



**Adult Social Care Select Committee
14 May 2015**

An Update on three areas of Safeguarding in Surrey:
- Safeguarding Activity 2014/2015
- New Safeguarding Duties under the Care Act 2014
- Response to the closure of Merok Park

Purpose of the report: Scrutiny of Services and Policy Development

The Committee has requested oversight of level and type of Safeguarding activity and an explanation of new duties placed on Surrey County Council (SCC), specific to Safeguarding, through the implementation of the Care Act 2014. The Committee has also requested oversight of the response to the closure of Merok Park Nursing Home.

Introduction:

1. This report will discuss safeguarding types and levels of activity for the period 2014/15, changes to the service and the specific response to the changes to safeguarding required by the 2014 Care Act. It will also focus on Quality Assurance and the response to the closure of Merok Park Nursing Home.

Safeguarding Activity:

2. The information contained within Annex 1 outlines the types and level of safeguarding activity undertaken by the service over the past five years. The table below provides a summary of safeguarding alerts and referrals for this period. Annex 2 is a flow chart of the Surrey Safeguarding Adults multi-agency process; however this is currently subject to review.

	Alerts	New Referrals	Completed Referrals	Alerts to Referrals conversion rate
2010-11	1,900	799	634	42%
2011-12	3,104	815	641	26%
2012-13	4,104	865	658	21%
2013-14	6,546	1,400	1,108	21%
2014-15	6,326	1,401	1,053	22%

3. In relation to the last year, 2014/15:

- There was a 3% decrease in alerts in comparison to the preceding year.
- Conversion rates of alert to referral show a small increase which may indicate that there is a better understanding of that which constitutes abuse.
- A total of 6326 alerts were received, 1401 were new referrals which resulted in a total of 1053 completed referrals, a 22% conversion rate. It should be noted that there are some recognised limitations to the way that the electronic recording system manages safeguarding and these can prevent cases being closed. The service is working with the software provider to address this.
- The most reported type of abuse was neglect which, with a total of 459 incidents, was up 4% on the previous year.
- Other types of reported abuse fell with physical abuse reducing by 4%, institutional by 3% and Emotional/psychological by 2%.

Changes to the Service:

4. Following the recommendations of the Safeguarding Peer Review conducted in late 2014, and as a result of service realignment, there has been an increase in resources allocated to safeguarding across Adult Social Care.
5. A Strategic Head of Safeguarding and Quality Assurance post has been introduced.
6. The Multi-Agency Safeguarding Hub (MASH) has benefitted from increased staffing resource. Presently the Police, Adult Social Care, Clinical Commissioning Group (CCG), safeguarding leads and Surrey and Borders Partnership Trust (SABP) are all present within the MASH. The MASH encourages multi-agency exchanges of information, increased workflow and improves the speed of processing.

7. Within the locality teams there will be 11 safeguarding advisors, one for each locality, reporting to the Operational Senior Manager for Safeguarding. The service is actively recruiting to ensure full capacity is reached quickly.
8. The service continues to build on its current good performance and is seeking to ensure even better performance levels with effective and efficient use of resources. To support this, officers from Surrey Adult Social Care visited Hampshire County Council last month to observe and discuss the operation of their MASH which is widely regarded as a very positive example of multi-agency working within safeguarding and includes a range of functions not yet available in the Surrey model.

The Care Act 2014:

9. The changes to safeguarding are outlined within Sect 42-46 of the 2014 Care Act. They place new duties on local authorities to:
 - *Make enquiries, or ensure others do so, if it believes an adult is subject to, or at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to stop or prevent abuse or neglect, and if so, by whom*
 - *Carry out Safeguarding Adults Reviews when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them*
 - *Set up a Safeguarding Adults Board (SAB) with core membership from the local authority, the police and the NHS (specifically the local clinical commissioning group/S), and the power to include other relevant bodies*
 - *Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or safeguarding adult review (SAR) where the adult has ‘substantial difficulty’ in being involved in the process and where there is no other appropriate adult to help them*
 - *Identify a “Designated Adult Safeguarding Manager” whose role is to oversee complex cases and to co-ordinate and be aware of adults who work with and may harm other adults*
 - *Cooperate with each of its relevant partners in order to protect adults experiencing or at risk of abuse or neglect.*

Where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

(A) has needs for care and support (whether or not the authority is meeting any of those needs),

(B) is experiencing, or is at risk of, abuse or neglect, and

(C) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

...the authority must follow up any concerns about either suspected or actual abuse.

