



ADULT SAFEGUARDING

ANNUAL REPORT

2009-2010

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1 Introduction by the Chair

We have successfully built on the achievements of last year. The growing strength of the multi agency partnership has resulted in the number of concerns raised about or on behalf of people that may be at risk of abuse more than doubling. This is indicative of a national trend and results from increased awareness amongst professional staff, colleagues in partner organisations and gradually increasing public awareness. We continue to develop the action plan detailed in “Safeguarding Adults Strategy 2008-2009” which has resulted in:

- A strong multi-agency commitment leading to allocation resources to develop clear and effective means of working together
- A revised board structure which has allowed smaller groups of people across the borough to work together to address specific issues
- The appointment of lead councillor who can champion adult safeguarding
- Clear data collection processes which have enabled us to be more effective in looking for patterns of referral and ensuring that Alerts are followed up
- Representation of adult safeguarding on the Safer Kingston Partnership and [MARAC]
- Representation on the Local Safeguarding Children Board and representative from the Local Safeguarding Children Board on the Adult Safeguarding Board.
- The appointment of a permanent Adult Safeguarding and Deprivation of Liberty Coordinator and a team of four staff to lead some investigation and champion the development of rigorous professional practice.

The most significant area of development and the one that has required the most care is the involvement of people who have experienced services so that we can learn and improve what we do. Ann MacFarlane OBE has begun to work with others to draw a group of people together who will review the work of the multi agency partnership and make recommendations to the board. We have also commissioned Kingston University to develop an audit tool which will be used to ask people at risk of abuse, their carers and those alleged to have caused harm about their experience which we will use to help us to further develop practice.

Adult Safeguarding has not been immune from the financial pressures which have become evident during the year. The Buddy Scheme and adult safeguarding training run by [Age Concern Kingston] has lost its funding from the [Red Nose Funding]. The scheme operated within the residential and nursing home sector within Kingston and enabled people who would not have otherwise been able to seek help, ask for help. This is a significant loss.

As the money available to provide services across the state, voluntary and private sector becomes increasingly scarce in the coming years it becomes increasingly important that we are able to respond to adults who may be at risk from abuse in a timely and effective way. While we have achieved much in the face of significant increases in demand much remains to be done.

Simon Pearce

Chair of Kingston Adult Safeguarding Board and Executive Head of Adult Care

2 Summary of achievements

This year's statistical information has been the first that has been based on a whole year using the Department Health's minimum data set after opting into the trial scheme in August 2008. We will be able to compare future year's activity and measure progress more effectively.

The Adult Safeguarding Board was acutely aware that we needed to improve the way in which we ask people who use the service what they think.

Kingston University are developing a questionnaire that will be sent to adults at risk of abuse, people alleged to have caused harm and carers following case conferences. The first questionnaires should be sent in November 2011.

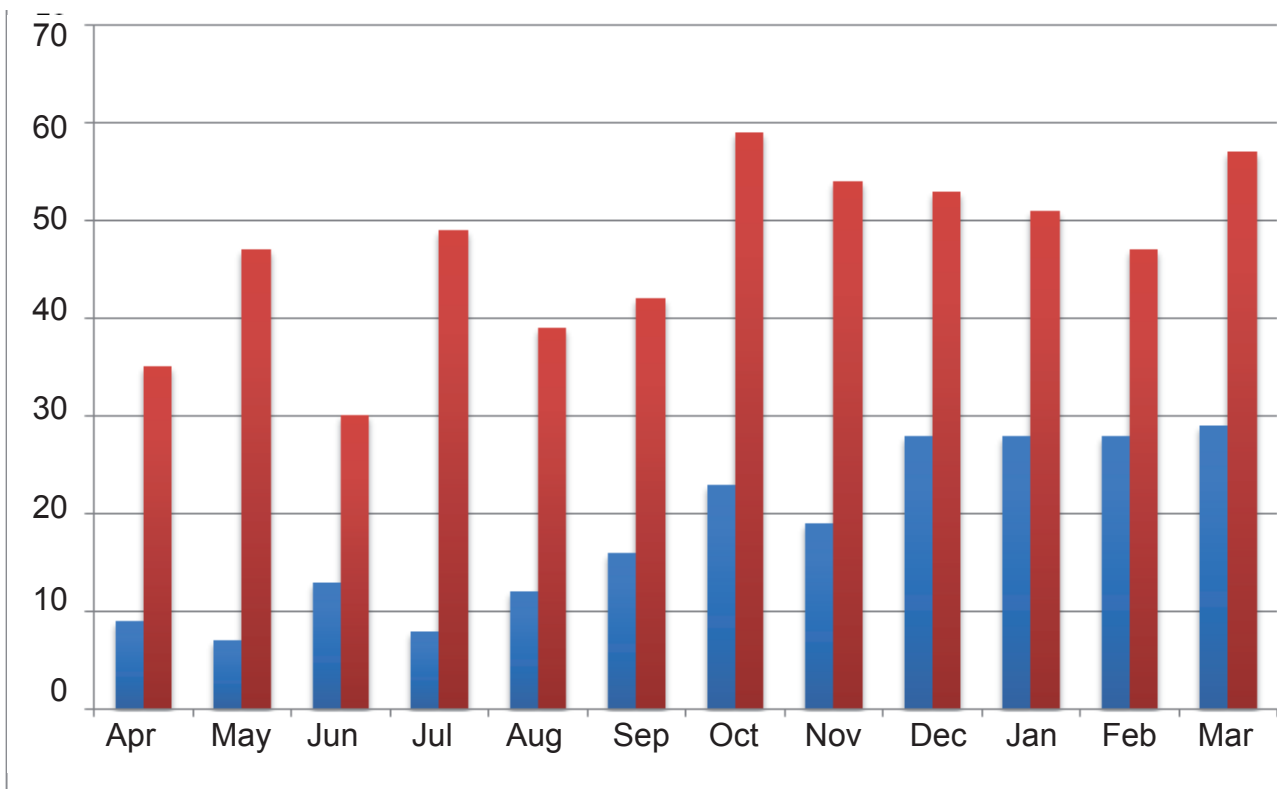
The board is also considering how to improve the representation of people who use the service within the multi-agency partnership. This year's report will use case examples to illustrate the outcome for protection planning. ▶

a Who we have been in contact with

In common with other areas we have seen a significant increase in referrals. 563 alerts were received compared with 225 in 2008/2009: an increase of 151%.

The increase appears to result from the effective promotion of adult safeguarding both nationally and by the local multi agency partnership. We are becoming more effective in identifying adults who may be at risk of abuse.

One of the most important roles of the adult safeguarding services is to identify patterns within the alerts received. 187 alerts were raised in relation to 70 people which lead to 105 protection plans. ▶



The number of alerts of potential abuse received by month between the 1st April 2008 and the 31st March 2009 as compared with the referral rate for the same period in 2007-2008.

◀ Similar alerts were addressed in one investigation although in some cases more than one concern was raised about a single adult at risk of abuse. We received alerts relating to 440 individuals. After allowing the multiple alerts 337 (60%) resulted in an investigation.

Medication errors

A number (5) of relatively minor medication errors in a care home were reported separately as safeguarding matters.

They involved 5 different elderly residents and several staff members. They were combined into one investigation, which included interviews with the residents, family members, and staff involved.

At the case conference all the allegations were substantiated and although human error was part of the cause, some systems were identified as being unhelpful. Changes and improvements to the systems were implemented.

Borough responsibility

Kingston is responsible for investigating adult safeguarding concerns raised about incidents that take place within the borough. In most cases this means alerts relating to people resident in Kingston.

There are 59 residential and nursing homes operating approximately 1100 beds who accept referrals from existing residents and people from other areas.

Kingston Hospital NHS Trust and Tolworth Hospital (in the wards managed by South West London and St. Georges Community Mental Health NHS Trust) also serves people living in other parts of London and Surrey.

This means that the number of people who may require adult safeguarding services is larger than the resident population.

Resident population

The resident population was 147,273 in 2001 (2001 Census) and made up of:

- ▶ 51.12% females , 48.88% males
- ▶ 12.8% 16-24 year olds
- ▶ 33.2% 25-44 year olds
- ▶ 13.4% 65+ year olds

Ethnicity of those at risk of abuse

In 2001 the census recorded 84.46% of residents reporting themselves to be White British, White Irish or White Other. The largest minority ethnic groups in the Borough are Tamils and Koreans.

