshold for Safeguarding Alerts to ensure that there are sufficient resources to carry out Safeguarding investigations when harm has occurred whilst ensuring that organisations are accountable and respond appropriately when the quality of care has been compromised.

Safeguarding Adults Board Open Day 2010 (Hate Crime)

Tackling hate crime in Knowsley was the theme for the 2010 Safeguarding Adults Board Annual Open Day. This event brought together delegates from a range of organisations and agencies and used a mixture of personal testimony, information giving and case studies to demonstrate the impact of this type of crime upon victims and their families.

The event was presented jointly with Knowsley Disability Concern and the Safer Knowsley Partnership. Knowsley Disability Concern supported some of the victims of hate crime to tell their stories and describe the impact this had had on them and their families. The event demonstrated that there is help available and this issue can be tackled successfully; victims do not have to continue to suffer.

The event was intended to raise awareness of this issue and to encourage people, particularly those with disabilities who may be victims of hate crime to report incidents and be confident that these will be dealt with.

Following the Open Day a number of local agencies were indentified to act as "Speak Up Services". These are voluntary and statutory services which already offer services and support to adults who may be at risk and with which they are therefore familiar. Staff in these services have received training and guidance in how to enable people to report incidents and then support them as these are addressed.

Three interactive training workshops were delivered to 79 members of staff who will either receive the initial report, or line mange those that do. The workshops were also used to ensure that the Operational Guidance was robust and to take feedback from practitioners.

Over 20 Speak Up Services are operating across the Borough. There are a variety of ways in which incidents can be addressed, by a single agency or by bringing agencies together. This includes, but is not restricted to, involvement from the Police SIGMA (Hate Crime Investigation) Unit. The victim always remains in control of the response and is supported throughout the formal process and afterwards.

Work has continued with all partner and provider agencies to strengthen the arrangements for mental capacity assessments in all settings.

The Dignity Champions Network has continued to flourish and provides a regular forum to identify and support good practice.

We have further developed the involvement of service users and carers in the work of the Board through the active participation of LINk (Local Involvement Network) and Knowsley Older People's Voice in audit and monitoring processes.

Key Priorities for 2010/11

We will review the learning from the introduction of the Care Concern process to inform the thresholds for Safeguarding Alerts and ensure that all Concerns and Alerts are analysed and the learning and outcomes disseminated to all partners.

We will ensure that advocacy and safeguarding are closely aligned through work with the Advocacy Hub and will develop the use of advocacy within the safeguarding procedure wherever appropriate.

We will carry out a review of the Safeguarding Policy, Procedures and Practice Guidelines to ensure they are up to date and reflect national and local developments.

Dignity Event 08/12/10 and Dignity Day 25/02/11

Two Dignity Workshops were held on 8th December 2010 to raise awareness of the National Dignity Campaign and the work being carried out in Knowsley to support the Campaign. The events were attended by more than 200 representatives from statutory, independent and voluntary organisations providing services across Knowsley.

The presentations at the Workshops included 'Nutrition and Hydration', 'Mental Capacity Act' and 'End of Life Care'; these topics had been identified by Dignity Champions as areas of work which required promotion. As well as outlining services and new initiatives some of the presentations were very moving: one speaker outlined how her sister had been cared for to die with dignity in supported accommodation where she had lived for many years and staff from St Bartholomew's Nursing Home gave details of how residents had been supported to realise some of their wishes, even where their health was deteriorating.

Short presentations by Providers, Service Users and Carers have been a regular feature of the Dignity Workshops and demonstrate the wide range of excellent care and support being delivered across Knowsley.

Building on the actions and outcomes from the Workshops, the Board launched a campaign to promote public awareness of the National Dignity Day on 25th February 2011. The Dignity Champions had again identified the key role that members of the public could play in promoting dignity and respect and leaflets and posters were displayed across the Borough.

Responding to Abuse and Neglect

2010/11 has been a year of consolidation and we continue to benefit from the continued commitment of partners to protect and support adults at risk by building on established robust procedures to address incidents of abuse or neglect and strengthen multi-agency preventative arrangements.

These arrangements were further enhanced by the focus on ensuring all services respected individual dignity at all times and by improving the awareness of, and response to, incidents of Hate Crime, which continued throughout the year.

In recognition of the commitment and expertise of partners and provider services, and the maturity of the multi-agency approach, the Board agreed to pilot a different approach to addressing incidents of compromised care and agreed to pilot the "Care Concern" procedure.

To support best practice, the Dignity Champions, now 200 strong, supported by the Dignity Charter, have continued to meet and this is another example of services taking responsibility for their own learning. LINk (Local Involvement Network) and Older People's Voice have developing roles in identifying how the individual's quality of life can be enhanced and providing a different perspective to services.

We have worked closely with the Safer Knowsley Partnership to strengthen support for people in the community who are at risk from domestic abuse, hate crime or anti-social behaviour, both to address specific incidents and develop future strategies for prevention.

However, we know that safeguarding incidents will arise and we have continued to ensure that each of these is fully investigated and safeguarding plans put in place as appropriate. We have continued to monitor the referrals and have used this analysis and other information provided to the Quality Information Group, to identify key areas of concern and those providers who need additional support to improve performance.

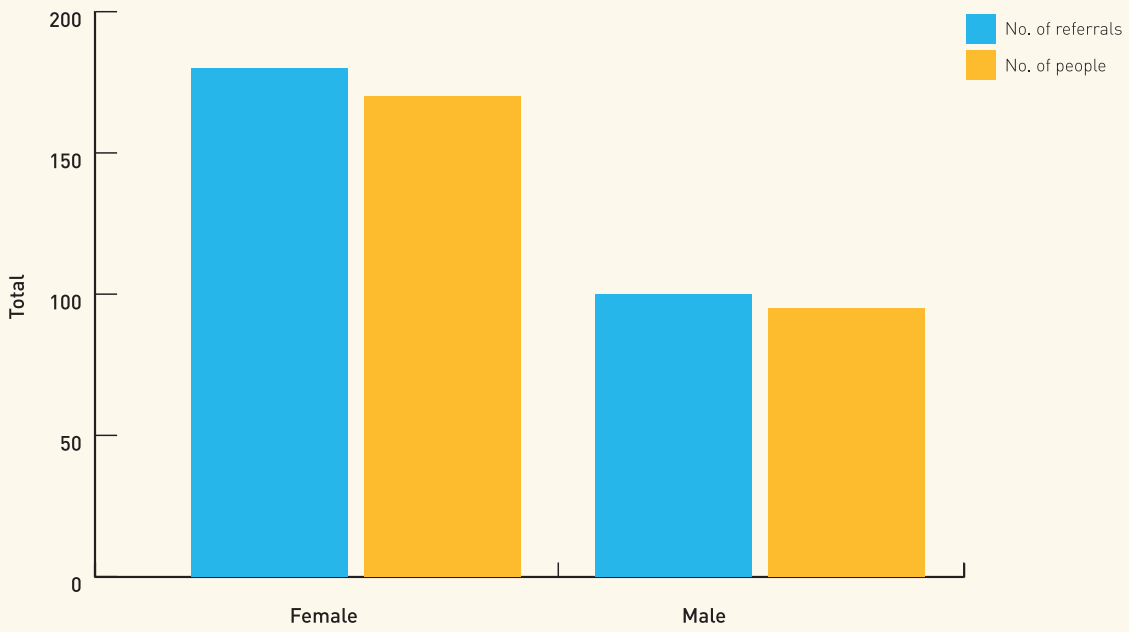
Analysis of Adult Safeguarding Data 2010/11

All data is compliant with the NHS Information Centre national data set. We continue to build on this to develop our understanding of how and in what circumstances adults at risk may experience abuse or neglect.

We have received 320 referrals. In addition, we have recorded 50 Care Concerns for the period covered by this report, which indicates that there has continued to be an increase in reporting from the 341 recorded for 2009/10. However the rate of increase is decreasing from that seen between 2008/9 and 2009/10. We consider that this indicates that the greater rate of increase corresponded to the period of comprehensive training and awareness raising across all service areas, which took place when the Safeguarding Board was established and the current infrastructure, including the range of sub groups, was formed. At that time awareness, training and workforce development were recognised as key areas for the Board's success.

We continue to believe that the increase in referral numbers, albeit at a reduced rate, reflects an increased awareness and willingness to report concerns on the part of staff and members of the public, rather than an overall decrease in the quality of services. However where concerns have been identified in any aspect of health and social care provision, we are able to address these through the Quality Assurance Framework, which includes active support from a range of specialist services.

Table 1 - Total Vulnerable Adult Referrals by Gender 2010/11



To date we have identified 21 people, 15 women and 6 men who have been referred as victims on more than 1 occasion. This represents a slight increase on last year from 5% to 6%. The majority were older people living in care settings. With the Care Management Teams and the service providers we will be looking at these cases to determine if the original safeguarding plan and risk assessment could have been strengthened, especially in those cases where the perpetrator was also vulnerable.

