



Issue 3

November 2015

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Who should read this newsletter?

Everyone with an interest in safeguarding adults at risk, to enable them to live their lives free from abuse and neglect, and to access and receive appropriate care. We hope this newsletter will be an important means to keep you up to date, and to share good practice and important information.

Message from the Chair



*Dr Russell Wate QPM,
Safeguarding Adult Board
Independent Chair*

The Care Act 2014 made the Peterborough Safeguarding Adult Board a statutory board. The board though has been in operation for a number of years. It has a really good commitment from all agencies that work in Peterborough with adults in need of safeguarding. This includes the Local Authority, Police and all health commissioners and providers. We have representatives from care homes (residential and nursing) and domiciliary care, Prison, Fire service, Ambulance, and housing plus Age UK and Healthwatch.

I have been the chair for just over a year now, and have been really impressed with the commitment of all of the agencies and the staff that work for them to keep adults safe. There are many challenges to do this and we are striving hard to work on improving how we do this, through writing policies, guidance and improving front-line practice.

One of the challenges is self-neglect and we recently held a very successful conference on how to tackle this, including dealing with hoarding.

I am sure you will find this newsletter interesting and of use. However, we would ask that if you have any feedback or ideas for inclusion we would be really keen to hear from you.



Annual Conference—Self Neglect



Professor Michael Preston-Shoot discussing the learning from Serious Case Reviews

Following the inclusion of self-neglect as a category of abuse under the Care Act 2014, the PSAB held a self-neglect conference on 10th September.

The speakers were Professor Michael Preston-Shoot, who discussed the learning from Serious Case Reviews, Dorothy Pocock, who talked about Hoarding, from an environmental health perspective and Cath Erine, who talked about the work Sheffield local authority has done.

The conference was well attended with over 130 delegates from health, police, adult social care and domiciliary care providers.

The feedback was excellent with one delegate saying they were inspired by the event, and others saying it had made them think differently about how they would approach a self-neglect case in the future.

The discussions highlighted the need to be more creative when working with people who self-neglect, and there is rarely a quick solution. Time is needed to build trust and relationships before solutions can be considered. Staff need to develop skills to question and identify how the behaviours began and how to move forward.

Partnership working is also very important as a number of agencies may be involved with the same person and agencies need to work together to support the person who self-neglects.

At the end of the conference delegates were asked in their event evaluations if they would find it useful to use the Clutter Image Rating Scale as a tool to aid their discussions and assessments round hoarding. This is a tool used nationally by some health services, and fire and rescue teams to risk assess a place where hoarding is identified as an issue. Of the 110 people who completed the evaluation, 102 said they would find it useful to use the tool.

The SAB has now put together a task and finish group to look at the issues of self-neglect and to agree a model for how best to approach this. The first meeting is on 05 November.



Local

Government Consolidated list of Resources

Association

To further increase the use of the range of safeguarding resources available, and support the implementation of the adult safeguarding parts of the Care Act, the LGA and ADASS' Safeguarding network, working with the joint DH-ADASS-LGA Care Act team have collated a single consolidated list of resources for council, care provider and wider partner's staff to use.

Visit: http://www.local.gov.uk/care-support-reform/-/journal_content/56/10180/7521881/ARTICLE

Social Care Institute for Excellence (SCIE) publish new Care Act guides

Adult safeguarding practice questions

This [guidance](#) is for frontline practitioners and managers who work with adults who have care and support needs and who may be at risk of abuse or neglect. It is relevant to people in health, housing, the police, as well as in social care – both statutory social workers, and staff in the regulated and non-regulated provider sectors.

The guidance identifies a number of challenging safeguarding dilemmas, and aims to make clear how these should be handled within the new legal framework.

Safeguarding Adults Reviews under the Care Act:

Implementation Support

This [resource](#) focuses on a selection of key issues. It is intended to supplement the policy development work already underway or completed by Safeguarding Adults Boards.

