

# Safeguarding Adults Board Newsletter

January 2019 - Edition five



**Firstly, I would like to wish everyone a very Happy New Year for 2019. It's amazing how quickly time passes and that we're at the start of a new year again. It's often a time for reflection as well as giving opportunity to look forward.**

For adult safeguarding, my own reflections would be that 2018 was very busy with lots of improvements happening across a range of partners.

Professional and public awareness of safeguarding and how to report a concern has risen, with a doubling of the number of concerns being reported into the safeguarding team of Cornwall Council in just 12 months.

This should be seen as a success; it is much better that concerns are raised, reported and investigated than left with potentially disastrous consequences for individuals. Cornwall and the Isles of Scilly are not unusual in the number of concerns being raised - figures are increasing nationally as awareness of adult safeguarding increases. However, we have experienced a higher than average increase. Some of this will be because we have focused on engagement and awareness over the past 12 months.

Looking forward to 2019, we still have a lot of work to do in the prevention of adult abuse. Partner organisations will be working together through the Safeguarding Adults Board to have a shared approach to this important element of our work.

We will also be concluding several statutory safeguarding adult reviews – this is when things have gone wrong for either an individual or group of individuals. We need to learn from these experiences to make positive changes within our services to protect vulnerable adults to prevent the same thing happening again in Cornwall or the Isles of Scilly.

The newsletter has continued to be very popular and the circulation increases month on month so it's proving to be a good way of communicating with a wide audience on issues concerning safeguarding.

Once again, Happy New Year.

**Fiona Field, Independent Chair, Safeguarding Adults Board**



We value any comments you may have to help improve the newsletter.  
Email [safeguardingadultsboard@cornwall.gov.uk](mailto:safeguardingadultsboard@cornwall.gov.uk) with any feedback, suggestions or ideas you would like to share or for inclusion in future issues.



## Developing quality in care homes through training

**In a bid to facilitate the quality and standards of care in care homes, NHS Kernow's nursing and quality directorate held a series of three free training days in November and December 2018 aimed solely at care home staff.**

**NHS**  
**Kernow**  
Clinical Commissioning Group

Engagement was high and all three days were well attended. A number of topics were covered including infection control, nutrition and hydration as well as adult safeguarding.

Whilst those attending had a good level of knowledge about safeguarding processes within the homes, it was evident that there was a need for some learning in relation to reporting and investigation processes outside of the homes internal processes.

Real safeguarding case studies were shared and groups worked together to determine whether the safeguarding threshold was met in each case. The groups used evidence based decision making when working together. Useful and informative debate took place and this led to an improved understanding of threshold criteria.

Following on from the success of these free training opportunities, NHS Kernow is planning some further sessions in 2019 in a bid to create and sustain quality improvement.

### Newsflash...

The SAB will be hosting a conference in May 2019, which will be designed to inspire our target audience to think differently about working with people who self-neglect. Key note speakers include Professor Michael Preston-Shoot and Dr Mary Rose Day. More information will be coming soon.

### Protecting adults at risk

Have you seen the "Guide to the public on protecting adults at risk"? Over 15,000 copies have been distributed across Cornwall and the Isles of Scilly. If you'd like a copy, contact [safeguardingadultsboard@cornwall.gov.uk](mailto:safeguardingadultsboard@cornwall.gov.uk)

### Safeguarding is everyone's business

We've produced an engagement toolkit offering a range of resources to help raise awareness of adult safeguarding, how to recognise signs of abuse and neglect and what to do if you are worried about somebody. This includes banners, guide to the public, posters, newsletters, pencils and even a board game. If you are holding an event and would like access to this toolkit please contact [safeguardingadultsboard@cornwall.gov.uk](mailto:safeguardingadultsboard@cornwall.gov.uk)

**A newly qualified fire fighter raised concerns about the conditions in which their elderly neighbour was living. Adult social services were already aware of the situation and requested a visit from the fire service to assess.**

The prevention team attempted to make contact with the occupant Lillian\* but they were unsuccessful and became alarmed as the property had been left insecure. There were clear signs of hoarding behaviour and from the information gathered it was felt that Lillian was at risk of harm.