At all stages of the safeguarding process female victims continue to outnumber males and the proportion has remained virtually static with 65% in 2009/10 and 64% in 2010/11.

Table 2 - Vulnerable Adult Referrals by Service User Group in comparison with 2009/10

Client Category	% Referrals 2009/10	% Referrals 2010/11
Learning Disability	19%	21%
Mental Health	8%	9%
Physical/Sensory	7%	12%
Substance Misuse	3%	2%
Older Person	63%	56%

Older People remain the largest group, The reduction in the percentage of Safeguarding Alerts is offset by the number of Care Concerns, most of which are in respect of older people (see later). We are looking at how we can collate information to understand which older people are most at risk to inform future preventative work. Over 50% of these referrals are in respect of older people with a physical disability and 20% older people with dementia. These older people are therefore the most vulnerable and most dependent on services for their continued support. Although these reflect the characteristics of people currently supported we must continue to work with all services to ensure that the most vulnerable are properly safeguarded. We will be looking at this further in relation to the setting in which abuse takes place, which is detailed later in the Report.

We recognise that a particular area of focus for this year has been on residential and nursing care. We are working with provider services to improve the focus on prevention and to ensure that all staff receive regular safeguarding and other relevant training, supported by clear supervisory arrangements. There has been a welcome increase in the number of staff accessing training and this, together with the ongoing Dignity campaign, has served to ensure that raised awareness is maintained, but clearly there is still more to do.

We continue to seek additional ways of ensuring that services are delivered in an open and transparent way both through the established quality assurance and review process and through a stronger role for LINk and Older People's Voice. We will be working closely with the Advocacy Hub to ensure that adults at risk, their families and carers have a clear voice in the safeguarding process.

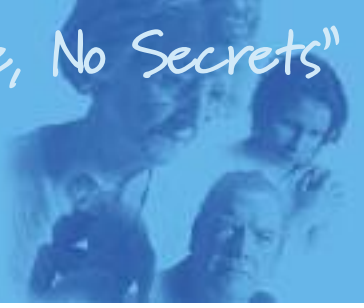
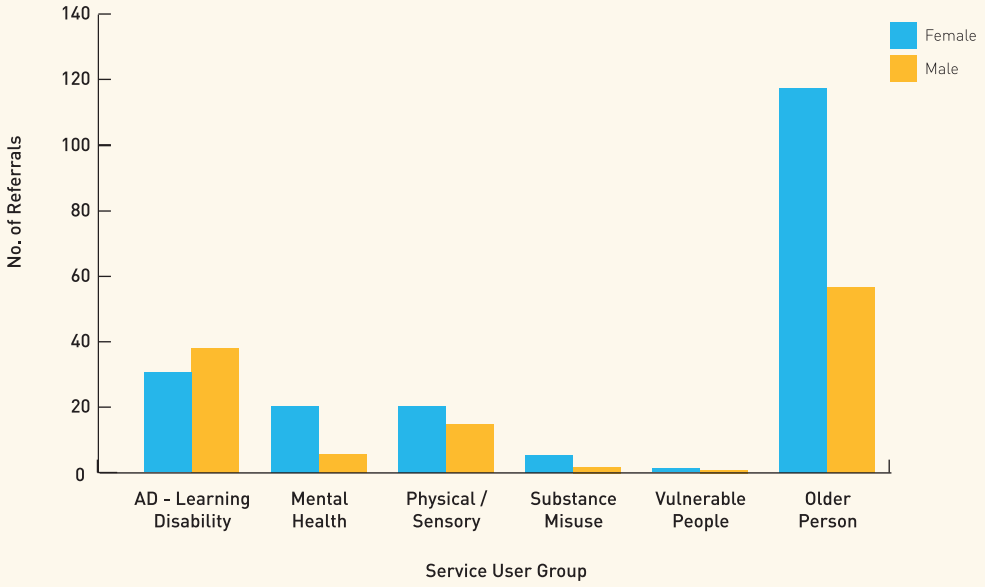


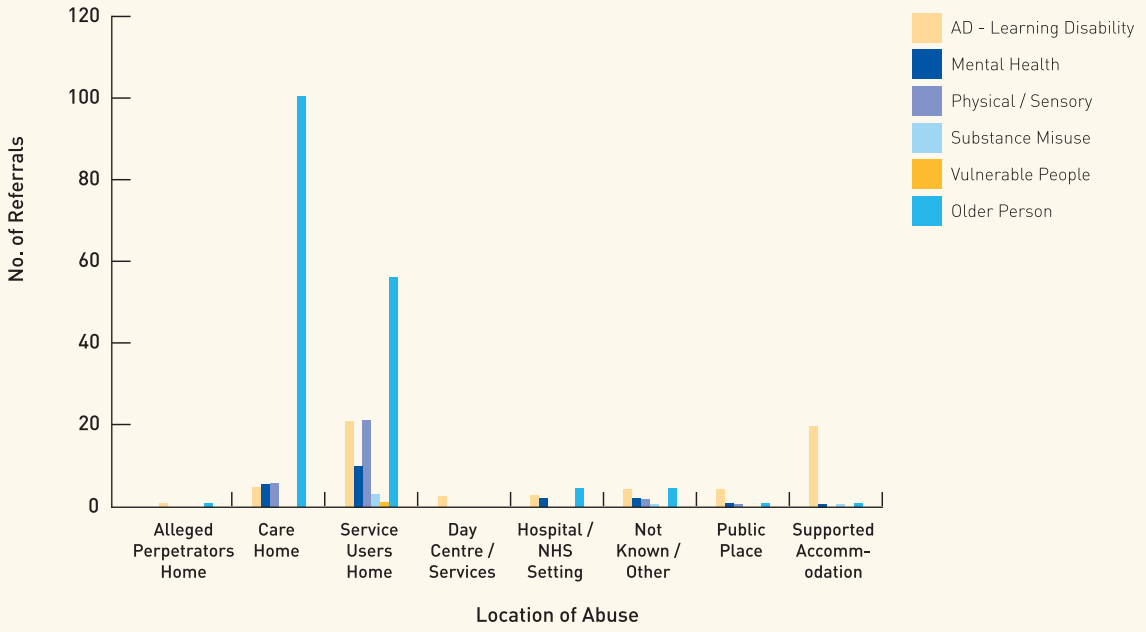
Table 3 - Vulnerable Adult Referrals by Service User Group and Gender



The profile again is broadly similar to 2009/10 and reflects the national picture. However, in that year referrals in respect of females were greater than those for males in all service user categories. Information to date indicates that there has been an disproportionate increase in referrals concerning males with a learning disability. This may more accurately reflect demographic factors but we will be looking at these cases with the Care Management Team to understand the issues involved.

To develop our information systems further we have added the category of "vulnerable person" to capture a small but growing area of referrals for people who are struggling to maintain their independence and, as they are sometimes perceived as "different" can become targets and sometimes come to attention through the work of the Anti Social Behaviour Unit. We are developing pathways with these services to seek to offer improved support to victims.

Table 4 - The Settings Where Abuse was Alleged during 2010/11



Incidents in a care home setting continue to be the largest group. In 2009/10 44% of all incidents took place in a care home. Figures for 2010/11 indicate that this has fallen slightly to 39% with older people continuing to be most at risk; not surprisingly as they continue to be by far the largest group receiving this model of care.

This year the Board, with staff across health and social care, has dedicated considerable resources to working with care and nursing home providers to improve standards of care and prevent safeguarding incidents. This work has contributed to the high number of alerts from this sector and will continue. LINk and Older People's Voice have now completed their Quality of Life Audits in all residential and nursing homes and we are arranging a feedback session for all registered managers.

