Hampshire Safeguarding Adults Board

Policy and Practice Update March 2014

This bulletin provides a summary of recent national policy news, publications, consultations and articles relating specifically to adult safeguarding. A brief summary and link to the original webpage document is provided for each item.

Mental health	Report: Independent Commission on mental health and policing
Published By: Turning Point	
Summary: A series of systemic failings in the way police officers, social services and NHS staff work together have contributed to some deaths of people in acute mental distress, an independent commission has found. The highly critical review of the Metropolitan police force's response in 55 cases where people had died or suffered serious injury after contact with officers identified "significant problems" in joint working and warned that budget pressures on the NHS, social services and police forces had driven a culture of "buck passing" between agencies in some cases. **Date of Publication:** May 2013	

Serious Case Review	SCR Report into the death of Gloria Foster
Published By: Surrey Safeguarding Adults Board	
Summary: This report outlines findings of the serious case review into the death of Gloria Foster, from Banstead in Surrey who died in February 2013 after her care agency shut with no replacement, following a police and UK Border Agency raid. The report highlights "professional omissions" and makes the point that serious mistakes have serious consequences and that better co-ordination between the different care agencies may have prevented this from happening. **Date of Publication:** September 2013	

DOLS	Guidance: Putting DOLS into Practice
Published By: SCIE	
Summary: This resource describes good practice in the management and implementation of the Deprivation of Liberty Safeguards. **Date of Publication:** October 2013	

Domiciliary Care	Report: Close to Home
Published By: Equality and Human Rights Commission	
Summary: This report highlights serious, systemic threats to the basic human rights of older people who are getting home care services. The evidence gives a comprehensive picture of weaknesses in the home care system, their impact on older people and shows how easily breaches of human rights in home care can occur. **Date of Publication:** 8 October 2013	

Quality of life in residential care	Report: My Home Life
Published By: Joseph Rowntree Foundation	
Summary: A new report from JRF outlines the findings from the My Home Life project. My Home Life is a collaborative initiative between Age UK, City University, the Joseph Rowntree Foundation and Dementia UK promoting quality of life in care homes. **Date of Publication:** 24th October 2014	

Serious Case Review	Article: SCR begins into deaths at Orchid View
Published By: BBC News	
Summary: A serious case review has commenced following a ruling by West Sussex Coroner that neglect contributed to the deaths of five elderly people at Orchid View in Copthorne, near Crawley. **Date of Publication:** 25th October 2013	

Mental health	40% of self harm patients leave A&E without an assessment
Published By: Community Care	
Summary: Four in 10 people who present to A&E departments after self-harming are discharged without receiving the specialist mental health assessment recommended in national care guidelines, a study has found. In parts of the country less than a quarter of self-harming patients (22%) attending A&E were assessed by specialist mental health professionals before leaving hospital researchers found. In other areas, 88% of patients received the assessments, which official guidelines state should be given to all people who self-harm. **Date of Publication:** November 20th 2013	

Domiciliary care	Report: Close to Home
Published By: Equality and Human Rights Commission	
Summary: This report highlights serious, systemic threats to the basic human rights of older people who are getting home care services. The evidence gives a comprehensive picture of weaknesses in the home care system, their impact on older people and shows how easily breaches of human rights in home care can occur. **Date of Publication:** 8 October 2013	

Residential care	Guidance: GP Services for older people - a guide for home managers
Published By: SCIE	
Summary: The health and wellbeing of older people in care homes depends on them accessing GP services in a timely way. Effective joint working between GP and care home management, the involvement of residents and their relatives and the engagement of care staff are factors that can affect the outcome and lead to quality improvements. This guide is primarily written for managers and senior staff of care homes but it has also been written with GPs in mind, as well as members of clinical commissioning groups and joint health and wellbeing boards. **Date of Publication:** December 2013	

