SAFEGUARDING ADULTS EXECUTIVE BOARD

ANNUAL REPORT 2017/18

METROPOLITAN POLICE
TOTAL POLICING

NHS

h&f
hammersmith & fulham

THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

City of Westminster

SAFEGUARDING ADULTS EXECUTIVE BOARD

ANNUAL REPORT 2017/18

CONTENTS

FOREWORD

I am pleased to present the fifth annual report of the Safeguarding Adults Executive Board (SAEB) for Westminster, Kensington and Chelsea, and Hammersmith & Fulham. The report explains the role, functions and purpose of a Safeguarding Adults Board which are prescribed by the Care Act 2014. It lists the organisations who are represented on the Board as well as other groups and agencies who contribute to the Board's work streams. Everyone, both jointly and independently, work to ensure the safety of those adult residents who are deemed to be most at risk of harm through the actions of other people.

The report contains examples of this collaborative work. Following the success of the Hoarding event mentioned in last year's report, the Board organised a similar conference which was held during National Hoarding Awareness week. The report describes the increasing emphasis the Board places on financial abuse by giving prominence to the work of the boroughs' Trading Standards Officers. New initiatives include developing a closer working relationship with the London Fire Brigade through more 'person-centred risk assessments' and increasing the involvement of the Community Champions network with the work of the Board.

The Board wants to ensure that all its members' adult safeguarding work is person led, focusses on outcomes that meet the needs of the individual and thereby improves their quality of life, well-being and safety. The work mentioned above, together with other examples, is shown under the headings 'You Said, We Did' and designed to illustrate the Board's Safeguarding Strategy, commonly known as 'The House' in action. The strategy received recognition as 'best practice' by the National Safeguarding Adults Chairs Group, and I was pleased to share it with colleagues from across England.

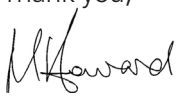
The Board continues to promote the concept of Making Safeguarding Personal- 'no decision about me without me'. As in previous years, the report contains case studies which show the application of this principle and highlight the difference that a person- centred safeguarding intervention makes to the life of an individual. However, whilst the emphasis of the report is about people, there are some statistics about the safeguarding journey. The purpose is to show the number of concerns, enquiries and cases resulting in some form of action. It is important to provide context, so the data shows the size of the eligible adult population living in the three boroughs together with those adults who have care and support needs.

Last year, I mentioned a high-profile case involving a death at a care home which led to the commissioning of a Serious Adult Review (SAR) in September 2015. Over the past 3 years, the Board has continually reviewed and considered what we can learn about how placements for people with dementia are commissioned, made and monitored across the three boroughs. This report contains my summary of the reasons for commissioning the SAR, the questions posed to Board members and some of their responses. The inter-dependency of different agencies is evident in making the right placement for a dementia sufferer utilising the skills, knowledge and experience of staff to ensure the best outcome for the individual.

Monitoring dementia care provision, like many areas of safeguarding is ongoing, and it will be the responsibility of the two new Safeguarding Adults Boards to decide upon their priorities and work plans for 2018/19. The new arrangements are a consequence of the disaggregation of the three boroughs and result in a Bi-Borough Board covering Westminster and Kensington and Chelsea with a separate Board for Hammersmith and Fulham.

I have chaired the SAEB since its inception 5 years ago. I have worked with many people over this period, and I would like to express my appreciation to everyone who has contributed to the work of the Board and supported me in my role. One of the key strengths of the Board is the diversity and the seniority of its members and their willingness to get involved in its work. As always, I am particularly grateful to those members to find time to chair one of the Board's workstreams; this breadth of experience and knowledge ensures that adult safeguarding is seen as not just the responsibility of the local authorities.

Thank you,



Mike Howard
Independent Chair of the Safeguarding Adults Executive Board

WHAT IS THE SAFEGUARDING ADULTS EXECUTIVE BOARD?

The Board is responsible for overseeing and leading on the protection and promotion of an adult's right to live an independent life, in safety, free from abuse and neglect across The Royal Borough of Kensington and Chelsea, The City of Westminster and the London Borough of Hammersmith and Fulham.

"The Safeguarding Adults Executive Board is the statutory body under the Care Act 2014 that sets the strategic direction for safeguarding. The Board is greater than the sum of the operational duties of its core partners"

The Board is a partnership of organisations working together to prevent abuse and neglect, and where someone experiences abuse or neglect, to respond in a way that supports their choices and promotes their well-being.

The Board believes that adult safeguarding takes **COURAGE** to acknowledge that abuse or neglect is occurring and to overcome our natural reluctance to face the consequences for all concerned of shining a light on it.

The Board promotes **COMPASSION** in our dealings with people who have experienced abuse and neglect, and in our dealings with one another, especially when we make mistakes. The Board promotes a culture of learning rather than blame.

At the same time, as members of the Board, we are clear that we are **ACCOUNTABLE** to each other, and to the people we serve in the three boroughs.

The Care Act 2014 says key members of the Board must be the Local Authority; the Clinical Commissioning Groups; and the Chief Officer of Police. The statutory members of the Safeguarding Adults Executive Board:

- The Bi Borough Executive Director of Adult Social Care and Health
- The Director of Social Care, London Borough of Hammersmith & Fulham
- Deputy Director Quality, Nursing and Patient Safety, North West London Collaboration of Clinical Commissioning Groups
- The Kensington and Chelsea Borough Commander of the Metropolitan Police

The Care Act 2014 states that the Board can appoint other members it considers appropriate with the right skills and experience.

There are senior representatives on the Board, from the following organisations:

- London Fire Brigade
- Imperial College Healthcare NHS Trust
- Chelsea and Westminster Hospital Foundation NHS Trust
- The Royal Marsden NHS Foundation Trust
- Central London Community Healthcare Trust
- Central North West London NHS Foundation Trust
- West London Mental Health Trust
- Community Rehabilitation Company (CRC)
- National London Probation Service
- Children's Services
- Community Safety
- Local Councillors
- Housing (Local Authority)
- Mind
- Genesis Notting Hill Housing
- Trading Standards
- Public Health Community Champions Programme
- HM Prison, Wormwood Scrubs
- Royal Brompton and Harefield HNS Foundation Trust
- Healthwatch
- Adult Social Care

"Board members are the senior 'go to' person in each of these organisations with responsibility for adult safeguarding"

They bring their organisation's adult safeguarding issues to the attention of the Board, promote the Board's priorities, and disseminate lessons learned throughout their organisation.

The Board can use its statutory authority also to assist members in addressing barriers to effective safeguarding that may exist in their organisation, and between organisations.

WHAT IS THE SAFEGUARDING ADULTS EXECUTIVE BOARD?

An even wider group of people, including voluntary sector organisations; housing and homelessness agencies; advocacy and carers' groups; and members of the public all contribute to the Boards four work-streams.

The sub-groups of the board are all chaired by either organisations representing health and the police or by voluntary sector organisations

- Community Engagement Group
- Developing Best Practice Group
- Better Outcomes for People Group
- Safeguarding Adults Case Review Group

"The Board recognises that hard-working staff on the front line of all these organisations carry out the challenging and complex work of preventing and responding to abuse and neglect, every day of every year"

The Care Act 2014 says members may make payments for purposes connected with the Board.

Most of the Funding for the Board comes from the Local Authorities and the **Clinical Commissioning Groups**.

Mayor's Office for Policing and Crime provides an annual contribution of £5,000 to local safeguarding adult boards.

Also for the third year running, **The London Fire Brigade** have contributed £1,000 per borough, to be shared between the Safeguarding Adults Board and the Local Safeguarding Children Board.

The Board is using these contributions to fund the independent Chair and a Board Business Manager, to further improve its effectiveness and efficiency.

The Care Act 2014 says that all members of the Board have the right skills and experience necessary for the Board to act effectively and efficiently to safeguard adults in its area.

Attendance is good and members are committed and work hard to progress the Board's priorities, and safeguard adults at risk of abuse and neglect.

