



Nottinghamshire
County Council

Overview and Scrutiny Safeguarding Vulnerable Adults

October 2008



Safeguarding Vulnerable Adults

Final Report

Contents

Members of the Select Committee	3
Summary	
Protection of Vulnerable Adults	4
Evidence	6
Recent Legislation	6
Nottinghamshire's Response to the Safeguarding Agenda	7
Vulnerable People	9
Partnership Working	10
Private Sector Care Homes	12
Monitoring and Evaluation of Services	13
Personalisation of Services	14
Summary of Recommendations	16

Members of the Select Committee

Nine County Councillors make up the **Safeguarding Vulnerable Adults Select Committee**:

- **Chris Winterton** (Chair)
- Reg Adair
- Albert Haynes
- Paul Henshaw
- Helen Holt
- Pat Lally
- Joe Lonergan (Vice Chair)
- Sue Saddington
- Jason Zadrozny

Support for the Committee was provided by

- Helen Lee, Scrutiny Officer, Nottinghamshire County Council
- Chris Holmes, Service Manager Decision Making, Governance and Scrutiny, Nottinghamshire County Council

Summary

1. The Overview and Scrutiny Committee at its meeting on 18 February 2008 commissioned a review into the arrangements for safeguarding vulnerable adults in Nottinghamshire. It would consider the wider safeguarding remit and determine if policies and procedures reflect the requirements of the forthcoming Safeguarding Vulnerable Groups Act 2006.
2. Between April and July 2008 the Safeguarding Vulnerable Adults Select Committee gathered information and evidence relating to the Safeguarding Vulnerable Groups Act 2006, the Mental Capacity Act 2005, partnership work and the development of the separate safeguarding boards for the city and the county. With the move from an adult protection focus to a wider safeguarding remit, the development of a new safeguarding board and the implications of the new legislation, the select committee members felt the time was right to gauge the impact these changes will have on the safeguarding agenda. The Select Committee would consider if the mechanisms Nottinghamshire County Council have planned and implemented reflect requirements and attempt to identify future actions to improve the care of vulnerable adults.
3. The select committee considered evidence from Adult Social Care and Health departmental officers, Nottinghamshire County Teaching Primary Care Trust (Nottinghamshire County tPCT), Nottinghamshire Police, the Commission for Social Care Inspection, a service user and a private care home provider.
4. The move towards safeguarding adults rather than reacting to abuse is acknowledged as a step forward in improving the welfare of vulnerable adults. Demographic changes indicate that during the next 30 years there will be a growth in the number of people over 65 and a reduction of the number of people entering care homes, increasing the need for provision of services in their own homes. The need for comprehensive and robust policies to enable safeguarding in the community will be required.
5. Members of the select committee acknowledged staff commitment to raising awareness both within the County Council and the wider community but felt there are opportunities to increase this awareness and the County Council with partner agencies should take a lead role. Within the County Council the duty to consider safeguarding issues should be embedded in all policies and procedures, and a greater awareness should be conveyed to all staff and elected Members.

Safeguarding considerations should be included in the priorities set by the Local Strategic Partnership (LSP) and the Local Area Agreement (LAA).

6. The progress made by the establishment of the separate safeguarding board - the Nottinghamshire Safeguarding Adults Board (NSAB) - has improved localised targeting of services, partnership working and allowed the emerging policies and practices to be developed which are more specific for vulnerable adults living in Nottinghamshire. The additional capacity allows analysis of localised trends and allows more locally targeted action. The benefits accrued from a joint City/County board have not been lost; there are still close links with joint policies and procedures, consistent training plus systems to support cases that span the County/City border. The NSAB is working to effectively promote partnership working across Nottinghamshire and establish consistent responses to safeguarding issues, developing strategic policy and practice across organisations.
7. The select committee recognised the role of the Safeguarding Adults and Mental Capacity Act Team (SAMCAT) in managing the requirements of the Mental Capacity Act, 2005. Driving partner organisations forward; taking responsibility for embedding the framework across the county; forging close links with partner organisations in particular Nottinghamshire County tPCT and preparing for the implementation of the Deprivation of Liberty Safeguards in April 2009.
8. Vulnerable adults and their carers should have a clear role in shaping the arrangements for safeguarding, and how this can be provided. Choice and control by service users brings responsibilities and risk, and could pose problems unless effectively monitored with support mechanisms that enable informed decision making.
9. Training was seen as key in all areas for the successful implementation of the safeguarding agenda. This not only includes training for staff who have a safeguarding role and are aware of how to respond but also general awareness training for all workers who have contact with vulnerable adults.
10. It is not always possible to proactively safeguard. Some adults may choose to disengage from service provision, but by raising awareness of safeguarding and adult abuse issues, and what to do if there are concerns the County Council, partner agencies and the wider community may prevent cases of abuse.