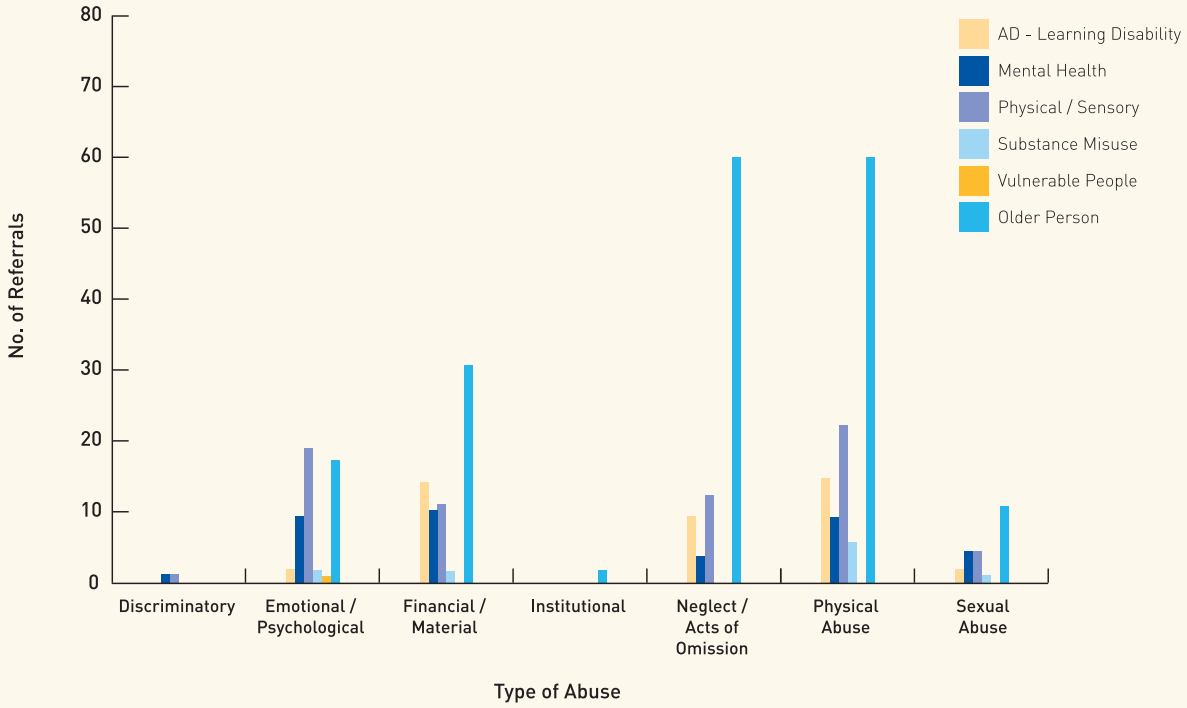
Residential Care will continue to be a key activity area for the Board. Changes within Health and Social Care Services will mean that we must continue to maintain vigilance and we are working with colleagues to ensure that safeguarding and quality standards are embedded in all future commissioning and contracting arrangements.

For all other groups of service users most incidents took place in their own homes, although this represents a slight percentage reduction from 38% in 2009/10 to 36% of all referrals this year.

We are committed to developing our partnership with LINk so that they extend the Quality of Life Audit to those people supported by agencies in their own homes and we will be taking this forward as a priority.

To fully understand all the factors involved, this information needs to be considered alongside information on perpetrators presented later.

Table 5 - The Types of Concerns Raised During 2010/11



Physical abuse remains the most frequently reported concern across all service users group with 35% of all referrals, 1% less than in 2009/10. This is distributed evenly across all service user groups and reinforces the vulnerability of adults at risk across all sectors and settings. In many ways this is disappointing given the training and awareness raising that has continued to be available to all staff. Current data does not easily allow consideration of how serious each incident is but we will be working with incident managers and the Police to identify the most serious or having the most long term consequences for the victim and will be asking services to ensure that all safeguarding plans are reviewed regularly. The introduction of the Care Concern process for less serious incidents will also allow care managers to focus on those with the most serious consequences for the victim.

We recognise that this reflects a national picture but we are committed to addressing every single incident in Knowsley. We will continue to review these incidents to improve prevention and ensure that all instances are dealt with swiftly and thoroughly.

Neglects and acts of omission involve mainly, but not exclusively older people, with 70% of all alerts in this area. Most of those relating to people with a physical disability (16% of alerts in this category) occurred within one provider service which was experiencing considerable difficulties for a period. An action plan was agreed, including a change of leadership

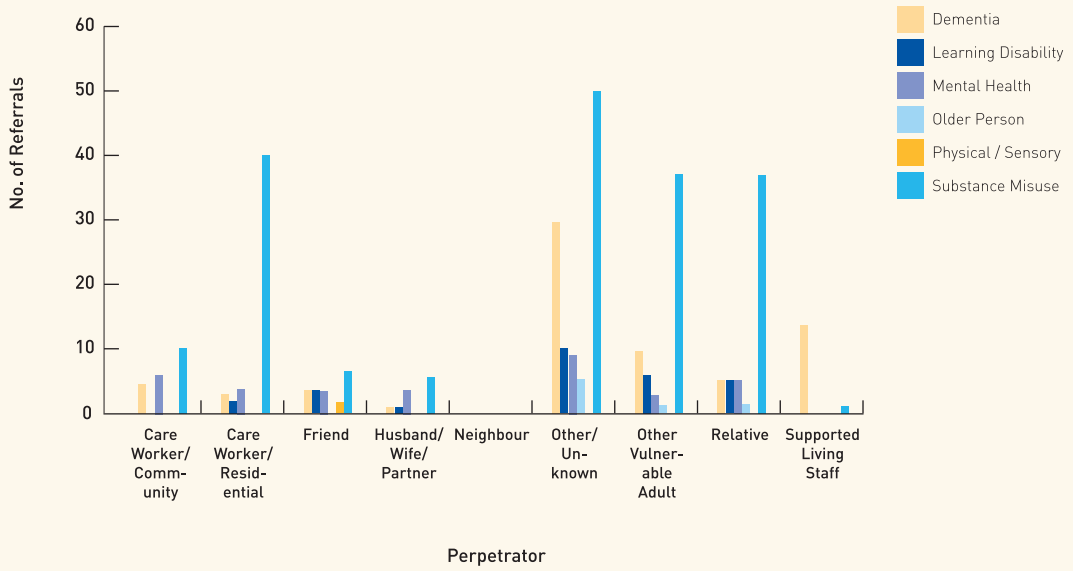
within the establishment and this is already demonstrating improvement in the quality and safety of the service.

The practice of information sharing by a range of professional groups at the Quality Information Group has resulted in many more instances of neglect being reported before there are serious consequences for the victim and therefore as well as dealing with the incident, this has a preventative element. On various occasions we have been able to deploy not only the community nursing services, but also specialist staff for tissue viability, infection control and nutrition to support providers to address deficiencies in service.

There has been a small, but welcome reduction in the percentage of referrals concerning financial abuse, from 20% to 17%. With the more structured approach to working with the Court of Protection and guidance to services on managing service users' finance which is being piloted in part of supported living services we would hope to maintain this downward trend in 2011/12.

Discriminatory and psychological abuse continues to be a relatively small area but we have seen an increase from 9% to 15% of all referrals. Given the work that the Board has done on raising awareness of hate incidents it may be that this reflects a greater willingness to report. We will continue to work with and support the "Speak up Centres" to further our understanding of this area.

Table 6 - Perpetrators

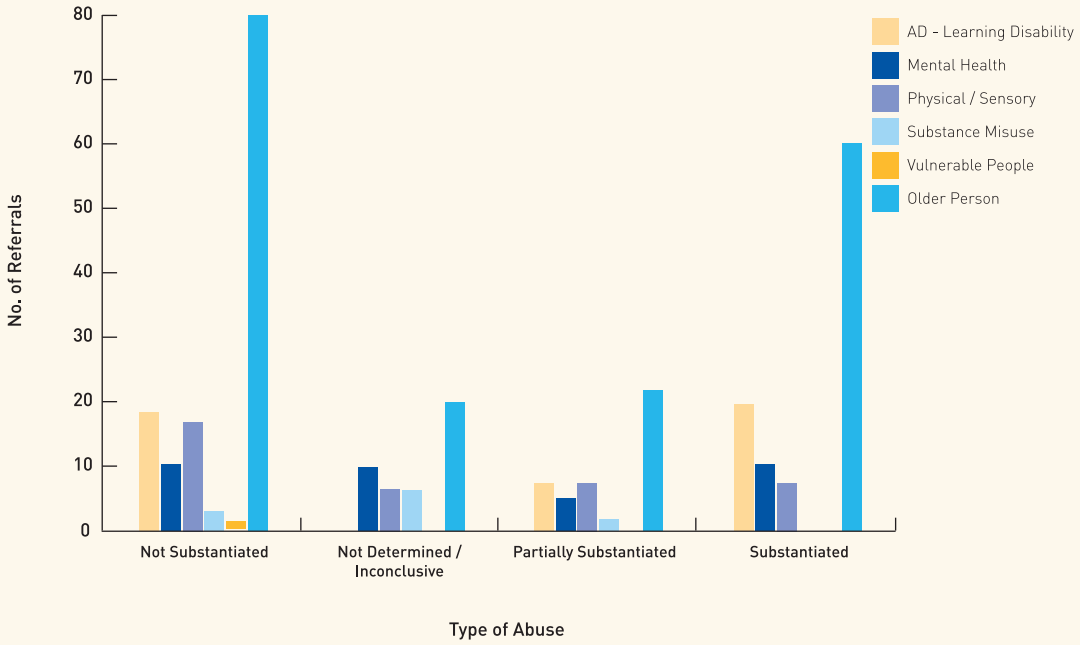


The percentage of referrals in which care home staff are the perpetrators has fallen from 24% in 2009/10 to 15% in 2010/11. However the percentage of the referrals in which the perpetrator is unknown have risen considerably from 20% to 31%. This initially raised concerns and the data was examined. However this is believed to reflect instances of neglect when it is often not possible to identify a particular perpetrator as it is identified that a group of staff are collectively responsible. In these circumstances discussion with the service has identified that the "culture" of the staff group needs to change through improved training and supervision. We will look with Incident managers at how such situations are most helpfully recorded and monitored.