Gaining access to an adult believed to be at risk of abuse or neglect

This is a [guide](#) for social workers and their managers.

Adults safeguarding - Information sharing

This [guide](#) focuses on the sharing of sensitive or personal information between the local authority and its safeguarding partners (including GPs and health, the police, service providers, housing, regulators and the Office of the Public Guardian) for safeguarding purposes.

Right here, right now—Help, Care and Support during a mental health crisis

The CQC has published [Right here, right now](#), a national report looking at people's experiences of help, care and support during a mental health crisis.

Dr Paul Lelliott, deputy Chief Inspector of hospitals (Mental Health), introduces the report: "Attitudes to mental health are changing fast. In the last four years it is estimated that two million people have developed a more positive attitude towards mental illness. But there is still a long way to go until a person experiencing a mental health crisis receives the same response as someone with a physical health emergency.

In this report, we review the quality, safety and effectiveness of care provided to those experiencing a mental health crisis. We have put people at the heart of the issue and sought to understand whether people were being offered the right care, at the right time, and if they were being given the information they needed, as well as what they felt about the attitudes of those providing help, care and support.

Our findings show that there are clear variations in the help, care and

support available to people in crisis and that a person's experience depends not only on where they live, but what part of the system they come into contact with.

We asked people to share their experiences with us. What they told us presents a challenge for everyone responsible for ensuring people in crisis receive the best possible help, care and support. Commissioners, providers and those delivering services must all recognise the role they have to play in providing the right kind of services and making sure that they are accessible at the times when people need them.

Our report demonstrates a real weakness in mainstream mental health provision as regards 24 hour crisis care. In some cases, the only recourse for people trying to access crisis services is to a phone line telling them to go to their local emergency department."

Visit:

<http://www.cqc.org.uk/content/new-report-looking-peoples-experience-care-during-mental-health-crisis>



*Right here, right now:
Mental health crisis care
review*

"there is still a long way to go until a person experiencing a mental health crisis receives the same response as someone with a physical health emergency."

CQC—The fundamental standards ‘safeguarding’ children and adults in England

Following legislative changes and the introduction of new inspection regime for health and adult social care services in England, CQC have updated their information on how they work with partners to make sure people are protected from abuse, neglect and maltreatment.

Full statement:

<http://www.cqc.org.uk/sites/default/files/20150710%20CQC%20New%20Safeguarding%20Statement.pdf>

CQC says “We are clear that any organisation or person who comes into contact with a child or adult at risk of abuse or neglect has a responsibility and a role to play to keep them safe – it cannot be achieved by a single agency and so we want to be confident that the right action is taken by the right people at the right time.

Setting out our role and responsibilities

As we continue our work with our partners to look more closely at issues of safeguarding, we have published a statement, which sets out our role and responsibilities for safeguarding and how we carry them out.

Specifically, we have written this statement following the introduction of the Care Act 2014, which for the first time provides a legal framework for safeguarding adults.

Also, the statement reflects our new inspection regime, which we rolled out for services last year. Our new approach involves expert inspection teams who assess and then, in most cases, rate services based on what matters most to people who use services: are they safe, caring, effective, responsive to their needs, and well-led?

The fundamental standards

The approach is underpinned by new regulations that providers of health and adult social care have to follow, called the [fundamental standards](#), which set out what everyone has a right to expect and below which care must never fall. They include a specific regulation on safeguarding people from abuse and improper treatment, which providers have to guarantee and that we inspect against on our visits.

Our statement reflects these developments and we will update it as this work on safeguarding with our partners, providers, the public and our staff progresses.

Sally Warren, Deputy Chief Inspector for Adult Social Care and lead on safeguarding at the Care Quality Commission said: “Safeguarding is everyone’s business and CQC has an important role to play alongside our partners. People who use services are at the heart of everything we do.”