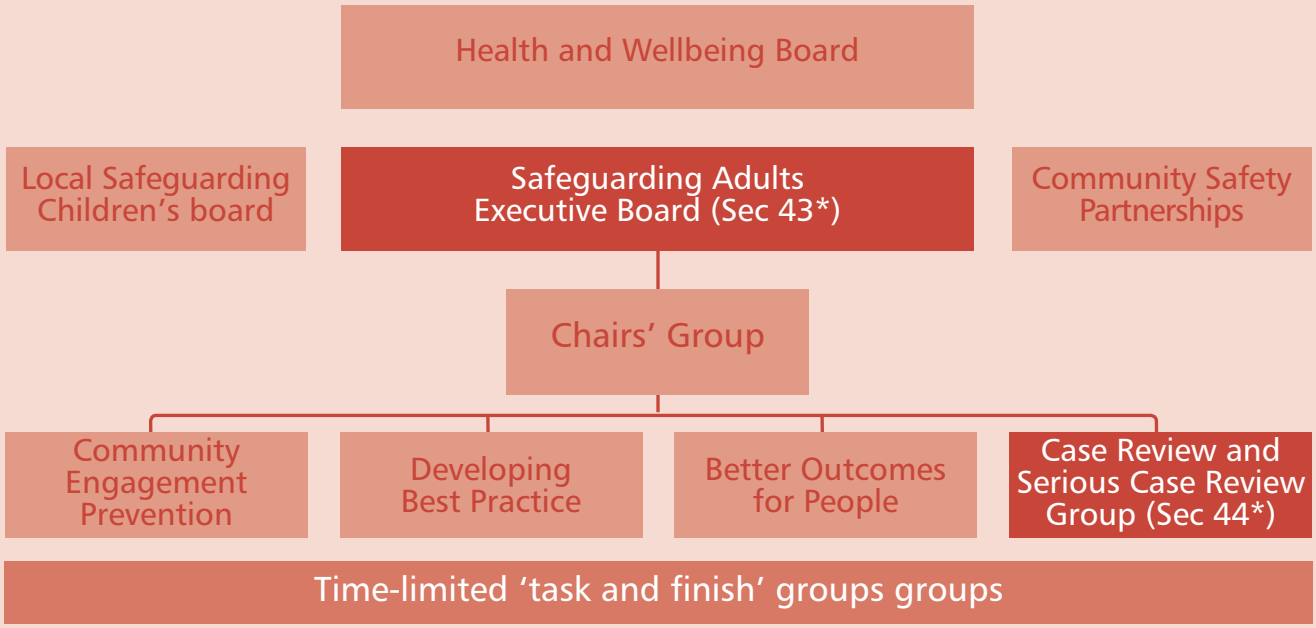
The North West London Collaboration of Clinical Commissioning Groups (NWL CCGs)

are committed to safeguarding the wellbeing of vulnerable adults who access services that are commissioned by the NWL CCGs. As a member of the Safeguarding Adults Executive Board and in line with multi-agency Pan London Adult Safeguarding policies and procedures, NWL CCGs ensure that staff have appropriate policies, procedures, training and access to expert advice to ensure that adults at risk are identified and where appropriate a referral is made to adult social care. Safeguarding is about making sure everyone is treated with dignity and respect and does not suffer abuse. This is particularly important for those who are unable to protect themselves from harm or abuse, possibly because of their age, a disability or because they are unwell. To ensure this, care has to be of a high quality in order to prevent abuse happening. It also means there is an effective response if there is evidence or suspicion of abuse.

Deputy Director Quality, Nursing and Safeguarding, North West London Collaboration of Clinical Commissioning Groups

WHAT IS THE SAFEGUARDING ADULTS EXECUTIVE BOARD?

The Safeguarding Adults Executive Board and workstreams



* **Section 43:**
Requires the Local Authority to establish a Safeguarding Adults Board (SAB) whose main objective is to protect adults from experiencing, or being at risk of abuse and neglect. The three main duties of the SAB are to produce an annual strategic plan, publish an annual report and undertake a safeguarding adults review under certain circumstances.

* **Section 44:**
Requires the SAB to arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, and the adult has died, and the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

ADULT SAFEGUARDING STRATEGY 2015-19

The Care Act says the Board must publish its strategic plan and what members of the Board are doing to implement that plan.

The Boards Strategy framework came out of a series of consultation events in 2015 and 2016. We consulted with people living in the three boroughs, and with organisations working with people who have care and support needs, to develop the Board's four-year plan.

From what people told us was important to them, we created the Adult Safeguarding Strategy 2015-2019 'house' below which is built upon the well-being principle.

People said they do not want to be seen as victims, and said how important it is to be in control of the decisions they make about their life, even when they have experienced abuse or neglect.

Residents said they want to be healthy and safe. They want to know what to do when they themselves, or someone they know, is being neglected or abused, and they want to be listened to.

We said that we want to be leaders who listen and learn from what people are telling us.

"This strategy has supported the Board to ensure that all its safeguarding adults work is focused on making safeguarding better by being Person led, Outcome-focused, Improving quality of life, wellbeing and safety "

Creating a Safe and Healthy Community

I am aware of what abuse looks like and feel listened to when it is reported

I am kept up-to-date and know what is happening

My choices are important

My recovery is important

You are willing to work with me

Leading, Listening and Learning

We are open to new ideas

We are a partnership of listeners

We give people a voice

We hold each other to account

We want to learn from you

WHAT HAS THE BOARD BEEN DOING?

MAKING SAFEGUARDING PERSONAL

YOU SAID:

I am able to make choices about my own wellbeing.

WE DID:

The Better Outcomes for People subgroup was asked by the Board to explore the extent to which Making Safeguarding personal was being applied across board member organisations.

The group analysed safeguarding data to identify to whether:

- The person or person's representative was asked about their desired outcomes
- If desired outcomes had been expressed, whether these were met

The report highlighted:

"Over 90% of peoples wishes and desires about the safeguarding incident are recorded as being achieved"

- That engagement of advocacy had a positive impact on ensuring that the person's voice was heard throughout the safeguarding enquiry
- When the adult at risk is supported by agencies to find the right solutions to keep them safe informed decisions are made leading to longer lasting outcomes

Safeguarding Principles- Care Act Statutory Guidance 2014

Empowerment

I am best placed to judge my well-being. Don't make assumptions about what is important to me and how I view risk and safety.

Protection of the person and others from further harm
Proportionate most effective, least intrusive response
Partnership working together and sharing information to understand what happened
Accountable duty of candour and transparency
Prevention learning lessons and making changes

WHAT HAS THE BOARD BEEN DOING?

MAKING SAFEGUARDING PERSONAL

Here are three case examples of how the work of the Safeguarding Adults Executive Board is making a difference to residents using the safeguarding principles

How we supported Mr Cheng* to maintain his independence

I have one close friend that visits me as I have no family. I have a good relationship with the Manager of my sheltered accommodation and I rely on him for help. I have carers who come to help me about four times a day as I have memory problems and Parkinson's. I find it difficult to get out of bed, to wash, brush my teeth and shave. I use a wheel chair to get round and about and have a carer who helps me get to the bank to pay my bills. I feel indebted to the carers who help me. I like to give them a little something extra when I can.

I told my friend about this last week and he seemed concerned. Last week the Manager came to me and said he had was aware that over the past 11-months about £1000 was taken out of my bank account each month and wanted to know what I was spending it on.

I was very irritated by this. I may be in a wheel chair but I am not stupid. I told him no one is stealing my money.

Over the next few weeks I had many visitors who were worried about me and talked of me being under safeguarding. I then had a visit from the Police who made me think about one of the carers who sometimes comes to the bank with me.

I think that this carer was taking my money and I told her I did not want her to visit me again. I dealt with it my way.

Outcome

A Mental Capacity Assessment was completed to determine Mr Cheng's ability to manage his finances. The outcome of this assessment found that although he is able to understand and retain relevant information and relay his decisions, he was unable to weigh up that information. Therefore, it was decided he was unable to manage his finances effectively but it was clear he was a proud man and wanted to retain as much control over his financial decisions as possible.

Professionals involved considered safe options in his best interest, his friend helped Mr Cheng to communicate what he wanted to happen and as an outcome the least restrictive option was chosen. This was a plan which allowed Mr Cheng to continue to manage his own finances with monitoring and oversight from the local authority and the Manager of the Sheltered Housing Scheme and his friend.

Unfortunately, the whereabouts of the money already removed remain unknown and the Police investigation is on-going.

* Not his real name.

WHAT HAS THE BOARD BEEN DOING?

MAKING SAFEGUARDING PERSONAL

How we supported Mrs Khan* to be looked after by her daughter who was preventing carers entering into their flat

My daughter looks after me which must be very difficult for her as she has her own life. I don't like to make a fuss but I don't go out much anymore, not like I used to. I have carers who help my daughter to look after me but I don't think they come any more. My daughter has very high standards.

A social worker came round the other day to see how I was. My daughter seemed angry when she left.

Outcome

A traditional, heavily interventionist response to ensure Mrs Khan received the services needed, regardless of the daughter's wishes, could have damaged an important relationship and not achieved a positive outcome. Instead, social workers worked with Mrs Khan and her daughter to find a solution that achieved the best care outcomes for everyone involved. They addressed the daughter's concerns by finding ways to support her in her caring role and showing real commitment to tailoring the intervention to the particular needs of the family. Working together and addressing both the needs of Mrs Khan, who wanted to go out more, and her daughters concerns around the standard of care being delivered by the care agency ensured that Mrs Khan was receiving all the support needed. Social Services arranged for services to escort Mrs Khan to social clubs and events. Mrs Khan's physical and emotional health and wellbeing has improved and she say's,

"I now have something to look forward to each week."