The six principles set out in the care act were considered:

1. Empowerment	4. Protection
2. Prevention	5. Partnership
3. Proportionality	6. Accountability

Lillian was in need of assistance. There was a need to take some action before any harm occurred. After an initial unsuccessful visit, the fire service prevention team sought to locate Lillian to ensure her wellbeing. Eventually locating her in a care home on a temporary basis following a discharge from hospital.

A multi-agency meeting was organised by adult social services, attended by Lillian, her close friends and other members of the community.

### Working together and in partnership

- Both the fire service and adult social services worked with Lillian who was being supported by friends and the local community; it was possible to arrange for the property to be cleared and for remedial work to be carried out.
- Lillian was at the centre of the process, informed and empowered to make decisions and supported to continue to live independently.

Decisions regarding the structural instability and electrical hazards of the property were made by qualified tradesman to ensure that the property was safe for people to be in the property and the neighbouring attached properties were not put at risk. Records and consent were gained and retained regarding all enquiries.

At a later date and after much consideration Lillian decided that she no longer wished to live in the property and asked for arrangements to be made to enable her to move to a care home permanently.

This case story demonstrates partnership working at its best. The commitment shown by Lillian's friends was selfless, unwavering and beyond what is expected of any community member.

\* Names have been changed to protect identity.

The CQC intelligence directorate has led a project to consider statutory notifications about deaths, serious incidents, abuse and police involvement. The project sought to improve the quality of information received. CQC receive a significant number of inappropriate notifications and improving the system will reduce burden, improve quality and the monitoring of risk.

## Guidance

Guidance will be:

- Sector specific.
- Clear.
- Distinguish quality of care issues from safeguarding.

## Implementation

Aim to develop an online reporting mechanism that will:

- Reduce the burden on providers.
- Have checks in place to help providers decide what to report.
- Categorise incidents by a priority level.

## Outcomes

Expected outcomes will include:

- More robust and timely reporting of abuse incidents.
- Clarity about what is safeguarding and what is quality of care.
- Reduced number of incidents incorrectly being reported as statutory notifications and safeguarding to local authority safeguarding teams.
- Reduce burden on providers, local authorities and CQC inspectors.

We will soon embark upon formal co-production internally and externally both on the content of forms and the guidance and providers will have an opportunity to be involved.

## Services repeatedly rated as 'requires improvement'

Changes to CQC methodology for working with providers who have repeated ratings of 'Requires Improvement' (RI) has been developed from our experience with the Morleigh group.

Good care is the minimum that people receiving services should expect and deserve to receive. Providers should therefore aim to achieve and sustain an overall rating of 'good' or 'outstanding'.

From 1 November 2017, for services rated RI on one or more than occasion, proportionate action has been taken to encourage improvement from the provider to achieve and sustain a rating of good.

Inspectors use their judgement to take proportionate and flexible action to encourage the service to improve.

The following steps are taken:

- At first RI rating, write to inform provider that subsequent RI ratings may constitute a breach of Regulation 17 (good governance) and suggest sources of help to seek improvement. Letter will be copied to lead commissioner where appropriate.
- Where there is a breach of regulations, consider proportionate enforcement action, as stated in enforcement policy and guidance.
- Request the provider complete and return (within 28 days) an improvement action plan to demonstrate how and by when they will make improvements to the quality/safety of service to achieve an overall rating of at least good. This will be requested under Regulation 17(3) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Request a meeting with the provider, manager and commissioner to discuss concerns and implement improvements and support.

## Safeguarding training at Cornwall Care is face-to-face and designed to help our staff support our clients and protect them from harm and abuse.

The current training provides information from the Care Act, Mental Capacity Act, Human Rights Act and Safeguarding Vulnerable Groups Act and has been designed to map to the Care Certificate Standards 10 and 11.

We work with staff to help them understand the balance between keeping people safe and helping them achieve the outcomes that are important to them.