“Our new safeguarding statement provides a timely update about our roles and responsibilities. It underlines the importance of playing our part effectively, keeping people who use services at the heart of our work, and acting promptly and appropriately to help keep them safe.”

What are the fundamental standards?

These changes mean *everybody* has the right to expect the following standards.

Person-centred care

You must have care or treatment that is tailored to you and meets your needs and preferences.

Dignity and respect

You must be treated with dignity and respect at all times while you’re receiving care and treatment.

This includes making sure:

- You have privacy when you need and want it.
- Everybody is treated as equals.

You’re given any support you need to help you remain independent and involved in your local community.

Consent

You (or anybody legally acting on your behalf) must give your consent before any care or treatment is given to you.

Safety

You must not be given unsafe care or treatment or be put at risk of harm that could be avoided.

Providers must assess the risks to your health and safety during any care or treatment and make sure their staff have the qualifications, competence, skills and experience to keep you safe.

Safeguarding from abuse

You must not suffer any form of abuse or improper treatment while receiving care.

This includes:

- Neglect
- Degrading treatment
- Unnecessary or disproportionate restraint
- Inappropriate limits on your freedom.

The fundamental standards continued...

Food and drink

You must have enough to eat and drink to keep you in good health while you receive care and treatment.

Premises and equipment

The places where you receive care and treatment and the equipment used in it must be clean, suitable and looked after properly.

The equipment used in your care and treatment must also be secure and used properly.

Complaints

You must be able to complain about your care and treatment.

The provider of your care must have a system in place so they can handle and respond to your complaint. They must investigate it thoroughly and take action if problems are identified.

Good governance

The provider of your care must have plans that ensure they can meet these standards.

They must have effective governance and systems to check on the quality and safety of care. These must help the service improve and reduce any risks to your health, safety and welfare.

Staffing

The provider of your care must have enough suitably qualified, competent and experienced staff to make sure they can meet these standards.

Their staff must be given the support, training and supervision they need to help them do their job.

Fit and proper staff

The provider of your care must only employ people who can provide care and treatment appropriate to their role. They must have strong recruitment procedures in place and carry out relevant checks such as on applicants' criminal records and work history.

Duty of candour

The provider of your care must be open and transparent with you about your care and treatment.

Should something go wrong, they must tell you what has happened, provide support and apologise.

Display of ratings

The provider of your care must display their CQC rating in a place where you can see it. They must also include this information on their website and make our latest report on their service available to you.

We ask the same five questions of all the services we inspect.

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

What do we mean by safe, effective, caring, responsive and well-led?

A good service provides care that answers our five key questions in the following ways.

- **Safe:** you are protected from abuse and avoidable harm.
- **Effective:** your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.
- **Caring:** staff involve and treat you with compassion, kindness, dignity and respect.
- **Responsive:** services are organised so that they meet your needs.
- **Well-led:** the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

What does 'good' look like?

We publish more detailed descriptions of what we think *good* and *outstanding* look like. We include these descriptions in our [guides for care providers](#), and they are different for the different sectors we regulate. We plan to publish more detailed information about this for the public later in the year.

How do we use the five key questions in our inspections?

Each of our five key questions is broken down into a further set of questions. We call these our *key lines of enquiry*. When we carry out inspections, we use these to help us decide what we need to focus on. For example, the inspection team might look at how risks are identified and managed to help them understand whether a service is safe. We use different key lines of enquiry in different sectors.

Using key lines of enquiry helps us make sure we're consistent in what we look at under each of the five key questions and that we focus on the areas that matter most.