The Korean population in New Malden is estimated to be the largest in Europe (source: Borough Profile 2008)

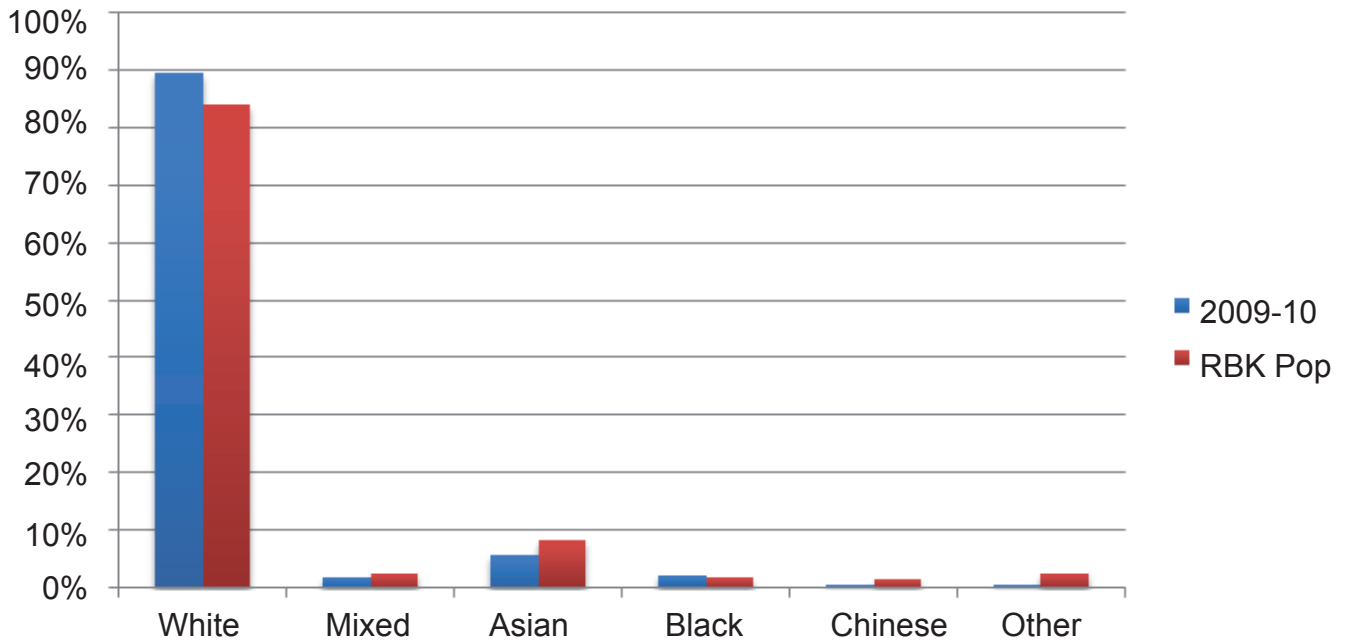
The graph on page 5 compares the ethnicity of the adults at risk of abuse referred to the adult safeguarding service with the population in Kingston (source: Borough Profile 2008). This suggests that the service is equally accessible.

Older people

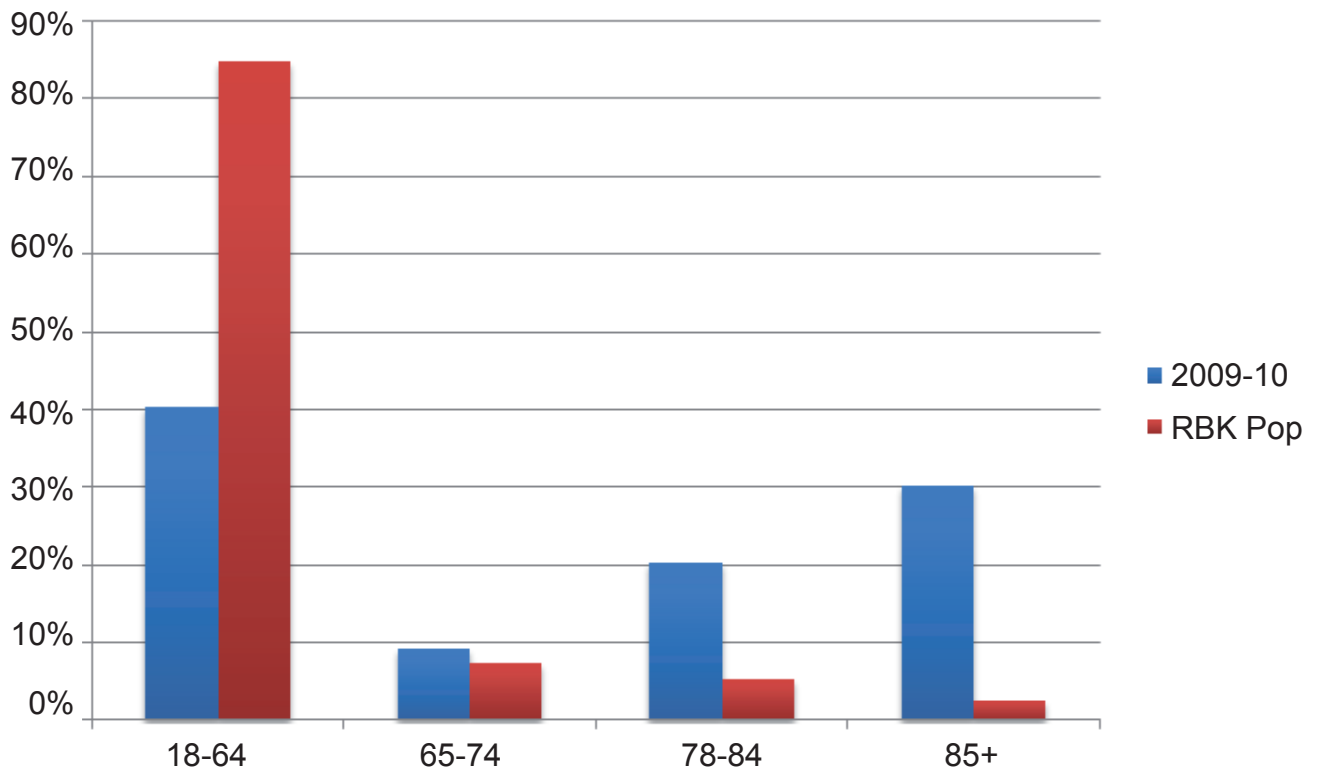
Although the greatest number of alerts is in the 18-64 age range, the majority relate to older people (see graph on page 5). The Care Quality Commission has said that Kingston has been more effective than other London boroughs in identifying older adults who may be at risk of abuse.

We have used the outcome of individual or groups of similar investigations as the basis for planning with the intention of reducing the chances of the same issue arising again in future.

A number of issues relating to the discharge of older adults from hospital have been identified. These have raised issues about all the agencies involved managing discharges. ▶



A comparison of ethnicity of the residents of Kingston with the people referred to the adult safeguarding service. All the people reported are of 18 years or more (2001 Census aged 18 or over).



A comparison of age profile of the residents of Kingston with the people referred to the Adult Safeguarding Service. All the people reported are of 18 years or more.

Hospital Quality Concern Protocol

Kingston Hospital NHS Trust have developed Quality Concern Protocol which will help identify issues relating to early discharge and help identify patterns which all of the service involved in providing care can work towards addressing.

Case example

An allegation of abuse was made by a service user which had not reported to the Police for fear of not being believed. The incident had occurred 7 days before the alert was raised.

A multi-disciplinary meeting was held to determine how to proceed. A Mental Capacity Assessment was undertaken to consider the person's ability to make an informed decision regarding contacting the police.

The Consultant Psychiatrist concluded that she had full capacity to make this decision therefore this was respected and support offered by [the service] if they changed their mind in the future.

People with learning disabilities

The Community Learning Disability Services have also identified 30 people in the 18-64 age group who may be at risk of abuse.

Case example

A gentleman with a learning disability alerted the Community Learning Disability Team about a concern over his shortage of money. He disclosed that this was due to ongoing financial transactions, over a period of time, from himself to a person who had befriended him.

The person had previously been employed in a service that supported him. An investigation could not establish any record of what the person had spent the money on. The police were alerted to a possible crime of financial abuse against a vulnerable person.