10. It is important to note that the changes require significant cultural shift, as safeguarding is no longer process driven but provides a framework known nationally as “Making Safeguarding Personal”. Within this framework the service must ensure that a preventative, person focussed approach is employed that allows people to discuss, define and achieve the outcomes that they want, with the support of professionals. SCC has already employed a person centred approach to safeguarding and this should aid the overall transition.
11. The preventative approach will ensure that where individuals at risk make decisions that may be considered unwise there is still a duty to monitor the wellbeing of that individual through whatever means possible.
12. The act acknowledges the role of carers and their need to be part of the process; as people defining their own safeguarding outcomes or being involved in those for whom they care.
13. There are six basic principles defined by the Act:
 - i) Empowerment - presumption of person-led decisions and informed consent
 - ii) Prevention - it is better to take action before harm occurs
 - iii) Proportionality - proportionate and least intrusive response appropriate to the risk presented
 - iv) Protection - support and representation for those in greatest need
 - v) Partnerships - local solutions through services working with their communities
 - vi) Accountability - accountability and transparency in delivering Safeguarding.

Implementation

14. The Surrey Adult Safeguarding Board is now established on an independent basis with funding contributions from the Police, health services and district and borough councils.

15. A project group has been set up to co-ordinate the ongoing implementation and future requirements with specific regard to safeguarding. There is much to do but the service is "Care Act compliant".
16. A training programme commenced on 2 March 2015, designed to make staff aware of the changes within the act and their responsibilities arising from this. Future training will focus specifically on the implementation of the SCC safeguarding framework.
17. The safeguarding competency framework will be reviewed alongside the framework for training and revised in line with new requirements.
18. 'Making Connections' (External consultants) have been commissioned to produce the Council's safeguarding framework and will be involved in revising all associated appendices and related documents.
19. A 'FAQ's' page has been set up for staff. This provides guidance but staff can also pose questions to be researched by the Senior Operational Manager.
20. The Strategic Head of Safeguarding and Quality Assurance will monitor local and national developments in order to ensure that Surrey provides the best possible safeguarding service to its residents.
21. The Strategic Head of Safeguarding and Quality Assurance is now a member of the Children's Safeguarding Board. This arrangement will be reciprocated and will assist in better communication and working between the operational units within Surrey.
22. There are new reporting categories as a result of the changes brought about by the Care Act and the service is working to capture this and to consider intelligence on a more local basis. This level of scrutiny will highlight if particular areas are showing a higher prevalence overall, or within a specific category, and consequently resources can be targeted to improve the protection of the local population.

Quality Assurance:

23. The Care Act introduces a duty for local authorities to maintain oversight of the local provider economy. Within Surrey this currently includes 306 residential care homes, 134 care homes with nursing and 194 Domiciliary care services (Care Quality Commission (CQC) registered services).
24. CQC is now able to publish an area profile for each local authority. Surrey's is at Annex 3, 1 April 2015, and contains information regarding the ratings of providers. It should be noted that this report is still being developed by CQC and local authorities are providing feedback on the content and format. The profile indicates that currently there are 113 providers subject to compliance action and 5 have been issued with a warning notice (Page 38 Annex 3).

25. The new CQC ratings system for inspections within Surrey lists 61 out of a total of 637 providers as non compliant, however, some caution should be exercised, as not all services have been inspected under the new standards so that there is potential for homes formerly seen to be compliant that may now be rated as inadequate.
26. It should be noted that different types of care can be provided from the same location (the above figures are not necessarily comparing like for like).

