



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection of Adult Protection in Vale of Glamorgan Council

March 2010





1 INTRODUCTION

- 1.1 This report provides an overview of the effectiveness of the arrangements for adult protection within the local authority.

2 CONCLUSIONS

- 2.1 Both the Chief Executive and Director of Social Services confirmed that protection and safeguarding are at the heart of the Directorate. In turn, the Director has taken a strong and positive lead as both the new chair of the Local Safeguarding Children's Board and the Adult Area Protection Committee, (AAPC). The authority has recently established a joint 'Safeguarding Unit' incorporating both children's and adult protection services. Interim arrangements are in place and additional appointments to this new unit were taking place at the time of the inspection.
- 2.2 In December 2008, the Director made the strategic decision to move away from a centralised PoVA team. The Director's view was that management responsibility for PoVA was not at an appropriate level of seniority within the organisation. He also determined that the AAPC required improved leadership along with re-energised commitment by key partners. As a consequence of this, considerable work has been undertaken at a strategic level by the authority and interim managers appointed from an external consultancy to develop PoVA practice and the functioning of the AAPC.
- 2.3 Positive early signs of strategic improvements include the creation of AAPC sub-groups, securing statements of commitment to PoVA by partner agencies and a re-engaged Adult Area Protection Committee, (AAPC), where members can take active, increased ownership in delivering AAPC business and work plans. Progress has culminated in the production of an AAPC Annual Report and action plan, the first joint report produced within the authority in five years.
- 2.4 The inspection concluded that, since December 2008, emphasis upon PoVA within the authority has focused upon providing an initial response to PoVA referrals. Major and significant improvements are urgently needed to support contracting and commissioning. Inspectors identified the monitoring of contracting arrangements and their terms and conditions in respect of providers within private or non-profit making sectors to be an area requiring further attention and development. This is concerning and requires prompt attention by the authority. Current staffing arrangements, systems and process cannot reassure elected members or senior management of either compliance or service quality.
- 2.5 Much greater clarification is also required in terms of the respective roles and responsibilities of both locality and Central Designated Lead Manager (CDLM) functions. Existing interim arrangements require

consolidating into main stream practice keeping under management review the workload of the CDLM.

- 2.6 Inspectors identified that the PoVA system and process requires strengthening in terms of decision making, investigation, risk assessment, protection planning and reviews. The Vale could also realise the benefits of using case conferences to support their processes. A secure 'e-mail' facility was introduced at the time of the inspection and will also improve the readability and sharing of PoVA information between partner agencies.
- 2.7 Inspectors wish to stress that they found Managers and their staff committed to the protection of vulnerable adults. Referrals and requests for support receive a good response and the immediate action taken is designed to minimise the risk to people of further abuse. Strategy discussions and strategy meetings are held and both the Police and Health Services contribute to the PoVA process. Indicators of positive change are outlined in the main body of the report.

3 RESPONDING TO ALLEGATIONS OF ABUSE

- 3.1 The Local Authority takes seriously its responsibilities to ensure that it responds to allegations of abuse arising from within residential settings and the wider community. There was evidence that DLMs acted decisively to put immediate safeguards in place to minimise risk of exposure to further abuse. In all circumstances where there is any doubt PoVA referrals are generated and subsequently screened and strategy discussions take place. Under new arrangements social work care management teams are more involved in the PoVA process.
- 3.2 Inspectors found that communication was mainly good. However, in some cases external provider agencies were not aware of who was managing some referrals and the investigation process. Some organisations were concerned that they had not received confirmation of receipt of VA1's, been involved in strategy discussions or meetings and reported that some cases had been closed without notification or prior contact by the authority. Similar comments in respect of Strategy Meetings were made by Health Services.
- 3.3 Reviewers identified risk assessment as an area of relative weakness. This is because of the lack of an overt and explicit documentation of risk assessment and risk management plans on files. The Head of Service confirmed that a new risk assessment model is under development by the authority in addition to that being developed by the SWAP Forum and that in practice the analysis of risk is a key element of strategy meetings.
- 3.4 Reviewers did not find PoVA action and or adult protection plans in the case sample examined. However, minutes of strategy meetings contained some 'actions' to be undertaken or completed but these were

not always linked to milestones or measureable objectives or outcomes. Adult protection plans should be reviewed and strengthened as more could be done in respect of targeting, better closures and clearer outcomes for service users.