Protection of Vulnerable Adults

11. 'No Secrets' (Department of Health, 2000) is the principal guidance used for the protection of vulnerable adults. It provides a framework for action within which all responsible agencies public, private and voluntary develop joint policies to ensure a coherent strategy for the protection of vulnerable adults at risk. This involves consultation with service users, carers and representative groups.
12. A 'Vulnerable Adult' is a 'person aged 18 years or over who is, or may be, in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. (No Secrets, DOH, 2000). In this document 'community care services' are defined as including all care services provided in any setting or context.
13. Nottinghamshire was one of the first authorities in the country to establish Adult Protection Policies and an Adult Protection Team to deliver services to promote prevention of abuse. The team has worked successfully with statutory and independent sector partners across Nottingham City and Nottinghamshire County areas. The Nottinghamshire Committee for the Protection of Vulnerable Adults produced a set of multi-agency adult protection policies, procedures and practice guidance in 2001 which provided a consistent and effective approach for partnership working to manage concerns of allegation of abuse and neglect.

Evidence

Recent Legislation

14. The legislative framework has recently been altered by the implementation of the Mental Capacity Act 2005 and the Safeguarding Vulnerable Groups Act 2006.

The Mental Capacity Act 2005

15. The Mental Capacity Act, fully implemented in October 2007, provides a statutory framework to empower, support and protect people aged 16 years and above who may not be able to make their own decisions all the time. It gives clarity as to who can make decisions and how they can make them. Guidance on the Act is provided in the code of practice. Individuals who have a duty to follow the code of practice include those who act in a professional capacity and employed carers in the community, care organisations and hospitals. The Act deals with assessment of a person's capacity and care by those looking after, or working with people who lack capacity. It sets out a clear decision specific test to assess capacity. It provides a checklist of how to establish a person's best interest if they lack capacity to make a decision, during care or treatment, and gives clear guidelines on the use of restraint.
16. For the first time there is a law to protect carers, healthcare and social care staff from liability when acting in connection with care or treatment for those who lack capacity. It applies if they follow the principles of the Act, believe that the person lacks capacity to give permission and it is in the person's best interests. There is a new criminal offence of ill treatment or wilful neglect, of a person without capacity which carries a maximum of five years in prison. This, therefore, has strong links to the safeguarding agenda.
17. Deprivation of Liberty (DOL) Safeguards will be implemented in April 2009 and apply to people 18 years and above, who have a disorder, or disability of the mind, lack capacity to give informed consent to the arrangements made for their care and for whom, deprivation of liberty is considered by an independent assessment process, to be necessary to protect them from harm. It applies to both public and private placements and must be authorised by a supervisory body. The Local Authority has three roles as a managing authority, provider of residential care and as a supervisory body which receives applications for DOL

for care homes. It can grant authorisation, apply conditions and appoint representatives.

Safeguarding Vulnerable Groups Act 2006

18. From October 2009, the Safeguarding Vulnerable Groups Act (SVGA) will be implemented. The Act will establish an Independent Safeguarding Authority (ISA) which will develop a scheme for vetting, barring and monitoring staff and volunteers and will protect children and vulnerable adults by preventing those people who are known to be a risk from accessing these groups. The Act was a result of the 2004 Bichard Inquiry, (following the Soham murders). The Inquiry recommended:

‘New arrangements should be introduced requiring those who wish to work with children, or vulnerable adults, to be registered. The register would confirm that there is no known reason why an individual should not work with these clients.’