'No decision about me, without me'

The Trust has continued to make safeguarding personal with the approach of "No Decision About Me Without Me". This ensures that patient's wishes and views are central to discussions with other agencies to support them to make informed choices and to keep them safe and is a key part of discussion when discussing safeguarding adult's referrals with patients.

The Royal Marsden NHS Foundation Trust

* Not her real name.

WHAT HAS THE BOARD BEEN DOING?

MAKING SAFEGUARDING PERSONAL

How the Deprivation of Liberty Safeguards have made a real difference for Mrs O'Reilly*

When Bill and I married we came to London. It was 1963 and we have never spent a single day apart, not one. We are both getting older now and want to look after each other in our own house as we get older.

My memory is not so good these days and Bill looks after me. Bill says that the ambulance found me walking down the High Street the other day at 10 o'clock at night. I don't know how I got there! I don't remember.

Emergency services have been called out several times in the last six months for Mrs O'Reilly who has been found wandering the streets late at night. Family members raised concerns that the home environment was no longer safe for Mrs O'Reilly.

Mr O'Reilly very reluctantly agreed with his family and social services to arrange for his wife to go into a care home to keep her safe at night.

Following her admission, the care home raised concerns that Mr O'Reilly was visiting all day, every day and when visiting time was over, he would sleep in his car until the following morning. Mrs O'Reilly was very unhappy in the care home and desperately unhappy without him always calling out his name and asking staff where he was.

The care home made a referral to the Deprivation of Liberty Safeguards Team who arranged for an Assessment to be undertaken. This determined that Mrs O'Reilly lacked capacity to consent to care or treatment but under European Convention of Human Rights (ECHR) Article 8 had a right to family and private life.

Mrs O'Reilly is now back at home with her husband and her care is being managed in a less restrictive manner with telecare monitoring and support.

Simple Adjustments make a big difference

Chelsea and Westminster NHS Trust have embraced Mencaps 'Treat me well' campaign which is transforming how the NHS treats people with a learning disability in hospital. The Trust puts the patient at the heart of discussions and works closely with families to support decisions in the best interests of the patient.

Chelsea Westminster Hospital NHS Trust

* Not her real name.

WHAT HAS THE BOARD BEEN DOING?

MAKING SAFEGUARDING PERSONAL

'This is Me'

Central London Community Healthcare NHS Trust is committed to supporting people with dementia and have a competent workforce who advocate for both patients and carers. In order to support the effective co-ordination of care and communication for dementia sufferers, the Trust is implementing the use of the 'This is Me' document to enable person-centred care so as to reduce distress for the person with dementia and their carer. In addition, a 'This is what I would like you to know about me…' information sheet, has been developed to promote sharing of important information about the patient's preferences, dislikes, routines and specific requests to personalise care and support choice and independence.

Head of Safeguarding,
Central London Community Healthcare NHS Trust

John's Campaign

Chelsea and Westminster and West Middlesex Hospital have launched John's Campaign across the Trust as part of plans to improve patient experience and make the Trust more dementia friendly. We have introduced activities to our elderly care wards, as well as improving the environment on our key ward. The next steps include providing a more suitable environment in emergency departments, along with activities to distract patients with dementia. We are considering a fast track system within our emergency and outpatient's departments for patients with dementia.

Director of Nursing,
West Middlesex & Chelsea and Westminster Hospital Trust

Patient Involvement

Working in partnership with patients is fundamental to delivering high quality care. That's why CNWL involves patients in many of the practical aspects of providing services. The Mental Capacity Act 2005 (MCA) provides a framework to assess whether a patient has capacity to take decisions, for example, whether to consent to medical treatment, or whether to agree to a proposed home care package. The Act makes clear who can take decisions in which situations, and how they should go about this. Anyone who works with or cares for an adult who lacks capacity must comply with the MCA when making decisions or acting for that person. This applies whether decisions are life changing events or more every day matters and is relevant to adults of any age, regardless of when they lost capacity. The underlying philosophy of the MCA is to ensure that those who lack capacity are empowered to make as many decisions for themselves as possible and that any decision made, or action taken, on their behalf is made in their best interests. In 2017/18 CNWL developed a Mental Capacity Toolkit to equip staff to make assessments and ensure documentation is consistent and legally compliant.

Associate Director of Quality - Safeguarding and Safety,
Central North West London NHS Foundation Trust

WHAT HAS THE BOARD BEEN DOING?

LEADING, LISTENING AND LEARNING

The Care Act 2014 states that the Board must conduct a Safeguarding Adults Review in accordance with Section 44 of the Act.

"The Group considers the recommendations and lessons learned from enquiries and Safeguarding Adults Review and where relevant, from Children's Serious Case Reviews; Domestic Homicide Reviews; and reviews of Fatal Fires"

YOU SAID:

We want you to listen and hold each other to account.

WE DID:

This year we have been working on what safeguarding enquiries and safeguarding adult reviews, SARs, are telling us needs to change and improve.

Local cases are received and reviewed by the Group involving the death of an adult at risk, or a near miss to determine whether or not to recommend that a SAR be conducted.

In 2017-18 six cases were accepted for discussion by the Group as possibly meeting the Section 44 Safeguarding Adults Review criteria.

A list of the emerging themes from the Reviews is found at the back of this report in APPENDIX 1.

What the Board worked on in 2017-18:

Emerging Themes and Board Priorities

Hoarding and Self Neglect:
Working together to win the trust of people who are reluctant to accept care from statutory services, with the result that their health and care needs are not being met. The Board held a very successful Hoarding Conference in May 2018.

Mental Capacity Act (MCA) 2005:
Increasing staff confidence with application of the Mental Capacity Act 2005; with the result that the MCA Champions network is growing in strength to support advice giving right down to front line staff.

Physical Health:
Improving the physical health of people with mental health needs and learning disabilities. Work undertaken by the Group has supported change within agencies so that individuals with mental health needs or a learning disability have access to the same treatment options as the general population.

Safe Transfers Between Care Settings:
Improving people's experiences of transferring between care settings.

No Replies / No Access:
Improving compliance and escalation across organisations and agencies when staff cannot gain access was a focused piece of work completed by Central London Community Health Care Trust.

WHAT HAS THE BOARD BEEN DOING?

LEADING, LISTENING AND LEARNING

Why asking about outcomes matters?

Winifred's* Story

'I have spent my whole life looking after others and now I would like a little help'

Winifred told her story in person to the Safeguarding Adults Review Group. This was a powerful experience for the group members.

"I was born in Freetown, Sierra Leone in 1950 the youngest of 4. I came to Britain looking for work as there was nothing for me in Sierra Leone. I left behind my family but I was excited about my new life. I lived in privately rented property in London and have always paid my bills. I never did get married. Some people don't.

I worked as a secretary for most of my life looking after directors of large organisations like yours. I took retirement at 62. I have paid my taxes and don't ask for anything from the State. I have found the last few years a bit of a struggle. I feel that I lost my way a bit but not sure why. I don't want to bother my neighbours. The Post Office on my street has recently closed down and this makes me anxious, life has become more complicated.

I think I was in a bit of a muddle just before Christmas. I liked to light candles around my flat at Christmas and one day a small fire broke out. My neighbours called the fire brigade and an ambulance. I was taken to hospital. I was a bit confused. So many people were asking me questions my head wasn't working right. My neighbour came to visit me and I asked to go home. A social worker came to see me. He asked me lots of questions about where I wanted to live which I thought was a bit strange. I told him I wanted to live at home. I had no one to talk to and was feeling very scared.

I was told I was going to a new home where I would be cared for. I remember arriving at the care home in a nightdress and coat which did not belong to me. I was asked if I wanted to see my bedroom when I arrived and I said '**I did not and I shouldn't be here**'. All I could think of was trying to leave this place as soon as possible and go home and that is what I did. I managed to find my way back to my flat and as I walked up to the front door a police officer and a women were there waiting for me. She asked me if I had any family or friends and I spoke of my neighbours. I said that I had not been very well but was feeling much better. We sat down and had a cup of tea she asked me what had been going on for me and what I wanted to do next. I wanted to go home. She was the first person who actually spent time talking with me, finding out a little about who I was. I now live in a sheltered home with a warden my neighbours come and visit me.

The group identified three key messages after hearing Winifred's story:

1. **We need to continue to help staff to deliver a more personalised response to all our interventions and to not assume that we or clients know what a person centred response looks like.**
2. **Winifred's story demonstrates the amount of resources which are wasted when we do not put the person at the centre of the process.**
3. **We are continuing to be challenged by pressures in the systems which impacts upon our decision making. E.g. winter pressures in hospitals to discharge people puts pressure on systems and allows for practitioners to not follow process. In Winifred's case failing to follow the principles of the Mental Capacity Act ensured her voice was not heard.**

* Not her real name.

WHAT HAS THE BOARD BEEN DOING?

