



**London Borough of Merton**

**Report and Recommendations arising from the scrutiny task  
group review of safeguarding older people**

**April 2012**

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<b>Index</b>	<b>Page</b>
Foreword by the Chair of the Task Group	4
List of Task Group Recommendations	5
Purpose of this Review	8
Terms of Reference	8
What the task group did	8
Introduction	8
Background to safeguarding issues in Merton	10
How safeguarding in Merton works	11
Abuse in the home	11
Unintentional abuse	12
Abuse in Domiciliary Care services	13
Criminal Record Bureau	15
Support for Older People suffering from Dementia	16
Raising awareness of Elder Abuse	16
Whistleblowing policies	18
Self funders	19
Financial abuse	19
Abuse in care homes	20
Holding care home providers to account	21

### *Foreword by the Task Group Chair*

When you hear that reports about elderly people being abused in your Borough are 'going through the roof,' you have to act. It doesn't matter what age you are, whether or not you know someone who has been ill-treated, or which political party you do or don't belong to: doing nothing is not an option.

Members of the panel agreed, unanimously, this was an issue we needed to look into immediately.

At the time, there were horrific headlines in the press about severe and sustained abuse at care homes and in hospitals nationwide. Naturally, we wanted to investigate the situation in Merton. But we soon discovered that in fact the elderly are most likely to be abused in their own homes, and so we chose to focus on this area, which we felt had been neglected to date. Such was our strength of feeling, however, that we agreed to spend additional time taking evidence from witnesses who could also provide insight into the current situation in care homes in our Borough.

Coming as they do at the end of a municipal year in which reports of abuse of the elderly have risen by 52% in the Borough, we trust our recommendations will be taken seriously and implemented as quickly as possible. Also that our calls for further investigations into how to tackle the shameful and continuing abuse in care homes will be heeded.

We are grateful to all our witnesses for sharing their experiences with us, often at length, and having travelled some considerable distance. Thanks must also go to our Scrutiny Officer, Stella Akintan. She researched and booked our impressive witnesses, organised our diaries, deflected us from distractions, pulled all the information we threw at her together into this report and, perhaps most importantly, reminded us of our looming deadlines.

The over 70's are the most abused group in the country. This report may not be perfect; it does not have all the answers; and of course it will not, sadly, stop them all from being abused. But we trust it will send a strong signal that they will not be forgotten.

Councillor Suzanne Evans  
Safeguarding Older People, Task Group Chair

## List of Task Group recommendations

Rec No	Recommendation	To be actioned by:
1	Due to evidence provided highlighting the 52% rise in safeguarding referrals we recommend the appointment of a additional member of staff is made to the safeguarding team. (paragraph 21)	Merton Council
2	To prevent abuse, and reduce the high percentage of unintentional abuse referrals, we recommend providing structured lifting and handling training to unpaid carers offered on a personalised case by case basis. This should include training in areas that to help prevent or recognise abuse. This should be offered to carers as part of the reablement package. We further recommend that GPs across the Borough should be informed of the availability of this training as they maintain a register of unpaid carers. (Paragraph 35)	Merton Council
3	Domiciliary care providers should be encouraged to use CM2000 monitors to check the time gap between appointments, to assess whether travel time between appointments is realistic and will not force carers to rush. If these gaps are not realistic, appointments should be re-schedules or re-allocated as necessary, while endeavouring to ensure continuity in care personnel for individual clients. (Paragraph 48)	Merton Council
4	Merton Council should continue to require all domiciliary care providers to carry out new CRB checks on their frontline staff every three years. Care providers should submit evidence that this has been done to the Council within three months of the renewal date. This requirement should be introduced into all new domiciliary care contracts signed by Merton forthwith. (Paragraph 55)	Merton Council
5	We recommend working with GPs to identify those with dementia living in their own home. (Paragraph 58) We further recommend that their care packages should be regularly monitored, at least once a year and more often as need	Merton Council/GP surgeries