Residential care	Article: Care home residents die thirsty
Published By: The Telegraph	
Summary: This article reports that more than 1,000 care home residents have died of thirst or while suffering severe dehydration over the past decade The Daily Telegraph reports. Elderly and vulnerable patients were left without enough water despite being under the supervision of trained staff in homes in England and Wales. Charities have called for an urgent overhaul in social care, saying that the general public would be outraged if animals were treated in the same way. **Date of Publication:** 1st December 2013	
Safeguarding practice	**Failure to raise a safeguarding alert prevented elderly couple from staying together at home**
Published By: Community Care	
Summary: A social worker and health professionals' failure to raise a safeguarding alert regarding an alleged assault by a carer on her husband meant adequate support was not provided to help the couple stay together. Instead the couple who both had dementia, suffered a "needless loss of dignity" as their needs increased without adequate support to meet them and one was deprived of his liberty and then admitted permanently to residential care. This was the conclusion of a report published last week by the local government and the health service ombudsmen, which heavily criticised Kirklees Council and South West Yorkshire Partnership NHS Foundation Trust's care of the couple and the agencies' dealings with their son. **Date of Publication:** 2nd December 2013	

Residential care	Report: Respect and Protect
Published By: Comic Relief and Department of Health	
Summary: This report, 'Respect and Protect', draws together the findings of a major programme of research funded by Comic Relief and the Department of Health looking at the experiences of older people in care homes and hospitals in England and Wales. This new research recommends practical steps which can be taken to help prevent the mistreatment of residents and patients as well as staff. It offers valuable advice for everyone in the care sector. **Date of Publication:** 12th December 2013	

GP Services	CQC's first annual report of key findings from its inspection of 900 GP practices
Published By: BBC News	
Summary: The first national inspection of more than 900 GP surgeries in England has found one in three is failing to meet basic standards. The Care Quality Commission unearthed failings in some practices, many of which had been selected after concerns. It said it had found examples of poor standards in the handling of medicines and cleanliness, with maggots found at two surgeries. Overall, concerns were expressed about a third of practices. In nine cases the failings were so serious that they could "potentially affect thousands of people". **Date of Publication:** 12th December 2013	

Learning disabilities	Report: Lack of progress in reducing the number of placements of people with a learning disability in hospitals
Published By: Health and Social Care Information Centre	
Summary: A 'census' of inpatient numbers found there were 3,250 people with learning disabilities across all types of wards in England as of 30 September 2013, down just 4% from the 3,376 placed in March 2010. Of this group, 60% of patients had been on their ward for over a year and 17.6% for over five years – despite the supposed purpose of many such placements being to provide short-term responses to crisis. Just under one in five were placed more than 100km from their residential postcode, contrary to the policy objective of people with learning disabilities normally receiving support in their local communities. The census was carried out by the Health and Social Care Information Centre. **Date of Publication:** 13th December 2013	

Learning disability and criminal justice	Joint inspection of the treatment of offenders with learning disabilities within the criminal justice system
Published By: HM Inspectorate of Probation, HM Inspectorate of Constabulary, HM Crown Prosecution Service Inspectorate and the Care Quality Commission	
Summary: An inspection of the treatment of offenders with learning disabilities within the criminal justice system conducted by HM Inspectorate of Probation, HM Inspectorate of Constabulary, HM Crown Prosecution Service Inspectorate and the Care Quality Commission has concluded that offenders with learning disabilities are not getting the support they need from police, probation and prosecution services. The report estimates that 30% of those going through the criminal justice system have learning disabilities with offenders often regarded as a problem to be processed rather than a person with particular needs. The report found many police custody sergeants were not trained to spot conditions such as autism and most forces did not have access to medical or psychiatric help, they said. Another problem highlighted was that there is no agreed definition across criminal justice and health organisations about what constitutes learning difficulties or disabilities. The report found that in two-thirds of the cases inspected, the CPS was not being provided, at key stages, with information about the offender's learning disability. The report concluded that offenders with learning disabilities were not receiving the support they needed to reduce their risk of harm to others or likelihood of reoffending. The report calls for agencies to come up with a common definition of learning disability and to make sure information on individuals was properly passed on and the effective screening of all offenders. **Date of Publication:** January 2014	