Women at risk of abuse

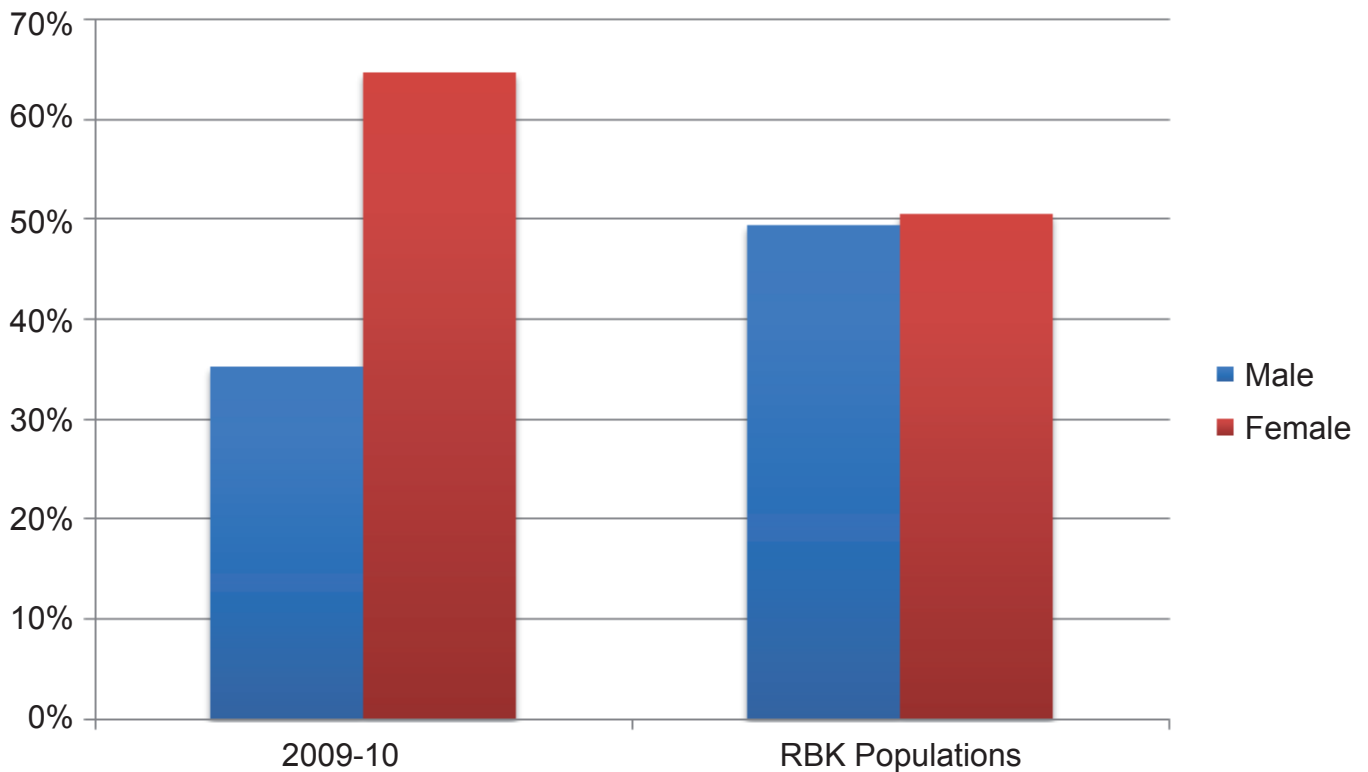
The portion of women identified at being at risk of abuse has increased from 55% in 2008/09 to 64.8% this year (See graph on page 7).

This contrasts with a similar distribution of gender across all age ranges within the boroughs population. Additional analysis will need to be completed before next year's report is completed.

Concerns relating to the gender of the adult at risk of abuse have highlighted the growing level of involvement by the Metropolitan Police. The new established safeguarding and deprivation of liberty service is also establishing links with the domestic violence services within the borough.

People with mental health needs

Although the mental health service has an existing risk management framework, it has used safeguarding processes. The community drug and alcohol service has had to address some of the more difficult situations in which the mental capacity of the adult at risk has had to be considered. ▶



A comparison of gender profile of the residents of Kingston with the people referred to the adult safeguarding service. All the people reported are of 18 years or more.

Case example

A younger disabled woman disclosed that she had been raped by a professional carer. A strategy discussion was convened and an interim protection plan was agreed in which no male carers would have contact with her.

Police from the Sexual Offences Unit (Sapphire) attended the case conference. It was agreed that based upon the evidence, the allegation of rape/sexual assault was not substantiated.

However other issues were listened to in a constructive way and measures were put in place to meet her personal and spiritual needs.

However, residents were requested to self-report 'limiting long-term illnesses'. The following characteristics were reported in the 'Kingston Census 2001':

- 12.9% of all persons have a 'limiting long-term illness'
- 5.7% of all persons or working ages have a limiting long-term illness'

Religious belief was an optional question in 2001 Census which impacts upon the integrity of the data collected. The following is noted:

- 64.58% of residents reported themselves to have Christian religious beliefs.
- 3.92% said they were Muslim
- 3.63% said they were Hindu
- 17.99% reported that they had no religious beliefs
- 7.38% did not state any religious belief

Disability, religion and sexual orientation

There was no specific question in the 2001 Census related to disability.

The 2001 Census did not collect data on sexual orientation therefore there is no aggregated information available on the sexual orientation of Borough residents.

We have amended the data collection process for adult safeguarding in 2010 – 2011 so we can collect data relating to all these areas with the intention of using it to ensure that we are able to promote the use of the service amongst people not currently using it.

Multiple abuse

One person can be subject to a variety of abuse and so the number of people for whom an alert has been raised is lower than the number of individual types of abuse recorded in the graph below.

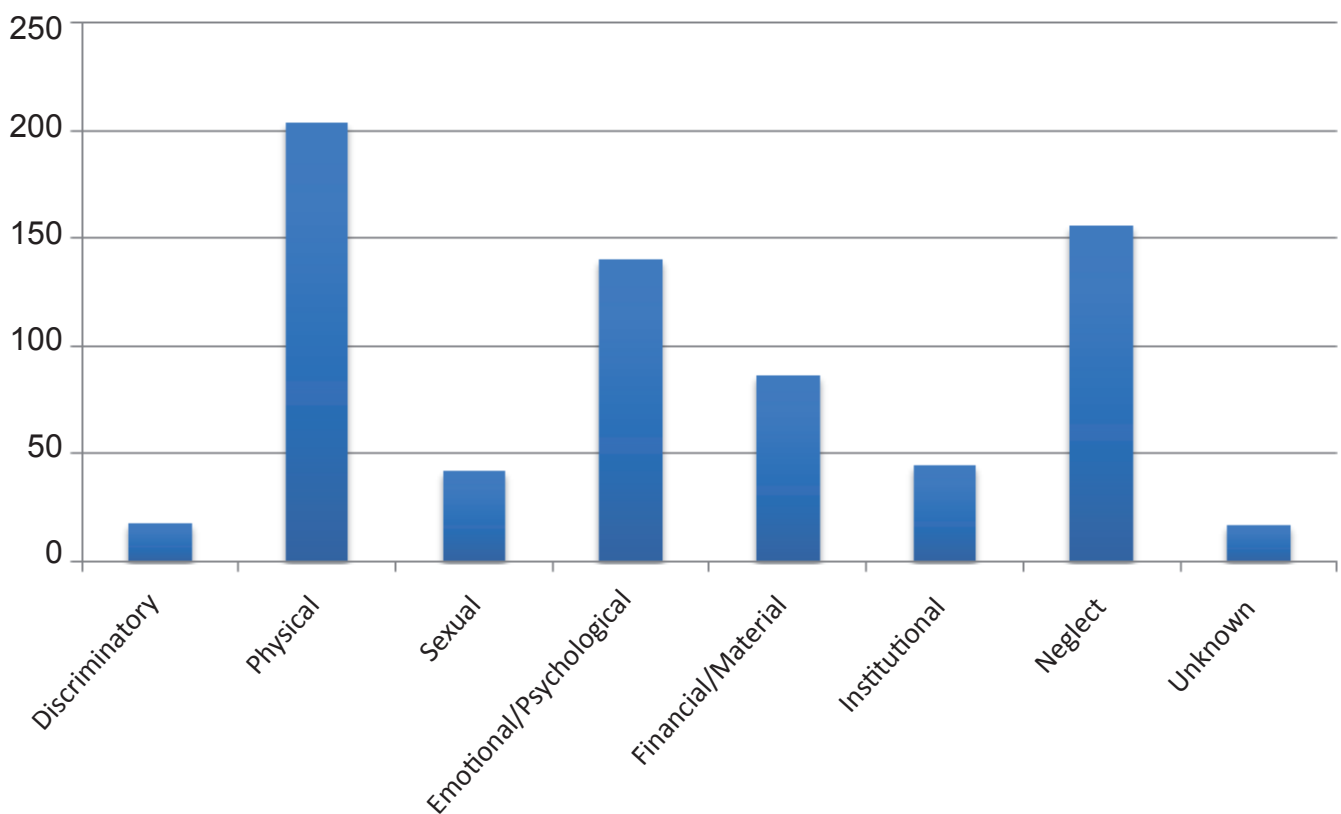
Place of abuse

The location in which abuse takes places is often the key to understanding how it might have happened and the way in which it can be tackled (See graphs on pages 9 and 10).