	arises and situation deteriorates and whether or not a complaint as been made	
6	We recommend creation of a summary adult safeguarding document for distribution to adult social care users that contains clear, concise information stating what abuse is, who it should be reported to, what will happen next and what support they will get. (Paragraph 62)	Merton Council
7	We recommend production of a DVD on safeguarding issues. As a starting point , ahead of a full PR & publicity campaign, this DVD should be produced in time for the celebrating age festival in 2012. It should also be distriubted to service users and/or screened at Community Forum meetings, day centres and relevant events. (Paragraph 65)	Merton Council
8	We recommend using Elder Abuse Awareness Day (15 <sup>th</sup> June) as an opportunity to increase understanding and awareness of elder abuse issues and how concerns can be reported via the abuse hotline. As a starting point that an article referencing this task group report and Elder Abuse Day should be prepared for the 2012 summer edition of My Merton (copy deadline early May). (Paragraph 66)	Merton Council
9	We recommend that the Safeguarding Hotline number be promoted in other Council publicity materials, including Council letters sent to residents, and as a footnote on Council emails. (Paragraph 68)	Merton Council
10	We recommend liaising with Sodexho to place information messages regarding elder abuse and how to report it on food or other packaging that goes into the homes of elderly or other vulnerable adults. (Paragraph 70)	Merton Council
11	We recommend adding clear, concise information about the right of an individual to remain anonymous when reporting suspicions of abuse on the 'Whistleblowing' and 'Safeguarding Vulnerable Adults' page of Merton Council's Website. These pages should also include an easy-to-understand timeline stating 'What Will Happen Next' after abuse or other suspicions are reported. Any printed material should be updated in the same way. (Paragraph 75)	Merton Council

12	(Paragraph 78) We recommend producing a booklet offering advice to self-funders on how to choose and fund appropriate home care, and what pitfalls to look out for.	Merton Council
13	We recommend offering free CRB checks for self-funders who employ local people to provide care services on their behalf. (Paragraph 79)	Merton Council
14	We recommend people aged over 70 and known to be living alone, who fall into Council Tax, rent, care services or other arrears that come to the notice of the Local Authority, should not be sent a summons until they have been contacted personally by a member of the safeguarding team who is assured that there is an legitimate and acceptable explanation for the arrears. This policy should be implemented immediately. (Paragraph 86)	Merton Council
15	We recommend that Trading Standards liaise with the Safeguarding Team to identify adults likely to be at risk of rogue traders and cold callers, and warn them in writing, bi-annually, about the dangers of cold-callers, sending 'No Cold-Callers' stickers they can put on their front doors. (Paragraph 87)	Merton Council
16	We recommend all new users of personal budgets receive the leaflet referred to in Recommendation 6 - or otherwise given written details of the Safeguarding hotline - when their budgets are approved, and encouraged to report any concerns about misuse of their personal budget via the helpline. (Paragraph 89)	Merton Council
17	We recommend that the safeguarding adults alerts are reported to the Healthier Communities and Older People Overview and Scrutiny Panel on green paper on a quarterly basis. ( Paragraph 94)	Merton Council
18	We recommend that a separate working group consisting of Council officers, care home managers, residential care users and elected members be formed to develop a 'Merton Standard' for care homes that goes beyond statutory requirements, and establishes a quality measure against which care establishments in the Borough can be rated. Performance indicators should include how effectively homes meet the physical, emotional, social, and privacy	Merton Council

	<p>requirements of their clients, as well issues such as quality of fittings and furnishings, nursing and other staff to client ratios, etc. These ratings should be available to members of the public to assist them in choosing care homes. The Merton Standard could also stipulate continuing professional development requirements for managers, and pay levels for frontline staff.</p> <p>We further recommend that a Dignity and Care Conference be held for all interested parties in the Borough to explore this and other issues relating to the care of the elderly, including how the Council can work with HealthWatch to monitor and improve standards of care for the elderly in the future. (Paragraph 104)</p>	
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### **Purpose of this review:**

1. Reports of abuse against older people have been on the rise in recent years both nationally and in Merton. Within the borough, the highest numbers of reported incidents relate to people who have been abused in their own homes. For this reason, the task group chose to focus on this area, but also agreed to look at safeguarding in care homes, as this is an area of continuing concern to members of the Healthier Communities and Older People Scrutiny panel.