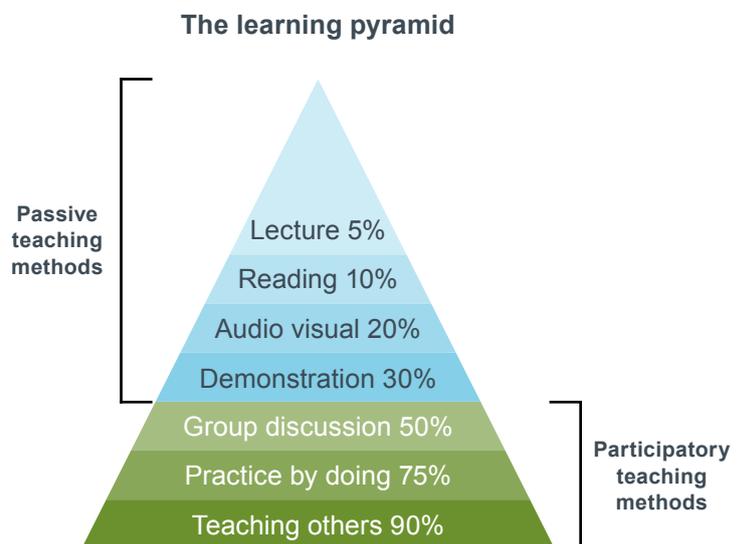
Staff are given information on how to assess capacity, what deprivation of liberty means and what is proportionate in terms of restrictive practice. Staff are able to discuss how consent is gained and how human rights apply to the work we do.

Much of the safeguarding concerns raised by staff centre around unpredictable behaviours that challenge due to the underlying medical conditions of our clients but we also see clients that are at risk of harm from poor practice or neglect at home. In the training, we discuss types of abuse and how to raise concerns.

We apply the learning pyramid methodology in the way we approach training.

The learning and development team are seeking to make training more practical to include observation of practice to record the achievement of the standards within the care certificate.

Staff will be asked to walk around the service, identify aspects of good practice and areas where improvements can be made before sharing their findings.



## Training feedback



# Five minutes with Suzanne Wixey, Service Director. Adult Social Services

## About me

Originally, I was working in the private sector and became involved with a family centre – working with vulnerable young adults and children. This proved a life changing period for me and led to a fulfilling and rewarding vocation.

After qualifying at Plymouth University, I worked as social worker for 20 years – firstly in child protection and then as a primary care link worker alongside GPs before becoming a team manager and then a service manager in adult social care.

This precipitated a move to the Isle of Wight, as Head of ASC and member of the Safeguarding Adults Board; leading the transformation of ASC and the introduction of the personalisation agenda. As head of commissioning I was responsible for shaping the market place and working with providers.

As Programme Director for Integration, I worked with clinical leads developing new models of care – a Vanguard programme supported by NHS England to improve the care of people across England by joining up services provided through a complete redesign of whole health and care systems.

It was seeing the benefits of this integrated care service that brought me back to Plymouth to head up and lead the transfer of ASC statutory functions from the local authority to the social enterprise organisation, which involved the development of integrated localities with community services within the social enterprise - a trailblazing concept. From here, I joined Cornwall Council in September 2018.



## Tell us a bit about your role?

As the lead for ASC assessment and functions within the local authority, including business functions, I work with key partners to deliver a co-ordinated service and approach and I am responsible for safeguarding.

## What is your favourite pastime?

I enjoy living in Cornwall and walking the coastal paths with my Border Collie. When I am watching television I tend to choose holiday programmes or property programmes such as 'Buying and Selling'. Also, my guilty pleasure is Coronation Street!

## What are the challenges?

There are significant challenges in this role now- not least trying to bring about a £38 million saving over three years whilst seeking to deliver transformational change and maintain a high quality of service.

I hope to bring about a move to a more preventative approach, learning from SAR's and leadership teams to embed the value of social care and empower people.

## What is the best thing about your job?

The people that I work with – they are dedicated and committed to their jobs whilst recognising the significant challenges they face in their roles.

# Caused Enquiry... What you need to know?

## What is a safeguarding enquiry?

The Care Act 2014 requires local authorities to make enquires, or cause others to do so, when they think an adult with care and support needs may be at risk of abuse or neglect in their area and to find out what, if any, action may be needed.