LEADING, LISTENING AND LEARNING

No Replies / No Access: Following a number of cases where staff cannot gain access this emerging theme was explored.

Initial actions are as follows:

Adult Safeguarding learning in action

ISSUES

- Staff did not follow the 'No Reply' procedure
- Family members prevented staff accessing the adult at risk
- Challenges were presented by clients who allowed access on an intermittent basis

PROCEDURE EXPLAINED

- **No Access/No Reply:** Where there is no access or contact with the service user at a planned or agreed visit.
- **Failed Visit:** Where the purpose of the visit is not achieved because although the service user is there, they refuse access or where access arrangements in place allow the visiting agency to enter the property and find the service user not present and their whereabouts need to be determined to ensure that they are safe.
- **Cancelled Visit: These should be considered when the service user has cancelled a visit.** In such instances, it is important to check that the service user has capacity to make such a decision. If they do not, then the visit must still take place which will potentially result in a failed visit or no reply.
- **Was not brought:** this is where someone with care and support is dependent on others accompanying to appointments and they are not supported to do so.

LEARNING IN ACTION

Two workshops have been held across the local health provider partnership. An agreement was made to develop a standard response with clear escalation processes and in collaboration with other agencies.

REFLECTIONS

We need to improve our working relationship with people who use services. We need get better at having conversations with people about why we need to be informed if they are not going to be at home. We need to understand with people why they may wish to refuse care and not let services in.

"Maintaining good communication and relationships with people who use services means that we are more likely to know what is going on and will appear less intrusive in people's lives."

Central London Community Healthcare NHS Trust

WHAT HAS THE BOARD BEEN DOING?

LEADING, LISTENING AND LEARNING

In December 2017 the Chairs of the Safeguarding Adults Case Review Group made a recommendation to the Independent Chair of the Safeguarding Adults Executive Board to commission a statutory Safeguarding Adults Review (SAR) to learn from the case of a person where staff could not gain access leading to a near miss.

As an outcome to the subsequent Police investigation the Local Safeguarding Children Board has agreed to make a contribution to the Safeguarding Adults Review.

SPOT IT STOP IT

METROPOLITAN POLICE
TOTAL POLICING

This review is being carried out using the SCIE Learning Together model, which is based on a systems approach, and will be led by an Independent Reviewer.

"The focus of a SAR is not about blame but instead it intends to gain learning to support improvements to the local safeguarding system"

IN PARTNERSHIP WITH

scie social care institute for excellence

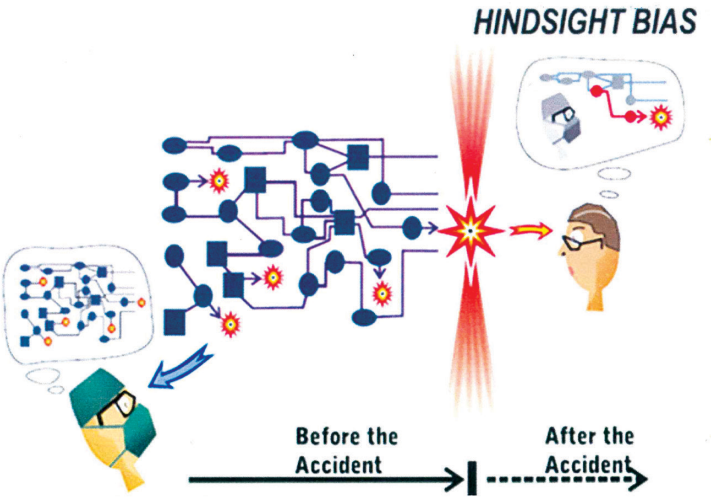
A systems approach

SCIE has adapted the systems approach specifically for use in reviews of multi-agency adult safeguarding and child protection work. While historically reviews of practice have often ended up tended blaming individuals for mistakes and failures, the SCIE systems approach takes account of the context people work in, the tasks they perform, and the tools they use. Using the concept of "Hindsight Bias". It addresses what happened but focuses on understanding the reasons behind the approaches and decisions taken – i.e. why someone acted (or did not act) in a certain way. It highlights what factors in the wider system contributed to people's actions and decisions. The SCIE process also highlights what is working well locally and patterns of good practice.

WHAT HAS THE BOARD BEEN DOING?

LEADING, LISTENING AND LEARNING

Hindsight Bias: also known as the knew-it-all-along effect, is the inclination, after an event has occurred, to see the event as having been predictable, despite there having been little or no objective basis for predicting it.



Holding each other to account

This is a summary of findings and outcomes of a Safeguarding Adults Review commissioned from SCIE by the Board in August 2015

What can we learn about how placements for people with dementia are commissioned, made and monitored across the three boroughs?

The decision was made not to focus the SAR on the person who had died but instead on the person who caused the harm, who himself had care and support needs. He is referred to in this document as Andrew by the request of his family. It is acknowledged that not to focus on the adult who died is unusual so attention was paid to ensure that the family members of both service users were kept informed of the SAR process and outcomes.

Case history

Andrew* stayed at the care home in question for two and a half months. Andrew was removed after he pushed over a fellow patient in the home, who broke her hip and suffered a bleed on the brain as a result. She subsequently died. The coroner at the inquest determined:

"the placement was not the right place .. but the decision to place...at the time was based on information available so was not 'unreasonable'. The Coroner said it was a 'pity there was no understanding what was being commissioned."

The final report posed questions to Board members about the provision of dementia care. Evidence in the full SAR report demonstrated that these are systemic issues and not a one-off event.

1. How current workplace pressures are perceived to be making it more difficult to make shared values a reality for individual patients and service users. The update to this finding is themed in two areas of current Adult Social Care activity: Delayed Transfer of Care and delivery of Section 42 enquiries
2. That there is a minimal range of care options available for people with dementia creating a mismatch between needs and services.
3. Professionals despite policies and practices, fail to recognise or accommodate situations where the person causing the harm also has care and support needs
4. Decision-making about the kind of placement for someone with dementia needs and market provision is not straightforward. Having the right people, with the right knowledge, skills and experience making those decisions is therefore critical.

* Not his real name.

WHAT HAS THE BOARD BEEN DOING?

LEADING, LISTENING AND LEARNING

WE DID:

A re-design of the whole systems approach to commissioning residential and nursing care for dementia. The following changes have been put in place.

- The discharge to assess scheme designed to speed up the transfer of patients to an appropriate care setting has been improved.
- Integration of IT systems between Adult Social Care and health providers is being reviewed.
- The Better Outcomes Panel oversees all placement decisions.

"The case for change is a recognition that the Health and Social Care system is confronted by clients with challenging behaviours but this client group only makes up 10% of residents aged 65+ living in care homes. However, it is encouraging to see how agencies have responded in such a positive way to the need to change their approaches to dementia care for the residents of the three boroughs. This momentum needs to be maintained as decision making about the kind of placement for someone with dementia needs, and where exactly to place them, is not straightforward. Having the right people, with the right knowledge, skills and experience making those decisions is therefore critical"

Board Chair

Dementia Care Champions

Central London Community Healthcare NHS Trust has a dementia charter and strategy in place, and is a partner in the Dementia Alliance Action Plan which has actively increased the number of Dementia Friends across our organisation. Our dementia engagement project has been listening to and working alongside people with dementia and their carers since January 2016. The Dementia Care Champion programme has been in place since 2015 and this enhanced training is aimed at practitioners and compliments mandatory organisational dementia training requirements for clinical staff. The programme includes input from dementia patients and their carers, who review staff projects and give feedback and advice to enhance the learning experience and services to people with dementia. It is the only programme of its kind in London. Community dementia champions can support and advise people with dementia and their families to maintain independence, especially in their choice of living accommodation. Champions also support residential care staff with nursing or therapy assessments to ensure an individual's needs or increasing risk is explored and escalated as needed. The electronic clinical record systems used in the Trust have had electronic alerts to flag patients with a diagnosis of Dementia and help ensure they are identified by staff and any appropriate care and support is provided.

Director of Nursing and Therapies (Patient Experience), Central London Community Healthcare NHS Trust

Dementia Care Champions

The Trust, Dementia Champions Network, has been key to continue to improve the health care provision and experience of patients coming into the Trust with different types of dementia. During this year, we have also improved our hospital environments to make them more dementia friendly through improved signage and facilities, especially in bathrooms. We have also installed dementia friendly clocks across the Trust.

Head of Adult Safeguarding, The Royal Marsden NHS Foundation Trust

WHAT HAS THE BOARD BEEN DOING?

CREATING A SAFE AND HEALTHY COMMUNITY

YOU SAID:

My choices are important

WE DID:

Prompted by themes emerging from safeguarding enquiries and reviews, the Board held a Hoarding and Self Neglect Conference on National Hoarding awareness week.