19. This recommendation will be implemented by the development of a central service that will administer a registration scheme that will bar unsuitable people from working with children/or vulnerable adults The Independent Safeguarding Authority (ISA) for vulnerable adults will replace the PoVA (Protection of Vulnerable Adults) list.
20. From October 2009 new job applicants will need to apply for ISA registration,
- Employers and voluntary organisations working with vulnerable groups will not be able to recruit workers who are not ISA registered
 - Existing employees and volunteers with no Criminal Records Bureau (CRB) check must apply for ISA registration
 - Existing employees with CRB checks will also need to apply for ISA registration, starting with staff whose CRB checks are the oldest.
21. There is a significant strengthening of safeguarding as the requirements refer to all regulated activity with vulnerable adults. A regulated activity is broadly defined as one which is a ‘front line activity’, where individuals have direct contact with the vulnerable adult, for example social work, healthcare, teaching and counselling. ISA registration will be reviewed when information becomes

available, and employers who have expressed an interest will be notified should an individual have their ISA registration removed.

22. There will be penalties for employers who fail in their responsibility to carry out necessary checks or recruit people who are not members of the scheme. It will be a criminal act for barred individuals to seek a job in a regulated activity working in close contact with vulnerable adults. Employers will be able to make an on-line check that a prospective employee is a member of the scheme and therefore not barred.
23. Nottinghamshire County Council has a project plan in place to implement the safeguarding arrangements. A project manager will be appointed to work with all departments.
24. Members of the select committee recognised that the systems for vetting workers would lead to greater safeguarding of vulnerable adults however, concern was raised about the ability to carry out vetting for workers who had only recently entered the United Kingdom.

Recommendation

The County Council approaches the Independent Safeguarding Authority to express concern about the inadequacy of information for some people entering the United Kingdom who apply to work with vulnerable adults.

Nottinghamshire's response to the safeguarding agenda

25. The Association of Directors of Social Services 2005 document 'Safeguarding Adults a National Framework of Standards for good practice and outcomes in adult protection work' established standards for social services departments to use. In response to this document the County Council decided that the Adult Protection Unit should take on a wider safeguarding role, and that specific services should be established for the city and the county. Following consultation a decision was reached to establish, by April 2008, separate Adult Safeguarding Boards for Nottinghamshire County Council and Nottingham City Council. The rationale for the development of the two boards was to develop approaches that would:
 - be based on local demographic, social and health profiles
 - provide a more targeted approach to trend and need analysis

- reflect organisational structures
 - enable consistent reporting of activity and performance.
26. The Nottinghamshire Safeguarding Adults Board (NSAB) is chaired by David Pearson, Strategic Director of Adult Social Care and Health, Nottinghamshire County Council. The Adult Social Care and Health Department has a coordinating role for the multi agency partnership. Membership includes representatives from Nottinghamshire Healthcare, Nottinghamshire County tPCT and Bassetlaw PCT, the Police, the Probation Service, and expert advisors. Within the last 12 months the Adult Protection policies and procedures have been reviewed, and following consultation roles and responsibilities have been amended to reflect local circumstances and the growing importance of the safeguarding agenda.
27. Safeguarding Adults is defined as “all work which enables an adult who is or may be eligible for community care services to retain independence, wellbeing and choice and access their human right to live life that is free from abuse and neglect” (Association of Directors of Social Services Safeguarding Adults Document 2005). The new agenda has moved the focus from protection of the individual from abuse to a wider remit which will include proactively protecting vulnerable groups from potential abuse. This involves a greater role for public information and requires greater social inclusion of vulnerable people to raise awareness of the community’s responsibility to safeguard.
28. The Safeguarding Adults Unit discharges the authority’s lead responsibility under the Mental Capacity Act 2005 (MCA) which was implemented in October 2007. The Deprivation of Liberty (DOL) safeguards section of the Act will not become operational until October 2009. To recognise the focus on mental capacity and the links to safeguarding, the newly named Safeguarding Adults and Mental Capacity Team (SAMCAT) will play a central role in developing policy and procedures in preparation for the implementation of DOL. It will undertake the management of specialist mental capacity workers for Nottinghamshire County Council and Nottinghamshire County tPCT, and will work to integrate the links between Safeguarding Adults and the Mental Capacity Act.
29. The aim of SAMCAT is to be:
- ‘a Centre of Excellence and Expertise which informs and assists organisations in their responsibilities to protect and safeguard vulnerable adults.’**