We have also seen an increase from 12% to 20% of cases where the perpetrator is the partner or other relative. These are often some of the most difficult and sensitive cases to address. Although all service user groups provide examples, in over 50% of cases the victim is an older person. There is no easy way of addressing this but we will be talking to Advocacy services and LINk and Older People's Voice to consider how we might seek to reverse this increase. Given the resources that have been dedicated to raising public awareness we are pleased that the number of referrals involving neighbours or friends continues to remain low after the reduction evidenced in 2009/10.

The percentage of vulnerable perpetrators remains almost exactly the same. However, given the development of the risk assessment to support services this is a little disappointing. The focus in these cases should be on ensuring that all staff are working to the care plan and we will look at these referrals in relation to each provider but are aware they occur most frequently in dementia care settings. We are working with colleagues in commissioning to ensure best practice in these setting.

Table 7 -Case Conclusions



We can see some changes from 2009/10. The percentage of cases where it is concluded that the allegations are fully or partly substantiated has risen slightly from 45% to 49% overall. However the number that cannot be determined has dropped from 30% to 11% with a commensurate increase from 25% to 40% where it is concluded that abuse did not take place.

We have established the Incident Managers Forum to provide an opportunity to examine the data and look at trends throughout the year. This is to support the Incident Managers to develop investigatory skills. It may be that this, together with the build up of expertise, has supported incident managers, investigators and other partners to become more experienced and therefore better able to reach clearer conclusions. We will be continue to consider this in the Incident Managers Forum as we need to ensure that the correct conclusion is determined, as even where it is not possible to make a clear determination the need for a safeguarding plan should be considered.

The information from 2009/10 indicated that in a substantial number of cases no further action beyond the investigation itself was necessary. Looking further at this information it became clear that, in these cases the provider services themselves identified the difficulties and addressed these without further action from the Care Management or others. Following further discussion with

services the Board agreed to pilot the Care Concern Process from December 2010.

Care Concern Pilot December 2010 - March 2011

During this period 50 Care Concerns were reported in the following settings:

Residential Care	**28**
Supported Living	**10**
Day/Domiciliary	**9**
Respite	**3**

The most frequent areas of practice where care has fallen below acceptable standards are:

- Medicines Management
- Staff Attitudes / Behaviour
- Dignity/Personal Care
- Moving and Handling
- Nutrition/Hydration

To date the Care Concern Pilot is proving to be a successful way of enabling services to identify when the standard of care has fallen short and ensuring that is addressed, whilst sharing the learning and good practice from this with others.

Reports are audited by members of the Quality Assurance sub-group. We will be offering further training in investigations and report writing to staff in provider services.

The Quality Assurance Framework

The Board and Safeguarding and Quality Assurance Unit continue to work within a broad multi-agency approach, including commissioners, provider services, the Care Quality Commission, LINk and neighbouring authorities to ensure the highest standard of service delivery to vulnerable adults who receive domiciliary care services, supported living, day care services and residential care, both in the Borough and beyond. The Quality Assurance work strand is a key area of activity which focuses on working with providers to raise standards and improve the quality of care.

We continue to work with our established Three Tier Arrangements, receiving and co-ordinating a wide range of information on the quality of services.

These are:

- Tier 1 - Regular reviews by Health and Social Care Staff
- Tier 2 - The Quality Information Group (QIG) to receive and analyse individual reviews, complaints and other information and determines any actions needed to improve standards
- Tier 3 - Quality Assurance Management reviews with the Registered Manager and/or Registered Owner to ensure a more detailed service improvement programme is in place if necessary

We have also been developing our relationship with providers, recognising their own role in identifying and addressing incidents of concern. In recognition of this we have established a group of staff from provider services to operate as the Audit group for Care Concerns.

At the same time we have reviewed the membership of the Quality Information Group and streamlined the information gathering process. All Quality Management Reviews now invite Lead Commissioners to attend.

We have continued the practice whereby a Safeguarding Investigation or the QIG can make a decision that all the residents/ service users who are receiving care from a particular provider have a further, unscheduled review. This includes offering a review to any self funding resident in the service. The particular strength of this is that these are joint reviews involving a Care Manager and a District Nurse so that standards of health and nursing care can be assessed. This has improved the care for vulnerable people by ensuring that the totality of their quality of life can be assessed.

Achievements 2009/10

The Establishment of the Care Concern process to give provider services the responsibility for identifying and addressing instances of poor care within an agreed framework which ensure consistency and the opportunity for lesson learned and good practice to be shared.

To strengthen the Care Concern process we have developed the role of providers so that they quality assure the reports and report back into the Quality Assurance Framework.

The evaluation of the Quality Information Group arrangements to ensure that the process is working effectively and promotes improved quality of care.

Close partnership working with LINk and Knowsley Older People's Voice to validate the Dignity Audit returns by visiting all the residential and nursing homes in the Borough to complete a "Quality of Life" audit.

The Board has received information from Health Trusts about their work to ensure that lessons are learnt from the Francis Inquiry into Mid Staffordshire Hospital Trust.

We are working with colleagues in primary care to strengthen their contribution to the work of the Board through developing the role of the Safeguarding General Practitioner.

Quality Assurance Framework - Case Study

The following demonstrates how the Quality Assurance Framework has been used to improve the quality of care delivered by one provider in the Borough. This good work was later validated independently by the Audit conducted by LINk and Knowsley Older People's Voice.

Care Home A is a small 20 bedded residential care home. In 2009 the home had received a very poor Care Quality Commission (CQC) Key Inspection, going from 2* good to 0* poor and as a result of the Inspection, Enforcement Orders in respect of Medication were placed on the home by CQC. At this time there were also a number of Safeguarding Investigations taking place and the home was made subject to the Quality Assurance Management Review process.

Ongoing work throughout 2010 by the Safeguarding and Quality Assurance Unit and the Link Social Worker with the Registered Manager and Owner of the home saw improvements in all aspects of care provision within the home. Following a further Key Inspection by CQC which identified improvements in all standards, the QA Management Review Process was closed and the home continues to be monitored by the Care Management Link Social Worker.

In November 2010 2 members of LINk and Older People's Voice conducted a "Quality of Life" audit. The volunteers spent a day in the home observing all aspects of care, talking to the residents, staff and the Manager. A summary of their findings is as follows:

- Tour of the Home

  The volunteers were shown around the home by the Registered Manager and found the communal areas and residents' rooms to be clean and tidy. The décor was reasonable and a new carpet was fitted in the lounge during the previous week. The home was comfortable, warm and there were no disagreeable odours. The somewhat dull lighting and the narrow corridors gave an institutionalised feel to the place. There was a small veranda and a decent sized garden which had a vegetable patch, although the latter was not used by the residents. Activities e.g. mild exercises and bingo, take place in the lounge. A new large screen television was switched on but was tuned to ITV Wales. This should be easily rectified to allow residents to watch local programmes.

- Residents & Staff

  There were 18 residents in the home at the time of the audit and the volunteers spoke to several residents. Responses to questions relating to their quality of care, including facilities, food and attention from the staff, were mainly positive. One or two residents suggested that they did not get support to visit the shops and had not been consulted about the running of the home. One resident felt that staff had entered her room without knocking. None the residents had felt the need to complain. Residents were generally happy with the respect and confidentiality demonstrated by the staff. Visitor attendance is only discouraged at meal times. On the odd occasion, residents' clothes had been mixed up but generally personal possessions were fully respected. Regular visits from the clergy appeared to satisfy religious needs. Most residents did not think that they had Care Plans.

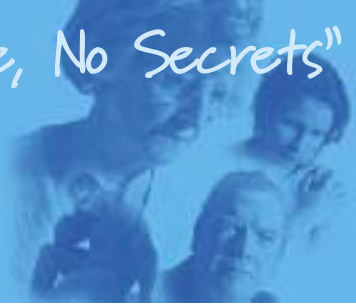
  Staff were generally positive and were keen to make known that they worked as a team. Two staff members had worked in the home for 10 and 21 years. When asked about input from the residents into the running of the home, they responded 'they don't ask so we don't do it'. They said there were frequent residents meetings which were all recorded.

- Activities

  The audit identified some of the activities offered to the residents, a recent trip to Blackpool and painting sessions etc. But it seemed that some residents took little part. One resident said he had never been asked what he would like to do and that he would like to go swimming. The volunteers felt that there was potential for a broader range of 'hands-on' activities so that all residents had the opportunities for alternatives to the daily routine.

Conclusion

There did not appear to be any significantly negative comments with respect to dignity. Certainly the majority of residents with whom the volunteers spoke responded positively to all the questions. Overall the volunteers said the home appeared to be moving in the right direction in an aim to improve all aspects of care and improve their CQC rating.



Key Priorities 2010/11

Work with partners in acute care to ensure that the issues of dignity, nutrition, hydration and communication, raised in the report "Care & Compassion" by the Health Ombudsman are actively addressed and to share best practice.