The Closure of Merok Park:

27. There have been significant problems with a small number of providers in Surrey, the most public of which resulted from joint work with CQC to close Merok Park Nursing Home in East Surrey. The Committee has previously received information regarding this.
28. Merok Park nursing home provided care for 27 residents.
29. A safeguarding alert regarding financial abuse was raised and resulted in an unannounced visit by the Local Safeguarding Advisor. The advisor raised significant concerns following the visit including suspicion that non UK nationals were employed without reference to correct vetting barring and professional registration. A meeting was called under the Provider Failure Protocol. CQC attended and stated that they would be conducting a detailed inspection of the home; this resulted in an emergency withdrawal of the registration of the owner and closure within 3 working days of the first meeting.
30. SCC assisted in the move of total of 6 self-funding residents and 12 SCC funded residents. Further residents were supported by other local authorities, and one by Surrey Continuing Health Care Team.
31. The move was successfully co-ordinated, but very sadly 3 residents died after the move. The subsequent coroner's report was clear that the deaths were not attributable to the move.
32. Reviews of the other self and council funded former residents show that all are happy and settled in their new placements

Issues identified following the closure

33. Following the closure a seminar was held by the lead CCG, Surrey Downs, which reviewed the circumstances leading to the closure. Concerns were shared that Merok Park had not been of particular concern to any of the agencies involved until the visit of the Safeguarding Advisor. The following were also highlighted:
 - It was noted that 12 external professional disciplines would have had visited the home prior to its closure

- The many individuals who visited had concerns about poor care but as they were not patient specific or did not fall into safeguarding concerns they were not shared
- Concerns that had been raised by Surrey Fire and Rescue Service and SCC Quality Assurance teams but had not been followed up by the home
- Families did not appear to fully understand that what constitutes good care or had not raised concerns on behalf of their relatives.

Response

34. The Strategic Director for Adult Social Care has initiated a review of the whole Quality Assurance system in Surrey Adult Social Care. This will be overseen by the Strategic Head of Safeguarding and Quality Assurance. The project brief is attached as Annex 4. Broadly, the project will:

- Review current Quality Assurance (QA) provision in conjunction with the partner agencies, service users and providers.
- Identify areas of best practice.
- Present an options appraisal to include models of best practice utilised by other local authorities.
- Make recommendations regarding a model most suitable to meet the needs of the local commissioning market.
- Research models of internal QA.
- Pilot a model for identifying the core risks in Adult Social Care, identifying the contextual risks which the service may face and develop a tool to assess whether the right actions to ensure continued safe delivery of services are taken. This work will be completed in conjunction with TEASC (Towards Excellence in Adult Social Care, a national, regional and local programme that challenges councils to provide excellent adult social care).

<h2>Conclusions:</h2>

35. The implementation of the Care Act represents a significant challenge for management and staff within Adult Social Care. The changes will take time to embed as they do not rely on exchanging one set of 'tick boxes' for another; the change is cultural and relies on the embodiment of a person centred approach.
36. Whilst the challenge is considerable, the Safeguarding Peer Review and feedback from service users indicate that the Council was already working in this way prior to Care Act implementation and is strongly positioned to manage the changes required by the "Making Safeguarding Personal" initiative and maintain the current high standards expected of the service.
37. The Quality Assurance service has worked closely with health colleagues to ensure that Surrey residents are provided with the highest standards of care. The recent experience of the Merok Park closure and the new statutory duty of "Market oversight" imposed through the implementation of the Care Act are

strong motivators to re-examine Quality Assurance provision across the Surrey economy.

38. In attempting to research models of delivery with external local authorities it is clear that Surrey is not alone in rising to this challenge and the fact that significant partners wish to work with us may result in an opportunity to influence national provision.

Recommendations:

39. It is recommended that the committee:

- Endorse the current and planned work being undertaken with regard to the Care Act 2014 Safeguarding implementation plan and Quality Assurance project.
- Receives regular updates from each of the project groups

Next steps:

40. Next steps:

- Complete and sign off project plans by end of May 2015.
- Provide regular updates to the Adult Social Care Select Committee, subject to the recommendation above.

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Sources/background papers:

Annex 1- Safeguarding Activity 2014/15 (BIT SCC 2015)

Annex 2 - Safeguarding multi-agency process (under review)

Annex 3 - Care Quality Commission local area profile for Surrey, 1 April 2015

Annex 4 - Project Brief Quality Assurance – Projects Team , Adult Social Care 2015

Care Quality Commission – www.cqc.org.uk