### **Terms of Reference:**

2. To review the councils approach to safeguarding older people in their own homes
3. To review current safeguarding practice in care homes
4. To make recommendations for action

### **What the Task Group Did**

We invited the following to share their views with us:

Julie Phillips, Safeguarding Adults Manager, Merton Council  
Helen Cook, Safeguarding Manager, Merton Council  
Lynne Bainbridge, Chief Executive of Age UK Merton  
Eileen Chubb, Chief Executive, Compassion in Care  
Gary Fitzgerald, Chief Executive, Action on Elder Abuse  
Providers of Domiciliary Care Services  
Local Care Home providers

5. The task group also visited a local care home in Merton, and one member attended a conference looking at Elder Abuse.

### **Introduction**

6. At the inception of this review, the ill treatment of older people - particularly in care homes - was making headline news almost every day. The catalyst for this was the high profile demise of Southern Cross, the care home provider that went into administration amidst allegations of abuse, poor quality service and financial malpractice.
7. However, poor treatment of elderly people has long been an issue of national concern. A report by the Health Select Committee<sup>1</sup> found that at least 500,000 older people are known to be suffering mistreatment or abuse at any one time. This abuse is often associated in the public mind with care homes and hospitals, but abuse regularly takes place within the home, and can be perpetrated by paid or unpaid carers,

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<sup>1</sup> House of Commons Health Committee: Elder Abuse 2003-4.

family members, friends, neighbours, and tradespeople - anyone who is in a position of influence or control.

8. Regulations regarding the abuse of older people are far more lax than those for protecting vulnerable children, and the threshold that will trigger action for vulnerable adults is set much higher.
9. *No Secrets* (Department of Health, 2000) is the principal guidance document used for the protection of vulnerable adults. It provides a framework for action within which all responsible agencies - public, private and voluntary - develop joint policies to ensure a coherent strategy for the protection of vulnerable adults at risk. *No Secrets* defines abuse as: '*a violation of an individual's human and civil rights.*' A review of the guidance began in 2008 and the outcome is expected this year
10. The publication divides types of abuse into the following categories:
  - Physical
  - Sexual
  - Psychological/emotional
  - Financial and material
  - Neglect and acts of omission
  - Discriminatory
  - Institutional

### **Background to Safeguarding Issues in Merton**

11. Referrals to Merton's safeguarding team have increased fivefold since 2006. Between 2009/10 and 2010/11 alone there was a 52% increase in referrals, from 248 to 376. More referrals are also being escalated to the investigation stage.
12. The team attributes this in part to increased awareness among staff in all partner agencies and in the community as a result of national media coverage.
13. Older people aged 71+ are the most abused group in Merton, a state of affairs that is consistent with national data on reported cases of abuse of the older population. 50% of referrals (187 in Merton) were for this age group in 2010/11, while referrals of younger adults aged 18- 30 were lower at 47 cases (12.5%).<sup>2</sup> A breakdown of referrals by age, gender and client group is set out in Appendix 1
14. In Merton, figures indicate that in 51.8% of reported cases the abuse has taken place within the victim's own home. However nationally, abuse is also most likely to go unreported when it takes place in the home

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<sup>2</sup> Merton Safeguarding Adults Annual Report April 2010 to March 2011

## How Safeguarding in Merton Works

15. All concerns or allegations of abuse are referred to Merton's safeguarding adult's team, which consists of a lead practitioner, manager, and support officer.
16. Some referrals come via a dedicated 24-hour Safeguarding Hotline (0845 618 9762) which is managed across the boroughs of Sutton, Merton and Wandsworth.
17. The safeguarding team reports into the Multi-Agency Risk Assessment Conference, (MARAC) which includes health partners and the police. All relevant partners work together to resolve and monitor safeguarding cases. If a client known to MARAC calls the emergency services, the case is flagged up to the police operator.
18. All local authorities are required to have a Safeguarding Adults Board which brings all the key partners together to protect vulnerable groups in the area. The Safeguarding Adults Board in Merton is known as Vulnerable Adults Strategy Team, (V.A.S.T.) and comprises of senior lead managers from Social Services, St Georges NHS Trust, Epsom and St Helier NHS Trust, South West London and St Georges Mental Health NHS Trust, Sutton and Merton Primary Care Trust, Sutton & Merton Community Services, the Metropolitan Police, the Care Quality Commission, and the Voluntary Sector.
19. The role of V.A.S.T. is to promote, inform and support the work of the safeguarding adults' team in Merton, and ensure the issue is adequately represented across the borough and included in strategic thinking, documents and plans.
20. In talking to the Head of Access and Assessment, and reviewing rising numbers of complaints (which are still under-reported), it was obvious the Safeguarding team is at present understaffed. More awareness raising activity will increase the workload. The table in Appendix 2 highlights the underreporting amongst ethnic minority groups.
21. **RECOMMENDATION 1: Due to evidence provided highlighting the 52% rise in safeguarding referrals we recommend the appointment of a additional member of staff is made to the safeguarding team.**