- 3.5 Case conferences are not routinely used within the authority. The role of case conferences is particularly important as a possible tool to 'review cases', 'make decisions and plans' and potentially 'identify solutions'. In line with SWAP Forum policies, inspectors recommend that case conferences are considered where certain specific allegations of abuse are made for example in cases involving sexual abuse and in other complex cases.
- 3.6 PoVA training is mandatory for all staff in the directorate, including those working in other services e.g. children's services. The Personal Development and Review System (PDRS) is the vehicle by which managers monitor that staff have received the required training although there is currently no set frequency for refresher training or system to recall staff for this. A strategy for multi agency training has been developed and has trained trainers from a range of agencies to provide level 1 and 2 training.
- 3.7 Quality monitoring takes place monthly with staff through supervision and the authority has an organisation wide case file audit process which is being extended to adult services files.

3.8 Strengths

- Social work care management teams far more involved with PoVA.
- DLMs act decisively to put immediate safeguards in place to minimise risk of exposure to further abuse.
- Inclusion of a course delivered for provider managers to address their particular needs and responsibilities.
- Range of training materials and awareness-raising.

3.9 Areas for improvement

- Development and implementation of guidance and a standardised risk assessment tool.
- Systems for action planning and reviews, linked to an effective quality assurance process.
- Adult protection plans should be reviewed and strengthened.
- Improved communication with providers and agencies on a case by case basis.
- Consistency in practice, recording and in the quality of investigations.

- Development and adoption of a case conferences model in relevant cases.
- Continued promotion of both the DLM and investigation officers' role in health services.
- Systems in place to encourage refresher training.

4 POLICY, PROCEDURES, PROTOCOLS AND SYSTEMS

4.1 Reviewers found that the personnel interviewed were aware of their responsibilities to safeguard vulnerable people, use is made of SWAP Forum and AAPC policies and procedures although this is not consistent and recommended timescales are not adhered to.

4.2 Implementation of the policy and procedure, whilst being good in some areas, was seen to be variable and inconsistent. It was apparent that responding to initial referrals and the need to keep people safe was embedded and well understood however beyond this point it was difficult to see a picture of practice that was consistently applied.

4.3 Police and Health Services staff described the local authority's PoVA arrangements as having improved.

4.4 Strengths:

- Published policies and procedures are available and are widely adopted by social services staff.
- Partners judge joint working arrangements to be stronger and more effective.

4.5 Areas for Improvement.

- Improved consistent use is made of policies and procedures.

5 CORPORATE RESPONSIBILITIES

5.1 The Director has led in the creation of a new Safeguarding Unit and in ensuring that two heads of service now have a direct lead in PoVA to ensure that it remains a consistent focus of attention. It is envisaged that the development of the joint Safeguarding Unit will enable the transfer of learning and development potential and maximisation of available resources.

5.2 Support for PoVA within the authority will draw upon the posts of the Business Manager for the AAPC, PoVA administrator and a Central Designated DLM who will report to a Principal Officer – Protection and Policy. The unit is managed by an Operational Manager – Protection and Quality and it is also envisaged that up to half of the capacity of this manager and the Principal Officer will be devoted to PoVA. This represents a real increase in the central resources available for PoVA in the authority.

