

Barnet Safeguarding Adults Board



Annual Report 2013-14



Barnet Clinical Commissioning Group  Barnet and Chase Farm Hospitals  NHS Trust
Royal Free London  NHS Foundation Trust
Barnet, Enfield and Haringey  NHS Mental Health NHS Trust
Central London Community Healthcare  NHS Trust

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Foreword from the Independent Chair of Barnet Safeguarding Adults Board

I am delighted to present my first report as Chair of the Barnet Safeguarding Adults Board (BSAB). I must pass thanks to Hilary Brown, my predecessor, who is a hard act to follow.

I have spent the first few months of my time in post meeting staff in the safeguarding teams across Barnet and have been impressed with their dedication and determination to support adults at risk in Barnet. With reductions to local resources and an ageing population Barnet will need all the excellent staff it has to meet the challenges that lie ahead.

We have to be mindful of some of the recent tragic cases of poor practice and governance such as Winterbourne View and Mid Staffs that resonate in the press. Our need to be vigilant and to have excellent processes in place to reduce the likelihood of such a case happening here are what makes the BSAB's role so important. We seek to cooperate and hold each other to account in how we deliver safeguarding services in Barnet.

One of the roles of the Board is to ensure that organisations, which are in contact with adults at risk have a more joined-up and coordinated approach in dealing with safeguarding cases. Having a forum such as the BSAB enables us to address and discuss new and innovative ways to do this and, as a result, deliver better outcomes for our residents.

Previously, the Board has considered aligning the BSAB with the Children's Safeguarding Board so that a wealth of knowledge and expertise can be shared across both services. For example, where there are overlapping concerns as in the case of domestic violence, mental health and substance misuse these can be shared through one forum. As the Chair of both the Children's and Adults Safeguarding Boards my role over the next year is to promote closer working, which we believe will enhance the safeguarding provision within Barnet.

In the past year the Board has had good attendance and cooperation from all the agencies involved in safeguarding, and this bodes well for April 2015 when the BSAB becomes a statutory body with a number of legally enforceable duties.

We have continued to be inspired and challenged by the Safeguarding User Forum, we have given a lot of time and discussion to the challenging issue of the prevalence of pressure sores in health, home and social care settings and we have developed new and better ways of understanding how to deal with vulnerable victims of fraud offences.

Recent legal judgments on the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) and care providers' duties have begun to have an impact on our services. These cases have placed large burdens on care providers to conduct mental capacity assessments and ensure that appropriate safeguards are in place. In order to

address this issue, we have set up a programme around increasing the understanding of the Mental Capacity Act amongst care providers in our business plan for 2014/16.

We are concerned that in Barnet even the most serious cases of neglect of the vulnerable are not reaching court in the numbers we might expect, thus another of our priorities for the 2014/16 business plan is to improve the way we operate to ensure that the vulnerable get access to justice. Access to justice and understanding how to work within the MCA and how to reduce the impact, pain and suffering caused by pressure sores all require us to work together in an effective way.

To deliver joined up solutions requires a good understanding of multi-agency data, and this remains a challenge for us. Different agency IT systems, performance reports and a lack of available analytical capacity are hurdles that I would like to see the Board overcome in the next two years. If we do we will be able to harness the passion and compassion of our staff in a more effective way to ensure that we become as excellent as we aspire to be.

Chris Miller

Independent Chair of Barnet Safeguarding Adults Board

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Barnet Multi-Agency Safeguarding Adults Board

Annual Report 2013 – 2014

1. Who we are

Barnet's Safeguarding Adults Board was established in July 2001. It is made up of senior officers from the different public services who work with vulnerable adults in Barnet. The Board has four main aims:-

- To promote the welfare of vulnerable adults and to develop good practice in health and social care services.
- To raise awareness of abuse wherever it should occur and encourage people to report it if it happens.
- To ensure that agencies will work effectively together to ensure abuse is investigated and that people are helped to keep safe.
- To learn lessons where people have not been adequately protected.

The Board meets four times a year and is chaired by an independent person, Chris Miller. The Safeguarding Adults Board has to report on its work to the Council via the Adults and Safeguarding Committee and the Health and Wellbeing Board. In addition each agency represented on the Board will present the report to their agency executive Board.

This report will also be given to the Safer Communities Board and to each care group partnership board such as the Learning Disabilities Partnership Board for information. It will also be made available to the public on our website at www.barnet.gov.uk/safeguarding-adults-board.