## ABUSE IN THE HOME

22. Abuse can be experienced by those living with family members who may be perpetrating the abuse, or by those living alone and dependent on the care of paid staff, who may abuse, neglect or mistreat them.

23. The abuser is most likely to be a family member. Paid staff are the next most likely abusers.

24. Of all the many kinds of abuse, physical abuse is most often reported in Merton.

25. Women are the most likely victims, although abuse is linked more to isolation and dependency than it is to age or gender. The risk of abuse increases when people are vulnerable, rely on external support and are cut off from their social networks.

26. Abuse in the home is complex and difficult to tackle, not least because it is often shrouded in secrecy. Family loyalty, or misplaced loyalty to a long-term paid or unpaid carer, a feeling of shame on the part of the victim, or fear about abuse getting worse if it is challenged are just some of the reasons why older people do not speak out about or report abuse.

27. A report by the Equality and Human Rights Commission entitled: *Close to Home: An Inquiry into Older People and Human Rights in Home Care* found just under a quarter of older people and family members who responded to the call for evidence would not have the confidence to make a complaint, citing reasons such as: -

- *Not wanting to upset care workers or get them 'in trouble'*
- *Concern carers would be less friendly in future*
- *Unwillingness to 'make a fuss'*
- *Being afraid of being put into residential care*
- *Fear of retribution*
- *Fear of losing their care, or that it would be badly disrupted*
- *Thinking that complaining would not improve the poor service they received*
- *Previous negative experience of making complaints*
- *Being ashamed of admitting they needed help*

28. Merton's Head of Access and Assessment informed us that it can be very difficult to ascertain exactly what happens in cases of home-based abuse, as the person being cared for may be confused, or suffer from dementia. Because of this the police often struggle to gather enough evidence to bring prosecutions.

## **29. Unintentional Abuse**

30. Abuse is not always premeditated or intentional. We were told by the safeguarding team that unintentional abuse accounts for up to 65% of all reported abuse.

31. Unintentional abuse can arise through fear of putting older people into care. Some families want to keep their relatives at home, which may not be the best place for them if they have conditions that require specialist care, or if the family cannot provide appropriate or adequate care.
32. Family members may try and care for relatives themselves to protect their inheritance. Unlike the National Health Service, which is 'free at the point of delivery', social care is means tested and can incur costs. Residential care is particularly expensive and older people may have to use pensions, savings, or sell their home to pay for it.
33. Untrained helpers may not recognise abusive behaviour. For instance, the safeguarding team holds frequent conversations with families about restricting movement. We heard of a carer who would drag the person they were caring for across the floor not with any malice, but simply because they were unable to carry them or use carrying equipment. A similar case involved a well-meaning carer who tied their loved one to a chair to prevent them from falling over.
34. The Operations Director of a local care home felt more widespread lifting and handling training would help, as this would protect carers from finding themselves in potentially abusive situations, and give them vital skills. However, such training can be very expensive and therefore inaccessible to many families.
35. **RECOMMENDATION 2: To prevent abuse, and reduce the high percentage of unintentional abuse referrals, we recommend providing structured lifting and handling training to unpaid carers offered on a personalised case by case basis. This should include training in areas that to help prevent or recognise abuse. This should be offered to carers as part of the reablement package**
36. **We further recommend that GPs across the Borough should be informed of the availability of this training as they maintain a register of unpaid carers.**

### **Abuse and Domiciliary Care Services**

37. Domiciliary care is care and support provided in people's own homes. A report by the Equality and Human Rights Commission entitled: *Close to Home: An Inquiry into Older People and Human Rights in Home Care* found that: "As people get older, they are increasingly likely to need home care. Research suggests that around 20 per cent of older people living at home receive domiciliary services, and in 2009-10, an estimated 453,000 older people received home care through their local authority."