- 5.3 It is anticipated that the Central DLM will have responsibility for sixty percent of the Vale's PoVA workload and also contribute more widely to the development and promotion of best practice in PoVA. Inspectors agree with the authority that the workload of Central DLM should be kept under review. As this role is intended to address all PoVA referrals emanating from professional sources and care settings, the workload may be unmanageable. The remaining forty percent of referrals will be managed by Team Managers and Assistant Team Managers based in the community.
- 5.4 At the heart of the first AAPC annual report is the analysis of data from referrals and investigations. Whilst the report provides a comprehensive range of data and information, this is principally gathered using an 'Access Database', commonly used by a number of authorities, which draws upon information gathered on a 'VA4' form. The authority was also unable to confirm how this PoVA data is validated. The authority has continued to use the Access Database preference to the PoVA Module which exists within the authority's client record system and which would provide more comprehensive information. The authority confirmed that it intends to transfer to an updated version of this module in the client record system in the next financial year.
- 5.5 During the inspection, there was no evidence of an audit or information trail that might suggest that elected members receive regular updates or knowledge management reports about PoVA. The senior management team in social services receive limited data on a monthly basis. However, it should be recognised that current arrangements, whilst not being comprehensive, are an improvement on previous systems.
- 5.6 The linkages between PoVA and the authorities contracting systems and structures is an area in need of improvement, the effectiveness of recent developments are as yet unproven. The Contracts Manager is supported by one newly recruited officer and the unit is unable to monitor contracts with providers or other service level agreements. This position must be urgently addressed.
- 5.7 The PoVA Reviewing Advocacy Complaints and Commissioning (PRACC) sub-group of the AAPC can make a contribution in supporting learning the lessons from practice and in shaping contract monitoring systems to proactively scrutinise over-arching emerging themes, patterns and concerns. However, the authority will need to establish mature, robust and effective internal compliance and monitoring structures and systems.
- 5.8 Linkages between the complaints officer and PoVA are stronger and better developed.

5.9 Strengths

- Stronger, positive leadership of AAPC.
- Review of PoVA arrangements and actions taken to bring about improvements.
- Review of AAPC and actions taken to secure renewed commitment and action plan.
- Development of Safeguarding Unit and reaffirmation of County Council's commitment to protection and meeting the needs of vulnerable people.
- Business manager and administrative role to support AAPC and PoVA.
- Production of an AAPC annual report.
- Early signs of improvement in PoVA and AAPC.

5.10 Areas for improvement.

- Major and significant improvements are urgently needed to support contracting and commissioning functions in the Vale.
- Continued development of the AAPC framework and governance arrangements.
- Members of the AAPC taking active increased ownership in delivering the business and work plans.
- Development and joint ownership of a three year AAPC strategy.
- Development of improved PoVA management information systems based upon current, accurate and verifiable data.
- Improved linkages between the authority's contracting, commissioning, complaint systems and PoVA processes and structures must be coherent and transparent.
- Development and implementation of a prevention strategy which fully utilises verified PoVA information and contract monitoring data.
- Publication of a written protocol which clarifies the respective roles and responsibilities of both locality and Central DLM functions.

6 PROCESS AND EVIDENCE CONSIDERED

6.1 This report is based on three days fieldwork in the local authority carried out by CSSIW inspectors. The review comprised

- (i) An examination of 7 case files of adults for whom an allegation of abuse had been received by social services and who were at different stages of the adult protection process from entry to exit. These cases were examined in further depth through interviews with practitioners and team managers.
- (ii) Interviews with:
Elected members –
(Scrutiny and Cabinet Member for Social Care)

Chief Executive
Director of Social Services
Heads of Service
Interim Operational Manager Protection & Quality
Complaints Officer
Contracts Manager
Team Managers
Social Workers

- (iii) Focus groups for local authority staff and independent providers of social care services.
- (iv) A meeting with representative Health Services and Police
- (v) Examination of a range of documents and reports, including performance data for the year starting 1 April 2008 and the response of the local authority and its partners to the questionnaire survey undertaken by the Welsh Institute for Health and Social Care as part of the independent evaluation of *In Safe Hands*.

6.2 An overview report on adult protection arrangements in Wales will be published in partnership with Healthcare Inspectorate Wales in spring 2010.

6.3 Further information about the methodology for the inspection can be found at:

<http://wales.gov.uk/cssiwsuite/newcssiw/aboutus/whatwedo/natrev/?lang=en>