St George's Healthcare NHS
NHS Trust

Safeguarding Adults
April 2014 – September 2014

1. Introduction

St George's Healthcare NHS Trust has a commitment and responsibility to ensure that all patients receive safe, effective and dignified care. In particular we have a duty under Outcome 7 of Care Quality Commission (CQC) regulations to ensure that those adults most at risk are "protected from abuse and that staff should respect their human rights". In addition the CQC have a duty to monitor the use of the Mental Capacity Act and the Deprivation of Liberty Safeguards and this now forms part of their Key Lines of Enquiry

This report highlights how St George's responds to and reports on allegations of abuse and neglect and how we ensure that safeguarding is integral to everyday practice.

2. Safeguarding Structure and Policy

In May 2014 the Care Bill received Royal Assent and the process of implementing the Care Act's various components will follow over the next couple of years. A significant part of the Care Bill relates to safeguarding adults and fresh statutory guidance was published in October this year. Currently this guidance is being examined in more detail at a both national and local level to identify its impact on adult safeguarding procedures.

The guidance states that:

- Safeguarding Adults will for the first time become a statutory local authority responsibility and they will have a statutory duty to establish a local adult safeguarding board (SAB)
- Section 42 lays down a duty for the local authority to make (or cause to make) "enquiries" when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
- Under Section 44 there is now a statutory requirement for the SAB to instigate a Safeguarding Adults Review, if certain conditions are met – 1) the adult dies and the SAB suspect the death resulted from abuse or neglect or 2) the adult is still alive and the SAB suspects serious abuse or neglect.
- The SAB has additional powers under section 45 whereby there will be a new statutory duty to provide information to the SAB.
- There will be a duty to provide advocacy.

St George's utilises the Pan-London Adult Safeguarding Procedures which were introduced in 2011 in an attempt to provide a consistent approach and response from all agencies involved in adult safeguarding across London. These procedures will be reviewed in early 2015 when it is likely that a number of aspects of the guidance that remain open to interpretation will be addressed.

It is likely that the scope of adult safeguarding will broaden as the duty to enquire includes areas such as self neglect and the threshold no longer depends on either an eligible care need being identified or on whether significant harm has occurred. There will therefore likely be implications on resources both within health and social services

The Lead Nurse for Adult Safeguarding reports directly to the Deputy Chief Nurse and provides quarterly reports to the Adult Safeguarding Monitoring Committee. In addition a six monthly

report is presented to the Patient Safety Committee and the trust board. Each of the divisions are provided with summary briefings as part of their governance reporting structure on a quarterly basis.

3. Safeguarding Alerts April 2014-Sep 2014

There have been a total of 424 referrals to the Safeguarding Lead Nurse over the last 12 months. This compares to a total of 397 reported in the previous 6 months. A number of referrals are made that do not constitute or necessitate a full safeguarding investigation but involve a degree of information gathering and screening. This is in line with both Department of Health and Pan-London governance guidelines.

Breakdown of referrals

Neglect	89
Physical abuse	44
Emotional abuse	16
Discriminatory abuse	1
Sexual abuse	7
Institutional abuse	0
Financial abuse	29
Mental Capacity Act/Deprivation of Liberty advice	63
Domestic Violence	13
Discharge advice/concerns	63
Self neglect	9
Pressure Ulcer screening	86
Other (including serious case reviews)	4

3.1 Summary of incidents relating to St George's Healthcare

Three allegations related to concerns about the behaviour of family members/carers towards inpatient's at St George's. In all cases protection plans were put in place to ensure the patients safety and social services were notified of the details of the incidents.

35 alerts relating to care and treatment delivered by St Georges staff were formally referred and investigated (where necessary) by Wandsworth Social Services:

- 30 cases were closed following further information gathering and were deemed to be unsubstantiated.
- 3 cases related to the development of pressure ulcers within St Georges and were investigated via the Serious Incident procedures. All 3 were closed after investigation found the pressure ulcers unavoidable and therefore found to be unsubstantiated.
- 1 case was found to be substantiated. This case involved a complaint from a care manager of a local supported accommodation for people with learning disabilities. Sadly this client had a number of admissions to St Georges following treatment for a fractured arm resulting from a fall at home. On one of the admissions the client was discharged without appropriate assessments and discharge plans being in place which resulted in

an immediate readmission. It was judged that this caused a degree of unnecessary distress and discomfort to the client. The case has been discussed at the appropriate governance forum and the safeguarding lead and clinical nurse specialist for learning disability will share and disseminate at the next Trust safeguarding meeting to ensure learning across the divisions involved in this client's care.

- 1 case remains open and is currently being investigated.

3.2 Themes

- Advice is often sought on complex matters some of which are often not of a safeguarding nature. Frequently these cases have a mixed picture involving complex family dynamics, questions over mental capacity/mental health, identification of a decision maker, difficult ethical/professional judgements, safety and/or safeguarding concerns, discharge destination, funding and roles and responsibilities. It is often a case of unpicking each situation as, although some have similar themes, each case has its own unique features. Once unpicked any safeguarding matters relating to neglect or abuse can then be addressed.
- The scope of adult safeguarding continue to broaden and despite the Pan-London procedures being well utilised, there remains the inconsistencies in practice and application between different boroughs and agencies.