39% of the adults about whom an alert was received were identified as a being at risk of abuse in their own homes.

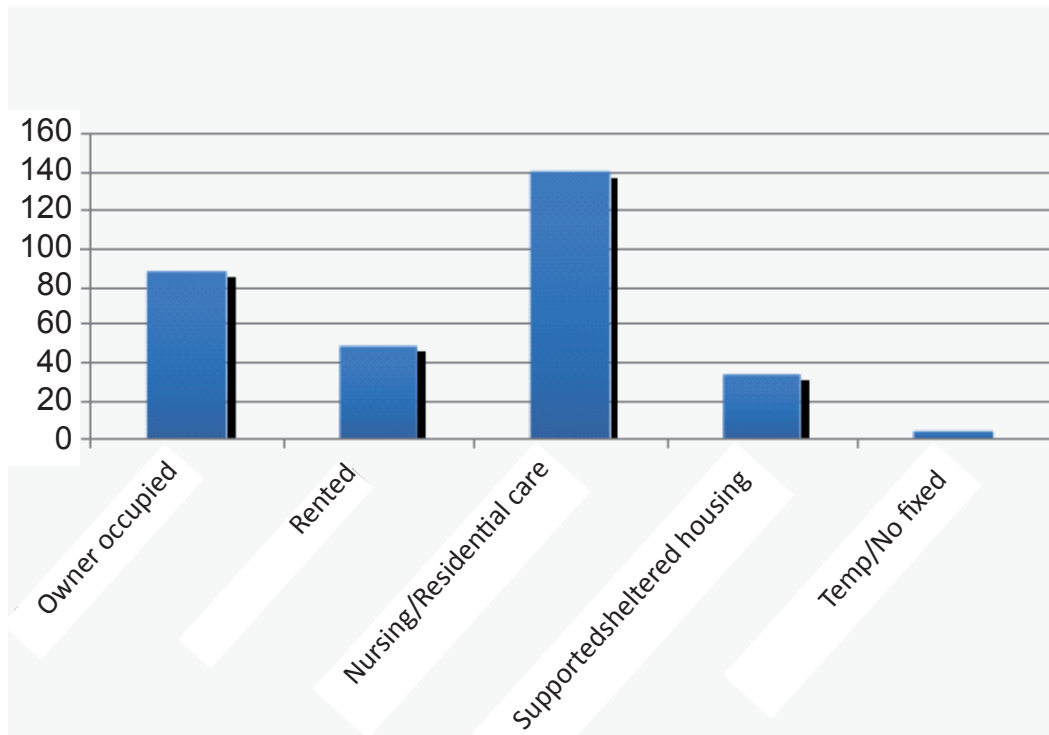
32% of alerts were received in relation to people living in care homes (14% residential, 18% nursing) and 6 related to the care home as a whole.

Early discussions with care home managers highlighted an inconsistency of approach. This has led to the development of an investigation tool which is now available for use in all investigations.

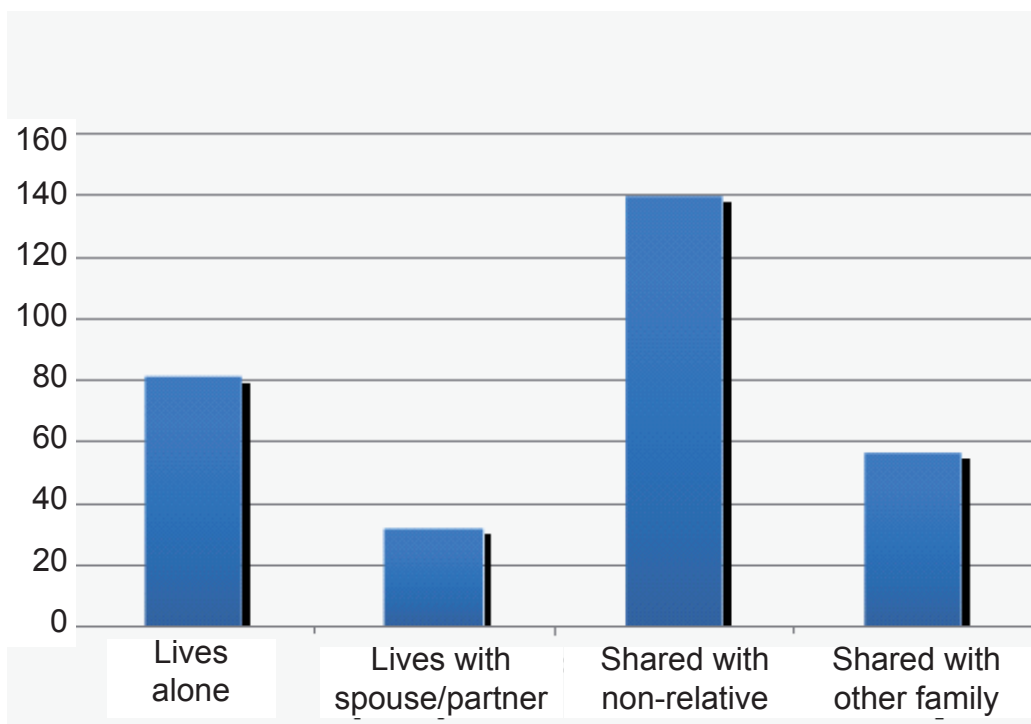


A summary of the number of types of abuse reported.

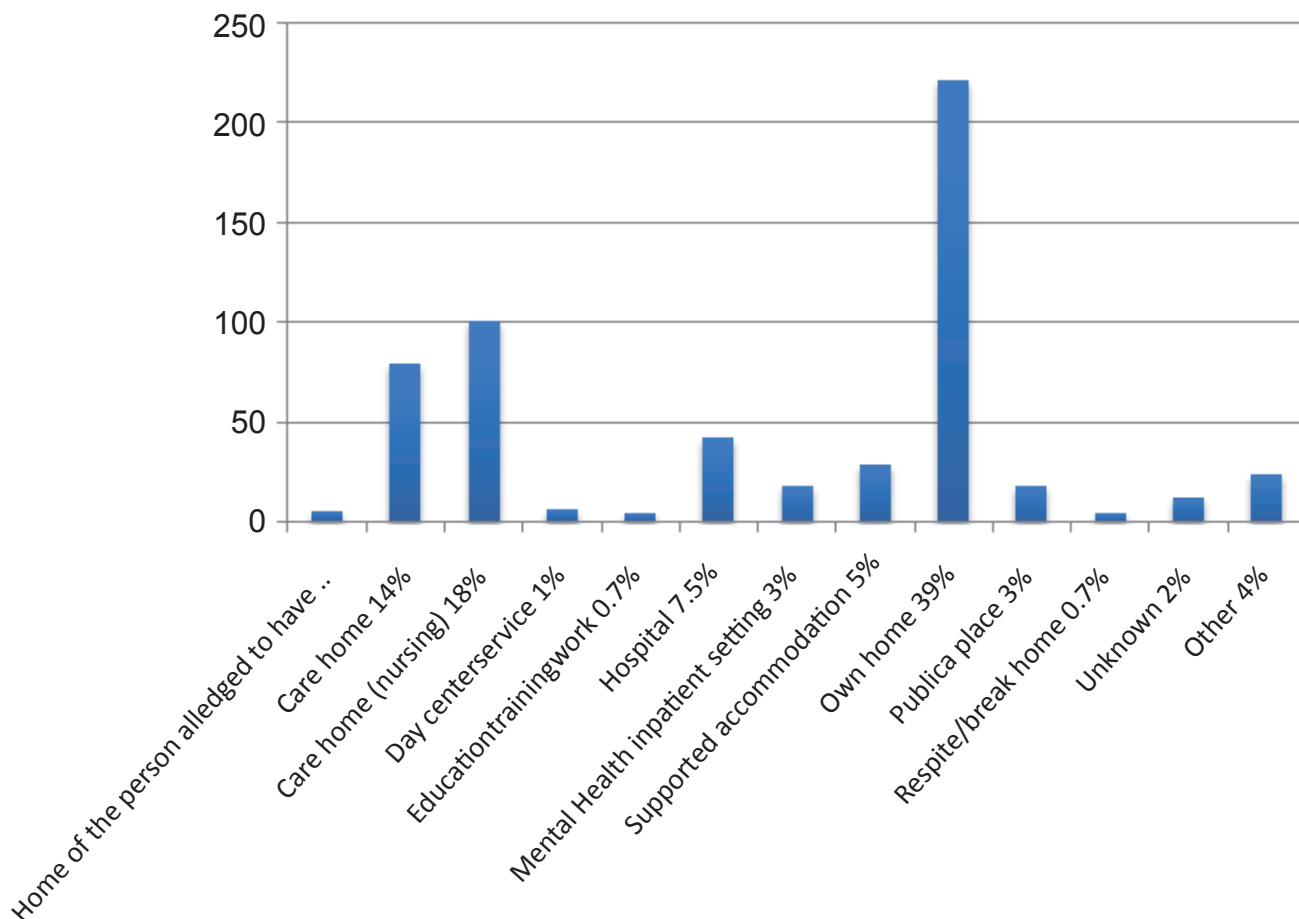
Please note that one person can be subject to more than one type of abuse so the total numbers in this graph are bigger than 556 alerts raised during 2009-2010