Mental health and criminal justice	Mental Health Liaison and Diversion Pilot Scheme
Published By: Department of Health and Home Office	
Summary: A scheme was announced earlier this month in which mental health nurses are to be based in police stations and courts in 10 areas of England as part of a pilot scheme aimed at cutting reoffending. The nurses' duties will include helping officers to respond to calls and identify those with problems. The £25m scheme being trialled in areas including London and Merseyside could be extended across England by 2017. The Department of Health says most people in prison have a mental health problem, a substance misuse problem or a learning disability, and one in four has a severe mental health illness such as depression or psychosis. It has been estimated that police officers spend 15% to 25% of their time dealing with suspects with mental health problems. The government hopes that diagnosing mental health, learning difficulty or substance abuse issues will enable people to be offered treatment or support, and may affect how they are dealt with by the criminal justice system. The pilot mental health "liaison and diversion" teams will run in Merseyside, London, Avon and Wiltshire. Leicester. Sussex, Dorset, Sunderland and Middlesbrough, Coventry. South Essex and Wakefield. Similar arrangements have already been successfully tried in Leicestershire and Cleveland. **Date of Publication:** 6th January 2014	

Mental health	Closing the Gap: priorities for essential change in mental health
Published By: Department of Health	
Summary: This strategy outlines the Government's commitment to improve care and support in this area and provides the priorities for action and progress expected over the next couple of years. **Date of Publication:** January 2014	

Care Quality Commission	Consultation: Introduction of CQC Fundamental Inspection Standards
Published By: Department of Health	
Summary: A consultation paper on changes to CQC inspection standards and the introduction of 11 Fundamental Standards to replace the current 16 Essential Standards of Safety and Quality. The consultation paper does not however, cover the ideas of a "fit and proper persons test" for directors of CQC-registered care providers and placing a "duty of candour", requiring providers to tell service users about serious failings in their care. The paper says there will be separate consultations on these ideas although they would be part of the same regulations as the fundamental standards. The consultation ends on 4 April 2014 and the regulations will come into force on 1 October 2014. **Date of Publication:** January 2014	

Safeguarding practice	Article: Tackling loneliness is the role of professionals not just neighbours
Published By: Guardian Professional	
Summary: This article explores issues of loneliness and isolation in older and disabled people and shows it is higher up the political agenda than it has been for a long time. Care minister Norman Lamb recently commented on the need for communities to reach out to lonely and isolated people. **Date of Publication:** 8th January 2014	

Residential care	Guidance: Giving covert medication
Published By: Mental Welfare Commission for Scotland	
Summary: Care homes in Scotland have been provided with fresh guidance on giving residents medication covertly when they lack the capacity to consent but are refusing treatment. **Date of Publication:** 10th January 2014	

Residential care	Article: Care home workers convicted of abuse of elderly residents
Published By: BBC News	
Summary: Four care workers have been sentenced for abusing elderly residents at a care home in Lancashire. The abuse took place from May 2010 to September 2011 at Hillcroft nursing home in Slyne-with-Hest near Lancaster. They were charged with ill-treatment and wilful neglect of a person with lack of capacity under the Mental Capacity Act 2005. Residents were mocked, bullied and tormented because they would have no memory of the abuse. **Date of Publication:** 10th January 2014	

Learning disabilities	A Plan For Life - the long view of social care for adults with learning disabilities
Published By: FitzRoy	
Summary:. A Plan for Life, a new study from FitzRoy, reveals that local authority commissioners are being forced to make short-term decisions for adults with learning disabilities – often deciding social care packages based on a one-year ahead view of their lives. **Date of Publication:** 13th January 2014	

Residential care	Research: The practice of care home managers
Published By: School for Social Care Research	
Summary: 14th The lack of knowledge about the practice of care home managers has prompted a scoping study concerning their role and experience, and the support they receive from home owners. The study, commissioned by the National Institute for Health Research School for Social Care Research (SSCR), will identify and summarise existing evidence on the role of home managers. It is one of four scoping studies announced this week by the SSCR to probe areas of practice where there are gaps in knowledge. **Date of Publication:** 14th January 2014	

DOLS	CQC DOLS Report 2012-2013
Published By: CQC	
Summary: This report highlights that a quarter of councils lack enough practitioners to assess people under the Deprivation of Liberty Safeguards (DOLS), potentially leading to people being detained in care settings without legal protections. Findings were based on a responses from 118 of the 152 English local authorities and which found 27 lacked enough best interests assessors (23%) to identify whether care homes or hospitals were or would be depriving service users of their liberty, and whether this was in their best interests. Also, 29 (25%) lacked enough mental health assessors to determine whether the person had a mental health disorder, a qualifying requirement for protection under the DOLS. **Date of Publication:** 16th January 2014	

