Cheshire West and Chester

Local Safeguarding Adults Board

Safeguarding Adults Procedures

Updated September 2021

Cheshire West & Chester LSAB
Local Safeguarding Adults Board

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1.0 Introduction

This procedure is governed by a set of key principles and themes, to ensure that people who are at risk of abuse, neglect and exploitation experience the process in such a way that it is sensitive to individual circumstances, is person-centred and is outcome focused. It is vital for successful safeguarding that the procedures in this section are understood and applied consistently by all organisations.

Although the responsibility for the coordination of adult safeguarding arrangements lies with the Local Authority, the implementation of these procedures is a collaborative responsibility and effective work must be based on a multi-agency approach to:

- Work together to prevent and protect adults with care and support needs from abuse.
- Empower and support people to make their own choices.
- Make enquiries and act about actual or suspected abuse and neglect.
- Support adults and provide a service to those who are experiencing, or who are at risk of, abuse, neglect, or exploitation.
- Share information in a timely way.
- Co-operate with each other to safeguard adults with care and support needs – although the Care Act 2014 is clear that the lead role sits with the Local Authority, Section 6 of the Act is equally clear that the Local Authority and other relevant partner agencies have duties to co-operate with each other.

The following key themes run throughout the adult safeguarding process:

- User outcomes: what the individual wants to achieve must be identified and revisited where appropriate. To what extent these views and desired outcomes have been met must be reviewed at the end of the safeguarding process regardless of what stage it is concluded.
- Risk assessment and management: these are central to the adult safeguarding process. Risks to others must also be considered.
- Mental capacity: the Mental Capacity Act 2005 requires an assumption that an adult (aged 16 or over) has full legal capacity to make decisions unless it can

be shown that they lack capacity to decide for themselves at the time the decision needs to be made. Individuals must be given all appropriate help and support to enable them to make their own decisions or to maximise their participation in any decision-making process. Unwise decisions do not necessarily indicate lack of capacity. Any decision made, or action taken, on behalf of someone who lacks the capacity to make the decision or act for themselves must be made in their best interests. It is important that an individual's mental capacity is considered in the adult safeguarding process.

- Safeguarding planning should be used to.
    1. Prevent further abuse or neglect.
    2. Keep the risk of abuse or neglect at a level that is acceptable to the person being abused or neglected and the agencies supporting them.
    3. Support the individual to continue in the risky situation if that is their choice and they have the capacity to make that decision.
    4. Promote wellbeing and support anyone who has been abused or neglected to recover from that experience.

- Information sharing: is key to delivering better and more efficient services that are coordinated around the needs of the individual. It is essential to enable early intervention and preventative work, for safeguarding, promoting welfare and for wider public protection. Information sharing is a vital element in improving outcomes for all. Nevertheless, it is important to understand that most people need to feel confident that their personal information is being kept safe and secure and that practitioners maintain their privacy, whilst acknowledging that the sharing of relevant and proportionate information is imperative to deliver safe and effective services.

- Recording: good record-keeping is an essential part of the accountability of organisations to those who use their services. Maintaining proper records is

vital to individuals' care and safety. Where a concern of abuse is raised all agencies have a responsibility to keep clear and accurate records. It is fundamental to ensure that evidence is protected and to show what action has been taken and what decisions have been made and why.

- Feedback: it is important to ensure feedback is given to the adult; people raising the concern where appropriate and partner agencies. People who raise adult safeguarding concerns are entitled to be given appropriate information regarding the status of the referral they have made. The extent of this feedback will depend on various things (e.g. the relationship they have with the victim, confidentiality issues and the risk of compromising an enquiry). At the very least it should be possible to advise people raising the concern that their information has been acted upon and taken seriously. Partners in provider organisations require feedback to allow them to continue to provide appropriate support to fulfil employment law obligations and make staffing decisions.

Finally, it is equally important that these procedures are managed and administered in such a way as to comply with all the articles of the Human Rights Act 1998 (Articles 5 and 8). What this means is that both the process and the outcome must be the least restrictive, proportionate and enable risk where appropriate. In addition, any actions falling under these procedures should be consistent with current legislation as it relates to social care, health, housing, and education.

