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### What's worked well

Did the workshops achieve their aims? 'Without a shadow of a doubt,' says April. People enjoyed the day and managers were able to demonstrate that tenants were aware of abuse and able to act on their concerns. All but one of the tenants rated the workshops positively, and particularly enjoyed the opportunity to be served tea by managers!

Other work has fed into the workshop's success. As part of the Department of Health's dignity challenge, that people should 'feel able to complain without fear of retribution', PILS introduced a system where tenants can complete a form to request a meeting directly with a senior manager at any time if they are concerned about anything. The idea is to enable tenants to be able to report concerns without fear of retribution. And in another related development, Coventry City Council produced a user-friendly guide on safeguarding for people with learning difficulties, *Keeping you safe*, which is available on the Council's website.

### Challenges

For now, the PILS team have not worked out how best to approach the same issues with their tenants who lack capacity, but they plan to work on this during 2011.

### Advice for others

Definitely use an independent facilitator. In this context, knowing the audience too well could have hindered the process, and they may not have felt able to speak openly about members of staff.

Use graphics to help communicate issues with people.

Make sure that you agree a process in advance should a disclosure of abuse be made on the day, and have contingency plans for extra support should anyone need it.

### Future plans

PILS plan to run the workshops again in autumn 2011.

PILS is also building on the success of the workshops through its work with the Tenants Forum which meets bi-monthly. The Forum is developing a mission statement for PILS, and they are also working on developing the service's policies and procedures.

### Further information

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## 8 Croydon Council: Supporting care homes to prevent abuse

Vincent Docherty, Safeguarding Adults Coordinator from Croydon Council, shared the work going on to support care homes in Croydon. The Council has led on three major initiatives – a support team, training and a bimonthly forum for care homes – to improve practice in care homes as a key way of preventing poor practice and abuse which leads to safeguarding investigations.

### The projects

Croydon has more care homes, nursing homes and private hospitals than any other London borough, and a significant number of safeguarding referrals relate to care provided in these homes. Because of this, the local PCT (now Croydon NHS), acute trust (South London and Maudsley NHS Foundation Trust) and Adult Social Services department (Croydon Department of Adult Services and Housing) joined forces to fund a Care Home Support Team (CHST). The team – two nurses, a community psychiatric nurse and a social worker – provide support to care and nursing home providers in order to help avoid crises and institutional abuse. A care home may self-refer to the team asking for advice on care planning or risk enablement. In cases involving abuse, the chair of a serious case review may decide that institutional abuse has occurred and refer the care home for support to implement safeguarding plans.

In order to be able to prevent abuse in care homes more effectively, Croydon Council wanted to gain a better understanding of the local risk factors. First, they examined all the homes that they'd placed on suspension to understand common local risk factors for abuse. They also looked at the academic work of Caroline White (University of Hull) who developed ways of identifying institutions that are at risk of developing abusive practice. From this, they were able to identify a range of factors that local care home providers need to explore in order to prevent abuse. They then developed a training course for local care home managers on how to identify whether their institution is at risk of developing abusive practice.

Croydon Council conducted interviews with providers who have been subject to suspension. Many said that they felt angry that they had reported their concerns and then received a suspension. This felt like punishment and was a huge disincentive. Therefore, instead of immediately placing a suspension, the council try to intervene earlier to prevent abusive situations from occurring. This means that support is proactive, not punitive.

Croydon Council also established a Care Home Forum, a bi-monthly meeting of local providers. Meetings take place at the local council chambers. Members are updated on and discuss the latest safeguarding issues, such as the deprivation of liberty standards or the latest guidelines from CQC, and attendance is very good.

### Resources

The Care Home Support Team needs significant investment. This includes initial staff secondments – and now permanent staff costs – office space and infrastructure support. However, the costs are shared amongst organisations and

address a large number of cross-cutting agendas. The team is seen as a good solution to a number of issues, providing value for money and making the system more preventative.

The resources needed to develop the training include:

- time to put together the key messages that providers need to hear
- funding for an independent trainer who understands the issues
- materials for people to take away, such as handouts
- time to facilitate post-training peer support

The resources for the Care Home Forum include:

- venue costs, including refreshments if possible
- staff time to develop clear terms of reference, develop agendas, identify speakers and communicate with attendees.

## What has worked well

The Care Home Support Team has been evaluated by independent researchers Lawrence and Banerjee, whose findings appeared in the journal *Aging and Mental Health* (2010). They found strong evidence of effectiveness and impact, such as reduced rates of readmissions to hospitals and fewer suspensions of homes, increased awareness of safeguarding issues among care staff, and improved staff morale and communication. There were only two zero star rated homes (out of a total of 187) when the ratings system was in place in 2010.