Type of accommodation



Living arrangements



A graph showing the location in which the abuse took place

In order to improve the way in which alerts which required investigation are approached, they will all now be managed by the Adult Safeguarding and Deprivation of Liberty Team.

To put this in context: the borough has 384 residential care home places in 17 homes and 511 nursing homes places in 13 homes. This gives a combined total of 895 places across both care home types. The alerts were clustered in a small number of the 30 registered homes offering places within the borough.

Although the care home is often the focus of attention, many of the investigations have highlighted the care homes dependence on other professional partners. Some of the problems that have been identified have included:

- ▶ Insufficient information available at the point of admission which has lead the home to offer services to people whose needs they cannot meet

- ▶ Good working relationships with placing services (both within and outside the borough) which have lead to the admission of significant numbers of people with higher needs
- ▶ The complexity of the presenting needs has placed exceptional pressure on primary health care partners.

There was also a lack of clarity about how and when the borough would stop placing people and inform other local authorities of this decision. A protocol has now been developed in consultation with the private and voluntary home manager's forum to deal with this.

Status of those alleged to have caused harm

44.6% (252) of the alleged perpetrators had been paid to provide care.

Although there has been extensive promotion of adult safeguarding within the local professional networks, beyond establishing a web site and basic promotional literature, public promotion was not planned until an effective means of receiving and managing alerts from the public had been established.

This has now been achieved and public promotion is being planned. The result has been that many of the organisations in Kingston who already had effective means of identifying and addressing staff conduct have incorporated raising adult safeguarding alerts into their management processes.

The majority of the domiciliary care safeguarding alerts related to the failure by care workers to attend which in some cases resulted in a failure to assist with medication.

The agency response was to provide refresher training for carers. There was one issue of very poor manual handling practice which resulted in CQC involvement and the agency being removed from the RBK approved list of domiciliary care providers.

Analysis of referrals from other providers have enabled the Adult Safeguarding and Deprivation of Liberty Team to identify patterns of alerts that has lead to extensive investigations resulting in the suspension of placements by Kingston. As well informing other referring agencies of the suspension, this involved working with the Care Quality Commission to address performance issues,

and two referrals to the Independent Safeguarding Authority.

The Principal Manager for Adult Safeguarding sits on Kingston Primary Care Trust’s Special Contractual Panel which enables relevant safeguarding concerns to be raised where necessary.

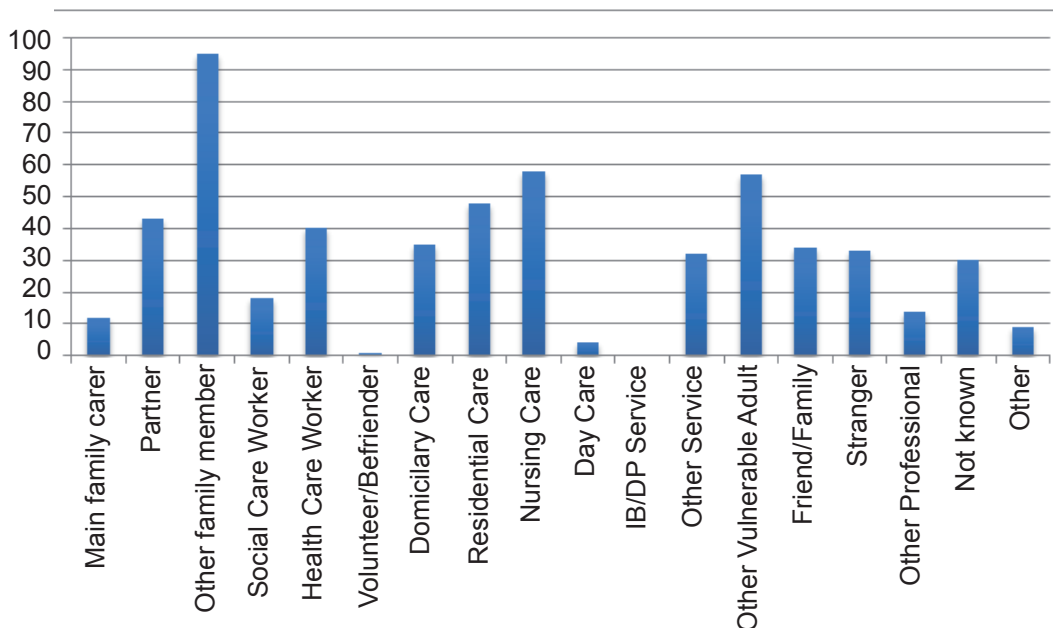
The majority of the 10% of vulnerable adults who are identified as alleged perpetrators of abuse live in residential or nursing care. We base our reporting on the Department Health Data return. In that context this group of people are being properly identified but the issues which has lead to an alert being raised is often linked to the way in which units have been managed and so the protection plan usually focuses on the management response.

26% of the alleged perpetrators were identified as members of the adult’s family and 12% (67) as social contacts.

The nature of the referrals has ranged from people who were trying to act in the adult’s best interest but had come to the point where they were unable to cope in situations where a deliberate attempt had been made to exploit the adult at risk of abuse.

5.5% (31) individuals who are reported as unknown relate to referrals of people who need social support but where there is no abuse and so no alleged perpetrator identified. These alerts were referred to the appropriate teams.

The number of people in a caring relationship to the adult at risk of abuse



Investigation outcome

Just over a third of the allegations of abuse were found to be fully or partly substantiated. It was not possible to reach a conclusion in 23% of the investigations and 22% of the allegations made were not substantiated (See graph below).