Patient Story
A 65 year old gentleman with learning disabilities, Mr CD, was admitted from a nursing home after being found by carers on floor. It was initially assumed to have fallen out of bed but the ambulance crew and subsequently the hospital team felt the injuries were consistent with fall and were suspicions of a non-accidental injury. Police and social services were informed and a subsequent joint investigation was commenced. Mr CD spent some time in St Georges where a protection plan was instigated with regard to visitors and contact. A strategy meeting was held with family present where is was agreed that Mr CD would not be returning to the nursing home pending completion of the investigation and a period of rehabilitation. The learning disability nurses and the safeguarding nurses worked closely with Mr CD's family and with local agencies to ensure necessary information was shared safely and Mr CD was supported with his decision making. The investigation led by the police and social services is ongoing

4. Partnership Working

The Lead Nurse for Adult Safeguarding is a member of both Wandsworth and Merton Safeguarding Partnership Boards. Wandsworth Borough Council is the trust's 'host' borough and there is a close and effective working relationship between the various leads within health and social care. The Deputy Chief Nurse and the Trust Safeguarding Lead attend the quarterly Partnership Board meetings. The Trust Safeguarding Lead attends the Wandsworth Sub-Groups, one of which he chairs. There are also strong working relationships with our local Clinical Commissioning Groups(CCG) around adult safeguarding and commissioning.

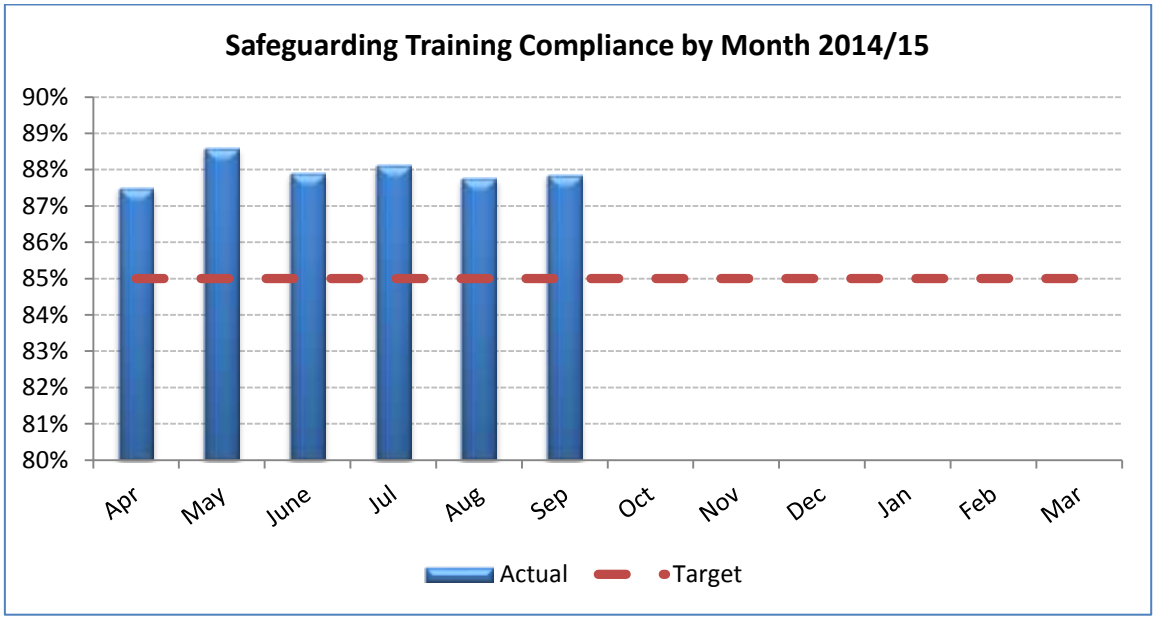
At a local level, the Lead Nurse for Adult Safeguarding attends strategy meetings and case conferences coordinated by local authorities following disclosures of abuse. In addition, members of the ward or community teams who may be caring for the patient at the time attend and provide information (such as medical evidence) to assist in the investigatory process.

5. Training

Adult safeguarding basic awareness is part of the e-MAST mandatory training of which all staff complete. Until recently there has been no clear indication as to what the expected levels of training should be delivered to different staff groups (as occurs in children's safeguarding). In September 2014, Skills for Health produced a revised Core Skills Training Framework which proposes two levels of training – Level 1 (basic awareness) for all staff and Level 2 for staff with professional and organisational responsibility for safeguarding adults who need to act on concerns and who need to work within an multi-agency context. St Georges will need to revise its training in line with the guidance, the revised Pan London procedures (due April 2015) and the implications of the new Care Bill.