30. SAMCAT will drive organisations forward and help them to take responsibility for what needs to be done. Nottinghamshire County tPCT have funded two specialist nurse monitoring practitioners to work with the County Council to develop a fully integrated county wide health and social care resource. This service will offer expertise to carry out duties and responsibilities falling within the MCA and provide information and guidance to the health and social care community across Nottinghamshire on matters relating to mental capacity and decision making.
31. The new agenda of proactively protecting vulnerable groups rather than reacting to cases of abuse, gives much greater need for awareness within the community. SAMCAT are committed to raising the profile within the County Council and works with partners on the NSAB to raise it within the wider community. The County Council can take a lead in developing this role, increasing the profile and raising awareness, by integrating safeguarding priorities in wider strategic plans.

Recommendation

Adult safeguarding issues should be considered and embedded in all County Council policies and procedures and should be included in the priorities set by the Local Strategic Partnership and the Local Area Agreement.

Vulnerable People

32. **“Abuse is a violation of an individual’s human and civil rights by any other person or persons”** ‘No Secrets’ (DOH, 2000). “Vulnerable adults are entitled to exercise the same rights as others in the prosecution of criminal offences and pursuit of civil remedies” (‘Nottingham and Nottinghamshire Safeguarding Adults Multi-Agency Policy, October 2007). There has been a 30% increase of alleged abuse notification 2006/07, Adult Abuse Annual Report (Nottinghamshire Committee for the Protection of Vulnerable Adults), possibly explained by the raised awareness of the problem. Nottinghamshire has on average one referral per 1000 of the population which, with the exception of one other authority, is double that of similar authorities. Older people and people with learning disabilities were identified as the service groups most allegedly abused. Most alleged abuse takes place in a care home setting or in their own home and staff or family/partner are most likely to be the abuser. Comparison of outcomes of abuse - proven, disproven, possible and inconclusive – reveals a

high number of inconclusive investigations, with few cases leading to prosecution. Approximately 20% of alleged cases are proven which is in line with other local authorities. The Safeguarding Manager for each care home has responsibility for managing safeguarding assessments and makes decisions to proceed based on evidence. Not all abuse is a crime. Prosecution is not always in the public interest and levels of evidence may be insufficient.

33. Members raised concerns about the number of inconclusive investigations which could be due to insufficient time available for proper investigation, inadequate resources or inadequate training to allow conclusions to be reached.

Recommendation

Action is taken to address the high number of inconclusive outcomes to allegations of abuse including:

- a detailed examination of inconclusive investigations be undertaken including an analysis of trends
- a detailed examination of reasons for alleged abuse by carers and staff
- developing support and preventative measures to address the findings of these reviews
- additional training for Safeguarding Managers in the conduct of managing investigations.

Case Study

A service user discussed some issues around feeling safe and indicated that:

- feeling safe is important, it gives confidence to deal with problems and improves quality of life
- safeguarding to a service user means more than just being free from abuse it also includes allowing users to feel comfortable with their care, know what they should expect, what standard of care is acceptable and what is not
- service users want to be treated as individuals and to be taken seriously. If they raise concerns about their care, issues that may seem trivial should not be ignored
- safeguarding should be the responsibility of all staff in the organisation - the manager, support worker, cook or cleaner and recognition of problems should be everyone's concern. People who work with service users need to be trained how to offer support, recognise safeguarding issues and how to proceed should they arise
- service users need to be clear about what to do if they feel unsafe or unhappy about something. Being listened to is important and service users should be informed about who they can turn to for support, how to complain and be given information in a format that is appropriate to their needs
- the wider community needs to be more aware of the needs of service users.