Places available on upcoming courses

| Date | Course | Page |
|----------------------|--|------|
| NOVEMBER 2015 | | |
| 25.11.2015 | Safeguarding Adults Awareness (Level 1) | 48 |
| DECEMBER 2015 | | |
| 15.12.2015 | Honour Based Violence | 34 |
| 16.12.2015 | An Introduction to Safeguarding Children | 24 |
| JANUARY 2016 | | |
| 07.01.2016 | Introduction to Sexual Exploitation | 35 |
| 12.01.2016 | Mental Capacity Act Awareness | 55 |
| 15.01.2016 | An Introduction to the Effects of Domestic Abuse | 31 |
| 19.01.2016 | Drug and Alcohol Awareness | 26 |
| 19.01.2016 | Messages and Learning from Local Serious Case Reviews | 43 |
| 19.01.2016 | Autism Awareness | 50 |
| 21.01.2016 | Mental Capacity Act & Deprivation of Liberty Awareness Refresher | 57 |
| 25.01.2016 | Safeguarding Adults Awareness (Level 1) | 48 |
| 28.01.2016 | Deprivation of Liberty Awareness | 56 |
| FEBRUARY 2016 | | |
| 10.02.2016 | Safeguarding Refresher Training | 25 |
| 23.02.2016 | Domestic Abuse – Using DASH to Risk Assess the Situation | 31 |
| MARCH 2016 | | |
| 04.02.2016 | Safeguarding Adults Awareness Refresher | 49 |
| 8&9.03.2016 | Understanding the Freedom Programme | 32 |
| 11.03.2016 | Sexual Exploitation around Boys and Young Men | 37 |
| 16.03.2016 | What is Prevent | 39 |
| 17.03.2016 | Autism Awareness | 50 |
| 18.03.2016 | An Introduction to the Effects of Domestic Abuse | 30 |
| | Female Genital Mutilation | |

For course details and other courses held throughout the year please contact Isabel Pacheco at pscb.training@peterborough.gov.uk

“Carers have a range of roles regarding safeguarding: as partners and informants; themselves as vulnerable to harm and abuse; and as abusers.” (ADASS)

The vast majority of carers strive to act in the best interests of the person they support. There are times, however, when carers themselves experience abuse from the person to whom they are offering care and support or from the local community in which they live. Risk of harm to the supported person may also arise because of carer stress, tiredness, or lack of information, skills or support. Sadly, also, there are times where harm is intended. Sometimes, professionals may place undue confidence in the capacity of families to care effectively and safely.

Peterborough City Council and Carers Trust Peterborough Make a Joint Call to Action for employers to support staff with caring responsibilities

A call to action has been made to employers in the region to become role model employers by supporting staff that have caring roles in the home.

Dr Helen Brown, CEO of Carers Trust Cambridgeshire, Peterborough & Norfolk, said carer-conscious companies would reap many rewards by saving recruitment costs and staff retention, as well as increased productivity and fewer discrimination and tribunal hearings. They have appointed an Engagement Officer, Bisha Mistry, to work directly with companies and advise them on supporting carers in the workplace. 300,000 working age carers have left work because they struggle to juggle the responsibilities of work and care.

Helen said: “People are often forced to give up work when a crisis happens, they can see no other option. Better forward planning and support can prevent this, making it a win-win for bosses and their staff who are dedicated employees and devoted carers.”

Helen was one of the speakers at a Carers Action Alliance event in Peterborough on Wednesday 30 September. There are 78,000 carers in Cambridgeshire and Peterborough and most go unrecognised and receive little or no support until a crisis point is reached.

Helen added “There are three million people in the UK who combine work and caring, and two million

people have given up work to care, yet only 38% of employers monitor their caring responsibilities. We want to reach out to those who are not aware about how they can support their staff with caring duties at home, and to let them know the positive difference it could make all round.”

Hedda Lilley, Peterborough City Council’s Project Manager for Carers, said “I am very much looking forward to working with the city’s business leaders and meeting the Chamber of Commerce and Opportunity Peterborough to advise them how they can take this forward. The council has its own Carers Strategy, promoting the business benefits of employers to balance their paid work with their caring responsibilities, setting up a carer support group, which is of great value.”