38. Numerous studies show older people want to live in their own homes for as long as possible. This is also Merton's current policy, one factor being that home care provision costs less than a place in residential or nursing home.
39. The *Close to Home* report states that:
40. *Many older people are highly satisfied with their home care and there is no doubt that good quality home care has a huge positive impact on their lives. Similarly workers described the pride they took in their work and how job satisfaction was greatly increased when they could see the positive impact of their work on the lives of older people and their families.*
41. However significant concerns were raised as part of our evidence gathering about domiciliary care services and poor practice that could lead to abuse and unintentional neglect
42. Care workers complain that they are not allocated enough travelling time between appointments, so they have to rush when they see clients, and are unable to spend enough time with them. This can lead to neglect, and/or a failure to pick up on issues which matter to their clients.
43. We raised this with the providers of home care services and were told that a brokerage department identifies which providers are in an area and allocates them on that basis. There is a structure in place to ensure that workers are given a small geographical area to cover, which means that they do not have to travel great distances between client's homes, although there are exceptions.
44. The Head of Access and Assessment informed us that the council uses software called CM2000 to monitor when care workers have arrived at a property and how long they stay there. It was suggested that this should address concerns about how long workers stay in client's homes.
45. However, the task group remains concerned about the pressure put on care workers to meet appointments, not least because of the findings of the *Close to Home* report which states: -
46. *"As many home care packages do not cover more than the basic tasks necessary for physical wellbeing, any failure to follow the care plan can cause neglect of the older person and is also likely to be in breach of the right to respect for private life under Article 8 of the ECHR."*
47. *"Families and voluntary sector organisations supporting older people reported a number of instances where older people had suffered severe weight loss and dehydration because they did not get the support they needed to eat. We were told about the case of one older*

*man with dementia who lost so much weight due to not being supported properly by home care workers to eat that he was admitted to hospital and died three days later.”*

**48. RECOMMENDATION 3: Domiciliary care providers should be encouraged to use CM2000 monitors to check the time gap between appointments, to assess whether travel time between appointments is realistic and will not force carers to rush. If these gaps are not realistic, appointments should be re-scheduled or re-allocated as necessary, while endeavouring to ensure continuity in care personnel for individual clients.**

49. Although attending to the physical needs of clients (bathing, dressing, etc.) is of primary importance, the task group felt the social and emotional aspects of domiciliary care should not be side-lined. Making conversation, checking that service users can prepare food, etc. are important, not least because this informal time provides an opportunity for clients to report issues of concern about their physical, mental or emotional health, which can be appropriately flagged up elsewhere.

### **Criminal Records Bureau Checks**

50. Eileen Chubb of Compassion in Care suggested some home care providers fail to check the criminal records bureau (CRB) records of their staff every three years, as they should. We raised this with the Safeguarding Adults Manager, who suggested that the only way the council gets to know about any failure on the part of third-party providers to make regular checks on staff is when monitoring visits take place.

51. As the Council was in the process of renewing domiciliary care provider contracts at the time, we saw this as a timely opportunity to request that contracts were firmed up in this regard, in advance of the completion of this report.

52. We asked the council to insert a clause in all new contracts requiring providers to renew CRB checks every three years, and send relevant documentation as evidence that this is being done to the council. We asked for reassurance that all contracts for care home and domiciliary care providers have specific requirements to put safeguarding measures in place, such as training for staff on safeguarding issues.

53. The council responded that measures were already in place and CRB checks are monitored through random checks with providers as well as quarterly statistical returns. We were told that one provider of domiciliary care had 5 CRB disclosures which were more than 3-years old out of a total of 23 employees, but that outdated CRB checks were not usually a problem. If the Council has concerns regarding a particular worker he or she can be removed from the contract until we

are satisfied that all necessary checks have been completed.