Recommendation

Service users should have a role in shaping and evaluating safeguarding arrangements and should be consulted. To facilitate this the County Council should:

- make information for service users and carers regarding what

constitutes abuse, and where to get support if there are concerns, accessible through a wide range of channels and different formats such as large print and easy read

- raise the profile of, and issues involved in, safeguarding adults throughout the wider community. Initiatives to raise recognition of problems, and the mechanisms for reporting concerns regarding alleged abuse should be developed and strengthened
- consideration should be given to setting up and publicising an easily remembered telephone number to report concerns.

Partnership working

34. The Nottinghamshire Safeguarding Adults Board (NSAB) works in partnership to safeguard and promote the welfare of vulnerable adults in Nottinghamshire. Members of the board represent both statutory and local organisations. Members of the Select Committee received evidence from partners concerning their role and how they execute their safeguarding responsibilities.
35. Nottinghamshire County Teaching Primary Care Trust (Notts. tPCT) has a responsibility to commission and provide services and has initiated programmes to embed the safeguarding remit across both these areas of work. The importance Notts. tPCT places on safeguarding, and the high priority it has, is recognised with reporting mechanisms up to Notts. tPCT Board level. Within the commissioning division safeguarding is entrenched into commissioning and contracting services. This extends to independent contractors – GP's, pharmacists and dentists. Joint working across contracting and quality teams ensures that it is included in contracts and quality panels for providers with the local authorities. Nottinghamshire Community Health, established 1 April 2008, provides community services (community nursing, therapies, health visiting, school nursing, and prison care) and has embedded safeguarding through workforce training and development. Initiatives on the Mental Capacity Act and Deprivation of Liberty have involved joint working with local authority colleagues including the appointment of staff to work with the County Council to serve the whole health community.
36. Nottinghamshire Police includes its safeguarding responsibilities in the Public Protection Unit along with child abuse, domestic violence, management of dangerous persons and missing persons. Public protection arrangements within

Nottinghamshire Police are currently under review and included in this is the delivery of services to vulnerable adults as per the Multi-agency Safeguarding Adults Policy, Procedure and Guidance. The current service delivery by front line police officers and its replacement by smaller numbers of specialist officers, as is the case in some other force areas, is being considered. Data for vulnerable adults is not presently captured in the same way as domestic violence and child abuse and this is currently subject to a review. In 2006/07 the Adult Protection Unit received 1,018 allegations of abuse of which 92 required police involvement. An early assessment is undertaken to consider if a crime has been committed. This can involve frontline staff, police constables, beat managers and detectives depending on the individual case. The police seek guidance from healthcare professionals for both the victim and the perpetrator when dealing with persons who lack mental capacity. Training in the recognition of adult abuse is currently being rolled out to front line staff. The separate safeguarding boards for the city and the county mirror the arrangements already in place for the safeguarding of children and many policies and procedures are similar. The establishment of the two boards does, however, have resource implications as representation is required on both boards. Nottinghamshire Police have not secured any prosecutions arising from the Mental Capacity Act 2005. However, Lincolnshire Police have and Nottinghamshire is linking with them to gain details of best practice. A new system was launched in April 2008 using intermediaries, a professional person rather than a friend to assist in interviewing witnesses with communication difficulties.

Recommendation

The Select Committee endorses the need for, and recommends that consideration be given to, the appointment of specialist police officers to support the safeguarding remit and to assist and speed up investigations.

37. The increase and anticipated future growth in referrals was a factor in Nottingham City Council's decision to agree to the development of separate safeguarding boards for the city and the county. Concerns about additional work that two boards would create for the larger partners on the Nottinghamshire board, the PCT and the Police, have been minimised by the use of joint procedures, consistent training and good crossborder working. Protocols have been developed for county residents in city facilities and vice versa. The benefit of analysing trends locally allows for better targeting and planning for the provision of area specific services. Serious case review outcomes are shared

between the two boards to facilitate learning and the sharing of best practice. The increased personalisation of services, giving choice, will impact on the range and type of services available. Greater flexibility of services to meet demand will require additional monitoring and the separated boards will allow for more localised analysis of trends and more targeted services.