The Safeguarding Adult Board membership includes people from:

- London Borough of Barnet
(Adults and Communities, Children's Safeguarding, and Community Safety)
- NHS Barnet Clinical Commissioning Group
- Barnet, Haringey and Enfield Mental Health NHS Trust
- Barnet and Chase Farm NHS Trust (From July 2014 Barnet Hospital and Chase Farm Hospital became part of the Royal Free London NHS Foundation Trust.
- The Royal Free London NHS Foundation Trust
- Central London Community Health Care NHS Trust
- The Metropolitan Police
- The Care Quality Commission
- The Barnet Group
- The London Fire Brigade
- The London Ambulance Service
- Healthwatch Barnet
- Barnet Carers Network
- Voice Ability (Independent Mental Capacity Advocate Service)

1.1 Safeguarding Adults Service User Forum

Our Safeguarding Adults Service User Forum ensures that the voice of service users remain central to our safeguarding work.

The forum meets quarterly, and is made up of representatives from the Barnet Seniors' Assembly, Barnet African Caribbean Association, Barnet Older Asian Association, Barnet Voice for Mental Health, Barnet People's Choice, and other interested older people and people with learning disabilities, physical disabilities and sensory impairments.

2. What we have achieved in 2013/14

We have achieved a lot in the last year and have split our achievements into the themes below.

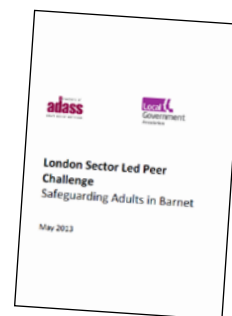
2.1 The work of the Safeguarding Adults User Forum 13-14:

The work of the Safeguarding Adults User Forum in their own words:

- We took part in the Safeguarding Adults Peer Review in March 2013. Following this, we shared our work nationally so that other local authorities could set up similar forums



- We helped design the Safeguarding Adults Board Logo
- We were involved in the interview and appointment of the new Independent Chair of the Safeguarding Adults Board
- We met with the new Independent Chair told him what we think about safeguarding in Barnet



- We have learnt about the 'Integrated Quality in Care Homes Team' and how they are working with care home managers to improve the quality of services. We were also able to tell them what we think of Barnet Care Homes
- Some of us met with the Chief Executive of the Council so we could give our views on what care is like in Barnet
- We met with the Communication Team to talk about what needs to be done to increase awareness of abuse amongst members of the public
- We have met with Barnet Health Watch to tell them what we think of local health and social care services.



2.2 Supporting Family Carers



Carers have an essential role in supporting family and friends to remain living safely in the community.

Over the last year we have made the following progress in safeguarding and supporting family carers:

- Barnet Carers Centre working with the carers hub (made up of six members); Age UK Barnet, Alzheimer's Society, Barnet Mencap, Jewish Care, Caring4Carers and Friends in Need, has supported carers and raised awareness of safeguarding processes.
- The Carers Forum which is run by carers for carers and represents the voice of carers supported the Carers Safeguarding Conference held in November 2013. It raised awareness of carers as reporters of abuse, potential victims and also potential perpetrators. Managing challenging behaviour training was run for carers during the day.
- Family carers were invited to attend workshops on the Mental Capacity Act (MCA). These workshops were well attended by family carers and focused on the MCA and its implications, and included training about reporting safeguarding concerns.



- The Carers' Needs Assessment process and procedures were reviewed and all staff were given training on the revised processes. The 'Carers Offer' was developed, this is a document which sets out all the local support available to carers such as support from social care, support available in the community and mainstream support. A copy can be found online at www.barnet.gov.uk/carers.
- The Carers Strategy Action Plan was updated for 2014/15. The implementation of this plan will be overseen by The Carers Strategy Partnership Board. A copy can be found online at www.barnet.gov.uk/carers.
- Carers have been and are taking part in the 'Enter and View' visits carried out by Healthwatch Barnet to observe and assess whether services are safe.
- The Young Carers Joint Working Protocols was developed in partnership with Children's Services to ensure that young carer are identified and supported. A number of events have been held during the year to raise awareness of the protocols to professionals across the Council and voluntary sector.

2.3 Safeguarding in Health services

All our health providers and commissioners have robust reporting frameworks with responsible senior officers who lead on safeguarding. They all report to the Barnet Adults Safeguarding Board regularly.