Wendi Ogle-Welbourn, Corporate Director, People & Communities at Peterborough City Council, who chaired the event, also acknowledged after speaking to carers that there is even more the City Council can do as an employer and not only took some actions away from the event, but has already implemented them too.

If you would like to find out more about how Carers Trust Peterborough can support employers and/or working carers, please contact them on **01733 645234** or email

carers@carerstrustpeterborough.org.

Carers Rights Day 20 November 2015

Peterborough City Council is holding a Carers Rights event at The Fleet, Peterborough on **20 November 10am-2pm**. The programme is as follows:

Refreshments and lunch will be provided.

To book your place please telephone **Sue Bembridge** on **01733 452449** or email: **sue.bembridge@peterborough.gov.uk**.

Learning from Safeguarding Adults Reviews (Previously known as Serious Case Reviews)

On behalf of the PSAB, the Safeguarding Adult Review sub-group, has reviewed the care and treatment of an elderly lady, who was resident in a care home in Peterborough, in the days leading up to her death. The sub-group appointed an Independent Author, Professor Hilary Brown, who wrote the report which was published in October. The following briefly summarises the learning from the review:

In 2012, MX, who was 78 and had been living independently, was admitted to hospital after a fall.

There were some complications, and on discharge she was placed in a care home. She was assessed as needing residential, not nursing home care, but as there was no bed available in the residential part of the home she was admitted to the nursing unit as an interim measure, this meant that she received nursing care from the home's own nursing staff.

"it is not good enough just to show a caring attitude, you also have to be responsibly informed and make clinically sound decisions"

She was discharged from the hospital with a possible pressure ulcer and a catheter as well as her chronic conditions of Diabetes and Chronic Obstructive Pulmonary Disease (COPD) but without a discharge summary.

Within the home, care plans were in place for care in relation to MX's plaster cast and for her catheter care but not for the other issues that were critical in relation to her nursing care including pressure ulcers, her food intake, her diabetes and the potential for her to have a hypoglycaemic episode, her medication and her blood pressure.

About 8 weeks after being admitted to the home, it was documented that MX's blood pressure was low, she was feeling sick and her blood sugar was very low. **These were all indications that MX was seriously unwell and deteriorating, but were not recognised as such.** Sadly, MX died early the following day.

The review was unable to determine if MX's death could have been prevented, but it is clear that there were many factors that, if changed, could have made a difference in the last few days of her life. The review found that the staff involved in the care of MX were not uncaring in their interactions but they lacked the resources, skills and perhaps the clinical leadership to maintain systems that could support and enable good care.

The independent author put it simply "it is not good enough just to show a caring attitude, you also have to be responsibly informed and make clinically sound decisions".

The Executive Summary and a Practitioner's Learning Leaflet are available to download from the Safeguarding Adults Board webpage

www.peterborough.gov.uk/healthcare/safeguarding/safeguarding-adults/safeguarding-adults-board/

Also available on the following pages are two flowcharts detailing the treatment guidelines for Hypoglycaemia and Hyperglycaemia. These flowcharts were put together by Diabetes specialists in CPFT as a result of the learning from the review and can be printed and used as posters to help staff caring for someone with Diabetes, particularly the point at which to call 999.

[In Search of Accountability: A review of the neglect of older people living in care homes investigated as Operation Jasmine](#)

Also of interest is Dr Margaret Flynn's independent report into events in care homes in South East Wales, referred to as Operation Jasmine following a police investigation, was published in July by the First Minister of Wales Carwyn Jones.