The Conference was attended by key partners, including:

- The person who is hoarding
- Adult Social Care
- Mental Health
- The London Fire Brigade
- Environmental Health
- Housing

A partner who is increasingly valued is EASL (Enabling Assessment Service London) who work sensitively with the person to understand why they feel the need to collect things. This is a personalised empathetic approach to tackling Hoarding and Self-Neglect which has been shown to result in longer-term reductions in clutter, and happier outcomes for the person.

Easl's Message

- Don't give up, hold hope
- Be curious and aware of your own judgements
- Allow a lot of time and be consistent
- Recognise small changes and celebrate them
- Be dynamic and creative, keep trying new things
- Three most important things...
  Relationship, relationship and relationship!

WHAT HAS THE BOARD BEEN DOING?

CREATING A SAFE AND HEALTHY COMMUNITY

How we supported Mr. Johnson not to sweep his clutter under the carpet

Case study - Mr Johnson*

Mr. Johnson loves reading and has hundreds of newspapers and gardening magazines cluttering the hallway and living room preventing access to the bathroom and making it very difficult to get through the front door. He and his late wife used to have an allotment and he says

"I like to keep up with all the gardening news you just never know when you may need it."

Mr Johnson is also keen on recycling and is proud of his contribution to the **'In It to Win It'** scheme, which provides monetary rewards to local schools for increasing their recycling. However the build-up of plastic cartons in his kitchen prevented him from moving safely round his home. These items were rarely washed, creating a contaminated and unhealthy environment. Following numerous complaints from neighbours about the smell of rubbish and flies populating the communal corridors of his building, two public health notices were served to clear his home.

In early 2017 Mr Johnson fell over his clutter and was admitted to hospital. He was no longer able to move around independently and was struggling with his care needs. This crisis situation led him to agreeing to accept more support from services which he had in the past refused. This support included him attending network meetings with The London Fire Brigade, Environmental Health, Clouds End and Adult Social Care. Using a collaborative approach Mr Johnson felt valued and slowly trust developed. This led to all his newspapers and magazines being moved into a nearby storage unit which he visits regularly to check they are safe. He now receives two visits a week from cleaning services who work sensitively with him to organise his belongings.

A Good Outcome

At a recent network meeting Mr. Johnson acknowledged that

"I know I haven't made things easy for you lot but since my wife died I have felt very lonely. I want to thank you for all the support you have given me and for doing it my way."

The Hoarding and Self Neglect protocol

Housing, Supported Housing providers, City West Homes, Environmental Health, Registered Providers, Floating support, Mental Health Teams, Adult Social Care, The Metropolitan Police and the London Fire Brigade work together to reduce the risk to the person who is hoarding or self-neglecting, and to reduce the risk to other people. The protocols emphasis is on multi-disciplinary working and a person centred approach to the support being offered to all residents. "Organisations raise awareness and contribute to prevention by working collaboratively and sensitively with each other and with people who hoard"

Head of Prevention, Housing Department, City of Westminster Council

* Not his real name.

WHAT HAS THE BOARD BEEN DOING?

CREATING A SAFE AND HEALTHY COMMUNITY

YOU SAID:

I am kept up to date and know what is happening.

Taking a 'Stand against Scams' Work with Trading Standards and Community Champions 'SCAMchampions'

Zara Ghods, Kensington and Chelsea Forum for Older Residents

WE DID:

National Friends Against Scams Campaign

This year Trading Standards have continued to support the National Friends Against Scams Campaign to raise awareness about scams, by delivering free training within the community in partnership with Kensington and Chelsea Forum for Older Residents, Age UK Kensington and Chelsea, Community Safety, Hammersmith United Charities, Age UK Hammersmith & Fulham, Caring for Carers Association, Carer's Rights Network, Community Champions and Barclays Bank

Trading Standards delivered Friends Against Scams Training to 100 Royal Mail postal workers. The training focussed on how to spot scam mail and to identify and report details of residents, who may be receiving large volumes, being targeted by scammers. The training was well received.

"I have seen this type of mail all the time but didn't know it was scam mail or how to report it"

Royal Mail Worker

We participated in London Trading Standards Week in September. This included holding scams awareness events at Kensington Town Hall, delivering Friends Against Scams Training to residents and carrying out home visits to local residents who had responded to fraudulent prize draws, to provide advice and support for the future. At Hammersmith Town Hall. in partnership with Barclays Bank, we delivered training to 50 local residents and businesses.

In March, officers delivered Friends Against Scams training to 180 residents in partnership with the Community Safety Team, the National Trading Standards Scams Team and Zara Ghods, Chief Executive, Kensington and Chelsea Forum for Older Residents, who has signed up as a SCAMbassador.

WHAT HAS THE BOARD BEEN DOING?

CREATING A SAFE AND HEALTHY COMMUNITY

How we know we are making a difference to people who are a victim of scamming

Case Study - Jim*

In April 2014 the National Trading Standards Team notified the local Trading Standards Teams that Jim had been a victim of scam mail. When an officer visited his home they found scam mail from around the world. He confirmed he would return requests for small amounts of money as he

"did not want to miss his opportunity to win the lottery."

The officer removed several shopping trollies full of mail and under data protection enforcement arranged to have his details removed from hundreds of lists. In December 2014 the work undertaken had proved to be successful. Post had stopped coming in and Jim was able to successfully manage any 'nuisance' calls received.

However, in January 2018 Adult Social Care raised a concern that Jim had received calls from his banks fraud department informing him that he needed to transfer £10,000.00 as part of an undercover operation to identify corrupt bank staff.

This sounded suspicious but Jim's law-abiding fear of financial authorities and the importance he placed on helping them led him to complete the transfer. When he got home he began to question his actions. He called his bank, who immediately alerted the Police who made a full investigation and £5,000 of the funds were recovered. The bank staff were questioned about whether they had followed the Banking Protocol for large and unusual transactions. Jim had been confused about the conversation that had taken place within the branch and had not co-operated about the transfer request, believing that he was part of an undercover operation.

"He had been effectively 'groomed' by the fraudster."

Trading Standards have now installed a Nuisance call blocking device into his home and continue to provide ongoing support to Jim.

"The national average of nuisance calls received is 18 per month. Monitoring Jim's nuisance phone-calls, confirms he receives approximately 117 a month."

* Not his real name.

WHAT HAS THE BOARD BEEN DOING?

HOW WE KNOW WE ARE MAKING A DIFFERENCE

YOU SAID:

You are willing to work with me.

WE DID:

In 2017/18 520 referrals were made from the three boroughs to the London Fire Brigade to carry out Home Fire Safety visits. The visits included installation of a range products such as sprinklers, smoke alarms, and fire retardant furnishings.

The London Fire Brigade

Protecting the lives of people at risk

In 2018 the London Fire Brigade introduced the person centred risk assessment.

This form has been designed for carers, support workers, housing officers and social workers, but can be also used by family members to assess the risk of fire to individuals.

A new training programme supported by the Community Engagement Group will be provided to all multi-agency membership organisations, Community Champions and the wider voluntary sector across the three boroughs. The training will enable the workforce in all agencies to confidently carry out initial **Person-centred Risk Assessments**, support people to make fire safety decisions in their own homes and make necessary onward referrals to the London Fire Brigade to carry out home safety visits.

Community Champions

Connecting communities and residents with local services

YOU SAID:

I am aware of what abuse looks like and feel listened to when it is reported.

WE DID:

Adult Safeguarding have linked up with Public Health Behaviour Change Services and have developed a bespoke Adult Safeguarding 'Train the Trainers' model and 'Keeping Safe' tool-kit to support building capacity and expertise in the Community Champions programme.

We know from national and local evidence that using a community engagement approach is both cost effective and leads to improved health and well-being. We have replicated this by raising awareness of adult safeguarding and supporting a strong prevention agenda which:

- Empowers people by giving them confidence to raise concerns
- Increases confidence, self-esteem and self-efficacy and gives people an increased sense of control over decisions affecting their lives particularly in areas of safety decisions
- Contributes to developing and sustaining areas of need
- Working with community safety teams

"I joined the team of Community Champions. It was a great opportunity to gain knowledge about Public Health Campaigns and Community Research and also to know better the local community and the local services. Exactly what I was looking for! The Community Champions project manager and the Volunteer Centre staff made me feel very welcome from the start and helped me feel a valuable team member."

WHAT HAS THE BOARD BEEN DOING?

HOW WE KNOW WE ARE MAKING A DIFFERENCE

YOU SAID:

My recovery is important.

WE DID:

Board member organisations tackle domestic abuse and provide support services

Joint working protocols were established between the Violence Against Women and Girls Group; The Local Safeguarding Children's Board; and the Safeguarding Adult Executive Board. The Partnership is driven by seven strategic priorities which include ongoing communication, prevention and awareness-raising activities, creating a menu of options for survivors and their children and continuing to strengthen the coordinated community response. The success of the Partnership's work is evident through the range of referrals to the Angelou Partnership and to the Multi-Agency-Risk Assessment Conferences. The partnership is focused on ensuring there is preventative, immediate and long term support for survivors and their children. They have recently launched a new service, 'Meeting Survivors Where They Are,' which provides support for survivors with the most complex needs or experiencing multiple disadvantages.