Develop further the partnership working with LINk and Older People's Voice by conducting an audit into domiciliary care provision.

Continue to support the work of both the Domestic Abuse and Hate Crime Multi Agency Risk Assessment Conferences to ensure that adults at risk receive the most appropriate support, including ensuring that all staff are aware of the Domestic Violence toolkit devised by Barnardo's.

Ensure that all the recommendations for the Serious Incident Reviews are implemented.

Ensure that Safeguarding Adults receives sufficient priority within changes to the commissioning and delivery of community and other health services by establishing procedures and pathways with NHS colleagues.

Safer Workforce Development

The Board recognises that the delivery of an effective Safeguarding Adults service is dependent upon a well-trained, competent, confident and motivated workforce.

The Workforce Development Group has overseen the delivery of a comprehensive programme of multi-agency training provided at no cost to participating agencies. Across the year a total of 1911 staff from the statutory, independent and voluntary sectors received training. This represents an increase of 610 in the number of training places taken up compared with 2009/10. The following courses were delivered:

Competence Framework Level One:

- E-learning - 3 courses available Safeguarding Adults, Mental Capacity Act and Deprivation of Liberty Safeguards.
- Safeguarding Adults and Children Alerter Workshop a half-day course in recognising and reporting abuse of adults and children delivered to 150 participants by Afta Thought Training Consultants using actors to present case scenarios of abuse.
- Principles and Practice a 1-day more detailed awareness course appropriate for all levels of staff.

Competence Framework Level Two:

- Manager's Response a half-day course for Managers, Deputies and Supervisors detailing their roles and responsibilities as managers in the safeguarding process.

Competence Framework Level Three

- Investigations in casework a 2-day course for designated staff who are required to undertake Safeguarding Adults investigations as part of their role.

Competence Framework Level Four

- Incident Management - Convening and Chairing Safeguarding Adults Meetings a 2-day course for designated Incident Management Officers; these are the Service Managers, Team Managers, Deputy Team Managers and Senior Practitioners from integrated Health & Wellbeing teams who are required to co-ordinate the response to a safeguarding alert as part of their role.
- Incident Management Officers (IMOs) Forum - a half-day forum for designated Incident Management Officers to share good practice, resolve problems and develop their knowledge and skills with the aim of promoting consistent practice across Knowsley.

Training delivered 2010/11

Title of Course	No. of courses	DWS participants	KMBC Non DWS participants	NHS Knowsley participants	Mental Health Trusts	Independent & vol sector participants	Other (inc private / non health care)	Total participants
e-learning								
• Safeguarding Adults		76		118	3	3	112	**312**
• Mental Capacity		25		37		1	5	**68**
• Deprivation of Liberty Safeguards		6		22			6	**34**
Safeguarding Adults and Children Alerter Workshop	3	161	50	351	3	605	81	**1,251**
Principles & Practice	11	24	1	110	6	17	9	**167**
Manager's Response	3	3		12		9	3	**27**
Investigations in Casework	2	17	N/A	1	2	N/A	3	**23**
Incident Management - Convening and Chairing Safeguarding Meetings	1	4	N/A	1	1	N/A	N/A	**6**
Incident Management Officers Forum	2	20	N/A	1	1	N/A	1	**23**
Total Numbers Trained		**336**	**51**	**653**	**16**	**635**	**220**	1,911

Achievements 2010/11

Further reviewed arrangements for the Incident Manager role to train more staff from NHS Trusts and to strengthen the responsibilities of providers to take on a greater investigatory role where appropriate.

Increased resources for training by developing a multi-agency Team of local practitioners to deliver the Principles and Practice course.

Established a regular Forum for Incident Management Officers to disseminate updates on local and national safeguarding policy, provide opportunities to share problems/areas of good practice and to ensure greater consistency across the authority in managing incidents.

Increased awareness across service users, carers and staff groups with regard to identifying, reporting and supporting the victims of hate incidents/crimes.

Produced Safer Recruitment Guidance to support all organisations in the safer recruitment of staff/volunteers to work with adults and ensured its distribution across partner agencies. The Guidance was presented at the Residential & Nursing Care Provider Forum and at the Knowsley Care Partnership for independent providers.

Key Priorities 2011/12

Ensure the Training Programme is fit for purpose and that appropriate courses are available across the whole workforce, including the independent and voluntary sectors.

Ensure that the learning from reviews of Serious Incidents is incorporated into the training programme; particularly in relation to issues around capacity, choice and risk. Safeguarding training should be reviewed to ensure that staff fully understand both the links with mental capacity and the continued need to safeguard individuals with capacity who may make unwise decisions.

Review arrangements for the delivery of the Safeguarding Adults and Children Alerter Workshop; responsibility for Safeguarding Children training has transferred from Knowsley's Safeguarding Children Board to the Children's Trust Board.

To ensure that all staff working with adults at risk are aware of Advocacy Services and refer in to the Advocacy Hub when appropriate; in particular to ensure that advocacy is offered to vulnerable people, including victims and perpetrators, during the safeguarding process.

Prevention and Keeping People Safe

The two key priority areas for activity identified by the Board for its work in 2010/11: establishing a wider awareness of Hate Crime and developing services to support victims and strengthening the role of the Dignity Champions to ensure all adults at risk are treated with respect in all settings, demonstrates the importance given to preventing the abuse or neglect of vulnerable people.

The Board works with all partners and providers both to ensure that all services provide good standards of care and, if this falls short, then remedial action is taken immediately. Central to this approach is a shared commitment to sharing experiences and using every opportunity to learn lessons. In Knowsley we are able to ensure that any lessons have the widest possible application through our integrated health and social care services, providing holistic health and social care reviews and our close working relationships with colleagues across the wider Council and with community safety services.

All the Sub Groups have played a part in this work and the partnership that has been established with LINk and Older People's Voice, to ensure that members of the community are actively supporting quality audits, has enhanced the Board's determination to foster a culture that empowers people by ensuring that they are always treated as individuals with respect, compassion and sensitivity. As part of this, the Board received a presentation by Healthcare partners from local Acute, Mental Health and Community Trusts on how they were responding to the recommendation made in the Francis Inquiry into conditions in the Mid Staffordshire Hospitals Trust, which emphasised the importance of always treating patients with dignity in maintaining their physical, mental and psychological health.

The Board also received a presentation on the range of both statutory and voluntary advocacy services available to support and empower adults at risk.

Quality Assurance

Ensuring the quality of services and supporting providers to deliver this remains a cornerstone of the Board's preventative approach. This is further strengthened by a robust network of inter-agency working.

Achievements 2010/11

The Quality Assurance Group has established the thresholds and procedure for dealing with Care Concerns. The Group is now auditing the action plans from these to cascade lessons learnt to increase understanding of early intervention and preventive approaches.

The Safeguarding Adults and Quality Assurance Unit has worked with the Safer Knowsley Partnership, the Home Improvement Agency and Trading Standards to improve the understanding of people living in the community on how they can ensure their own safety and security and how they can raise concerns if this is compromised.

The establishment of the partnership with LINk and Older People's Voice to build on the work of the Dignity Champions and complete a "Quality of Life" audit in all the residential and nursing homes in the Borough.

We have worked with colleagues in the Safer Knowsley Partnership to increase awareness of Hate Crime across the Borough and its impact upon individuals through a public conference and the establishment of over 20 "Speak Up Services" to encourage reporting and offer ongoing support to victims.

Key Priorities 2011/12

We will be further developing arrangements to disseminate good practice and lessons learnt from care concerns and safeguarding investigations to all partner and provider agencies.

We will build on the good working relationships with partners in the local NHS Trusts to address the issues identified in the NHS Ombudsman's Report "Care and Compassion" and will continue to bring the Safeguarding Adults process and the Serious and Untoward Incident process closer together to maximise learning and good practice.

We will further develop our work with LINk and Older People's Voice to deliver a "quality of life" audit on domiciliary services and to support LINk members in offering service users and their families a regular opportunity to give feedback on services.

The Safeguarding Adults and Quality Assurance Unit will co-ordinate a review of multi-agency risk assessment processes, to ensure that issues of capacity, choice and vulnerability are addressed with the individual.

Workforce Development

One of the key objectives of the Safeguarding Adults Workforce Development Strategy is to ensure that all staff and volunteers in the wider workforce have a good understanding of their roles and responsibilities not only in recognising and reporting abuse, but also in the prevention of abuse.

Achievements 2010/11

We have contributed to the next stage of the competence based workforce planning project focusing on the End of Life Care Pathway. Two workshops were held for staff and managers across Knowsley Health & Wellbeing; these included representation from GPs and independent care providers; the aim of the workshops was to review competences across the existing workforce and to consider those required for the future pathway.

We have continued to provide information to service users and personal assistants to support the development of self directed care options, whilst ensuring that people can keep themselves safe.

