Safeguarding

Score: 3

3 - Evidence shows a good standard

What people expect:

I feel safe and am supported to understand and manage any risks.

The local authority commitment:

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

The local authority and partners worked together in the Shropshire Safeguarding Community Partnership Board which led on children and adults safeguarding arrangements. Membership of the board was stable, with clear responsibilities, of the multi-agency partnership to protect people from abuse and neglect.

Subgroups provided the board with visibility and assurance of safeguarding adults duties, quality, and risks. For example, the Adult Statutory Case Review group reviewed considerations for Safeguarding Adult Reviews (SARs) then made a referral to the board for sign off and resource allocation. A SAR should promote learning and improvement to prevent future deaths or serious harm happening again. Work was being undertaken to strengthen the arrangements for responding to SARs.

There was guidance for staff on adult safeguarding processes which promoted partnership working in delivering safeguarding duties. In relation to organisational abuse concerns, the local authority followed the agreed regional safeguarding adults procedure (Framework for Responding to Organisational Failure or Abuse) adopted by 14 local authorities, in line with recommendations from the West Midlands.

Staff felt supported across teams to carry out their safeguarding duties. Senior leaders and staff told us professional curiosity was encouraged and there was a system for a safeguarding senior practitioner to review and make decisions. Staff told us the safeguarding team were active partners in a daily meeting called 'PITSTOP' which was held by the local police and attended by other stakeholders. This meeting was to discuss support for people who may not meet the criteria for statutory services with a focus on preventative outcomes. Partners and staff spoke positively about the knowledge and abilities of the safeguarding team.

The local authority provided training in safeguarding and mental capacity to partners to prevent or respond to risks occurring. A senior leader told us there was oversight in the local authority teams to ensure staff were trained appropriately.

Responding to local safeguarding risks and issues

There was understanding of safeguarding risks, with key issues and priorities identified around domestic abuse, self-neglect and tackling exploitation.

Over the last 12 months, domestic abuse was the highest and neglect was the second highest reason for safeguarding referrals in Shropshire. There was a good understanding around self-neglect with improvement work ongoing, for example a self-neglect screening tool was in the process of being developed. Senior leaders and partners told us self-neglect was a concern, the local authority had worked on recommendations through regular partnership forums and training which a senior leader told had been positive in the recent months.

Shropshire Safeguarding Community Partnership board brought together statutory adult and children's case reviews to co-ordinate multi-agency learning and actions. Under the Care Act 2014, Safeguarding Adults Boards (SABs) have statutory responsibility for Safeguarding Adult Reviews (SARs). We found there had been challenges in embedding learning and showing improvement, however, action had been taken by the local authority to reduce future risks and encourage best practice such as 3-minute learning briefings with staff. We found SARs recommendations had actions for example recognising unpaid carers, understanding mental capacity including executive functioning, and developing escalation processes. The board had commissioned an independent review of SARs over the past 3 years to support local understanding and risk management.

Staff told us they had open access to other partners such as the police to support timely information sharing and reduce the impact of risks to people. They described a verbal escalation process for safeguarding and deprivation of liberty safeguards with team managers and service managers which promoted a shared approach to presenting risks. This was available to them during office hours, during evenings and at weekends.

Responding to concerns and undertaking Section 42 enquiries

A Section 42 enquiry is a legal requirement under the Care Act for local authorities to make enquiries, or have others do so, if an adult may be at risk of abuse or neglect in any setting.

There was a consistent referral and triage system to manage safeguarding referrals, including an out of normal working hours process for referrals. Safeguarding enquiries were allocated to the most appropriate worker based on the level of risk and complexity to respond and reduce any further risk or prevent other risks from developing.

Not all concerns were directed to the safeguarding team for a section 42 safeguarding enquiry, for example, some self-neglect concerns may be supported by the safeguarding team giving advice and guidance with longer-term support remaining with the community teams. Safeguarding enquiries were also delegated to providers for them to make enquiries if required. We were told about additional processes in place with different teams for concerns relating to financial matters. One senior leader told us safeguarding concerns were collated and monitored through management teams into senior leadership.

Quality concerns for known care providers were referred to the Quality and Contracts Team for enquiries to be made. The local authority had provider failure and service interruption policies in place for escalating and acting on care provider quality concerns to reduce any impact on people's physical and mental health, as well as their quality of life.

The local authority did not have a waiting list for individual safeguarding enquiries, as all enquires were allocated as ongoing work. The local authority had quality assurance arrangements for conducting Section 42 enquiries such as a safeguarding audit tool, departmental thematic audits, performance data and duty senior practitioner oversight. Staff and partners told us at the end of an enquiry if there was still risk, people had bespoke safeguarding plans which the board was made aware of, to reduce future risks for individual people.

The safeguarding team completed non statutory enquiries for the referrals which did not meet the section 42 threshold. Examples given for outcomes of non-statutory enquires included signposting people to domestic abuse support or carers pathways of support. Staff told us there were strong links between the safeguarding team and the first point of contact team to direct any safeguarding concerns.

Partners highlighted the positive working relationship with safeguarding teams through regular meetings and said there was a smooth referral process which worked well and provided links to other services and signposting. Care providers could contact the quality and contracts team for advice and to discuss any safeguarding concerns. However, we received mixed feedback from partners whether they were told outcomes of safeguarding enquiries when it was necessary for them to know to about it so they could ensure the ongoing safety of the person concerned. Some partners said there was no feedback or follow-up contact which could result in any learning from safeguarding enquiries being lost. However, others said staff were good at responding to any safeguarding concerns and would offer support and guidance to partners during investigations.

The local authority had a Deprivation of Liberty Safeguards (DoLS) team who carried out assessments with people in care homes and hospitals who were deprived of their liberty in a safe and correct way to receive care and treatment. The local authority told us they had a high rate of DoLS applications completed per 100,000 residents and the number of urgent applications had not changed over time.

Staff and partners said lower risk DoLS assessments could take 2-3 years to complete. Data provided by the local authority showed their median days wait was 57 days, and their maximum days wait was 1065. This presented a risk of people having their liberty unnecessarily restricted whilst waiting. To address the waiting lists, the local authority had an action plan which included use of agency workers to complete the assessments and a process for prioritising referrals against risk indicators. They were also reviewing their processes for staff to become best interest assessors and working with local hospitals to reduce some referrals made to the local authority.

Making safeguarding personal

Safeguarding enquiries were carried out sensitively, keeping the wishes and best interests of the people at the centre.

There was consideration of people's care and support experiences in the Shropshire Safeguarding Community Partnership Board, and we were told each meeting started with a lived experience case study which brought the discussions to life and supported better decision-making. There was a focus on monitoring data around peoples 'making safeguarding personal' experience. Whilst we did not see evidence of this data or monitoring, it was evident staff applied these principles when describing how they engaged with adults at risk to enhance involvement and improve quality of life, wellbeing and safety.

Information was provided to people to help them to understand safeguarding and what being safe meant to them. Staff and partners told us about Shropshire's 'My Enquiry & Safety Planning Cards' which were designed to support conversations between staff and the people they supported, along with their family, friends or advocates, to promote engagement in the safeguarding process and be supported to make choices and balance risks.

Staff and partners told us there were data standards and quality assurance arrangements to monitor advocacy referrals. This was for people who lacked mental capacity in relation to section 42 enquiries, to ensure people could get support from an advocate if they wished to do so. In Shropshire, national data showed that 83.33% of individuals lacking capacity were supported by an advocate, family, or friend, to facilitate the person's involvement in the safeguarding process. The England average was 83.38%.