Here is a selection of the achievements and progress made by those involved in the delivery of health services in Barnet in the past year.

- Barnet, Enfield and Haringey Mental Health Trust (BEH-MHT) carried out an internal audit to ensure the Pan-London Safeguarding Procedures were followed.
- BEH-MHT developed a domestic violence and abuse protocol. A domestic violence factsheet and flowchart was also developed to help staff with the process.
- BEH-MHT carried out inspections in all inpatient units and community teams to ensure they meet the CQC standards for safeguarding.
- Barnet and Chase Farm NHS Trust recently set up a new team of Midwives (The Acacia Team) to provide additional midwifery support to women at risk of abuse. Since its launch in early 2014, they have provided care for many women, including women with learning disabilities and mental health problems.
- NHS Barnet Clinical Commissioning Group (CCG) are responsible for ensuring that all Barnet health organisations have effective arrangements in place to safeguard adults at risk of abuse or neglect. They produced a range of documents available for GPs such as flyers to display in waiting rooms on domestic violence and abuse and leaflets to give their patients who are at risk of domestic abuse.
- The Royal Free London NHS Foundation Trust (RFH) has doubled the number of clinics where domestic abuse screening takes place as part of a routine appointment.
- RFH provided interpreters for 44 different languages and recently recruited a designated liaison nurse for people with learning disabilities.
- The RFH increased the use of an Independent Mental Capacity Advocate Service (IMCA) to 42 referrals compared with 16 last year for individuals who lack capacity.
- All staff employed by CLCH received safeguarding adult training appropriate to their role and this is monitored on a monthly basis to ensure a minimum of 80% compliance. This includes 'Prevent' training which is a national programme CLCH has been delivering to clinical staff and targeted services since April 2012. From April 2014 'Prevent' has been incorporated as part of mandatory training.
- CLCH have launched the Safeguarding Adult Champions – this is an initiative to empower frontline practitioners delivering services to develop their knowledge, skills and competencies in the field of safeguarding adults.

2.4 Training for Social Workers and partners

The Safeguarding Adults Training Programme for 2013-14 was delivered to Barnet Council staff including Adult Social Services, CLCH, Barnet, Enfield & Haringey Mental Health Trust and private, voluntary and independent sector organisations. The core training included awareness sessions, policy & procedure training and Safeguarding Adults Investigations.

A total of 527 staff members across health and social care services attended these sessions

Safeguarding Adults Raising awareness	36 LBB staff, 147 external staff
Financial Abuse	22 LBB staff, 19 external staff
Investigators training	22 LBB staff, 45 external staff
Safeguarding law update	68 LBB staff
Safeguarding express training	48 LBB staff, 4 external staff
SA Policy & Procedures	26 LBB staff, 71 external staff
SA recording	10 LBB staff
Managing and Chairing Safeguarding investigations	9 LBB staff

2.5 Safeguarding Month

Every November the Safeguarding Adults and Children's Boards and Community Safety Partnership come together to plan a number of events to raise awareness of safeguarding issues. Events in 2013 included:

- Safeguarding awareness Raising
- Mental Capacity Act
- Domestic Violence
- Workshop for family carers
- Conference for care homes staff on preventing harm.

The month was a success with good attendance at training sessions by staff at the Council.

2.6 Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) aims to protect people in care homes and hospitals from being inappropriately deprived of their liberty. Sometimes there are good reasons to deprive someone of their liberty, however the care home or hospital must ask for authorisation before they can do so. DoLS are designed to ensure that a person's loss of liberty is lawful. These safeguards apply to adults who are unable make decisions for themselves, but who may need treatment or care to keep them safe.

In March 2014, the Supreme Court made a judgement which widened the number of people that this applies to, so that more people who lack capacity are protected under the legislation.

At the time of writing this report the local authority has received 52 requests for authorisation since the Supreme Court Judgement, compared (April-June 2014) to 30 requests in total 2012-13.