The Safeguarding Adults Unit has developed different ways for people to raise concerns by working with provider services and voluntary organisations to identify and train appropriate staff to act as mentor and offer support to people if they are reluctant to go down the more formal safeguarding process.

Worked with colleagues in the Criminal Justice System to develop arrangements to ensure that relevant staff receive training in the Multi Agency Public Protection Arrangements (MAPPA).

Begun joint training and development for the Adults and Children's workforce to ensure that the Common Assessment Framework is utilised to strengthen preventative work and provide additional support to vulnerable families and support holistic joint assessments following the pilot programme.

Supported 4 Local Authority and 2 Primary Care Trust staff to train as Best Interests Assessors.

Worked with Commissioning, Procurement and Human Resources to ensure that delivering care with dignity is incorporated into all job descriptions and person specifications.

Continued to develop awareness of safer recruitment practice across partner agencies through the Provider Forum and by the distribution of Safer Recruitment Practice Guidance produced by the Board.

Key Priorities 2011/12

Embed the 'Think Family' agenda into all safeguarding work in order to improve the support offered to vulnerable children, young people and adults in the same family.

Ensure that all staff are aware of the Domestic Violence Risk Assessment Tool devised by Barnardo's to assess the impact of domestic abuse on children. Distribute information about the training sessions run by Barnardo's across appropriate partner agencies.

To continue to support the Dignity campaign and ensure that good practice in maintaining dignity and respect is embedded across all partner organisations.

In response to a review of serious incidents, the Safeguarding Adults and Quality Assurance Unit will appoint a multi-agency task group to co-ordinate a shared piece of work to identify good practice in Risk Assessment and Management.

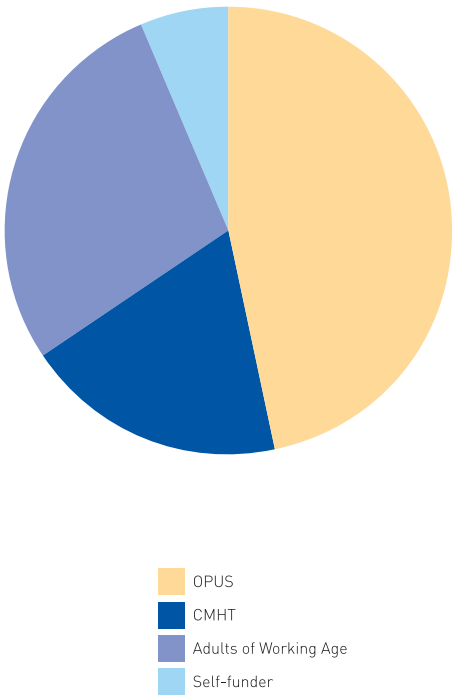
To maintain an overview of national policy developments in relation to the Independent Safeguarding Authority (ISA) and to ensure that recommendations are implemented across Knowsley.

Mental Capacity Act (MCA) / Deprivation of Liberty Safeguards (DOLS)

The Board recognises that some of our most vulnerable adult residents are those who do not have capacity to make decisions about their own affairs or care and treatment.

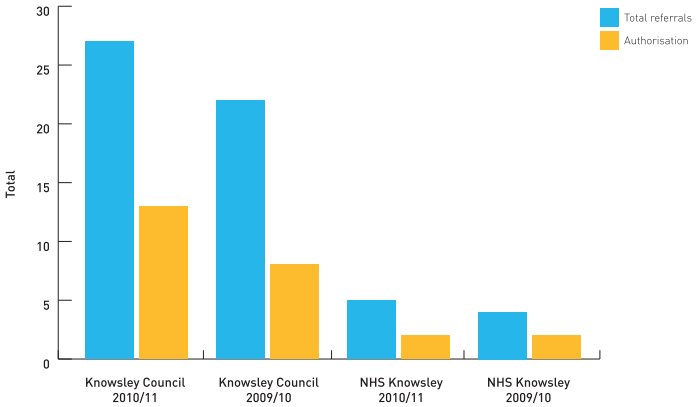
The Mental Health Act / Mental Capacity Act Development Manager and the Mental Capacity Act Co-ordinator, based in the Safeguarding Adults and Quality Assurance Unit, have established an operating system for all Deprivation of Liberty Safeguards (DOLS) referrals across Knowsley Local Authority and the Primary Care Trust. Ongoing training and workshops have been delivered to health and social care staff, the independent sector and our partner agencies for the Mental Capacity Act (MCA) and DOLS. The Knowsley MCA/DOLS Subgroup of the Safeguarding Adults Board continues to meet regularly with the focus on promoting good practice, monitoring and quality assurance of all issues related to MCA/DOLS.

The following graphs contain information on the DOLS referrals for April 2010 to March 2011:



The above chart shows where the DOLS referrals are received from during this period, and adults over 65 years of age represent the largest group with approximately half of all referrals of (46%). Compared to the latest North West Region figures of DOLS referrals for over 65's which is 68%.

Requests for Authorisations under Deprivation of Liberty Safeguards



The above bar chart shows the total figures as comparison with the DOLS referrals and authorisations from 2009/10 and 2010/11. These figures show an upward trend of increased referrals from the residential/nursing care home settings from last year which may demonstrate a greater awareness of DOLS and MCA in general. In addition they also evidence that a greater number of DOLS referrals are not being authorised as a standard authorisation by the Local Authority Supervisory Body. This may reflect the increased experience of the Best Interest Assessors having a greater awareness of what constitutes deprivation of liberty, along with the awareness of ongoing case law decisions from The Court of Protection. Knowsley authorises 46.8% of all DOLS referrals which is very close to the North West latest figures showing that 50.2% of all DOLS referrals are authorised. The DOLS referrals and authorisations for the PCT remain comparatively low. We are continuing to raise awareness and provide training to colleagues in health care settings.

Mental Capacity Assessment - Case Study:

A man with a learning disability who was known to Social Services had received a large lump sum of money which the holder of this money would not place in his bank account fearing that he could not appropriately spend this money. The first principle of The Mental Capacity Act is to assume capacity unless otherwise proven, and there was no clear evidence that he would spend this money unwisely. Questions were asked by his support workers and the holder of the monies as to who would complete a capacity assessment of his decision making ability to manage a large sum of money. The Mental Capacity Act states that whoever the decision maker is would be expected to complete a capacity assessment at the time a decision was needed to be made around how the money was to be invested and spent.

After some discussion about who would complete a capacity assessment it was decided that a social worker would take the responsibility to do this. The capacity assessment pro forma was used as part of assessing his capacity along with a financial assessment tool which determined that the man had the capacity to manage small amounts of day to day finances with some supervision, but lacked the capacity to manage larger amounts of money and make decisions regarding his future investments.

The capacity assessment enabled him to retain control of his own spending on day to day financial matters such as buying clothes, electrical items and food for himself. It also enabled others to successfully plan for a Court of Protection application for Financial Deputy to invest and manage much larger sums of money in his best interests. This was managed with the aid of a financial plan produced by the social worker and other people involved in his care and support.

Learning Outcomes: The learning from this case example demonstrates the requirement to follow the statutory process of assessing capacity for when a decision is required. It also reinforces the need for clear evidence to provide The Court of Protection for Financial Deputy applications without first assuming the person lacks capacity.

Achievements 2010/11

Participation in training for the Best Interest Assessor role within both Supervisory Bodies (LA and PCT) focussing upon the areas where DOLS referrals are predominant.

Continuing to oversee compliance with MCA and DOLS statutory requirements/ policies through then use of the Audit Tools provided by the Social Care for Institute in Excellence (SCIE)

A panel and quality assurance/referral pro-forma for referrals to the Court of Protection (finance) for service users who lack capacity has been established.

Continuing to improve the support offered to people who lack capacity by strengthening Best Interests Decision making and reviewing arrangements for Corporate Appointee ship and Court Appointed Deputies.

Continued to develop awareness of MCA/DOLS, especially in the NHS sector including acute and mental health trusts.

Assisted in scoping the training needs and support required to DCFS staff in MCA and DOLS issues relating to young adults in transition between children's' and adults' services.

With colleagues, examined the impact of outcome focused reviews upon MCA/DOLS practice/referrals through an agreed audit process.

Encouraged the uptake and completion of the Mental Capacity Act and Deprivation of Liberty Safeguards e-learning materials.

Continued to work with all staff to encourage the use of the Independent Mental Capacity Advocacy service and other advocates.

Audited providers compliance of Mental Capacity Act & Deprivation of Liberty safeguards.

Safeguarding Adults Board Members attended a Mental Capacity Act half day workshop.

57 staff from various Managing Authorities including care providers, residential/nursing home staff and health and social care staff attended a full day event on the Deprivation of Liberty Safeguards and mental capacity.

Key Priorities 2011/12

Ensure that all relevant staff in care management and provider services receive training in Court of Protection finance applications and financial procedures for people who lack capacity to manage their own affairs.

Establish the post of the Court of Protection Administrator to establish appropriate banking and other financial procedures and implement a robust monitoring and audit process.