"The Angelou Partnership saved my life as I wouldn't have been able to go on without the support I received."

Survivor

Case Study - Pam

Pam* disclosed to hospital staff that she had been in an abusive relationship with a much older man since she was 15 years old. A safeguarding meeting was held and attended by Pam who was supported by a family friend. She was able to report the sexual assault to the police and was allocated a specialist officer who helped her to give a video interview. Over the course of a year, intensive support was provided by the team as Pam found it very difficult to leave this abusive relationship, and remained at risk of sexual, physical and psychological abuse.

Due to the extensive support from services Pam has been able to leave her long term relationship with the abusive ex-partner, is living alone, has stable mental health and has returned to work. She continues to access counselling at the Haven and is also considering re-training for a change of career.

Championing Responses to Domestic Abuse

Chelsea and Westminster and West Middlesex NHS Trust have 100 trained Domestic Abuse Links who work across the Trust in a variety of roles and who champion responses to domestic abuse. The Trust charity is funding a Domestic Abuse coordinator who will provide training, development and support across all sites.

Board Member Organisations Working Together

The West London Mental Health Trust is working closely with Standing Together to develop a network of Domestic Abuse Leads across the organisation. Standing Together supports organisations, including the Police, criminal justice partners, social services, healthcare workers and charities to identify and respond effectively together to domestic abuse.

Standing Together and West London Mental Health NHS Trust

* Not his real name.

WHAT HAS THE BOARD BEEN DOING?

SAFEGUARDING IN ACTION

A Learning Culture

The West London Mental Health Trust have developed a 'Think Incident Think Safeguarding' bespoke training for all teams, supporting staff awareness of Safeguarding Adult Practice.

West London Mental Health NHS Trust

Assisting residents to stay 'Safe at Home'

Age UK Kensington & Chelsea assists residents who are aged 55 and over to maintain their independence, making the tasks of daily living a bit easier. The aim of the 'Safe at Home' service is to reduce the risk of falls in the home, reduce the risk of harm from other hazards in the home, improve health, wellbeing and peace of mind by ensuring that the home environment is safe for the resident.

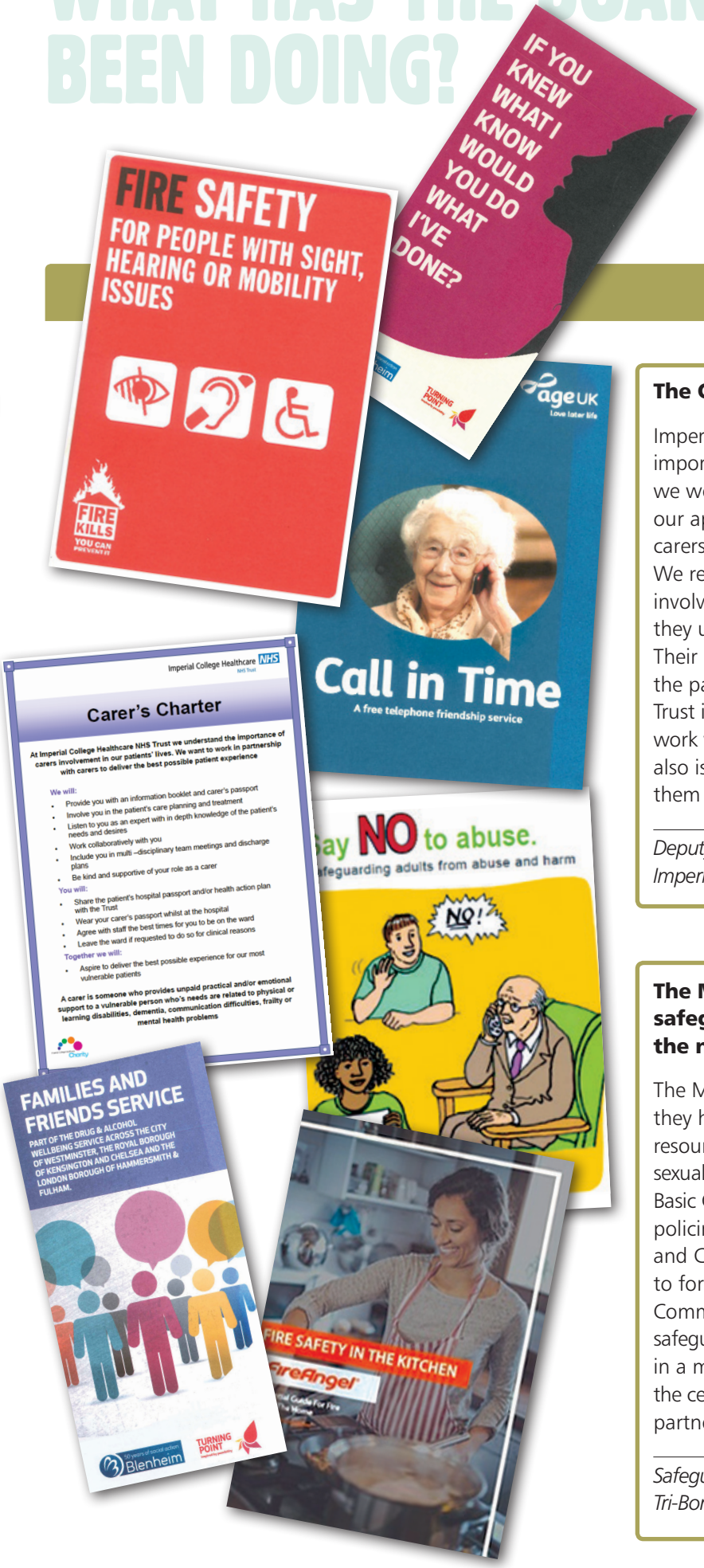
Community Engagement Manager,
Age UK Kensington & Chelsea

Respecting the right to make unwise or risky decisions

In 2017 we have had a number of cases where we have worked with customers to reduce hoarding and improve their living conditions. This work has meant we have not had to seek possession of their property and instead we support them to maintain their home. We have also embedded learning and awareness amongst staff using case studies provided by the Safeguarding Adults Executive Board to explore the complex issues surrounding self-neglect, capacity and the right to make unwise or risky decisions.

Head of Safeguarding
Notting Hill Genesis

WHAT HAS THE BOARD BEEN DOING?



The Carer's Charter

Imperial College Healthcare NHS Trust understand the importance of carers involvement in our patients lives and we work in partnership with carers. In 2017 we revised our approach and guidance in relation to supporting carers of people with dementia and other vulnerabilities. We recognise the benefits of having carers actively involved in the care and of people with complex needs as they usually know the patient better than hospital staff. Their input can make the experience less distressing for the patient and help to facilitate care and treatment. The Trust introduced a carer's charter that outlines how we will work with carers to support vulnerable patients. Carers are also issued with special "carers passports" which enable them to get access out of normal visiting hours.

Deputy Director, Patient Experience,
Imperial College Healthcare NHS Trust

The Metropolitan Police are making safeguarding their highest priority within the new Basic Command Unit structure

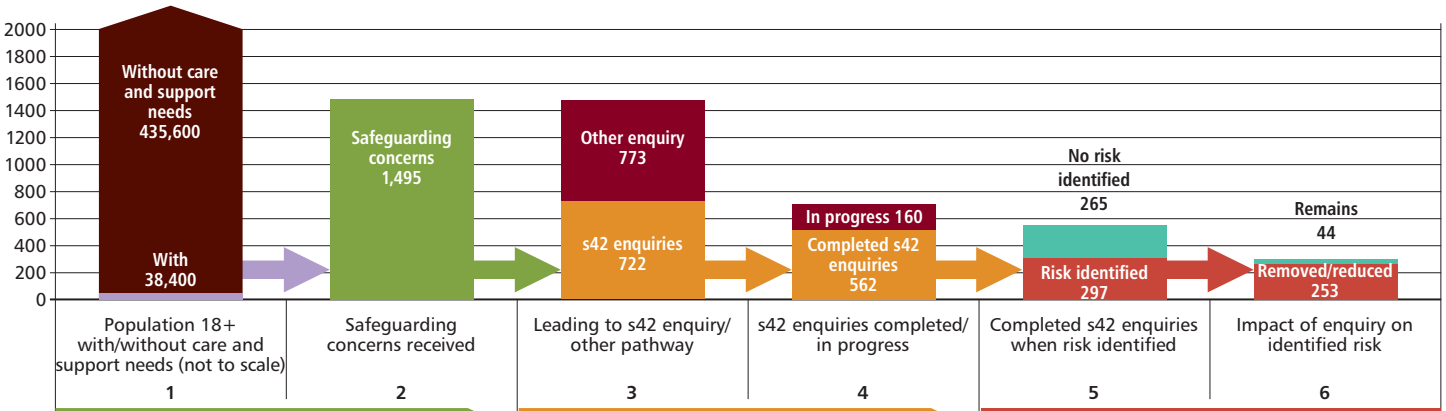
The Metropolitan Police Service are changing the way they help safeguard vulnerable people by investing more resources in preventing and investigating domestic abuse, sexual offences and all other types of abuse within the new Basic Command Unit Structure. Locally this will result in the policing units of Hammersmith and Fulham, Kensington and Chelsea and Westminster boroughs amalgamating to form 'Central West Basic Command Units' led by BCU Commander Rob Jones. Having an all-encompassing safeguarding function locally will mean the Police can work in a more holistic approach putting vulnerable people at the centre of our policing response in conjunction with our partners. Safeguarding is Everyone's Business!