54. We do not feel this goes far enough, and re-state our recommendation:

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**55. RECOMMENDATION 4: Merton Council should continue to require all domiciliary care providers to carry out new CRB checks on their frontline staff every three years. Care providers should submit evidence that this has been done to the Council within three months of the renewal date. This requirement should be introduced into all new domiciliary care contracts signed by Merton forthwith.**

#### **56. Support for Older People Suffering from Dementia**

57. The increasing prevalence of dementia brings new challenges for home care, not least because older people with dementia are most vulnerable to abuse. The Chief Executive of Age UK Merton requested that identifying and monitoring those with dementia be made a priority. She argued this could mean cost savings in the longer term, with fewer hospital admissions for malnutrition or dehydration for example, and a chance for dementia patients to stay in their own homes for longer, and reduce the need for expensive residential care.

**58. RECOMMENDATION 5: We recommend working with GPs to identify those with dementia living in their own home.**

**59. We further recommend that their care packages should be regularly monitored, at least once a year and more often as need arises and situation deteriorates and whether or not a complaint as been made.**

#### **Raising Awareness of Elder Abuse**

60. Although we were told complaints about elder abuse are rising partly because there is a growing awareness of the problem, we believe there is still much more that could be done to highlight the issue, particularly among ethnic minority communities where there is believed to be significant under-reporting.

61. Both the Head of Access and Assessment and the Chief Executive of Action on Elder Abuse agreed safeguarding should be everyone's business, not just that of the designated team at the council. However, at 156 pages long, the Pan London Safeguarding Policy is far too long for most people to get to grips with.

**62. RECOMMENDATION 6: We recommend creation of a summary adult safeguarding document for distribution to adult social care**



**users that contains clear, concise information stating what abuse is, who it should be reported to, what will happen next and what support they will get.**

63. Other Councils have found innovative ways to raise awareness in the community about safeguarding issue. We heard about some good practice in Stockport council:

**Stockport DVD**

64. In November 2010, Stockport Council's Staff Development section commissioned a theatre forum event for service users with a learning disability called 'Keeping Yourself Safe'. This event was very successful and the project has continued with the production of an interactive DVD designed for service users, which informs them about safeguarding issues, the different kinds of abuse, and gives information about Stockport's policy. The DVD is distributed widely in the independent, voluntary and provider sector and number of organisations have already indicated that they are going to use the DVD for staff training as well.

Source: Stockport Metropolitan Borough Council Website

**65. RECOMMENDATION 7: We recommend production of a DVD on safeguarding issues. As a starting point , ahead of a full PR & publicity campaign, this DVD should be produced in time for the celebrating age festival in 2012. It should also be distriubted to service users and/or screened at Community Forum meetings, day centres and relevant events.**

**66. RECOMMENDATION 8: We recommend using Elder Abuse Awareness Day (15<sup>th</sup> June) as an opportunity to increase understanding and awareness of elder abuse issues and how concerns can be reported via the abuse hotline. As a starting point that an article referencing this task group report and Elder Abuse Day should be prepared for the 2012 summer edition of My Merton (copy deadline early May).**

67. Although we have a safeguarding hotline, no one in the task group had heard of it despite the length of time they had lived and/or worked in the Borough.

**68. RECOMMENDATION 9: We recommend that the Safeguarding Hotline number be promoted in other Council publicity materials, including Council letters sent to residents, and as a footnote on Council emails.**

69. The most effectively publicity materials directly target those who need to hear the message. The task group heard how some local authorities put messages on the packaging of food delivered by Meals On Wheels services, and we thought this an excellent way of reaching those potentially at risk of abuse.
70. **RECOMMENDATION 10: We recommend liaising with Sodexo to place information messages regarding elder abuse and how to report it on food or other packaging that goes into the homes of elderly or other vulnerable adults.**