2.7 Letting people know what safeguarding is

Raising public awareness of what abuse is and how to report it remains a high priority for the Safeguarding Adults Board. In 2013 - 14:

- We attended a number of events throughout the year and issued copies of the "Say No to Abuse" booklet to different service user groups. Events included Barnet Seniors' Assembly, Multicultural Day, Falls Awareness and Dementia Awareness Days.
- We took part in National World Elder Abuse Awareness Week during June 2013. We focused our activities on raising awareness of door step crime with different community groups and voluntary organisations in Barnet. This included a presentation, useful factsheets, posters for display and a quiz on staying safe at home.
- We made sure that all publications include safeguarding information, such as the Barnet First magazine and Local Account of Adult Social Care, which was published in April 2014.
- We put an advert to raise awareness of the different forms of abuse and how to report it on the public TV screens at Barnet Hospital A&E department.
- Barnet Mencap have been running a number a workshops for people with learning disabilities on Hate Crime and how to get to get help.
- We promoted the work of the Fire Brigade's around free fire safety visits for vulnerable people via social media, newsletters, the Council's website and Partnership Boards.
- We teamed up with a local charity to deliver a project using the safer community alert system (designed originally to help communities protect themselves against crime) to raise safeguarding awareness amongst the general public.



2.8 Improving fire safety



The London Fire Brigade (LFB) carried out **2619** free home fire safety visits to Barnet residents in 2013-14, many of whom are vulnerable people.

LFB were also able to reduce the number of dwelling fires to **232** in a year and have started working with Neighbourhood Watch schemes and the Metropolitan Police Safer Neighbourhood Teams to identify people at risk so LFB can work with them to reduce the risk of a home fire.

2.10 Community Safety

The Community Safety Partnership has continued to focus on burglary including supporting repeat victims and providing information and advice to local residents around distraction burglary. This has included the Police and Council working together on the Winter Burglary Campaign and the Safer Homes Project which involves visiting individuals who may be vulnerable to burglary, assessing the safety of their home and providing them with free locks and security measures.

A multi-agency Burglary Reduction Group has been established where partners are considering the trends and targeting interventions.

To help prevent hate crime Barnet Mencap have been working with people with learning disabilities to ensure they know how they can stay safe, and what to do if they are a victim of a crime.

2.11 Safeguarding in the Police

To combat fraud offences including distraction burglar targeting vulnerable people, the Police have been working with local agencies and businesses in Barnet. They have introduced body worn cameras to capture initial evidence and support cases where the victim maybe too frightened to support a prosecution.

The Police have also recruited a trained psychiatric nurse to assist in situations where people with mental health problems are arrested.

Training for police officers has been developed to include further training for detectives in the community safety unit on domestic violence and safeguarding adults. A new training programme has been developed for staff on mental health.

2.12 The Integrated Quality in Care Homes Team (IQICH)

There are 105 care registered care homes in Barnet which provide 2800 beds for a range of older people and younger people with disabilities.

The role of the IQICH Team is to support care home managers to improve the quality of care they provide. The work is done through promoting the principles of integrated working, prevention and the sharing of best practice. This work may result from a referral, a poor inspection report or a request for support from the care home manager. Where there are safeguarding concerns about the quality of care being provided in a home, the IQICH team is part of our response to improving services.

Below is a case study of where the IQICH team worked with a care home following an allegation of neglect.

A safeguarding alert was raised because there were concerns that some people in a care home were given medication without their knowledge. Some people had dementia and refused to take their medication, but they were unable to realise how important it was to their health. The staff in the care home had talked with the GP, and with family and they together decided that the best thing was to hide the medication in food so that people still took what they needed. Whilst they tried to make the right decision, they did not make a good record of how or why they made this decision.

The IQICH and Safeguarding team worked with the care home and the GP to improve their practice. The Mental Capacity Act is an important law which protects people who are unable to make their own decisions. This law says that you should not treat people as incapable of making decisions unless all practicable steps have been tried to help them. With careful explanation some people were able to understand the importance of taking the medication. For others, it was right to take decisions for people without capacity in their best interests, however good assessments were needed to evidence this.

In the past year, the IQICH team has worked with 35 care homes to develop and implement individual improvement plans. Best Practice is shared through quarterly Practice Forums and Action Learning Sets. Areas covered to date include: working with relatives; the Mental Capacity Act; and the CQC inspections process.

In addition, a number of specialist workshops have been held for care home managers and staff on pressure ulcers; prevention and care; end of life care and reducing vulnerability.

3. How do we know what we are doing is working?

There are many ways in which the Safeguarding Adults Board can get feedback on how well safeguarding services are performing in the borough.

3.1 Finding out the views of people who had experience safeguarding services

This year we interviewed 17 people who had experienced safeguarding services to find out what they thought. The Board wanted to know if people felt listened to and if they felt safer as a result of the help they had received.