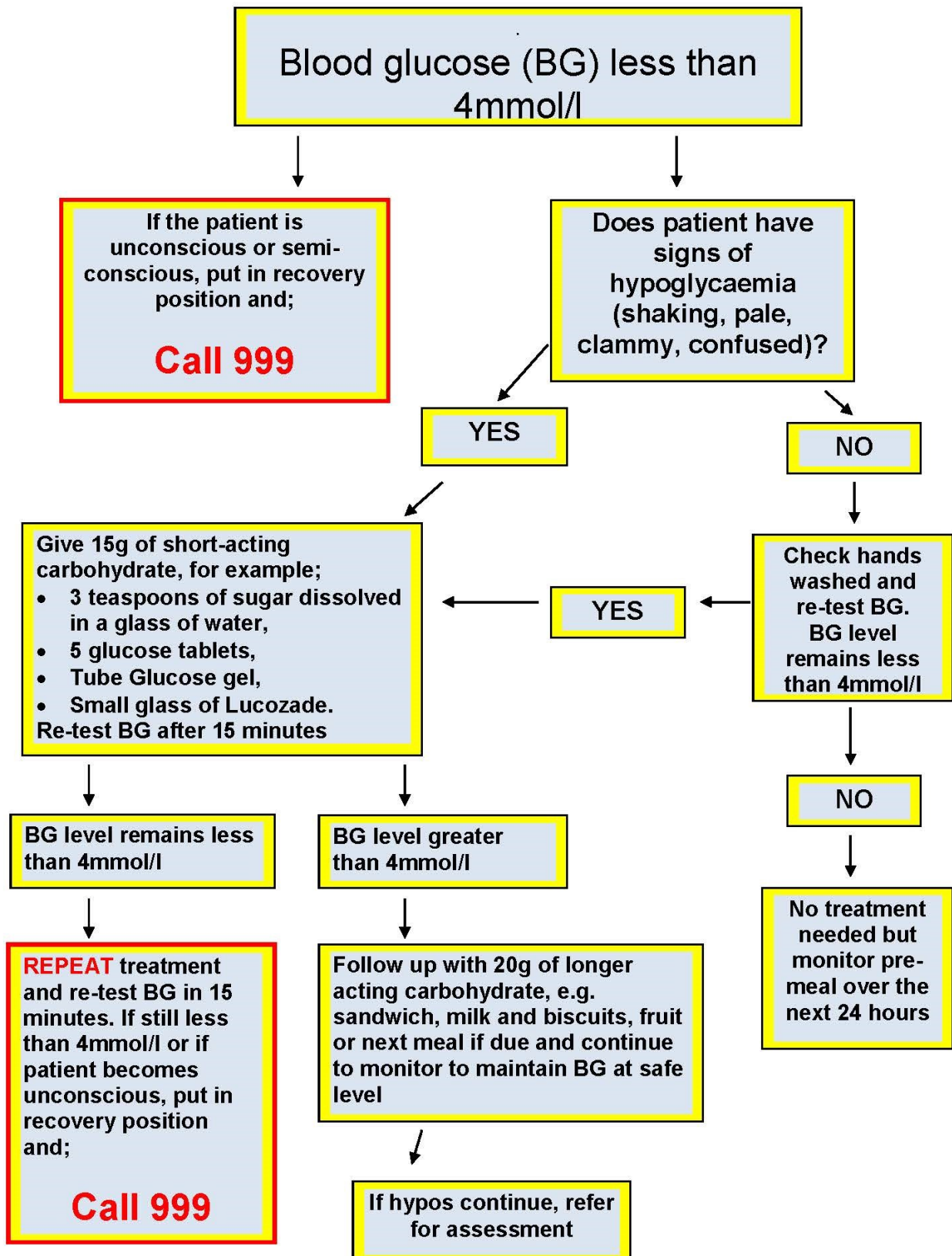
The First Minister said: "In the absence of criminal proceedings in relation to these events I commissioned this review in December 2013.

"This decision was prompted by the clear seriousness of the events and the impact that they had on the families of those involved.

