

SCRUTINY REPORT



MEETING: Health Scrutiny
DATE: 19th September 2019
SUBJECT: Abuse Allegations in Care Homes
REPORT FROM: Adrian Crook, Assistant Director Adult Social Care
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1.0 BACKGROUND

In June 2019 a Bury MP posed the following parliamentary question:

"To ask the Secretary of State for Health and Social Care, how many reports of abuse there have been in care homes in (a) Bury, (b) the North West and (c) England in the last 5 years"

A response to this question was provided by the Minister of State for the Department of Health and Social Care, Caroline Dinenage using Care Quality Commission (CQC) data which stated:

"The following table shows the number of allegations of abuse in care home locations received by the CQC between 2014 to 2018.

Table1 Year Received	Number of Notification Bury Local Authority	North West Region	England
2014	99	5,741	37,060
2015	122	6,948	43,064
2016	164	7,856	46,227
2017	176	9,304	57,738
2018	182	9,936	67,590
Grand Total	743	39,785	251,679

This data includes multiple notifications about individual locations."

There was no additional explanation of the data contained within the table.

The above information was forwarded to Bury Council by the MP with a request for comment, and also forward to the Bury Times who produced an article entitled "Allegations of abuse in Bury care homes on the rise".

2.0 ISSUES

For the purposes of these notifications abuse is defined within the Care Quality Commission (Registration) Regulation 18 paragraph 5:

- a. "abuse", in relation to a service user, means—
 - i. sexual abuse,
 - ii. physical or psychological ill-treatment,
 - iii. theft, misuse or misappropriation of money or property, or
 - iv. neglect and acts of omission which cause harm or place at risk of harm;

Part IV of this regulation means that any mistake, near miss or potential harm is also reported as an abuse. These notifications can include a range of incidents such as missing a dose of medication, missing reviewing an element of someone's care plan or providing a meal different from a residential dietary requirements for example.

These incidents must not be ignored as they can cause harm and care homes are encouraged to report them in order that they can learn from these mistakes and acts of omission and learn how to improve. Reporting these incidents is positive as it shows a learning system but does increase the number of notifications headed abuse.

This additional information and explanation was not referred to when the table was published.

Additional contextual information provided by Bury Council to the MP's request for comment, was also not reported in the Bury Times article and therefore the opportunity to provide context was not given.

The contextual information that was forwarded to the MP is as below:

"Figures from the 2014 data cannot be compared to subsequent years, as the recording and definitions of what constituted abuse changed in 2014 with the introduction of the Care Act in that the scope was widened to include additional categories.

When comparing the % increase reported for Bury both with regional and national figures Bury is clearly not an outlier and shows a considerably lower overall increase than the national average, as illustrated by the table below:

Table 2 Year Received	Number of Notification Bury Local Authority	North West Region	England
% increase from 2015 to 2018	49% increase	43% increase	57% increase

A great deal of the increase from 2015 onwards can be attributed to organisations and community members starting to recognise and therefore report on the widened scope."

This is a positive and expected response to a policy change which saw Adult Safeguarding embedded into law and the definitions widened.

On speaking to CQC with regard to their reported figures, they advised that they had also set context to their data which had again not been reported in the article in that there had been a number of internal changes to their data recording systems therefore year on year data comparison would be flawed.

Bury Adult Safeguarding Board have been proactive since the changes brought about by the Care Act to increase awareness with regard to adult abuse. This has had an impact in that reports have steadily increased. Below is a table which shows the numbers of concerns and enquires received from 2015 by Bury Council – as defined by statutory recording definitions.

Table 3 Year	Concerns	Enquiries	Conversion rate
2015/16	1055	422	40%
2016/17	1744	460	26%
2017/18	2311	869	38%
2018/19 ¹	2777	519	19%

Key:

- A “Concern” is a sign of suspected abuse or neglect that is reported to the Council or identified by the Council.
- An “Enquiry” is action taken or instigated by the Council in response to a concern, an enquiry could range from a conversation to a more formal multi-agency plan or course of action.
- The Conversion rate is the number of concerns that have moved over to a safeguarding enquiry.

As illustrated above the number of concerns continues to rise, this can be attributed to local campaigns, local and national news stories which also raise awareness and multi-agency training programmes which increases the ability to identify and report.

