ALBERT GOODMAN

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SAFEGUARDING IN ADULT SOCIAL CARE - IS IT?

It is absolutely great that the public and care professionals have access to up to date national statistics about safeguarding investigations. It is also really good news that the 2014 Care Act reinforces the obligations of Safeguarding Adults Boards (SAB) from April 2015 onwards. This is an interim year for statistics since we are in the last pre-Care Act year for collation whereas the SABs have been operational under Care regulations since April this year. Clearly, the two will coincide next year when the statistics will also reflect investigations into sexual exploitation, modern slavery and domestic abuse. Self-neglect and self-harm will not figure because, by definition, they are not perpetrated by others. So now we can get a pretty good handle on what reported abuse is happening in society, who is perpetrating it, where it is happening and the status of investigations.

Nationally, 103,900 investigations were reported last year (108,240 concluded), breaking down to 43% in own homes, 36% in care homes, 6% in hospital, 4% in community service and 11% not identified. This breakdown is also reflected regionally, but locally we see that in Somerset, 39% of safeguarding investigations occur in care homes. More about Somerset later.

Picking up on the question in the subject title, what is of particular interest and importance is trying to answer the question by looking at what the case conclusions are, what action is taken and what can be learned. At the risk of flooding the page with numbers it is illuminating to see that:

Case Conclusion: 31% - substantiated fully, 10% substantiated partially, 30% not substantiated, 22% inconclusive and 7% withdrawn by individual.

Action Taken: 23% - risk removed, 40% – risk reduced, 8% - risk remains, 30% - no action

From this it would be interesting to note that, whilst 63% where the action taken either removed or reduced the risk, only 41% of investigations were fully or partially substantiated. There seems to be a disconnect between the figures but what they also tell us is that a substantial numbers of submissions for investigation were unsubstantiated or inconclusive, no doubt taking up enormous amounts of time by investigating staff across the social care system.

What do we see in Somerset? It is certainly worrying to see that the number of referrals have increased 48% to 3,692 in the year and in one sense, noting with some level of alarm that 32% were discarded as not meeting the investigative threshold. This suggests that the public and professionals who originate referrals urgently need improved advice on what the threshold is for a referral to stick. On a positive side it is helpful to note that 65% of the remaining referrals of 1,189 were fully or partially substantiated. This means that the investigative efforts have produced effective results from which society can learn, whether individuals or social care providers.

Against all financial austerity odds, Somerset County Council have reorganised the operational aspect of safeguarding into a single co-ordinated team to deal with the assessment, risk management and decision making processes. This will make for a much more consistent service than hitherto and is of course welcomed. At a higher level, Somerset have teamed up with other South West Local Authorities to produce a single safeguarding policy for the region, again leading to some measure of consistency of application.

Care homes in Somerset experienced 570 investigations and 467 referrals were investigated in people's own homes, after filtering out those that did not meet the threshold. It is difficult for the public to fully understand the significance of the setting a threshold since this is not defined. So, until greater transparency is available, it is probably not going to be very easy to educate the public and carers very effectively.

One of the main objectives of undertaking these exhaustive and very time-consuming investigations is to learn from them – professional carers, care providers and relatives or acquaintances of people in their own home – if they could all learn something, then less harm or potential harm will occur. The key to this is effective feedback. Even more important is that the feedback is timely, constructive and positively brings out the learning objective.

Sources: Health and Social Care Information Centre, Somerset County Council Adult Safeguarding Board.

CONTACT

If you would like to arrange an initial no-obligation meeting, at no charge, please contact:

Julie Hopkins, Partner

Julie Hopkins leads Albert Goodman's Care Providers Team providing advice to care sector start-ups, those growing their business and those looking to exit. The team of more than 10 experts advise on business strategies, cash flow management, business structures, minimising tax, acquisitions and disposals, payroll and financial services.

Julie takes a lead in the firm's membership of the Registered Care Providers Association (RCPA). Her depth of expertise within the Care sector includes care homes, nursing, residential, mental health, domiciliary and supported living. Julie qualified as a Chartered Accountant with international firm KPMG and has specialised in SMEs ever since, with a particular emphasis on care providers.

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