Safeguarding practice	Vulnerable people targeted in new form of investment scam
Published By: BBC News	
Summary: Vulnerable older people are being targeted by a new form of investment scam involving diamonds, fraud investigators have warned. Companies are cold-calling with promises of stellar returns by investing in rare jewels. In some cases the gems have been marked up by 17 times their actual value - and some victims worry the gems may not exist at all. **Date of Publication:** 18th January 2014	

Care Quality Commission	CQC's ability to carry out financial checks on care home providers questioned
Published By: Community Care	
Summary: MPs have called for the task of assessing the financial health of large care providers to be handed to Monitor rather than the Care Quality Commission (CQC). In its annual report on the CQC, Parliament's health select committee raised doubts about the health and social care regulator's ability to keep tabs on the financial situation of large care providers and urged the government to instead give the task to Monitor, which carries out a similar role in the NHS. **Date of Publication:** 22nd January 2014	

Mental health	Report: Anti social behaviour and mental health
Published By: London Councils	
Summary: This report outlines the findings of a survey carried out by the London councils on the inter-relationship between mental health and anti social behaviour. It confirms that mental health was highlighted as a key issue in relation to ASB and that it appears to have an increasing impact. The report highlights the need for on-going dialogue between community safety and mental health professionals in addressing anti social behaviour. **Date of Publication:** 22nd January 2014	

Learning disabilities	Winterbourne View: transforming social care one year on
Published By: LGiU	
Summary: This briefing summarises and comments on recent developments on the progress of the Winterbourne View review, which includes information from the Health and Social Care Information Centre's Learning Disabilities Census Report. **Date of Publication:** 23rd January 2014	

Safeguarding practice	Social workers to receive guidance on use of safeguarding powers
Published By: Community Care	
Summary: Social workers are to get guidance on using existing legal powers to safeguard adults abuse to tackle an apparent lack of awareness among practitioners. The government is opposed to any new power for practitioners to enter homes to assess vulnerable adults at perceived risk of abuse where entry is barred by a third party. The committee scrutinising the Care Bill will vote shortly on a new clause introducing an 'adult safeguarding access order' which would enable social workers to apply to a magistrate for authority to enter a home where there is suspected abuse or neglect, all reasonable steps have been taken to contact the alleged victim and entry to the home is necessary to pursue a safeguarding enquiry. **Date of Publication:** 27th January 2014	

Care Quality Commission	CQC to be given powers to prosecute providers without warning for serious care failings
Published By: Community Care	
Summary: The Care Quality Commission would be able to prosecute providers without warning for the most serious care failings under proposals issued for consultation by government. Under the proposed new regulations , the existing 16 essential standards of quality and safety would be replaced by 11 "fundamental standards" against which the CQC would measure providers. The CQC would be allowed to prosecute providers for the most serious breaches of the first eight standards without issuing a warning notice first, as it is required to do now. **Date of Publication:** 27th January 2014	

Human Rights	Government overturns Human Rights Act liability for care providers
Published By: Community Care	
Summary: The government has narrowly won a vote to block the extension of the Human Rights Act 1998 to people who pay for their own care or use independent home care agencies. Care minister Norman Lamb's amendment to the Care Bill reverses a change made to the bill in the House of Lords, which would have enabled recipients of home care and those self-funding residential care to challenge independent providers under human rights law. **Date of Publication:** 27th January 2014	

Safeguarding practice	Article: Dismissing self neglect as a lifestyle choice is unacceptable
Published By: Guardian Professional	
Summary: Those who self-neglect are a forgotten group whose friends and family may already have given up; and professionals may have backed off out of fear of interfering with people's freedom to live the way they wish. This article explores strategies for supporting people who self neglect. **Date of Publication:** 28th January 2014	