Private Sector Care Homes

38. Nottinghamshire County Council works closely with private sector care home providers to monitor and maintain residential and nursing care provision, promoting and developing good practice for safeguarding.
39. The select committee discovered:
 - the Policy and Procedure guidance for Alerters and Referrers currently used by care providers for safeguarding adults in Nottinghamshire is working effectively
 - the vetting of staff who work in care homes did not always rule out cases of bad practice by employees, and it was important that the induction and training of care workers was very comprehensive and included safeguarding issues
 - training by the SAMCAT for care home staff was effective, but reservations about the 'Train the Trainer' model exists. It is difficult to monitor the effectiveness of the trainers trained through this mechanism, as capability within some of the homes was variable
 - care home staff have been working to allay residents and families concerns about complaining. Initiatives have included the establishment of residents committees and work with families to let them know how to complain
 - there are concerns about the length of time it takes to complete investigations and this can cause difficulties for staffing within homes.
40. The County Council's use of the 'Train the Trainer' method of informing staff about the policies and procedures relating to safeguarding and the mechanisms used for the reporting of concerns, has developed because of the quick turnover of staff in care homes and the difficulties, and lack of capacity, to continually run courses. The training of a specific person to have responsibility for training staff within their care home raises awareness, gives effective leadership, allows for

the person to take ownership and 'champion' safeguarding. Additional training is focussed on managers, the people who have responsibility for making referrals, to make them more vigilant when safeguarding concerns are present.

Recommendation

Procedures should be implemented to ensure the 'Trainer the Trainer' method of training is effective in meeting the needs of care home staff in carrying out their responsibilities for safeguarding.

Monitoring and Evaluation of Services

Commission for Social Care Inspection (CSCI)

41. CSCI and the Adult Social Care and Health Department, work closely to increase the quality of residential and home care providers in Nottinghamshire. CSCI regulates, inspects and reviews all social care services in the private, public and voluntary sectors and regulates standards and measures quality against a set of National Minimum Standards. If services do not meet minimum standards, conditions are placed on them for improvement and CSCI can withdraw registration if they fail to do so. CSCI has developed a national safeguarding protocol and guidance with the agreement of Association of Directors of Social Services, Association of Chief Police Officers and the Department of Health and it is designed to interconnect with the differing local authorities safeguarding frameworks. It will take regulatory action when there is a serious risk to a person's life, health, or well being, and this can be in addition to the investigation/assessment by partner agencies. This investigation would consider breaches of regulation or an offence against the Act. It works in partnership with other agencies when considering what regulatory action needs to be taken and contributes knowledge of service, regulations and standards to the multi-agency safeguarding assessments. They also work closely to ensure proper systems exist to deal with complaints. CSCI does not investigate individual complaints but takes them into account when assessing services and works to ensure that proper systems exist for service users to be able to complain.
42. CSCI continues to be involved at regulation manager level in the Safeguarding Partnerships Board to ensure safeguarding procedures are implemented effectively. It does not have a decision making role as it has the responsibility of assessing local authorities performance, but is involved in sharing information and promoting joint working. It also contributes to serious case reviews of

regulated services. CSCI staff are trained on elements of the MCA and likely implications and are able to check assessments for mental capacity.