Read the executive summary here <http://gov.wales/docs/dhss/publications/150714ojsummaryen.pdf>

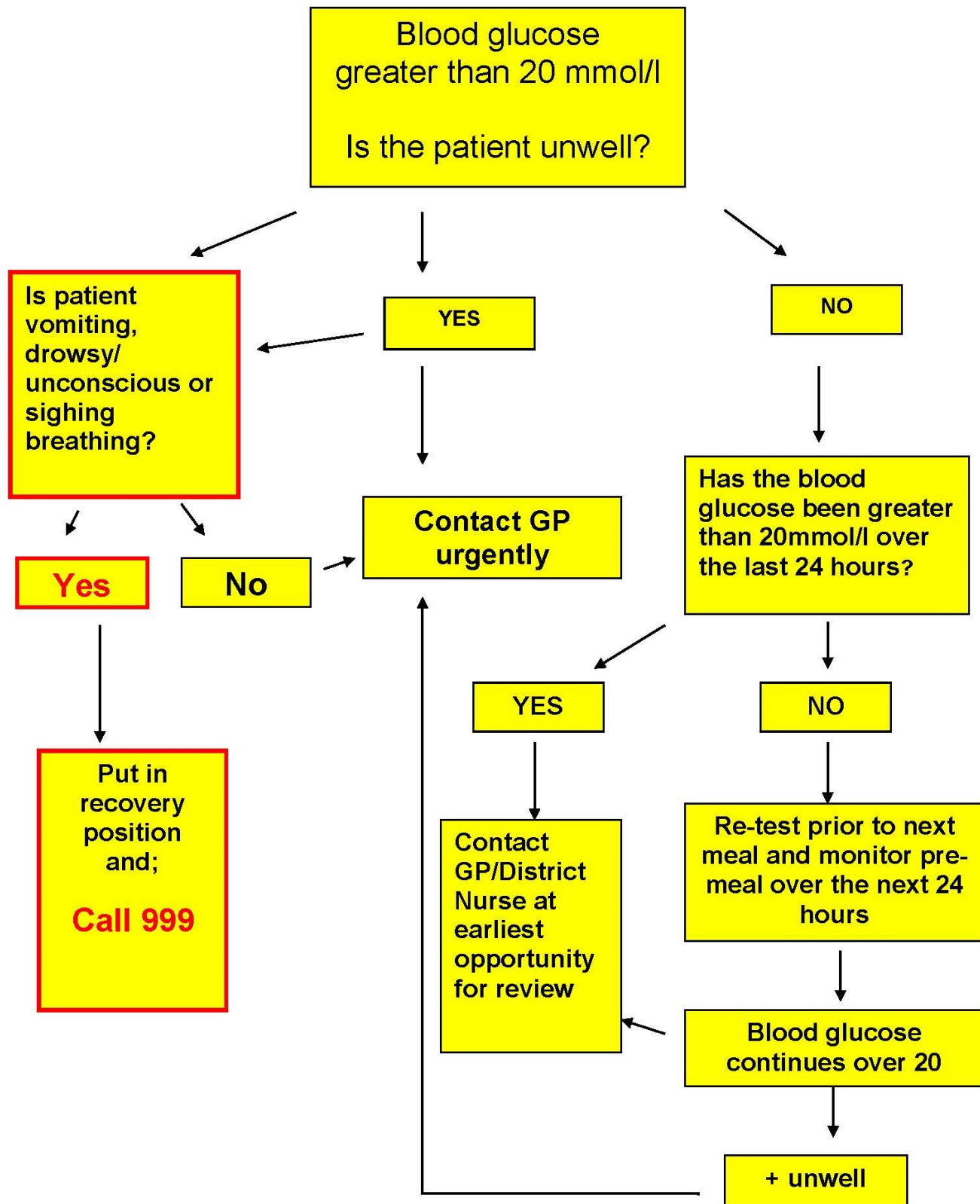
CPFT Oct 2015

TREATMENT GUIDELINES FOR HYPOGLYCAEMIA (**LOW** BLOOD GLUCOSE)



Ensure HYPOBOX is stock checked weekly and re-stock after use.