### **Whistle Blowing Policies**

71. Reports about abuse come from a number of sources including individuals, the CQC, district nurses, and neighbours. Council policy allows us to protect the confidentiality of whistle-blowers if they make it clear from the outset that they wish to remain anonymous. However data protection and freedom of information is an issue and if information is requested that is not submitted under the Council's whistle blowing policy, it can be requested under the Freedom of Information Act.
72. Several witnesses raised concerns about the ineffectiveness of whistle blowing policies. Eileen Chubb of Compassion in Care went into detail about her own experience (she was one of the 'Bupa 7' who faced long employment tribunals after reporting abuse in a Bupa care home and subsequently being dismissed) and her more recent undercover investigations into care homes. Inadequacies in whistleblowing procedures also arise frequently in her current work exposing care home abuse.
73. The Chief Executive of Age UK, Merton said she knew of cases where those who tried to report safeguarding concerns were told to call the agency concerned themselves. She added those who act as informal carers are often concerned about retribution, and might not know who to call or who to turn to for advice on how to report their suspicions. They might also fear making false allegations.
74. Domiciliary care managers told us that while their staff are aware of safeguarding issues and whistleblowing policy, clients and/or their families will need more reassurance and support. They said people need first to understand what abuse is and then how to report it, and then what will happen if they do report it.
75. **RECOMMENDATION 11: We recommend adding clear, concise information about the right of an individual to remain anonymous when reporting suspicions of abuse on the 'Whistleblowing' and 'Safeguarding Vulnerable Adults' page of Merton Council's Website. These pages should also include an easy-to-understand**

**timeline stating ‘What Will Happen Next’ after abuse or other suspicions are reported. Any printed material should be updated in the same way.**

## **Self-Funders**

76. Our witnesses believed those who pay for their own care are especially vulnerable to abuse. It is widely known that self-funders pay more for their service and essentially subsidise those who have the full costs of their care met by the Council.

77. The Chief Executive of Age UK Merton reported an increase in people offering home care services by putting leaflets through doors. Those who offer services in this way are less likely to have safeguarding policies, and self-funders who might use services offered in this way are less likely to think of safeguarding issues.

**78. RECOMMENDATION 12: We recommend producing a booklet offering advice to self-funders on how to choose and fund appropriate home care, and what pitfalls to look out for.**

**79. RECOMMENDATION 13: We recommend offering free CRB checks for self-funders who employ local people to provide care services on their behalf.**

## **80. Financial Abuse**

81. Older people living in their own homes, and particularly those living alone, are at high risk of financial abuse. Financial abuse includes theft of money, possessions or property, fraud, embezzlement and extortion. Exerting undue influence may also be a problem, for instance when someone close to the victim may repeatedly state they are desperate for money either for themselves or to help someone else. And unscrupulous tradespeople target the elderly and vulnerable.

82. Most often however, financial abusers are members of the victims’ own families. As has already been mentioned, family members may be keen not to see the family home or savings being used to pay for care fees, and they will justify financial abuse by claiming the money or property is only their legitimate inheritance.

83. Action on Elder Abuse told us that 20% of calls to their helpline are about financial abuse, and we were given numerous illustrations of financial abuse by family members and domiciliary care workers.

84. Signs to look out for include a change in the victim’s living conditions; sold possessions; an inability to pay bills; unexplained shortage of money; savings account withdrawals or other change in banking habits,

including addition of signatories; changes to a will or other financial documents, etc.

85. While we recognise that Council workers are not in a position to note all these indicators, and neither are we able to influence banking institutions, we believe there are ways in which our thinking could be more 'joined up' so financial abuse can be picked up on earlier, especially when it comes to unpaid bills.
86. **RECOMMENDATION 14: We recommend people aged over 70 and known to be living alone, who fall into Council Tax, rent, care services or other arrears that come to the notice of the Local Authority, should not be sent a summons until they have been contacted personally by a member of the safeguarding team who is assured that there is an legitimate and acceptable explanation for the arrears. This policy should be implemented immediately.**
87. **RECOMMENDATION 15: We recommend that Trading Standards liaise with the Safeguarding Team to identify adults likely to be at risk of rogue traders and cold callers, and warn them in writing, bi-annually, about the dangers of cold-callers, sending 'No Cold-Callers' stickers they can put on their front doors.**
88. The task group also has concerns about personal budgets and how these could make older people vulnerable to financial abuse. 37% of people receive personal budgets in Merton, and the safeguarding risk comes when the budget is not in the control of the recipient. The council uses a three-way questionnaire to try and combat this. The carer, individual, and council must complete the questionnaire and they must be broadly in agreement. However, we remain concerned, as we believe do officers, that financial abuse can still take place.
89. **RECOMMENDATION 16: We recommend all new users of personal budgets receive the leaflet referred to in Recommendation 6 - or otherwise given written details of the Safeguarding hotline - when their budgets are approved, and encouraged to report any concerns about misuse of their personal budget via the helpline.**

## **90. ABUSE IN CARE HOMES**

91. Given the national concern about abuse in care homes, the task group chose to look into this briefly. We questioned the Head of Access and Assessment, two care home managers, and Eileen Chubb of Compassion in Care. Some task group members visited a local care home in the Borough.
92. When asked what led to abuse, witnesses cited factors such as a high turnover of managers, poor standards in recruitment and staff training, and a lack of qualified nurses or poor nurse-to-patient ratios. They told

us that people with the greatest needs are usually the most neglected, and that the complex needs of clients as well as service user-to-service user abuse can also be an issue.