Nottinghamshire Quality Assurance Procedures

43. Nottinghamshire County Council currently purchases around 80% of its home care services from 30 independent sector providers of care and support for adults wishing to remain at home. Current contracts have been in place since April 2004, are due to expire in March 2009 and tender processes are currently taking place for new contracts. The Adult Social Care and Health Department has responsibility for administering these contracts and monitors performance and quality to ensure best value. Monitoring and evaluation officers based within the localities use a number of tools/ methods which form part of a Quality Monitoring Process to monitor performance and quality of services. These include:
- monitoring the number of concerns and complaints (both formal and informal) to identify trends and themes
 - gathering views directly from service users and their families/ representatives such as home visits and telephone sampling
 - quarterly meetings with providers to discuss performance
 - planned provider audits.
44. Where underperformance is identified discussions are undertaken with the provider and if necessary a Notice to Improve can be issued. Contracts can be suspended if issues are of a serious nature and could for example compromise the health, or wellbeing of service users. Providers are required to attend an Annual Contract review and produce a detailed report which should include results of their own Customer Service User Satisfaction Survey.
45. Providers are contractually obligated to notify the County Council of alleged misconduct which is detrimental to the wellbeing of a service user in accordance with the Protection of Vulnerable Adults policy. New contracts will reflect the new Safeguarding Adults Policy. Training has been provided for current providers and on-going training is available including 'Train the Trainer' courses, which allow providers to train their own staff.

46. Referrals under the Safeguarding Adults Policy from home care providers are normally reported to the department via the Adult Care Management Team and dealt with using the Safeguarding Adults Procedure. As part of the Annual Contracts Review Meetings for 2007/2008 providers were required to provide a summary of investigations undertaken within the last 12 months.
47. Safeguarding policies will be considered when contracts are awarded at the end of the current tendering process.
48. Although there are robust monitoring systems in place it is not possible to constantly check individual circumstances. Family, friends and neighbours have more contact and service users are often in receipt of other services such as Meals at Home, or health services, and these people can also provide additional monitoring.

Recommendation

Information needs to be provided for the families, friends and neighbours of vulnerable adults, to raise awareness of safeguarding issues and how to proceed if there are concerns.

Adult Social Care and Health inspection systems should be developed and widened to monitor the services provided to socially isolated and vulnerable adults to ensure their needs are met and to reduce instances of poor practice.

Personalisation of Services

Direct Payments

49. Increasingly people are arranging their own care or support so they can live independently at home using the Direct Payments scheme. Direct Payments allow people to choose how and who they want to provide help rather than accepting the services provided by Adult Social Care and Health (ASCH). Currently there is no requirement to carry out a Criminal Record Bureau (CRB) check for people who are employed using the Direct Payments Scheme. ASCH recommends that people arranging their own care carry out a check and information about this is provided by the Rowan Organisation. The Rowan Organisation is contracted by Adult Social Care and Health to provide advice and support for people employing their own careers. The cost of the check is covered by the setup cost of the Direct Payment Scheme. This scheme is growing and although only one person in 18 receives direct payments this is expected to

grow to 1 in 5 or possibly 1 in 3 to over the next 2 to 3 years. This freedom of choice places responsibility on the individual and needs to be balanced against the risk of harm. It is important to ensure that appropriate measures are in place to minimise possible abuse. It requires robust monitoring arrangements which are reviewed frequently to identify problems. Service users need to be fully informed about what to do and who to contact should they need support or to make a complaint and be aware that they do not always have to be channelled through the service provider.

Recommendation

The procedures that exist for service users and carers to make complaints and raise concerns regarding care need strengthening. Awareness of the complaints procedure needs raising. Analysis of complaints should be carried out to draw attention to areas of concern and where additional safeguarding mechanisms may need to be undertaken.

The recommendation by Adult Social Care and Health that a person employed through the Direct Payments scheme undertake a CRB check is strengthened. When the Safeguarding Vulnerable Groups Act is implemented in 2009 the County Council should require that people using the Direct Payments scheme can only employ individuals who are ISA registered.

The Select Committee write to the Secretary of State for Health to emphasise the need for regulation or legislation to protect vulnerable people who commission their own care services since they are not protected in the same way as people receiving care through formal support systems.

Self Funding Care

50. People who pay for their own care and enter into a contract with a care provider (self funders) fall under the remit of safeguarding as they would be eligible for Community Care Services. The County Council has a duty to coordinate investigations into alleged abuse for self funders. However, unless a criminal act has been committed there is no legal framework to prosecute for not safeguarding.

Recommendation

People who fund their own care should be given more information regarding the adult safeguarding process and the support available to them from Adult Social Care and Health and partner agencies.

Summary of Recommendations

1

The County Council approaches the Independent Safeguarding Authority to express concern about the inadequacy of information for some people entering the United Kingdom who apply to work with vulnerable adults.