According to Vincent Docherty, the training 'has helped stop staff getting the important things wrong'. These are often the fundamentals, such as not taking medication home at the end of a shift.

The Care Home Forum has meant that homes are supported to work together to drive up standards, leading to a greater consistency of standards across the borough. Croydon Council has also developed a strong relationship with CQC and this means that they are able to intervene early when concerns are raised about a provider.

## Challenges

Some local providers feel that the state is subsidising and supporting weak and poor performing providers. This feeling is understandable. However, the local authority has a duty to ensure that service users are not subject to abuse, regardless of how they are funded or where they live. The aim of this intervention is to empower care homes to improve their own practice, thereby preventing abuse. To maintain good relationships with the best performing providers, they need to be reassured about their status and value.

## Advice for others

For pragmatic reasons, staff from the Care Home Support Team predominantly have a nursing background. In retrospect, it would be better to include other disciplines such as occupational therapy or community pharmacy.

To establish a Care Home Forum, Vincent Docherty says it is important to:

- be clear about the terms of reference from the outset
- make sure you know who all your providers are
- spend time putting together a flier that outlines all the benefits of attending
- get as many proprietors and managers involved as possible, and make it clear that they will hear challenging messages.

## Future plans

Croydon Council would like to roll out the training to two new staff groups: firstly care managers who make and review placements, and secondly, contract compliance staff. They would also like the training to be more sophisticated so that it responds to the support that providers are asking for. Vincent and his team hope to develop the training into peer-support groups that can be organised by members themselves. However, because providers are natural competitors, this needs to be facilitated carefully. Finally, Croydon Council are planning to use the results of three serious case reviews into the deaths of service users in care homes to inform the support services that they provide to such homes.

## Further information

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## 9 Operation Comfort: NHS Great Yarmouth and Waveney Community Services with Norfolk Constabulary

An innovative preventative project in Great Yarmouth that involves Police Community Support Officers accompanying district nurses as they go on their rounds once a week has opened up communication between the police and vulnerable, often isolated, older adults. Walter Lloyd-Smith, Safeguarding Adults Lead for NHS Great Yarmouth and Waveney Community Services, explained the scheme.

### The project

Operation Comfort was developed during 2010 in a partnership between NHS Great Yarmouth and Waveney Community Services and Norfolk Constabulary. In practice it involves a Police Community Support Officer (PCSO) accompanying a district nurse on their visits in the community on set days, at least one or two days per week. At the moment, three dedicated PCSOs are involved, working with nurses across a number of district nurse teams.

The nurses identify people they have concerns about and then offer those people the opportunity to meet with the PCSO if they wish. Vulnerable adults, particularly older and isolated people with long-term health problems, are able to take the chance to raise their concerns directly with police about a range of issues relating to criminal and anti-social behaviour, and personal safety.

The nurse leads the process in order to preserve confidentiality and ensure that the PCSO only enters the person's home with their permission. If the nurse needs

to provide personal care or something arises that is confidential, the nurse can ask the PCSO to withdraw. The PCSO dresses in a low profile uniform without high visibility jackets or unnecessary equipment. The value of this is to avoid alarming people unnecessarily about the nature of the visit.

The emphasis is on prevention and the need to reassure vulnerable people of the potential for resolving issues of concern before they become too serious. Another goal is to change people's perceptions of the police service so that they may feel more able to report things in the future.

## Resources

The two organisations produced an information leaflet about Operation Comfort that can be handed out to any interested parties, including neighbours and family members.

Walter delivered some half-day training sessions for the PCSOs who were selected and committed to working on the project.

Both services – district nursing and the PCSO service – are already in place and share certain aspects of the responsibility for ensuring the safety of vulnerable adults, so both are doing the work as part of their usual roles.

## What's worked well

The project has picked up on a range of issues, for example unreported crime, anti-social behaviour, cold and bogus callers, environmental issues and home security. It has identified some people who are scared to leave their homes due to concerns about personal safety. The PCSO service has been able to engage with a number of vulnerable people, some on an ongoing basis, and has helped to resolve some important issues.

In one sheltered housing complex, residents feared being knocked down by people on bicycles cutting through their close. This issue was taken up with the Borough Council. Another example concerned the presence of an unfamiliar car which turned out to contain drug paraphernalia and led to an arrest. On a couple of occasions, PCSOs have been able to support the nurse in situations where a person's behaviour has become threatening.

## Challenges

Both the health and police services have been through lots of organisational changes, and at times it has been hard to keep up the momentum of Operation Comfort, particularly with changes of staff.

## Advice for others

It is important to get the right people together at the start and build positive relationships between the individuals who will be actually doing the work. Early on with Operation Comfort, this often involved arranging informal networking opportunities, with nurses and PCSOs just sitting down talking to one another over a cup of tea. This can take time but it is worth it.

