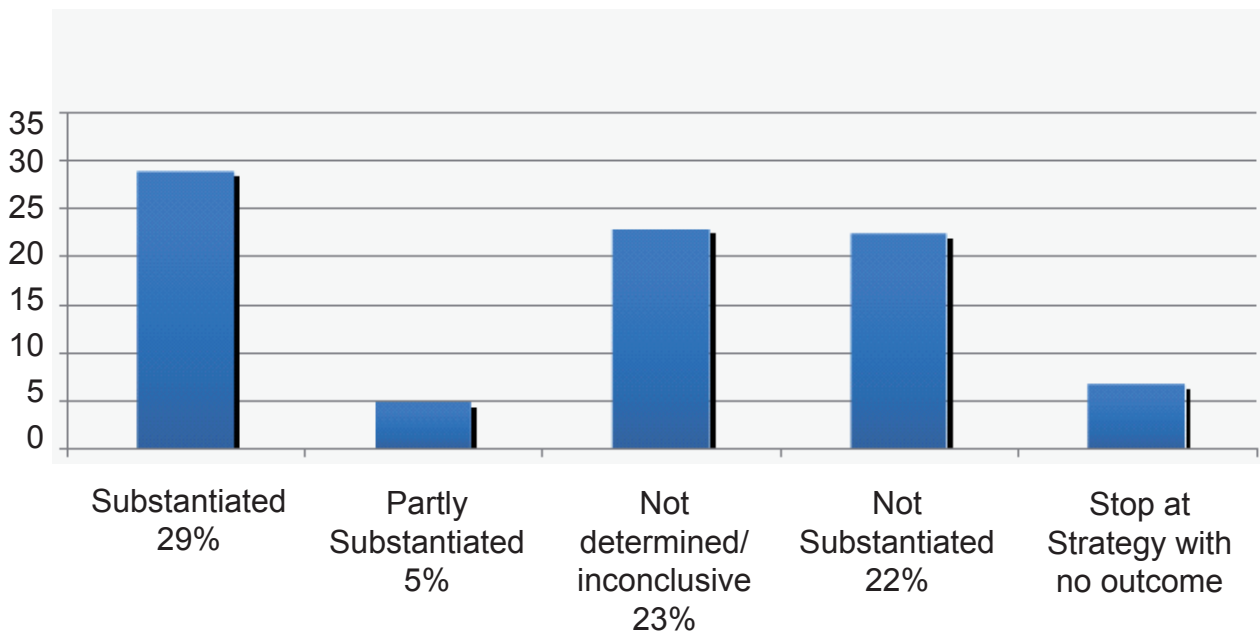
A small number of investigations were concluded at the strategy stage. We have introduced additional reporting at the point the investigation is planned (strategy stage) so we can develop a better understanding of why no further action was taken at this point.

A range of additional services were put in place to support the adult at risk of abuse. The graphs on page 13 show the additional services offered at or just after the case conference.

In most cases the offer of additional services was made at the point that they were needed and not delayed until after the case conference.

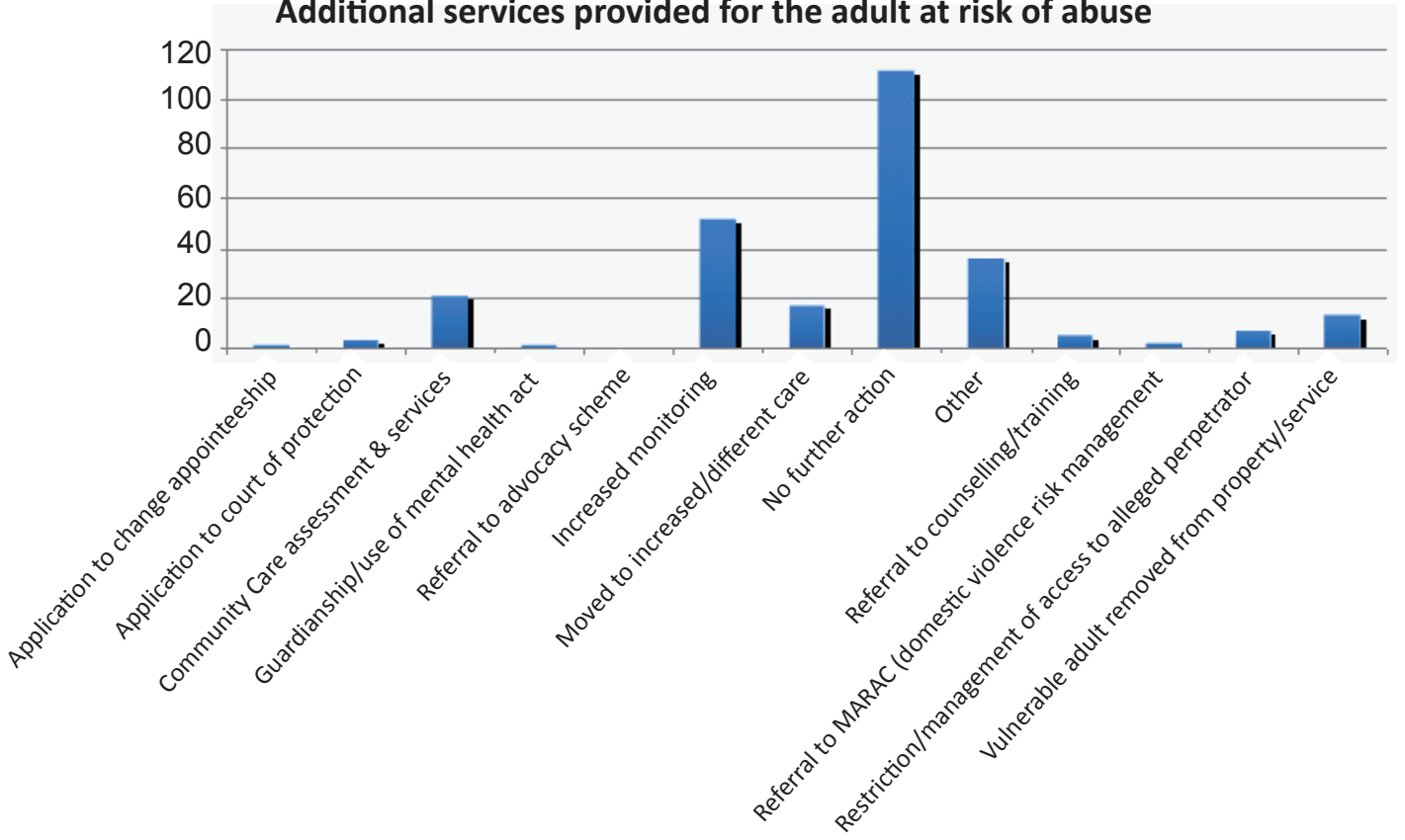
Of the 116 investigations in which “No Further Action” was taken:

- 47 allegations were not substantiated
- 26 of the investigations were inconclusive or unable to determine what had happened
- 5 were partly substantiated
- No data was recorded in 4 investigations