2

Adult safeguarding issues should be considered and embedded in all County Council policies and procedures and should be included in the priorities set by the Local Strategic Partnership and the Local Area Agreement.

3

Action is taken to address the high number of inconclusive outcomes to allegations of abuse including:

- a detailed examination of inconclusive investigations be undertaken including an analysis of trends
- a detailed examination of reasons for alleged abuse by carers and staff
- developing support and preventative measures to address the findings of these reviews
- additional training for Safeguarding Managers in the conduct of managing investigations.

4

Service users should have a role in shaping and evaluating safeguarding arrangements and should be consulted. To facilitate this the County Council should:

- make information for service users and carers regarding what constitutes abuse, and where to get support if there are concerns, accessible through a wide range of channels and different formats such as large print and easy read
- raise the profile of, and issues involved in, safeguarding adults throughout the wider community. Initiatives to increase recognition of problems, and the mechanisms for raising concerns regarding alleged abuse should be developed
- strengthened consideration should be given to setting up and publicising an easily remembered telephone number to report concerns.

5

The Select Committee endorses the need for, and recommends that consideration be given to, the appointment of specialist police officers to support the safeguarding remit and to assist and speed up investigations.

6

Procedures should be implemented ensure the 'Trainer the Trainer' method of training is effective in meeting the needs of care home staff in carrying out their responsibilities for safeguarding.

7

To promote independence:

- information needs to be provided for the families, friends and neighbours of vulnerable adults, to raise awareness of safeguarding issues and how to proceed if there are concerns
- Adult Social Care and Health inspection systems should be developed and widened to monitor the services provided to socially isolated and vulnerable adults to ensure their needs are met and to reduce instances of poor practice
- the procedures that exist for service users and carers to make complaints and raise concerns regarding care need strengthening, Awareness of the complaints procedure needs raising. Analysis of complaints should be carried out to draw attention to areas of concern and where additional safeguarding mechanisms may need to be undertaken
- the recommendation by Adult Social Care and Health that a person employed through the Direct Payments scheme undertake a CRB check is strengthened. When the Safeguarding Vulnerable Groups Act is implemented in 2009 the County Council should require that people using the Direct Payments scheme can only employ individuals who are ISA registered
- the Select Committee write to the Secretary of State for Health to emphasise the need for regulation or legislation to protect vulnerable people who commission their own care services since they are not protected in the same way as people receiving care through formal support systems
- people who fund their own care should been given more information regarding the adult safeguarding process and the support available to them from Adult Social Care and Health and partner agencies

8

The Select Committee send a copy of its final report to the Department of Health 'No Secrets' consultation and a letter addressing concern about the need for appropriate safeguarding arrangements for vulnerable people who commission their own care.

The Select Committee would like to thank the following individuals/organisations for their contributions to this review:

- Keith Dobb, Nottinghamshire Care Association
- Eddie Moorcroft
- Chief Inspector Bob Ross, Nottinghamshire Police
- Amanda Sullivan, Nottinghamshire County Teaching Primary Care Trust
- Elaine Yardley, Nottingham City Council
- Rosamunde Willis-Read, Commission for Social Care Inspection
- Jon Wilson, Service Director, Adult Social Care and Health
- Claire Bearder, Adult Protection Coordinator, Adult Social Care and Health
- Dan Godley, Contracts Officer, Adult Social Care and Health
- Linda Metcalfe, Service Manager, Adult Social Care and Health,

The Select Committee took evidence on:

- 21 April
- 2 June
- 7 July
- 28 July

For more information about this review contact the lead Scrutiny Officer Helen Lee
e-mail: helen.lee@nottscc.gov.uk



**Nottinghamshire
County Council**

Contacting us

Email	helen.lee@nottscc.gov.uk
Phone	0115 977 2258
Fax	0115 977 3030
Post	Scrutiny Team, Chief Executive's Department, County Hall, West Bridgford, Nottingham, NG2 7QP
Internet	www.nottinghamshire.gov.uk
Published	October 2008