Mental health	CQC report finds Mental Health Act detentions up by 12%
Published By: Care Quality Commission	
Summary: CQC has found that the number of people in England being detained under the Mental Health Act has risen by 12% in the past five years. The act was used over 50,000 times last year to detain patients in hospital - the highest ever recorded. The Care Quality Commission criticised the use of blanket bans on activities such as internet and phone use and access to outdoor space. inspectors found one or more such rule in place in three-quarters of wards. **Date of Publication:** 28th January 2014	

Professional standards	Mid Staffordshire chief nurse struck off
Published By: BBC News	
Summary: Janice Harry, who was director of nursing, had been given a five year caution for failings in her role. She is the most senior nurse to be disciplined as part of the Stafford Hospital scandal and agreed to be struck off the nursing register. **Date of Publication:** 28th January 2014	

Mental health	CQC: Mental Health Act Annual Report 2012-13
Published By: CQC	
Summary: A CQC report has found a series of failings in the way mental health services are being commissioned and run which is damaging the care of patients detained under the Mental Health Act and undermining their rights. In its Monitoring the Mental Health Act 2012/13 report, CQC said improvements were "urgently needed" in NHS and social care services after its found evidence of substandard inpatient, crisis and out-of-hours care. NHS commissioners in many areas had also failed to meet their statutory duty under the Act to plan for cases of mental health patients requiring hospital admission as a matter of "special urgency", the report said. There were 50,408 Mental Health Act detentions in 2012/13, the highest number on record. The number of people detained under the Act has risen 12% in the past five years. A number of problems identified by CQC stemmed from a shortage of available mental health beds, or appropriate community alternatives, for patients in crisis. A recent investigation by Community Care and BBC News found that over 1,700 mental health beds had been closed since April 2011, with bed pressures harming patients and staff. **Date of Publication:** 28th January 2014	

Safeguarding practice	Joint Safeguarding Statement 2014
Published By: LGA, ADASS, ACPO, NHS Confederation and NHS Clinical Commissioners	
Summary: Annual Joint Statement on Safeguarding issued by the national member organisations of the core statutory bodies tasked with the implementation of new legislation that will put safeguarding adults on a statutory footing. It outlines key priorities for adult safeguarding in the light of the Care Bill . **Date of Publication:** February 2014	

Francis Inquiry	Francis Inquiry: one year on
Published By: The Nuffield Trust	
Summary: To mark the first anniversary of the report's publication, the Nuffield Trust published a new report: *The Francis Report: one year on* (February 2014), undertaken in conjunction with Robert Francis QC, examining how the Inquiry Report has been received and responded to by those working within acute hospital trusts and foundation trusts. **Date of Publication:** 4th February 2014	

Deaths in Custody	Independent Review into Deaths in Custody
Published By: Ministry of Justice	
Summary: Justice Secretary Chris Grayling has announced an independent review to investigate self-inflicted deaths in custody of people aged 18-24. In the past 10 years, 163 children and young people under the age of 24 have died in prison. Chris Grayling highlighted that although there are already comprehensive investigations into individual deaths there is benefit in collating lessons that may be system-wide. He said the review would make recommendations for cutting the risk of future deaths and that lessons learned from the review would benefit all age groups. The review will be led by the Labour peer Lord Harris of Haringey, who is chairman of the Independent Advisory Council on Deaths in Custody. The review will report back in spring 2015. **Date of Publication:** 6th February 2014	

Safeguarding practice	HSCIC Safeguarding Report 2012-13
Published By: Health and Social Care Information Centre (HSCIC)	
Summary: The number of safeguarding referrals rose by 2% to 109,000 from 2011-12 to 2012-13, while almost half of England's 152 councils (43%) reported a decrease in referrals, defined as safeguarding alerts that meet thresholds and are subject to investigation. While referral numbers rose slightly, there was a 20% rise in the proportion of safeguarding alerts – defined as allegations of abuse or neglect of a vulnerable adult reported to councils – among the 119 councils that submitted data for both years. The 2% rise in referrals nationally HSCIC - represents a stabilising of caseloads following an 11% increase in referrals the previous year. Some councils attributed this to providing training for practitioners in safeguarding thresholds, reducing the number of alerts progressing to referrals, reported the HSCIC. The HSCIC found significant variations in the proportion of alerts that progressed to referrals between councils. While overall, 54% of alerts met safeguarding thresholds, 26 councils had a rate greater than 75% and 13 a rate less than 25%. **Date of Publication:** 6th February 2014	