Monitor the impact of outcome focussed reviews on Mental Capacity Act & Deprivation of Liberty Safeguards compliance.

Deprivation of Liberty Safeguards - Case Study

A young man with a recently acquired brain injury, who had no previous involvement in health or social care required urgent intensive and high dependency care after hospital treatment for his injury. His brain injury was significant and he became aggressive towards nursing staff and frustrated at being in hospital as well as making frequent attempts to leave. He still required treatment for his brain injury and also appeared to lack the capacity to make decisions concerning his own health and safety.

This young man was recovering from an extensive brain injury which was potentially fatal if he was not treated and observed in a hospital setting. He was making attempts to leave the hospital whilst incapacitated and could not comprehend the risks to his long term health nor his own safety in the community at that time. He did not understand where he was and despite the need for ongoing treatment found the hospital environment a strange place with which he was unfamiliar and caused him some distress and disorientation. At the time of the Deprivation of Liberty assessment he was also attempting to remove essential medical devices and due to the extent of his brain injury was unable to understand what was happening to him.

After the hospital had placed him under an urgent Deprivation of Liberty (for 7 days) they also requested a further period of authorization of this deprivation in order to treat him and keep him safe. He was subsequently assessed by an independent Doctor and a Best Interest Assessor who agreed that a further period of deprivation was required in order to continue to keep him safe in the hospital environment for a period of three months.

Learning points: This case demonstrates the correct, lawful manner in which to protect a person who lacked capacity and to be able to continue to keep him safe in a hospital setting without acting unlawfully. He required a level of restrictions being placed upon him including one to one supervision and remaining on a locked ward which were necessary; however without the deprivation of Liberty authorization may well have been unlawful.

Suicide Prevention

In 2007/08 Knowsley launched its local Suicide Prevention Strategy and associated Action Plan. Since that date the Safeguarding and Quality Assurance Unit has worked with colleagues in Public Health through the Board's subgroup. In the last 12 months progress has been made in understanding suicide and self harm and identifying how data collection can be improved to support this. Partners will continue to support this. However it has been agreed that Public Health will take the lead in co-ordination future work and the subgroup will be dissolved. A Member of the Public Health Team will join the Board so that we can continue to take this work forward.

Achievements 2010/11

Analysed the findings of the Mental Health Equity Audit and reviewed Knowsley's Suicide Prevention Action Plan in light of its findings.

Continued to deliver Knowsley's Suicide Prevention Action Plan through both the local Working Group and the pan Merseyside and North Cheshire Suicide Reduction Group.

Reviewed Knowsley Suicide Prevention Working Group to ensure the right level of representation and the most appropriate format for future meetings.

Supported the planning and delivery of a Suicide Prevention Conference, organised under the auspices of the Merseyside and North Cheshire Suicide Reduction Group to promote high level support for a multi agency action plan to drive down suicide rates across the region.

Key Priorities 2011/12

Develop further intelligence and interventions to address incidents of self harm.

Development and delivery of a new overarching Public Mental Health Action Plan.

Continue to deliver on Knowsley's Revised Suicide Prevention Action Plan through both the local action and the pan Merseyside and North Cheshire Suicide Reduction Group.

Production of an in depth local Suicide report to inform priority actions.

Support the planning and delivery of a second Suicide Reduction Conference, organised under the auspices of the Merseyside and North Cheshire Suicide Reduction Group to promote high level support for a multi agency action plan to drive down suicide rates across the region.

Improve data recording to ensure better analysis on a pan Merseyside and North Cheshire level.

Key Issues for the Year Ahead

A Time of Change

The last 12 months have seen many changes. Many partner agencies are facing significant challenges and some services, including the Safeguarding Adults and Quality Assurance Unit have restructured to best meet these.

However the commitment of the Safeguarding Adults Board to preventing the neglect and the abuse of vulnerable people and to ensuring that all adults at risk are safeguarded and treated with dignity and respect remains the same. It is especially important during times of change that fundamental values are adhered to and the Board is confident that the commitment of all partners and provider agencies to maintain the good work and progress of recent years will not only be maintained but will continue develop further in future.

Managing Risks

Risks are part of life and this is as true for adults at risk as for anyone else. However often they experience particular risks which they, and sometimes the people who support them do not fully understand. The Board is continuing to work with all partners to ensure that standards of care are always high and that any risks are identified and managed appropriately.

The importance of determining mental capacity and working within the Mental Capacity Act has been a feature of the work of the Board in recent years and training events for staff services and Board members has taken place. However we recognise that there is still further work to do in this area.

In particular, we will be conducting a major review into our risk assessment and management processes to ensure that not only are issues of capacity inherent to these but even where individuals do have capacity we both recognise their right to make unwise decisions but also support them to understand the possible consequences through a comprehensive risk assessment which would enable them to manage or mitigate these risks.

The business plan outlines the next phase of the Boards development with an emphasis on ensuring that lessons learnt over the last 12 months are translated into practice. We will be developing practice in this area to ensure that there are multi agency risk assessments and that communication across agencies and with service users and carers supports the best interests of individuals.

Empowering Service Users and promoting use of the Advocacy Hub

Knowsley is now delivering personalised care and support on a much wider scale. Improved information is available for service users and carers and an increasing number of people are purchasing their own care through an individual budget.

We continue our commitment to empower service users and carers wherever possible. We will be developing work with advocacy services to give a greater voice to service users within the safeguarding process itself and will be improving our arrangements for feedback. The Safeguarding Unit will support the roll out of information about the Advocacy Hub in order to ensure that where appropriate, advocacy is offered to vulnerable victims and perpetrators during the safeguarding process.

At the same time our close partnership with LINk and Older People's Voice, which has been a significant achievement of the last 12 months, will build on the work to date and provide a focus for individuals not only in residential care but receiving support in the community to raise issues and shape the development of services to their needs. We will be working more closely with colleagues across the voluntary and independent sector to ensure that advocacy is fully embedded in all aspects of the Board's work.

Court of Protection

The increase in the number of people who do not have the capacity to look after their own affairs is increasing. In recognition of this we are developing our work with the Court of Protection to ensure that both the finances and welfare of individuals who lack capacity are always safeguarded and that there are good practice guidance, inter agency arrangements and proper audit processes in place to ensure that this is the case.

Dignity

As ever, ensuring that people are always treated with dignity and respect will remain high on the agenda. We will be building on the work we have done in partnership over the last 12 months with colleagues in the acute health sector and with LINk and Older People's Voice, so that we have a range of measures in place for ensuring that adults at risk are not only provided with the right treatment and care but that these are always delivered in a personalised way with dignity and respect.

We will be linking this with the work already outlined to ensure that service users have a loud voice in determining how issues should be dealt with and the ways in which they wish to be protected.

National Policy

The Safeguarding Adults Board will maintain an overview of national policy developments particularly in relation to the Independent Safeguarding Authority (ISA) and any developments arising from the 'No Secrets' Consultation which were put on hold following the 2010 General Election. The Board will ensure that any recommendations are implemented across Knowsley and incorporated into the review of the Safeguarding Policy and Procedures.


"No Silence, No Secrets"

Board Business Plan 2011/12

Knowsley: The Borough of Choice 2008 – 2023 and the Improving People's Lives 2010/11

Knowsley's Safeguarding Adults Board contributes to the aims and objectives of the Borough's Sustainable Communities Strategy and the Local Authority Corporate Plan by delivering on the following themes:

- **Safer More Cohesive Communities**
- **Unlocking the Potential and Raising Aspirations**
- **A Healthy, Independent Knowsley**

The Action Plan will do this by focusing on the following three key areas of activity:

- **Joint Planning, Partnerships and Accountability**
- **Responding to Abuse and Neglect**
- **Prevention and Keeping People Safe**