5.1 Training figures

Training figures as a total and for each division are now collated each month and are presented to the Trust Board as part of the Quality Report. As of end of September the training figures were:



6. Mental Capacity Act

The Mental Capacity Act (2005) was implemented with a view that adults should always be supported to make their own decisions and that in situations where an adult is deemed to lack capacity then decision makers, such as health and social care practitioners, make a decision in the person's best interest at that time. Following its February 2014 visit the CQC found that at Queen Mary's Roehampton "staff were not sufficiently aware of the Mental Capacity Act 2005" and that this "was impacting on the care delivered to patients." Action has been taken to address this issue at Queen Mary's Roehampton through a rigorous training programme. After a training needs analysis a serious of training sessions were delivered and the total Number of staff trained as 283 of which 192 attended level 1and 88 level 2. The overall attendance is 99% with only three staff not having attended due to long term absence.

There is a clear duty under the Mental Capacity Act (2005) that patients who lack capacity cannot be deprived of their liberty to be treated without appropriate safeguards being in place. The hospital as a 'managing authority' has a responsibility to ensure that all those patients who could potentially meet the criteria of deprivation are referred to the 'supervisory authority' (the

appropriate local authority) for independent assessments. There is a requirement that any assessment or authorisation has to be reported to the Care Quality Commission.

7. Deprivation of Liberty Safeguards (DOLS)

The Supreme Court heard two Court of Appeal cases in autumn 2013 and the judgements were made public in March 2014. These judgements resulted in a new "acid test" as to whether someone is subject to a deprivation of liberty and whether the safeguards should be applied. Previous questions over "purpose", "reason", "normality" are no longer relevant. This "acid test" is: *"Is the person subject to continuous supervision and control? And Is the person not free to leave?"*

If the answer to both these questions is yes, then some form of legal safeguard must be in place. In acute hospitals this would normally need to be either a DOLS (assuming lack of capacity) or an application of the Mental Health Act. In some situations where a person is ineligible for both DOLS and the MHA then a direct application to the Court of Protection may be necessary.

At present there has been no further guidance on what "continuous supervision and control" means in practice and the Department of Health(DH) advice has been to contact local DOLS leads and seek legal advice.

The general advice from legal teams and local DOLS leads is that the meaning and scope of DOL has been significantly widened which may have significant implications for acute hospitals.

In 2013/14 there were a total of 4 urgent DOLS authorisations. Since April 2014 there has seen a significant rise to a total of 24 authorisations up to the end of September 2014. However these authorisations are based on a risk based approach where patients within high risk groups with the most significant restrictions in place are indentified and urgent authorisations are made. It is acknowledged that a number of cases would ideally be authorised but this risk based approach is in line with other similar organisations and the national picture.

A briefing report was taken to the Executive Management (EMT) team on 10 November 2014 proposing a number of suggestions to manage DOLs in the absence of DH guidance. EMT authorised the use of a risk based, pragmatic approach where those patients in the high risk groups (1:1 nursing or patient/their families objecting to staying in hospital and when stay in hospital is likely to prolonged) are identified and urgent authorisations are made.

As part of 2015/16 business planning funding is being sought for a sole MCA/DOL practitioner at Band 7 who would lead on MCA/DOLS across the whole organisation including training, audit, and expert advice. The risk of legal challenge would be minimised and CQC action around MCA would likely be met in a timely manner.

8. CQC Registration and Assurance

Requirements to have robust policies practice and procedures in place are part of CQC registration. The report produced by CQC, following their visit in February2014, indicated that St George's was compliant with Outcome 7 – "People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening."

The Department of Health has produced a new safeguarding adult's audit tool which assists in ensuring organisations can provide evidence of effective outcomes regarding adult

safeguarding. This was completed in June 2014 and presented to both Wandsworth and Merton safeguarding boards and the respective CCG's. Action from this self assessment reflects the action being taken forward with respect to the Mental Capacity Act that was identified following the CQC inspection earlier this year

9. Domestic Abuse

Wandsworth CCG has funding a Clinical Nurse Specialist post and the trust has successfully recruited an experienced Health Visitor into the role. The post holder will start on 12 January 2015 and will work with the Lead Nurse for Adult Safeguarding to develop this role.

10. Conclusion

The past six months have seen a further increase in safeguarding activity as outlined above. Under the supervision of the Chief Nurse a review of the adult safeguarding resource will be carried out so that any resource requirements can be taken forward as part of the 2015/16 business planning.

Where allegations or evidence of abuse comes to light whilst patients or clients are under the care of the trust, staff need to feel confident and able to ensure they respond effectively. Most importantly patients should feel safe and their care and treatment should reflect the trust values. The implementation of the Care Bill may have a significant impact on how adult safeguarding concerns are addressed. The widening of its scope and the revised Pan London procedures may present the Trust with challenges on how to resource the growing demands for training and assurance. .....

The board is asked to note this report and continue to support the adult safeguarding agenda.

David Flood
Lead Nurse for Adult Safeguarding
December 2014