Although the number of people interviewed was small the Board learnt a lot from what people said. We learnt that people did feel listened to and that they generally felt safer following our support.

The table below reports the findings of the interviews:

Question Asked	Number of People who responded positively
Did you feel you were listened to and could say what you wanted to happen?	16
Did you feel safe from continuing harm/abuse?	16

One person said they did not feel listened to, in a situation with complex issues and where the mental capacity act applied. One person reported that they did not feel safe from continuing harm and abuse. In this case we found that feeling safe is also dependent on other factors like mental health.

4. What the statistics tell us about Safeguarding in the borough

4.1 Who lives in Barnet?

Barnet has a population of approximately 364,500 residents, of which 278,900 are over the age of 18 and 50,700 are over the age of 65. The number of adults is projected to increase by 16,100 over the next 6 years, with those over the age of 65 increasing by 5,200.

Barnet has a diverse population, from both a cultural and economic perspective. Black, Asian and minority ethnic groups account for over a third of residents in the area. The area encompasses a wide variety of religious communities including a high proportion of people from Christian, Jewish and Muslim faiths.

Whilst 73% of working age residents are in employment, there are above average levels of deprivation, with the variance between the most and the least deprived areas being significantly higher than that of the national average.

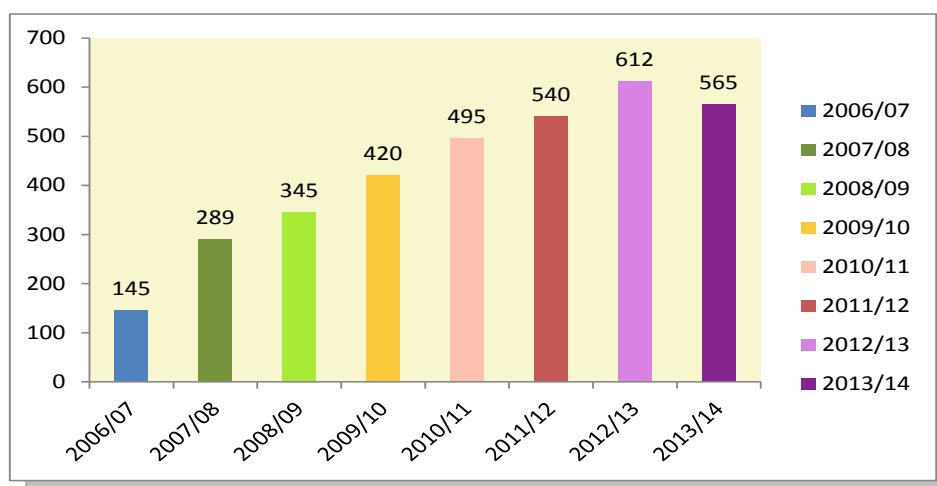
12,335 Barnet residents were in receipt of Disability Living Allowance. Adult social services provided support packages to 7,440 individuals.

Our safeguarding services are available for all vulnerable adults where abuse is suspected or reported.



4.2 How many safeguarding alerts did we receive?

We received a total of 565 alerts in 2013/14. This is an 8% decrease on the previous year. This is the first drop in alerts received in 7 years.



However the number investigated under our safeguarding procedures remained very similar to last year. This would suggest that there is an improved understanding of what safeguarding is and how we can help people who are affected.

The number of alerts raised by members of the public remains relatively low at 8%, and the Safeguarding Adults Board plan to do more work in 2014-15 to raise wider awareness.

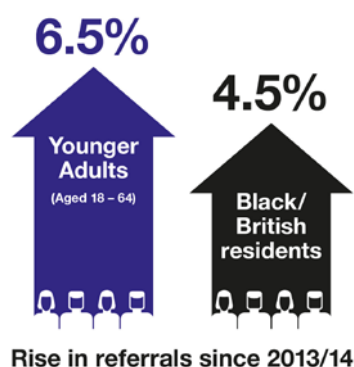
The table below shows the breakdown of all our safeguarding alerts by the adult at risk's primary need. As in previous years, most alerts we receive concern the abuse of older people.