The local authority statutory duty of enquiry applies where it has reasonable cause to suspect that an adult in its area:

- Has needs for care and support (whether or not the authority is meeting any of those needs).
- Is experiencing, or is at risk of abuse or neglect.
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

## What is the purpose?

To gather information and to assess and manage risks in relation to an adult at risk where concerns have been raised about abuse or neglect.

The adult at risk or their representative should be provided with information and support to enable them to participate as much as they want to in the enquiry and its objectives. Where an individual is unrepresented, an Independent Advocate should be considered and offered as required during the enquiry process.

Any relevant professionals, agencies should be asked for information or assistance with the enquiry. The enquiry should support the adult to achieve recovery and resolution.

## Things to remember

- An enquiry should be tailored to adult's individual needs and circumstances.
- It should be proportionate to the level of risk involved.
- It should take account of the adult's ability to self-protect and capacity to make decisions for themselves.
- What happens as a result of an enquiry should reflect the adults' wishes wherever possible.
- An enquiry could be a conversation with the adult, or representative if they lack capacity, including making decisions about which concerns are raised in the referral or enquiry, right through to a much more formal multi-agency set of planned enquiries.
- In many cases a professional who already knows the adult will be the person best placed to make enquiries. They may be a social worker, a community psychiatric nurse, a care provider, housing support worker, a GP or other health worker such as a community matron.

## Best practice

- Set clear terms of reference – what do you want the agency to enquire about?
- Support the agency to consider how they involve the adult at risk – is an advocate needed?
- Be clear on who the agency should report to? Who will support them with any questions or unexpected discoveries?
- Negotiate the time scale for return of the enquiry report.
- Quality assure the report – are you happy with how the enquiry was undertaken including how the adult or their representative was involved? Return to the agency for further work with a new negotiated time scale.
- Determine the safeguarding plan as needed.

Access the Cornwall and Isles of Scilly multi-agency policy and procedure on our webpage: [www.cornwall.gov.uk/safeguardingadults](http://www.cornwall.gov.uk/safeguardingadults)

## But First A Drink – combating dehydration

**Do you want to help keep people well this winter (or any time of the year)?  
#ButFirstADrink - Could you offer them a drink at the start of your contact? Why at the start of the visit, consultation or contact?**

Well if you do it then it'll mean you don't forget and you can encourage and assist the person if necessary. It can also be a useful insight into how the most vulnerable are coping. Who doesn't love a conversation over a cuppa?

Dehydration is linked to the cause or deterioration of a vast array of conditions, which include minor problems of tiredness, headaches, dizziness, confusion, over-eating and constipation. These can become more serious if not addressed and can result in and increase in related injuries, for example, they can be the reason for falls.

Dehydration is also linked to pressure ulcers and infections including urinary tract infections and gram negative blood stream infections. These can lead confusion etc. and the cycle continues.

Ultimately, there are positive benefits from a campaign to reduce dehydration. One of which is the potential to prevent hospital admissions and potentially reduce length of stay for those who are admitted. Furthermore, addressing the risks of dehydration could reduce other complications such as acute kidney injury.

Of course, if somebody is nil by mouth (NBM) or on a fluid restriction or needs thickened fluids it is important to follow medical or professional advice. However, most of us would benefit from better hydration and none more than the most vulnerable.

From a self-care perspective, personal performance can be significantly reduced when you are dehydrated meaning that you'll not be able to provide as high a quality care as you would normally.



Rachael Brandreth works as Professional Lead for Dietetics across Cornwall and is passionate about improving the health and wellbeing of our communities. Improving nutrition and hydration are key ways to do this.

#ButFirstADrink is a simple message intended to be accessible to all and to empower people to improve the health and wellbeing of people they care for and about, and for self-care.

This is your newsletter - if you have a good news story or some important information to share please let us know. The next newsletter will be produced in April 2019.

### Contact details

Sarah Scoltock, Business Manager  
T: 01872 323613  
E: Sarah.Scoltock@cornwall.gov.uk

Adult Safeguarding Triage: 01872 326433  
Access (for public use): 0300 1234 131  
E: safeguardingadultsboard@cornwall.gov.uk