TREATMENT GUIDELINES FOR HYPERGLYCAEMIA (High Blood Glucose)



CPFT Oct 2015

Criminal Justice and Courts Act 2015—Ill Treatment and Wilful Neglect

This Act creates two offences concerning ill treatment and wilful neglect; one relates to care workers and one relates to care providers. These offences will apply to all formal healthcare provision for adults and children in both the NHS and private sector and to all formal adult social care provision, whether public or private sector.

Ill treatment or wilful neglect – care worker offence

“It is an offence for an individual who has the care of another individual by virtue of being a care worker to ill-treat or wilfully neglect that individual”.

If found guilty, penalties range from fines of up to £5000 to a prison sentence of up to 5 years.

The offence focuses on the conduct of the individual, not the outcome. It is to do with what the worker did (or didn't do) to the individual rather than the harm that resulted.

Ill-treatment or wilful neglect: care provider offence

“A care provider commits an offence if:

- a) An individual who has the care of another individual by virtue of being part of the care providers arrangements ill-treats or wilfully neglects that individual
- b) The care provider's activities are managed or organised in a way which amounts to a gross breach of a relevant duty of care owed by the care provider to the individual who is ill-treated or neglected and
- c) In the absence of the breach, the ill-treatment or wilful neglect would not have occurred or would have been less likely to occur”.

If found guilty, a court may also make a remedial order (to carry out specific steps) or a publicity order (to publicise particular details of the offence) and/or a fine.

Definitions

- *Adult – Aged 18 years or older*
- *Care worker – individuals who are paid to provide health and social care to adults or health care to children. This includes individuals who manage those providing paid care and directors of organisations which provide the paid care.*
- *Paid work – If the individual received or is entitled to payment for doing it, apart from an individual's reasonable expenses or benefit under social security legislation. Foster carers are excluded from the definition of care workers.*
- *Health care – All forms of healthcare including physical or mental health and health care provided for or in connection with the protection of public health. There are exclusions which remove certain types of healthcare from this definition, this mainly affects healthcare provided at educational institutions and registered children's homes, please seek advice as required.*
- *Social care – includes all forms of personal care and other practical assistance provided for individuals by reason of age, illness, disability, pregnancy, childbirth, dependence on alcohol or drugs or any other such circumstances.*
- *Care provider – a body corporate or unincorporated association which provides health or social care or individual who provides such care and employs another to assist in providing such care. A local authority is excluded from the care provider definitions where it is carrying out its functions within certain other legislation principally relating to children. Please seek further advice concerning this as required.*
- *Part of the care providers arrangements – where an individual, is not the care provider but provides health/social care including where an individual supervises staff providing care, or is a director of an organisation which provides health/ social care.*
- *Relevant duty of care – a duty owed under the law of negligence.*
- *Gross breach - A breach that falls far below what can reasonably be expected.*
- *Providing or arranging care – does not include direct payments.*

Reconfiguration of the Safeguarding Board's Business Unit

Safeguarding Children Boards have been a statutory requirement for a number of years and the Peterborough Board has robust, embedded processes in place to monitor and challenge agencies around their safeguarding practice. A well-established multi agency training programme and quality assurance processes are in place and routinely accessed by agencies.

The Adult Safeguarding Board has been a statutory requirement since 1st April 2015 and it is considered good practice that Peterborough already had an Adult's Board in place before it became a statutory requirement. However, the work of the Board needs to ensure that it delivers on its statutory requirements and hold agencies in Peterborough to account for their adult safeguarding responsibilities. This includes the establishment of a multi- agency training programme, policies and procedures and the implementation of a quality assurance programme.

A number of the statutory functions of the two Boards are similar and to ensure consistency of practice and policies, and efficient service delivery some of the work of the Board is now shared or mirrored across the two Boards.

To support this joint working the posts which support the Boards have been restructured to form a combined Adult and Children's Safeguarding Board Business Unit.