Primary Client Group	2011/12	2012/13	2013/14
Older People	49%	63%	56%
Learning Disability	28%	12%	20%
Mental Health	16%	16%	15%
Physical Disability & Sensory	7%	8%	9%

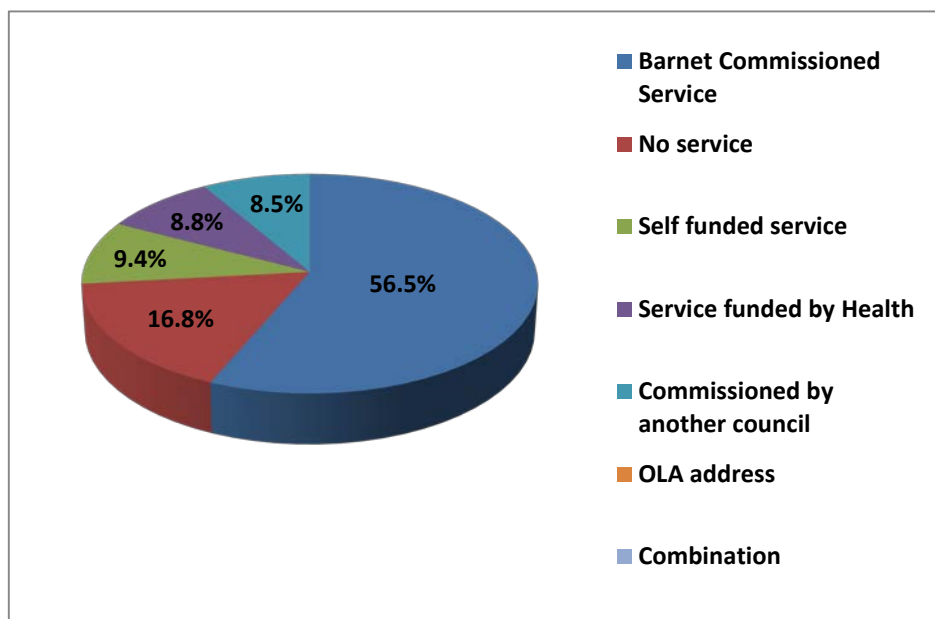
40% of the older people referred have dementia. Last year there was a dip in the numbers of alerts concerning adults with learning disabilities. However, this year they were the second highest group referred, which reflects patterns seen over previous years.

As in previous years, alerts in 2013/14 most commonly involved white females in the older person's client category. The proportion of younger adults (aged 18-64) referred has risen by 6.5% since 2012/13. Cases involving Black/Black British residents have also risen to 4.5%.

Client care funding

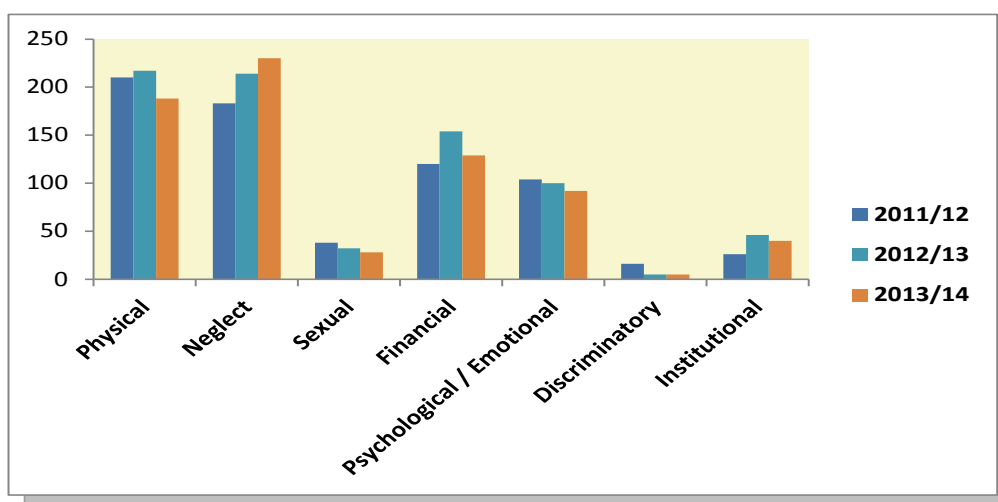


There has been little change in 2013/14, with the proportion of alerts for people who fund their own care remaining just under 10% of the total number. Most of the people we hear about are those people who receive care funded by Barnet Adult Social Care. The chart below gives a breakdown of any care funded for people who are referred for safeguarding.