Safeguarding Lead,
Tri-Borough Metropolitan Police Service

WHAT ARE THE NUMBERS TELLING US?

Chart 1

The safeguarding journey, from raising of safeguarding concern to outcome of safeguarding enquiry



Raising of safeguarding concerns

- In mid-2017 the three boroughs (LBHF, RBKC and WCC) had a combined adult population of about 474,000.
- Using the percentage of adults aged 18+ who say in national surveys that they are unable to manage at least one self-care activity, such as washing or dressing, on their own (about 8%) as a proxy measure, we estimate that across the three boroughs about 38,400 adults have care and support needs. This is over five times the number of adults who were receiving on-going support from social services at the 31 March 2018 (6,910).
- In 2017-18 the three boroughs received a total of 1,495 concerns about cases of potential or actual harm or abuse. This is equivalent to just over three concerns for every 1,000 adults in the general population, or 39 for every 1,000 adults with care and support needs, or 216 for every 1,000 adults receiving on-going social care.
- The majority of concerns were raised by health and care professionals but about 15% were raised by people receiving support, or their relatives, friends or neighbours, and about 10% by the police.

Resulting safeguarding enquiry process

- Just under half of the concerns (722,or 48%) were classified as what are known as Section 42 safeguarding enquiries in that the people involved were assessed as:
  - (a) experiencing, or being at risk of, harm or abuse; and
  - (b) having care and support needs which prevented them from protecting themselves.
- And therefore as meeting specific criteria set out in Section 42 of the 2014 Care Act
- The remaining 773 concerns were followed-up as 'other' safeguarding enquiries in that the people involved were assessed as not meeting all of these Section 42 criteria. Some of these 'other' enquiries involved referral to the social care management team, or the customer services team, or to other agencies including trading standards offices, domestic abuse support agencies, or the police.
- The focus of all safeguarding enquiries (whether a s42 enquiry or not) was to establish what the person wanted to happen in relation to the risk and what needed to be done to achieve this

Outcome of enquiry process

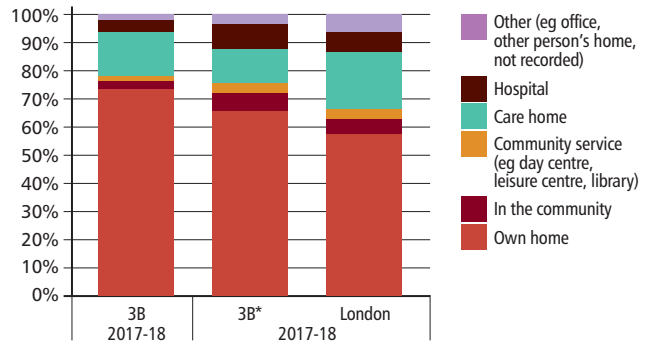
- Safeguarding enquiries can take varying lengths of time to complete, depending on the issues and organisations involved. At 31 March 2018 over three-quarters (562) of the s42 enquiries that had been started since 1 April 2017 had been completed. The remainder were still in progress.
- In just over half (297) of the s42 enquiries which were completed in 2017-18, a clear risk of harm or abuse was identified. In the great majority of these cases (253, or 85%) the risk of harm or abuse was judged by the social worker to have been removed or reduced by the end of the enquiry. This may have involved specific actions such as disciplinary action or removing staff from the situation.
- In the remaining cases (44) the risk was judged to have remained. Commonly this was when the inquiry involved a family member and the adult was accepting of the risk and did not wish any specific action to be taken.

WHAT ARE THE NUMBERS TELLING US?

A COMPARISON WITH 2016-17- FOR s42 ENQUIRIES COMPLETED IN THE YEAR

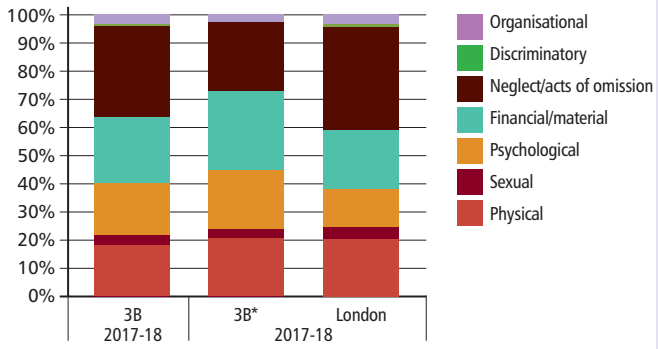
* Care needs to be taken when drawing comparisons with 3B data for 2016-17 as a new safeguarding pathway was introduced part way through this year.

Chart 2
Where the alleged harm or abuse occurred



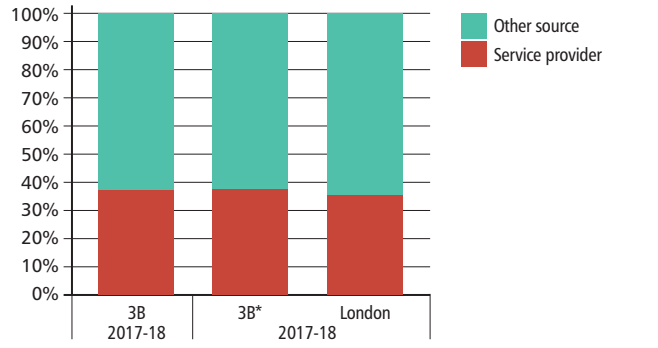
Compared with London as a whole, a higher percentage of s42 enquires in 3B related to abuse in people's own homes, while a lower percentage related to care homes.

Chart 3
Types of harm or abuse alleged



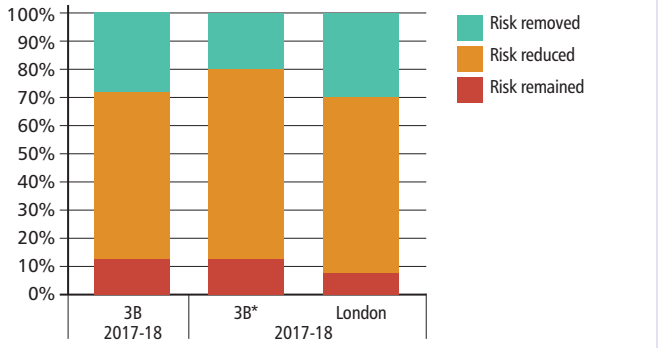
The frequency with which different types of abuse were reported in 3B in 2017-18 was similar to London in 2016-17 but proportionately fewer s42 enquiries involved instances of neglect. These nearly always involved care providers.

Chart 4
Source of risk or harm or abuse



In about four out ten s42 enquiries the source of risk was a service provider, consistent with the pattern for London as a whole in 2016-17. Where the source of risk was not a service provider, in the majority of cases the person causing harm or abuse was known to the adult at risk.

Chart 5
Whether, where a risk of abuse was identified, the risk had been reduced or removed at the end of the enquiry



The frequency with which different types of abuse were reported in 3B in 2017-18 was similar to London in 2016-17 but proportionately fewer s42 enquiries involved instances of neglect. These nearly always involved care providers.

WHAT THE BOARD WILL BE WORKING ON IN 2018/19

Making Safeguarding Personal

I am able to make choices about my own well-being

Creating a Safe and Healthy Community

I am aware of what abuse looks like and feel listened to when it is reported

I am kept up-to-date and know what is happening

My choices are important

My recovery is important

You are willing to work with me

Leading, Listening and Learning

We are open to new ideas

We are a partnership of listeners

We give people a voice

We hold each other to account

We want to learn from you

Establishing and developing 'Making Safeguarding Personal' as a core objective of both Safeguarding Adults Boards will continue.

Mike Howard
Independent Chair

JARGON BUSTER

There is a lot of safeguarding jargon in health and social care and we are committed to busting it. This is Our Safeguarding Jargon Buster using plain English definitions of the most commonly used words and phrases in this annual report.