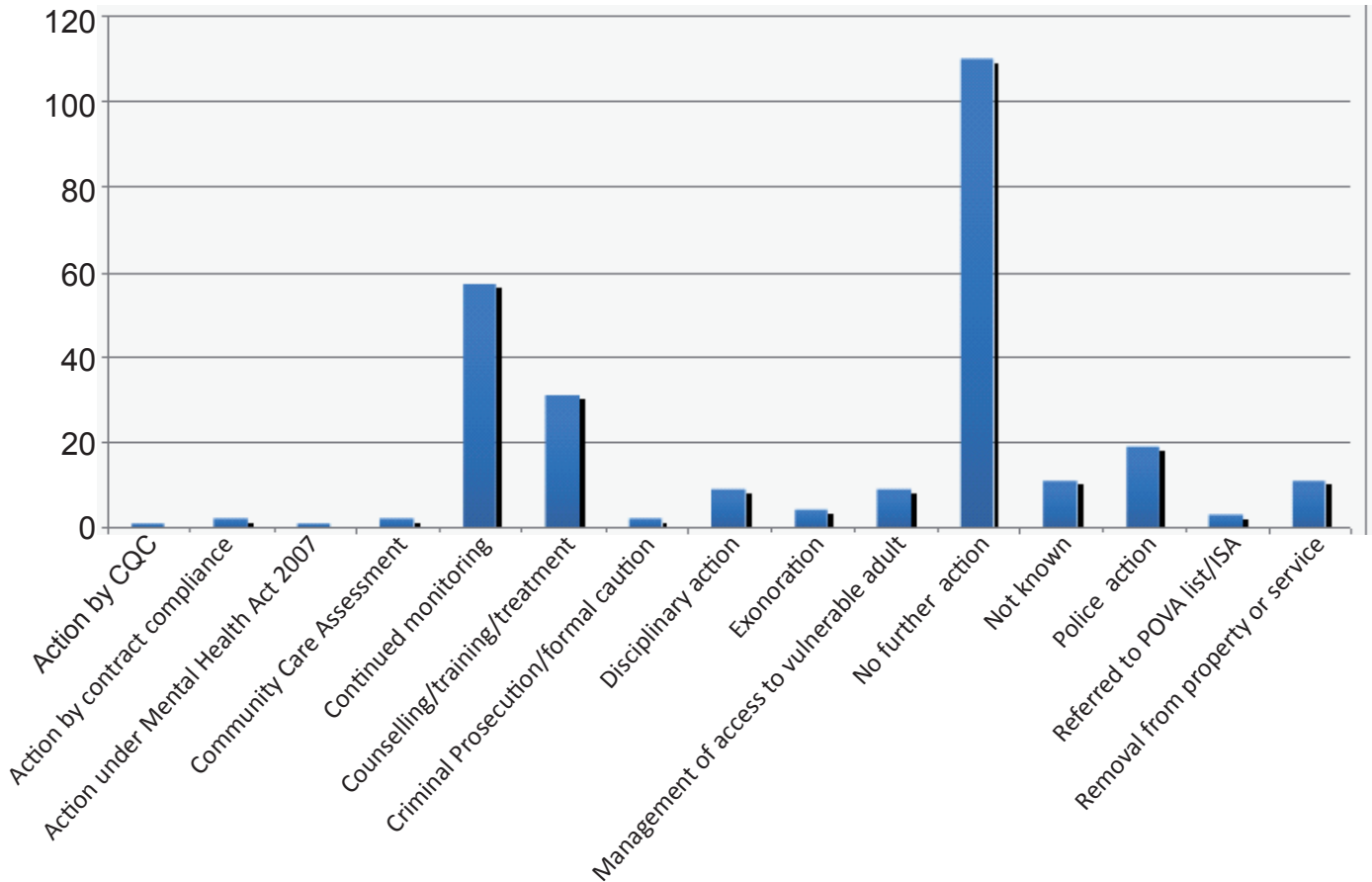


The conclusion of the investigation

Additional services provided for the adult at risk of abuse



Outcome for the person alleged to have caused harm



Of the 34 investigations in which the allegation of abuse was substantiated, a range of services were already in place (See graph below).

42% of the adults at risk accepted the proposed protection plan and 23% did not have the mental capacity to consent (See pie chart on page 15).

Of the 5 investigations in which the allegation of abuse was partly substantiated a range of services were already in place (See graph on page 15).

10% of the people offered a protection plan refused to accept one.

Protection Plan accepted	Outcome For Vulnerable adult	Support Services already in place	Outcome Alleged perpetrator
No 1 1 2 1 1	No further action (NFA) NFA NFA NFA NFA	Care Management Other Care management Care management Care management	Disciplinary action Not Known Counselling, Training or Treatment (CTT) Continue Monitoring Referral to the Independent Safeguarding Authority
6			
Yes 2 1 1 4 1 2 1	NFA NFA NFA NFA NFA NFA NFA	Care Dom/Care Other Care management Care management - Care management	NFA NFA NFA Continued Monitoring Disciplinary action Removal from situation Disciplinary action
12			
Could not Consent to care plan 1 2 2 1 1 1 1 2 1 1 1 1 1 1	NFA NFA NFA NFA NFA NFA NFA NFA NFA NFA NFA NFA NFA NFA	Care home placement Care management Care management No data Care management Family/Friends Perm Residence Perm Residence Care management Respite Care management District Nurse Health Prof Care management Health Prof	NFA Cont Monitoring Cont Monitor/Police Not Known CTT Cont Monitor CTT CTT CTT Disp/ CTT CTT CTT Police Action Disc/Pova No data
17			

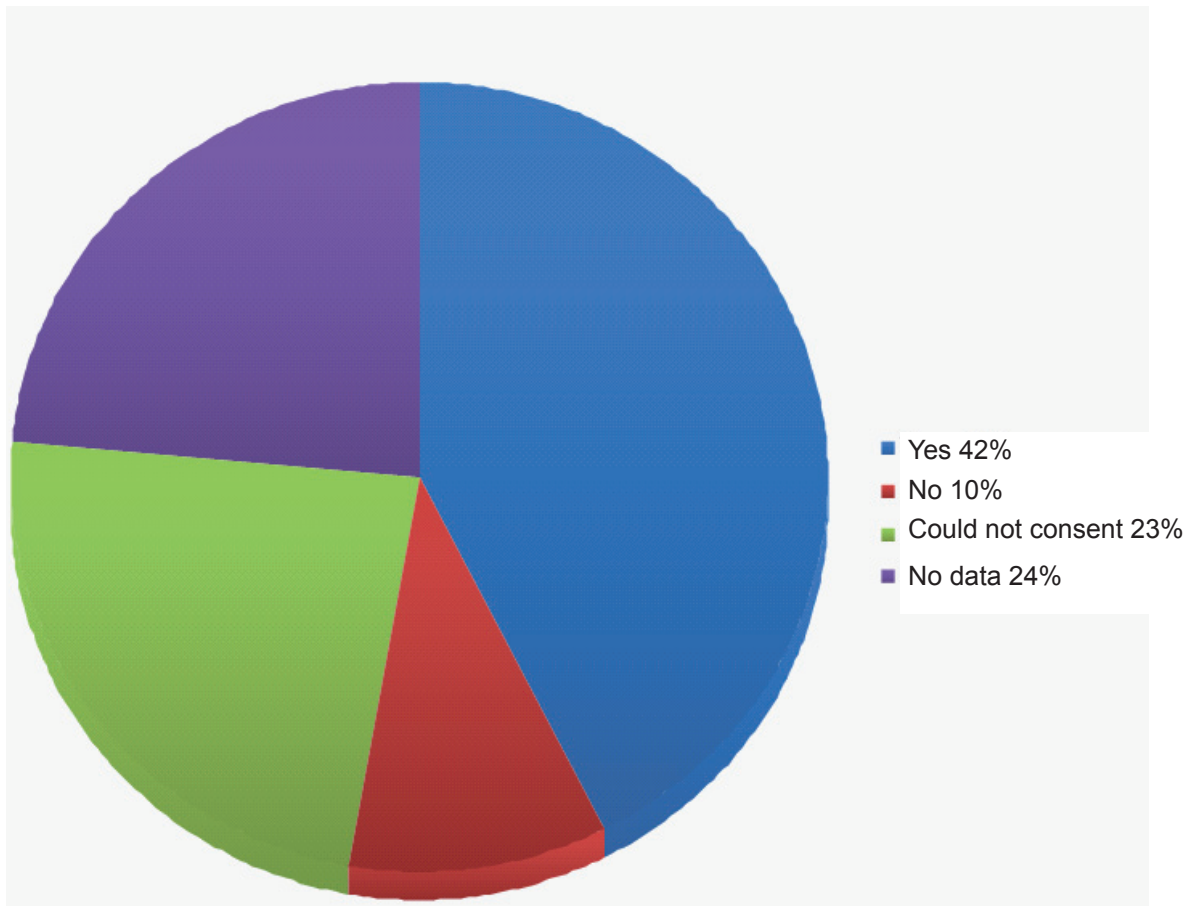
Protection Plan Accepted	Outcome Adult at Risk	Support Services	Outcome PACH
Yes 1 1	No further action (NFA) NFA	Care management Care management	NFA No data
2			
Could Not Consent to care plan 1 1 1	NFA NFA NFA	Care management Respite care Care management	Cont Monitoring No Data CTT
3			

This illustrates the key distinction between child and adult safeguarding processes: an adult at risk who has capacity to make a relevant decision has the right to determine what happens to them even if the people around them disagree with their decision (Mental Capacity Act 2005).

Clearly, the decision to accept the action proposed by the professionals coordinating the proposed protection plan is at the core of the adult safeguarding process.

The ability of the adult at risk to consent was not recorded at the end of 23% of the case conferences. Very limited use of Independent Mental Capacity Advocates was made and only two applications were made to the Court of Protection.

This reflects a short coming in the current arrangements which the Adult Safeguarding Board will need to address in 2010/11.



b Governance arrangements

A revision of the Adult Safeguarding Policy was completed in the summer of 2009. It was clear that it required further work but the basic structure of the safeguarding process needed to be tested to establish what worked and what needed to be changed.

The board anticipates revising the existing policy in the light of the development of the Pan London Protocol being developed by SCIE.

The chair of the Adult Safeguarding Board has coordinated a review of the governance arrangements for safeguarding within the borough.