Key to Abbreviations

KSAB - Knowsley Safeguarding Adults Board

SA&QAU - Safeguarding Adults and Quality Assurance Unit

SA Co-or - Safeguarding Adults Coordinator

Ex Group - Executive Group

Head of SA&QAU - Head of Safeguarding & Quality Assurance

C&E Group - Communication & Engagement Group

SCR Group - Serious Case Review Group

WD Group - Workforce Development Group

QA Group - Quality Assurance Group

QA Manager - Quality Assurance Manager

MH D/Manager - Mental Health Development Manager

MCA Co-or - Mental Capacity Act Coordinator

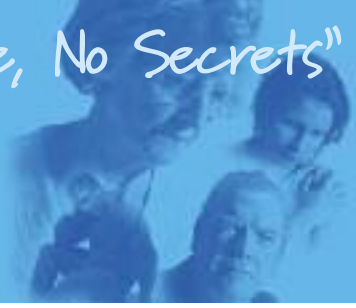
SP Group - Suicide Prevention Group

MCA/DOLS Group - Mental Capacity & Deprivation of Liberty Safeguards Group

DIG S/Group - Dignity Steering Group

Joint Planning, Partnerships and Accountability

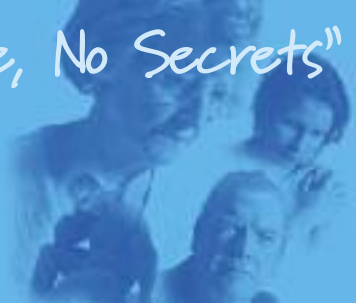
Aim	Actions	Target Date	Desired Outcome	Lead
Further support and embed developments whereby Partner Agencies take responsibility for ensuring their own standards of service delivery	Ensure that all Partner Agencies work within the Care Concern Framework Review the learning from the introduction of the Care Concern process to inform the thresholds for Safeguarding Alerts Ensure that all Concerns and Alerts are analysed and disseminate the learning and outcomes to all partners	December 2011	Strengthening of the Care Concern Process Regular reports to partner agencies on issues arising through both Care Concern and Safeguarding Adults Processes Delivery of regular learning events to reflect the learning by partner agencies	SA&QAU and Quality Assurance Group
Identify ways to ensure that the victim is always central to the safeguarding process	Ensure that advocacy and safeguarding are closely aligned through work with the Advocacy Hub and develop the use of advocacy within the developing good practice guidance Develop the role of LINks and Older Peoples Voice to allow people to raise concerns in a variety of ways Ensure that individual's communication needs are fully assessed and develop more accessible information Consult service users on their experience of the safeguarding process, especially if they feel safer as a result	December 2011	Good Practice guidance for the use of advocacy circulated and the SGA monitoring form amended to ensure that practice is monitored Wider range of accessible information available Development of role of LINks and OPV Safeguarding Adults Policy and Procedures reviewed in the light of service user experience	SA&QAU and Quality Assurance Group



Aim	Actions	Target Date	Desired Outcome	Lead
Work with partners in acute care to ensure that the issues of dignity, nutrition, hydration and communication, raised in the report "Care & Compassion" by the Health Ombudsman are actively addressed and to share best practice	Health Partners to provide a report to the Board on their response to issues raised in the Report Ensure that Safeguarding Adults receives sufficient priority within changes to the commissioning and delivery of community and other health services by establishing procedures and pathways with NHS colleagues	November 2011	Vulnerable people are safe and receive the best care in all health settings Good Practice in relation to dignity, nutrition, hydration and communication shared between all health partners Good Practice protocol established to ensure that all safeguarding incidents in clinical settings are reported to the Board	SA&QAU with Health Partners
Continue to support the work of both the Domestic Abuse and Hate Crime Multi Agency Risk Assessment Conferences to ensure that adults at risk receive the most appropriate support	Work with partners in the Safer Knowsley Partnership to deliver a multi agency approach to safeguarding vulnerable adults in all circumstances Embed the 'Think Family' agenda into all safeguarding work in order to improve the support offered to vulnerable children, young people and adults in the same family Ensure that all staff are aware of the Domestic Violence toolkit devised by Barnardo's	November 2011	All safeguarding adults issues are identified within both the Domestic Abuse and Hate Crime Multi Agency Risk Assessment Conferences Staff have the skills to use the Domestic Violence toolkit devised by Barnardo's	SA&QAU with Safer Knowsley Partnership
Review the Policy and Procedures to reflect learning and recent practice developments	Incorporate the arrangements for services identifying and investigating their own Care Concerns Ensure that awareness of and reporting domestic abuse and hate crime are specifically reflected in the policy and procedures	October 2011	All services assume responsibility for recognising and addressing when standards of care are compromised Staff across all agencies are aware of wider these issues and are able to take appropriate action to protect people	SA&QAU with dedicated working group

Responding to Abuse and Neglect

Aim	Actions	Target Date	Desired Outcome	Lead
Ensure the Training Programme is fit for purpose and that appropriate courses are available across the whole workforce, including the independent and voluntary sectors	Review the Training Programme to take account of organisational restructuring and the revised Policy and Procedures Review arrangements for the delivery of the Safeguarding Adults and Children Alerter Workshop in the light of the transfer of funding responsibility from the Safeguarding Children's Board to the Children's Trust Board Support the roll out of information about the Advocacy Hub in order to ensure that where appropriate, advocacy is offered to vulnerable victims and perpetrators during the safeguarding process	October 2011	Training is fit for purpose and taken up by appropriate groups. Safeguarding is embedded across new structures as agencies reorganise. All staff are aware of updates in Policy and Procedures Joint working across the Children's and Adults workforce to continue appropriate to the needs of organisations The wishes and preferences of vulnerable victims and perpetrators are fully taken into account during the safeguarding process	Workforce Development Sub Group
Maintain an overview of national policy developments in relation to the Independent Safeguarding Authority (ISA) and the 'No Secrets' consultation	To ensure that any recommendations are implemented across Knowsley and incorporated into the local Safeguarding Policy and Procedures	January 2012	Local multi-agency Safeguarding Policy and Procedures reflect national policy. National policy is widely implemented at local level	SA&QAU



Aim	Actions	Target Date	Desired Outcome	Lead
Work with partners in Acute, Community and Mental Health Trusts to ensure that the issues of dignity, nutrition, hydration and communication, raised in the report "Care & Compassion" by the Health Ombudsman are actively addressed and to share best practice	Agree arrangements to extend the Care Concern Approach to the Trusts with appropriate reporting Review current arrangements for identifying safeguarding issues within the Untoward Incident Reporting process	December 2011	All incidents of abuse or neglect and compromised care are investigated and reported to the Board Regular opportunities for staff from all sectors to learn any lessons and develop good practice	SA&QAU with Trust Safeguarding Leads

Prevention and Keeping People Safe

Aim	Actions	Target Date	Desired Outcome	Lead
The SGAU will co-ordinate a multi disciplinary review of current practice in assessing risk in relation to an individual's capacity and vulnerability to produce multi-agency procedures, guidance and training in relation to Risk Assessment and Management	All partner agencies will be invited to participate Work streams will consider risks/vulnerabilities in relation to: ¥ Fire hazards - (see below) ¥ Substance misuse ¥ Non compliant or aggressive behaviour ¥ Capacity and unwise decisions ¥ Challenging behaviour ¥ Medication ¥ Self neglect Development of a initial check list of actions and issues to be considered, for frontline staff	March 2012	Standard and consistent multi agency framework and approach to risk assessment and management across all agencies Workforce Development Programme available to staff Recording across agencies will detail risk assessment and management and list the interventions being provided and the outcomes expected Joint Protocol to be developed between agencies	

Aim	Actions	Target Date	Desired Outcome	Lead
	Establish risk assessment and management arrangements and identify when the safeguarding process should be initiated		Develop further understanding of the assessment of mental capacity and implication for choice and control	SA&QAU Unit and Partner agencies
The Development of a comprehensive procedure for assessing and reducing the risks to vulnerable people of Fire Hazards	A Working Group will: ¥Develop a process for identifying all people who may be especially vulnerable to fire risks at home ¥Ensure that they are all offered an individual risk assessment ¥Establish a shared multi-agency risk management process ¥Establish a process for ensuring that the Fire Service is aware of all people with a Key Code Safe emergency	December 2011	All people in Knowsley who have specific risks in relation to fire hazards, due to health or environmental factors are identified All people identified as being particularly vulnerable to fire risk have a detailed risk management plan Information to facilitate entry by key safe is available to the Fire Service	SA&QAU Unit with Fire Service and Partner Agencies
Establish a and standardised protocol for dealing with no access issues, for care providers delivering care in Knowsley and care management staff, including those arising out of hours	The development of a standardised protocol for dealing with no access issues No access protocol to be incorporated within Knowsley's Safeguarding Procedures at the next review of the procedures Revised Procedures to be issued to all agencies Training implications of the protocol to be considered by the Safeguarding Work Force Development Group and incorporated within the Board training matrix	December 2011	Adoption of the protocol by all Domiciliary Care Providers providing care in Knowsley, all care management teams, Out of Hours Managers	SA&QAU Unit Health and Wellbeing Procurement Team

Knowsley Safeguarding Adults Board

"No Silence, No Secrets"

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For further information or to make a referral please contact
Knowsley Access Team on 0151 443 2600

Aim	Actions	Target Date	Desired Outcome	Lead
Ensure that the finances and welfare of people who lack capacity are safeguarded through appropriate application to the to the Court of Protection	Introduce and Implement Policy and Good Practice Guidance in relation to working under the Court of Protection Establish appropriate financial and audit processes for the roles of Appointee or Deputy, managing money on behalf of people who lack capacity	November 2011	People without capacity are safeguarded from financial abuse All financial decision making and spending on behalf of people who lack capacity is based on their best interests and subject to regular audit	SA&QAU with MCA Sub Group
Further develop work with LINKs and Older Peoples Voice to deliver a "quality of life" audit on domiciliary services and to support	Establish an Audit tool for community based services with LINks and OPV	December 2011	LINks members offer service users an opportunity to give feedback on Services and identify priorities for service development	SA&QAU with LINks and OPV