In addition The Bury Times article regarding the death of six residents proved unhelpful as it gave rise to the impression that the deaths at Elizabeth House related to abuse, this was not the case. The deaths related to a virulent strain of Invasive Pneumococcal disease which affected many care settings across the UK.

Elizabeth House were supported by Bury Council Infection control team at the time of the Invasive Pneumococcal disease outbreak and were found by the team to have acted quickly and appropriately. Unfortunately, due to the inference that these sad deaths were abuse related, Elizabeth House are now struggling to attract new customers to their facility and at this time the future of the business is not known.

Indeed a comment was posted on-line in relation to the article which appears to come from a friend or family member of an Elizabeth House resident it stated:

“Very upsetting to see Elizabeth House tagged in this story about abuse when the reason for the sad deaths within the home had nothing to do with abuse.”

¹ Note this figure at time of reporting has not officially be ratified by NHS Digital (holders of the national statutory return).

If Elizabeth House does close this could potentially have a very serious impact on their long-standing elderly and frail residents who would have to be re-located, as well as the impact on removing a number of residential beds out of the health and social care system. Bury Council Provider Relationship Team are currently supporting Elizabeth House.

3.0 WHAT IS WORKING WELL?

In April 2019 we introduced a specialised Adult Safeguarding Operations Team, who will be supporting adults who have suffered from or are in danger of suffering abuse. This dedicated service allows our general social work teams to concentrate on care planning and provision leaving the management of safeguarding cases to the new team.

Bury Council have a well-established Provider Relationship Team (PRT), the Team's primary function is to develop effective relationships with social care providers and to work in partnership to support continuous improvement, working flexibly to offer assistance.

A working group, GM Quality Improvement and Best Practice in Care Home Group was established with the aim of developing a GM Quality Framework. Two authorities were identified as part of the Greater Manchester Care Home Improvement work as having care home quality rated above the England average, these were Bury and Bolton. The improvement methodology used by these two authorities is now being embedded across GM and as a result Greater Manchester is now the fastest improving region in England for Care Home Quality improving at twice the national average.

The success of this Council's Quality Assurance approach locally in driving up quality over the last 5 years should be celebrated. This is a direct result of the importance the Council placed on this area of work by prioritising resources and increasing the capacity to manage performance, enabling us to work in close partnership with our local providers, the Care Quality Commission (CQC) and NHS Bury Clinical Commissioning Group who again play a significant role in ensuring standards are maintained to achieve this. We have no 'inadequate' rated homes in Bury.

4.0 WHAT NEEDS TO WORK BETTER AND WHAT ACTION IS IN PLACE TO ADDRESS THIS?

As a provider of social care and in conjunction with our health partners we will continue to strive to improve services for customers and patients within our residential homes. The initiatives above have laid out how we are already working to improve quality of service, choice and safety.

The safety of our most vulnerable residents is a key priority for services and in order to facilitate a more aligned and all age service offer a decision was made to combine the Adult and Children's Safeguarding Boards. Development and oversight superficially around safeguarding and tackling/preventing abuse will now be driven through the new Bury Integrated Safeguarding Partnership (first meeting September 2019). The Partnership will be supported by 5 distinct subgroups:

- 1) Complex Safeguarding Sub Group
- 2) Case Review Subgroup
- 3) Learning and Development Sub Group
- 4) Quality Assurance Sub Group
- 5) Schools, Colleges and Adult Learning Sub Group

3.0 CONCLUSION

The Bury Times article correctly reported the data which was tabled in response to the parliamentary question but did not unfortunately include the rationale which clearly explained the reasons for the increases. If included this would have given a different view.

Whilst it imperative that we effectively tackle abuse and deal with perpetrators of abuse, we also have a duty to support our care providers learn and improve and as such do not want to discourage them from reporting incidents from which we can help them learn.

We must also work with and support our care providers to make sure we have enough high quality provision within our area to support our ageing population. The connection of Elizabeth House to this article was undeserved and poses unnecessary risk to the sustained delivery of Good quality care at this home.

Safeguarding vulnerable people will remain a key priority for Bury Council and its partners and it is right, proper and welcome that scrutiny is given to our approach to local care provision and responses to abuse. However, it is essential that we are cognisant and aware of the wider negative impact to social care provision and our endeavour to encourage a system of learning and improvement such an article can have.

List of Background Papers:-

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