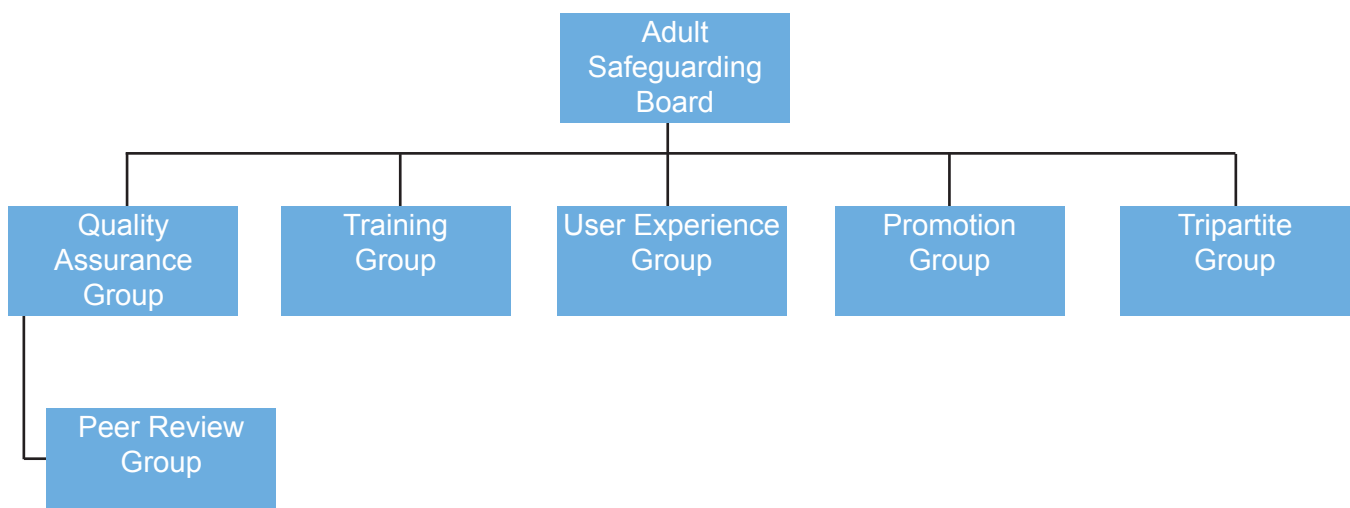
The review concluded that a single board was too large, lacked focus and had not engaged all of the people that needed to be involved in a way that allowed them to make a contribution to the successful. A new structure was adopted in March 2010.

The main board will be attended by representatives of the organisations that signed the Adult

Safeguarding Policy in the summer of 2009 who are able to make decisions on behalf of their organisations.

The sub groups will concentrate on

- ▶ Quality Assurance – the statistical, performance and policy that underpins the adult safeguarding process. The Peer Review group reports to the sub group but is intended to allow practitioners to compare learning
- ▶ Training group – to develop and lead multiagency training
- ▶ User Experience Group – to develop a user voice within the board structure which will have the ability to influence the delivery of the adult safeguarding service in Kingston
- ▶ Promotion group – to develop an effective marketing strategy in the borough that will engage all parts of the community
- ▶ Tripartite Group – this group will link Senior Managers in Housing Children and Adult Services to manage the transition of people from children's to adults services and address issues that arise within the housing service that will help prevent future alerts being raised.



Revised Board structure introduced in March 2010

Although we have developed a data collection process (based on the Department of Health data set trialled in 2008) we have not been able to systematically ask the people who had used the service what they thought.

A review of user feedback schemes in other authorities suggested that the questions that had been used were open to interpretation and when grouped together may not provide a clear picture.

Kingston University were commissioned to develop a feedback questionnaire in spring of 2010. We hope to start using it by the early part of 2011.

Achievements of partner agencies

In addition to leading the multi agency partnership, the borough has identified a lead elected member and presented a training session for Councillors.

The Adult Safeguarding Board is now represented on the Local Safeguarding Children Board, Safer Kingston Partnership Board and Domestic Violence forum.

The local health service has been active in building an effective safeguarding service within Kingston. Kingston Primary Care Trust has promoted safeguarding within the local GP community and has taken a lead role for the NHS within the multi agency partnership.

Kingston Hospital Trust has made a senior nurse available to coordinate adults safeguarding issues across the five local authority areas that use its services. They have brought valuable experience from other areas to the board and are developing their own internal governance structure.

Following the feedback from the audit of case files commissioned by RBK, South West London and St. Georges Community Mental Health Trust devised an action plan to take forward the recommendations made, and set up regular meetings of Senior Managers in the service to action.

To assist with internal Trust governance against the standards set, the service is operating an internal 'tracker' for all alerts to ensure that each stage of the process is completed within the required timescales, to be alerted when we are not, to take action, and to ensure that we can monitor our own performance.

It is pleasing to note that there is some improvement in our performance in terms of clearing outstanding cases according to recent data from the Adult Safeguarding Team.

This group meets monthly and is making progress. We have commissioned training using Trust funding for Health Care Assistants on the inpatient unit. This was located on the Tolworth site and was kept within two hours to take account of operational pressures on the wards.

The feedback suggested the training proved very successful. Additionally, staff have been given computer icons to put on their desktop so that they can quickly and easily access policy and current forms.

SWLSTG are providing representation to the Safeguarding Adult Board, the Quality Assurance Sub Group and Training Sub Group. The Trust is looking to appoint a Safeguarding Lead, and regular safeguarding reports are provided to the Trust Board.

The Community Safety Unit of the local Metropolitan Police Service has actively engaged with the Adult Safeguarding and Deprivation of Liberty Team to ensure that limited resources are used to meet the needs of the people most at risk of abuse.

A sergeant within the Community Safety Unit has taken a lead responsibility for maintaining communication with the Adult Safeguarding Team.

A joint training session between the teams helped each to understand the others role, following which a referral pathway was developed which has enabled the swift identification of investigations in which the police need to be involved.

The police have also continued to offer support in situations where they are not seeking to prosecute but where their expertise has been needed. The Inspector responsible for the unit is also a member of the multi agency board.

d The role of Adult Safeguarding and the Deprivation of Liberty Team

The steady rise in the number of alerts received (from 67 in 2007/08 to 563 in 2009/10) had become too much for a locum Mental Capacity and Adult Safeguarding and Deprivation of Liberty Coordinator to manage. A permanent appointment was made in August 2009.

Colleagues working in local residential and nursing homes said that they were finding it difficult to manage the difference in the way that community based teams approached safeguarding investigations.

Following consultation with registered providers in the borough new alerts and protocol outlining how this would be managed was agreed and a decision to allocate all new alerts to one team was made. 3.6 posts were moved from other parts of the borough into the team in September 2009.

The team has assisted colleagues in other services, developed techniques and tools which are now available on the adult safeguarding web site and delivered briefings to teams and contributed to training. It has responsibility for leading investigations

- The alert is made about a residential or nursing home
- By agreement between services, to lead complex investigations
- By agreement between services, to lead sensitive investigations

The team managed 124 of the 337 alerts that progressed to investigation.

e Training

The training delivered by the multi agency partnership is shown on page 19. It was delivered during induction, in specifically designed training sessions, electronically and as a briefing within general meetings.

Colleagues from Age Concern (Kingston) funded by Red Nose foundation also delivered training with local residential and nursing homes.

The Training Subgroup of the multi agency board was lead by the boroughs Adult Social Care Service.

The Adult Safeguarding and Deprivation of Liberty Team delivered additional briefings for teams, elected members and colleagues in other services.

3 Future Developments

The board has continued to work through the Adult Safeguarding Strategy first published in 2008/09.

The focus to date has been on establishing a robust adult safeguarding response which can meet the needs of the people seeking assistance.

The focus of future work will increasingly be on the outcomes for adults at risk of abuse, their carers and the people alleged to have caused harm.

Provider organisation	Basic awareness	1 awareness training for professionals	On-line Awareness Training	Managers Training	Clinical staff	Chairing Case Conference	2 day Investigation and Interview	National Vocational Qualification	Comments
Community Care Services	118			24		29	23	40	
Private and voluntary sector (residential and nursing care providers)	123			47			1		Delivered by Age Concern
Kingston Primary Care Trust	133			31		1			
Kingston Hospital Trust	650	105	75	34	16				
Royal Borough of Kingston -other	46			5		2			Mainly housing staff
South West London and St.Georges Community Mental Health Trust	20			1		5	1		
TOTALS:	1090	105		142		37	25	40	1439

The training delivered by the multi agency partnership

Additional Presentations	Number of attendees	Total
Safer Kingston Partnership meeting	19	19
Minute Taking (with Richmond)	5 Kingston staff	5
RBK Member's workshop	9 Members	9
Awareness presentation at team meetings by the Safeguarding and deprivation of Liberty Team	29 presentation to an average of 15 people	435
Presentation the provider forum for residential and nursing care by the Safeguarding and deprivation of Liberty Team	2 presentation to approximately 25 people	50
Total	Total	518

Additional presentations delivered by Adult Safeguarding and Deprivation of Liberty Team