Types of abuse

Over the past few years, there have been an increasing number of alerts involving neglect and this is now the most common form of abuse. For females, 62% of such alerts involved pressure ulcers, whilst for males pressure ulcers were recorded in only 11% of cases.



Combinations of abuse, where more than one type of abuse is included in a single referral, is significantly higher amongst females, with 64% more instances than reported for males.

Amongst adults with mental health problems, there were a high proportion of alerts involving combinations of abuse, as well as financial and physical abuse individually. Adults with learning disabilities were at most risk of neglect and physical abuse. Those with a physical or sensory impairment most commonly reported physical or financial abuse.

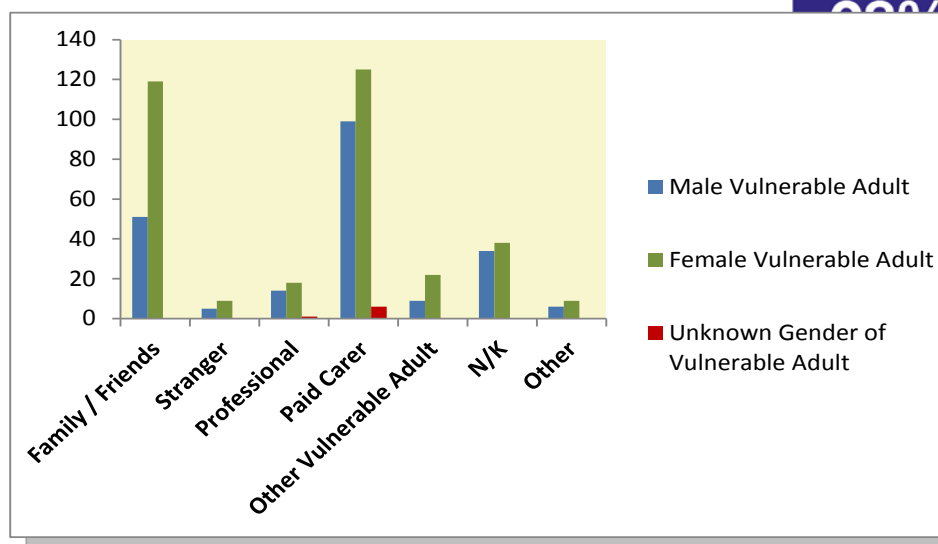
Physical abuse and neglect were the most common forms of abuse reported by people who fund their own care, and this was most likely to take place in a care home setting.

Pressure ulcers

Pressure ulcers were reported in 100 of all safeguarding alerts, a 28% increase from 2012/13. For each of these cases the primary form of abuse was neglect or as part of a combination of abuse. The Safeguarding Adults Board plans to do more work to reduce the number of pressure ulcers in 2014-15.

The person who caused the harm

2013/14 saw a fall in the number of alerts involving paid carers; this is the first fall in three years. However, as a proportion of total alerts received, the levels remain the same as last year. In most safeguarding concerns reported, a paid carer was the alleged abuser.



In a 170 cases a relative or friend was the person who caused the alleged harm. Of these alerts, 104 involved a partner, parent or offspring (an 11% reduction on the previous year) and 60 were reported to have involved the main family carer (a 66% rise on 2012/13).

Alerts leading to investigation

Of the
565 alerts received
406 (72%)
were **investigated**
compared to 424 cases
(69%) last year.



We have been working hard to raise awareness of abuse, and we want people to tell us if they are concerned that someone is at risk. Not all alerts will turn out to be abusive situations they could indicate a need for services or other help.

Of the 565 alerts received, 406 (72%) were investigated compared to 424 cases (69%) last year. We often work in partnership with others such as the Police or the Care Quality Commission to find out what happened and how to prevent harm happening again.

Safeguarding Outcomes

For every case investigated, we decide if the abuse happened (substantiated), part happened (partly substantiated), did not happen (not substantiated). In some cases it is not possible to establish what has occurred leading to an outcome of not determined.

369 cases have now been completed and an outcome determined. 42% were fully or partially substantiated which is a 4% decrease on last year. 44% of cases involving paid care staff were either fully or partially substantiated. At the time of writing this report, 37 cases remain open and a case outcome is not yet determined.

The table below compares the outcomes of cases across the last three years.