Abuse

Harm that is caused by anyone who has power over another person, which may include family members, friends, unpaid carers and health or social care workers. It can take various forms, including physical harm or neglect, and verbal, emotional or sexual abuse. Adults at risk can also be the victim of financial abuse from people they trust. Abuse may be carried out by individuals or by the organisation that employs them.

Accountability

When a person or organisation is responsible for ensuring that things happen, and is expected to explain what happened and why.

Adult at risk

An adult who is in need of extra support because of their age, disability, or physical or mental ill-health, and who may be unable to protect themselves from harm, neglect or exploitation.

Advocacy

Help to enable you to get the care and support you need that is independent of your local council. An advocate can help you express your needs and wishes, and weigh up and take decisions about the options available to you. They can help you find services, make sure correct procedures are followed and challenge decisions made by councils or other organisations.

Autonomy

Having control and choice over your life and the freedom to decide what happens to you. Even when you need a lot of care and support, you should still be able to make your own choices and should be treated with dignity.

Best interests decision

Other people should act in your 'best interests' if you are unable to make a particular decision for yourself (for example, about your health or your finances). The law does not define what 'best interests' might be, but gives a list of things that the people around you must consider when they are deciding what is best for you. These include your wishes, feelings and beliefs, the views of your close family and friends on what you would want, and all your personal circumstances.

Carer

A person who provides unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled and could not manage without this help. This is distinct from a care worker, who is paid to support people.

Challenging behaviour

Challenging behaviour may cause harm to the person or to those around them, and may make it difficult for them to go out and about. It may include aggression, self-injury or disruptive or destructive behaviour. It is often caused by a person's difficulty in communicating what they need - perhaps because of a learning disability, autism, dementia or a mental health problem. People whose behaviour is a threat to their own wellbeing or to others need the right support. They may be referred by their GP to a specialist behavioural team. The specialist team will work on understanding the causes of the behaviour and finding solutions. This is sometimes known as positive behaviour support.

Deprivation of liberty safeguards

Legal protection for people in hospitals or care homes who are unable to make decisions about their own care and support, property or finances. People with mental health conditions, including dementia, may not be allowed to make decisions for themselves, if this is deemed to be in their best interests. The safeguards exist to make sure that people do not lose the right to make their own decisions for the wrong reasons.

JARGON BUSTER

Dignity

Being worthy of respect as a human being and being treated as if you matter. You should be treated with dignity by everyone involved in your care and support. If dignity is not part of the care and support you receive, you may feel uncomfortable, embarrassed and unable to make decisions for yourself. Dignity applies equally to everyone, regardless of whether they have capacity.

European Convention on Human Rights (ECHR)

Formally the Convention for the Protection of Human Rights and Fundamental Freedoms, the ECHR is an international treaty to protect human rights and political freedoms in Europe.

Human trafficking

When someone is dishonest to you about the job you are interested in and you travel to a place and find out that you have been lied to. But you have paid money to get there and find out you now need to pay this money back before you are allowed to leave.

Making Safeguarding Personal (MSP)

It means that you are asked what you want to do about the incident of abuse and how you may be supported in making yourself safe. It helps you to take control and it gives you choice.

Mental Capacity Act 2005

A law that is designed to protect people who are unable to make decisions about their own care and support, property or finances, because of a mental health condition, learning disability, brain injury or illness. 'Mental capacity' is the ability to make decisions for yourself. The law says that people may lose the right to make decisions if this is in their best interests.

Near miss

Something that is not supposed to happen and is prevented before harm is caused.

Outcomes

In social care, an 'outcome' refers to an aim or objective you would like to achieve or need to happen - for example, continuing to live in your own home, or being able to go out and about. You should be able to say which outcomes are the most important to you, and receive support to achieve them.

Pressure ulcer

Pressure ulcers, also known as pressure sores, bedsores and decubitus ulcers, are localized damage to the skin and/or underlying tissue that usually occur over a bony prominence as a result of pressure, or pressure in combination with shear and/or friction.

Prevention

Any action that prevents or delays the need for you to receive care and support, by keeping you well and enabling you to remain independent

Proportionality

Doing what is needed, without intruding into people's lives any further than is necessary to meet their needs or keep them safe. It is an important principle in the Care Act 2014.

Root cause analysis

Root cause analysis is a method of problem solving used for identifying the root causes of faults or problems. A factor is considered a root cause if removal thereof from the problem-fault-sequence prevents the final undesirable outcome from recurring; whereas a causal factor is one that affects an event's outcome, but is not a root cause. Though removing a causal factor can benefit an outcome, it does not prevent its recurrence with certainty.

APPENDIX

Cases Accepted for discussion by the Safeguarding Adults Review Group in 2017-18: Emerging Themes and Changes Made

	Date case to SACRG	Emerging themes from Safeguarding Adults Reviews
1	**11 April 2017**	This is a 'near miss' case involving a person who was discharged from hospital. Using information gathered from the safeguarding enquiry, the review highlighted: ● staff lacked confidence and knowledge on how to refer to the Deprivation of Liberty Team ● staff had not properly assessed the risk of domestic abuse/violence. ● a lack of domestic abuse awareness and support available. The case was discussed with all staff to raise awareness of these issues and to instil future confidence in making necessary referrals. A full report was distributed to Group members who noted the learning undertaken by the relevant agencies..
2	**13 June 2017**	A case concerning a woman who was admitted to an appropriate care setting under a Mental Health Act order due to her violent behaviour. She was physically fit and refused all support offered by staff so was discharged the next day. Four days later she was admitted to hospital after reporting hallucinations, saying that she felt unsafe and lonely. A few days later she died from a heart attack. The death of this woman was investigated using a Root Cause Analysis (RCA) as this case did not meet the criteria for a full safeguarding adult review. The analysis revealed the need for crisis and contingency planning for all discharges from inpatient and recovery wards. This is now in place together with a new female Psychiatric Intensive Care Unit pathway which opened earlier this year.
3	**13 September 2017**	A case concerning a woman with care and support needs who was at risk of harm, consistently refused any offers of medical help over a long period. She refused to admit nurses and care staff to her home. Her primary carer also had care and support but also refused to allow any engagement, despite the individual concerned being unable at times to make decisions for themselves. This case highlighted the consequences of unwise decision making over time. The Group shared this learning with Mental Capacity Act Training Leads to seek assurances that training and 'toolkits' are in place to equip staff with the necessary skills to cope with such situations and to ensure that escalation pathways are embedded within all policy and procedures across Board member organisations.

APPENDIX

	Date case to SACRG	Emerging themes from Safeguarding Adults Reviews
4	**25 January 2018**	A case concerning a woman with learning disabilities who, over a number of years, had suffered from family violence and coercive, controlling behaviour. Family members made it very difficult to speak for herself. Whilst the case had been reported, there was a lack of consistent engagement from safeguarding agencies. Ultimately, she went missing on numerous occasions in 2017 due to her unhappiness at home. This case highlighted that someone with learning difficulties who is experiencing domestic abuse may find it harder to protect themselves, access sources of help, or remove themselves from the abusive situation. This person was socially isolated because of their learning difficulties and had no opportunity to see health or social care professionals without their abusers being present. This prevented professionals from understanding and assessing the risk to the person. This person now lives on her own in a supported environment with regular visits from her mother.
5	**25 January 2018**	This case concerns a person with a learning disability who was discharged from hospital after initial treatment for a broken arm with sheltered housing staff being given the responsibility for further ongoing treatment. However, the arm did not properly heal and the person is now on the waiting list for an operation. Hospital staff over- estimated the ability of residential staff to care for a serious injury and the review raised concerns regarding communication with Learning Disability patients. This prompted training across the Hospital Trust and the Learning Disability and Autism policy was ratified which includes the 'Purple Pathway' for Learning Disability inpatients, outpatients and A&E attenders.
6	**12 March 2018**	In this case relatives felt that internal systems and service provision may have contributed to the death of a family member who was admitted to hospital from a care home with six pressure ulcers. This person was transferred a number of times between interim beds in a residential care home and hospital in a deteriorating condition. Various safeguarding enquiries were open at different stages of this person's journey. This review illustrated the value of working with the family to identify further themes. A Root Cause Analysis (RCA) identified a lack of multi-disciplinary information sharing which contributed to a poor care plan with the family not being aware of the condition of the pressure areas. However, the safeguarding enquiry concluded that the person was not a victim of neglect and that good practice was being applied within care homes who were adhering to the Pressure Ulcer Protocol.

mistreated?
bullied?
hit?
neglected?
hurt?
exploited?
silenced?

Hammersmith & Fulham
T 0845 313 3935
E h&fadvice.care@lbhf.gov.uk

Kensington and Chelsea
T 020 7361 3013
E socialservices@rbkc.gov.uk

Westminster
T 020 7641 2176
E adultsocialcare@westminster.gov.uk

h&f hammersmith & fulham

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