93. The Head of Access and Assessment reported that as of June 2011 Merton was visiting around four care homes on a weekly basis, as there were concerns about safeguarding practice. We asked to see confidential information on safeguarding alerts relating to care homes in Merton and were shocked by what we saw. Our care homes are clearly not always the safe havens they should be. A copy of this information will be appended to the report on green paper<sup>3</sup> when it is considered by the Cabinet

**94. RECOMMENDATION 17: We recommend that the safeguarding adults alerts are reported to the Healthier Communities and Older People Overview and Scrutiny Panel on green paper on a quarterly basis.**

95. Eileen Chubb said that in her experience many care home staff are 'decent people,' although communication skills, empathy and compassion cannot be easily taught..

96. Action on Elder Abuse said that poor staffing levels, working conditions, and lack of training and support are all factors that could give rise to staff abusing residents. However Eileen Chubb pointed out that these alone issues do not guarantee or prohibit good care.

97. One of our care home providers told us that they develop schemes to motivate staff and make them feel more included, such as giving the carer a specific role to play and make them a champion in a specific area of safeguarding, e.g. dignity or nutrition. They believed they could tell during their recruitment process those with compassionate tendencies who were not just interested in financial remuneration.

98. The Head of Access and Assessment told us that the Care Quality Commission (CQC) is responsible for setting sufficient staff to service user ratios, and that there is a contractual requirement with our providers to provide safeguarding training.

**99. Holding Care Home Providers to Account**

100. Eileen Chubb highlighted difficulties in holding care homes to account for poor practice. The shortage of resources within the CQC is well documented and she claimed that some care homes have not been inspected annually, as required, and alleged that too often problems are identified but not followed up. The major failure, she

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<sup>3</sup> Reports on green paper indicate that they are confidential

says, lies not just in getting people to report abuse, but getting the authorities to do something about it.

101. She also said CQC inspection reports can be difficult to get hold of and, when they are received, difficult to understand because of jargon. Clearly frustrated by her own failure to get the authorities to take allegations of abuse seriously, she told the task group that she had found the best way to get anything done was to go to the press.

102. The task group raised concerns about holding care homes to account with the Head of Access and Assessment who told us that in areas of major concern the council can put an embargo on a care home. This means providers cannot accept any more residents until the problem has been resolved. We can also remove clients, and make unannounced visits if concerns have been raised. The council will then outline what improvements need to be made and monitor progress. However, we were told that procurement law means that we cannot close homes.

103. To summarise, the task group feels that much more could be done to firm up contractual relationships with care homes as part of the procurement process (this could include a clause requiring care homes to pay for additional monitoring visits, for instance), and to improve the quality of care provided. All those of us who visited the local care home agreed that although the residents we saw appeared to be well cared for physically, and the home was clean and reasonable decorated none of us would like to live there. Clearly there is a need for major change that is beyond the current scope of this task group.

104. **RECOMMENDATION 18:**

**We recommend that a separate working group consisting of Council officers, care home managers, residential care users and elected members be formed to develop a 'Merton Standard' for care homes that goes beyond statutory requirements, and establishes a quality measure against which care establishments in the Borough can be rated. Performance indicators should include how effectively homes meet the physical, emotional, social, and privacy requirements of their clients, as well issues such as quality of fittings and furnishings, nursing and other staff to client ratios, etc. These ratings should be available to members of the public to assist them in choosing care homes. The Merton Standard could also stipulate continuing professional development requirements for managers, and pay levels for frontline staff.**

105. **We further recommend that a Dignity and Care Conference be held for all interested parties in the Borough to explore this and other issues relating to the care of the elderly, including how**

**the Council can work with HealthWatch to monitor and improve standards of care for the elderly in the future.**