Conclusion	2011/12		2012/13		2013/14	
	Number of Cases	% of Cases	Number of Cases	% of Cases	Number of Cases	% of Cases
Abuse substantiated	148	39%	148	39%	120	33%
Abuse partly substantiated	40	10%	25	7%	33	9%
Abuse not substantiated	102	27%	120	32%	134	36%
Not determined	92	24%	82	22%	82	22%

Action taken to help the adult at risk

In all safeguarding investigations we try to help the adult at risk stay safe from harm. In most cases to ensure this happened, we increased monitoring of the adult at risk and changed the frequency, type or location of their care. We also took action against the person who caused the harm. This might include removal from a service, further training or disciplinary action if they were a paid carer.

5. Safeguarding Stories

Below are three real stories about Barnet residents who use services. We have changed all the details that might identify these people, but the stories are true.

Story 1:

Mr Okunu is a young man with learning disabilities, who lives in a care home. Mr Okunu lives as independently as he can with the support he receives from the staff .

His sister visited him recently and noticed that he had a cut on his upper lip. She reported it to the home manager and to a social worker, who was visiting the home at the time. The care home manager thought that perhaps Mr Okonu had bitten his lip but agreed to investigate this issue with the care home staff and report it to the Care Quality Commision.

It was hard to find out exactly what happened because Mr Okonu was unable to tell anyone how he got his injury. The care home manager, Mr Okonu, the social wokrer , and his family all met to agree how to ensure Mr Okonu's safety. This included the care home improving the way they keep records of any injuries and that Mr Oknous care plan is kept up-to-date, and his family kept informed.

Story 2:

Mrs O'Malley is an elderly woman who lives with her husband. She has Parkinson's disease, and memory loss. She is unable to walk, and requires all of her care needs to be provided in bed. This is provided by a care agency who visits four times a day. The agency helps with all of her personal care, enabling her to wash and dress and provide support at meal times.

Mrs O'Malley's husband wrote to social services raising safeguarding concerns about the care agency. He stated that the agency had missed several visits, the carers were sometimes rough and that this had led to bruising. A Social Worker and the agency manager investigated this. Mrs O'Malley and her family decided that they wanted to stay with the same care agency but wanted more put in place to ensure Mrs O'Malley received the right sort of care.

A meeting was held with all parties and a new care plan written up, ensuring that carers involved had the required level of expertise to support Mrs O'Malley. Since the meeting, care has been going well and Mr and Mrs O'Malley are happy that the agency has followed the new care plan.

Story 3:

Mr Green is an older man with dementia who lives in his own home with his daughter, who provides his care. He was admitted to hospital following a fall as a result of this, he had a cut on his forehead and a hip fracture. While he was on the ward, a staff nurse saw his daughter 'hit' her father on his leg and witnessed her shouting at him.

The hospital staff made a safeguarding alert because they were concerned about physical and psychological abuse. A Social Worker spoke to Mr Green to find out his wishes. An advocate was appointed to support Mr Green to communicate. Mr Green agreed for the social worker to talk to his daughter.

His daughter explained that she had been very stressed and was finding it more difficult to care for her father as his needs had increased. Social services and health colleagues worked together with Mr Green, his daughter and the advocate, to ensure that additional support was provided at home. His daughter received a carer's assessment and services to support her in her caring role. This protection plan meant that both Mr Green and his daughter were protected and that she was able to continue to care for her father as they both wished.

6. What we plan to do in the coming year

The Safeguarding Adults Board has set the following four strategic priorities for 2014/16:

- Improve the standards of care to support the dignity and quality of life of vulnerable people in receipt of health and social care, including effective management of pressure sores.
- Improve the understanding of service providers of the Mental Capacity Act and Deprivation of Liberty Safeguards
- Improve access to justice for vulnerable adults
- Increase the understanding among the public of what may constitute abuse.

Details of how we plan to deliver these priorities can be found in the SAB Business Plan for 2014/16.

Useful Ccontact's

Questions about this report

If you have any questions about this report, please contact Sue Smith, Barnet Safeguarding Adults Lead

Tel: 020 8359 6015

Email: sue.smith@barnet.gov.uk

Safeguarding training

If you would like to access safeguarding training for organisations in Barnet, please contact the Barnet Adults and Communities Workforce Development Team.

Tel: 020 8359 6398

Email: asc.training@barnet.gov.uk

Safeguarding alerts

To raise any safeguarding concerns, contact Social Care Direct:

Tel: 020 8359 5000

Email: socialcaredirect@barnet.gov.uk