Safeguarding practice	Article: social workers need a power of entry
Published By: Community Care	
Summary: This article asserts that the Care Bill, whilst improved by scrutiny, leaves the law uncertain about what social workers can do to gain access to a person they have reason to believe is at risk of abuse or neglect when a third party is refusing access. After its consultation the Department of Health said it would not introduce a power of entry arguing that the law is sufficient and all that is required is for practitioners to be better informed. **Date of Publication:** 24th February 2014	

Safeguarding practice	Article: death of a man in a NHS learning disability service was preventable
Published By: Community Care	
Summary: The death of an 18-year-old man in a failing NHS learning disability unit was preventable and followed significant failings in his care, an inquiry has found. Connor Sparrowhawk died last July after being found submerged in a bath following an epileptic seizure at the short-term assessment and treatment team (Statt) unit in Slade House, a service in Oxford run by Southern Health NHS Foundation Trust. Slade House in Oxford failed all 10 the standards assessed at a Care Quality Commission inspection last September. It was issued with six enforcement notices for serious breaches and four more areas for further action. **Date of Publication:** 24th February 2014	

Safeguarding practice	Government's claims that existing powers are sufficient to safeguard rejected
Published By: Community Care	
Summary: Government claims that existing legal powers are sufficient to protect vulnerable adults imprisoned by abusers in their own homes have been rejected by a leading social care lawyer. The argument from Alex Ruck Keene, barrister at 39 Essex Street Chambers, comes as part of a last-ditch attempt by campaigners to amend the Care Bill to provide social workers with a power to enter homes to investigate suspected abuse of a vulnerable adult where a third-party is preventing access. Under an amendment proposed by ex-care minister Paul Burstow, such a power would only be available with the approval of a Court of Protection-authorised circuit judge. The judge would need to be satisfied that all reasonable options for gaining access to the vulnerable adult had been exhausted, that the investigating social worker had reasonable cause to suspect that the person was experiencing or at risk of abuse and was also unable to make decisions freely, and that exercising the power would not increase the risks to the person. **Date of Publication:** 25th February 2014	

Safeguarding practice	Consultation on new offence of wilful neglect
Published By: Department of Health	
Summary: Social care staff and providers could face prosecution for ill-treating or wilfully neglecting adults or children in their care, under government proposals designed to fill a gap in the law. Under the plans, care home, home care or day care providers (or their staff) would be liable for the offence punishable by a prison term of up to five years for individuals, or significant fines, public reprimands and the removal of directors for organisations. The proposals would also apply to health services and are designed to fill a gap in the law left by section 127 of the Mental Health Act 1983 and section 44 of the Mental Capacity Act 2005 which created offences of ill-treatment or wilful neglect for people with mental disorders. The proposed offence is designed to protect service users who do not have a mental disorder and do not lack capacity to take relevant decisions. It also addresses calls for prosecution of providers for corporate neglect by making organisations liable if the way they are managed or organised causes a person to be ill-treated or neglected and amounts to a gross breach of a relevant duty of care. **Date of Publication:** 28th February 2014	

Safeguarding practice	SHFT service criticised by CQC days after an inquiry found the death in another service of a learning disabled was preventable
Published By: Community Care	
Summary: CQC is taking enforcement action against Southern Health NHS Foundation Trust after an inspection of the 4 Piggy Lane home in Bicester, Oxfordshire, found significant failings in quality monitoring. It also found the trust not to be meeting four of the other five standards Piggy Lane was inspected against, on safeguarding, the quality of care, the level of staffing and record keeping. The inspection report comes days after an inquiry found that the death of Connor Sparrowhawk in the short-term assessment and treatment team unit (Statt) at the trust's Slade House service in Oxford last July was preventable. In an inspection following Connor's death, the CQC failed Slade House on all ten of the standards it was rated against and issued six warning notices requiring it to improve. **Date of Publication:** 7th March 2014	

Bulletin Compiled by Sue Lee, Hampshire Safeguarding Adults Board Manager

March 2014