2.0 Adult Safeguarding Concerns: Responding and Reporting

2.1 Definition

An "adult safeguarding concern" describes the process where someone is first alerted to a concern or incident that indicates an adult with care and support needs-

(i) is experiencing or is at risk of abuse or neglect, and

(ii) because of their care and support needs, is unable to protect themselves against abuse or neglect, or the risk of it, and

(iii) acts to respond, and to report the concern.

2.2 Purpose

Safeguarding concerns should always be taken seriously, and the correct information/advice given. The steps to be taken when responding to a concern are:

- Ensure that immediate actions are taken to safeguard anyone at immediate risk of harm. Where appropriate call 999 for emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress.
- Wherever it is safe to do so, to speak to the adult and get their views on the concern or incident and their desired outcomes. This should help to guide what next steps should be taken and whether the concern should be reported as an adult safeguarding concern or should be dealt with by another means.
- If the concern meets the criteria for a Section 42 enquiry, then report the concern, without delay, to the **Community Access Team** on 0300 1237034 office hours and the **Emergency Duty Team** 01244 977277 out of office hours, weekends and bank holidays, and report to the Police where a criminal offence has occurred or may occur. Information on what constitutes a Section 42 enquiry can be found on page 14 of the North West Safeguarding Adults Policy, Local Safeguarding Adults Board
- Take steps to preserve any physical evidence if a crime may have been committed and preserve evidence through recording.
- Consider if there are other adults with care and support needs who are at risk of harm, and take appropriate steps to safeguard them;
- Report concerns to the **Integrated Access and Referral Team** (I-ART) 0300 1237047 if a child is identified as being at risk of harm.

2.3 What is a Section 42 enquiry?

The Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

‘Safeguarding adults’ is the name given to the multi-agency response used to protect adults with care and support needs from abuse and neglect. When an allegation about abuse or neglect has been made, an enquiry is undertaken to find out what, if anything, has happened. The findings from the enquiry are used to decide whether abuse has taken place and whether the adult at risk needs an action plan. An action plan is a list of arrangements that are required to keep the person safe.

The purpose of a safeguarding enquiry is to decide what action in needed to help and protect the adult. Its aims are to:

- establish the facts about an incident or allegation.
- ascertain the adult’s views and wishes on what they want as an outcome from the enquiry.
- assess the needs of the adult for protection, support and redress and how they might be met.
- protect the adult from the abuse and neglect, as the adult wishes.
- establish if any other person is at risk of harm.
- make decisions as to what follow-up actions should be taken regarding the person or organisation responsible for the abuse or neglect.
- enable the adult to achieve resolution and recovery.

2.3 Roles and responsibilities

A concern can be identified and reported by anyone, including the adult, a carer, family, friends, professionals, or other members of the public.

Any individual or agency can respond to an adult safeguarding concern raised about an adult. This can include reporting the concern and seeking support to protect individuals from any immediate risk of harm (e.g. by contacting the police or emergency services).

Individual agencies should have internal procedures and guidance for responding to and reporting concerns.

Follow good practice under the Mental Capacity Act when speaking to the adult. Assume the adult has capacity unless proven otherwise. If the person is proven to lack capacity, speak to the person's representative/s and always act in their best interests.

2.4 Timeliness and risk

This procedure does not outline any specified indicative timescales to complete checks and make the decision about how the concern should be responded to. However, as with all adult safeguarding work, responses should be timely, and a decision should be made within two working days.

If there are immediate risks to be managed, the sharing and gathering of information and planning will be facilitated by a discussion led by Cheshire West and Chester Council's Community Access Team.

3.0 How to respond to a safeguarding concern

3.1 Responding to disclosures

It is often difficult to believe that abuse or neglect can occur. Remember, it may have taken a great amount of courage for the person to tell you that something has happened and fear of not being believed can cause people not to tell. Good practice in responding to disclosures should include-

- Accept what the person is saying – do not question the person or get them to justify what they are saying – reassure the person that you take what they have said seriously.
- Don't interview the person; just listen carefully and calmly to what they are saying. If the person wants to give you lots of information, let them. Try to remember what the person is saying in their own words so that you can record it later.
- You can ask questions to establish the basic facts.

- Don't promise the person that you'll keep what they tell you confidential or secret. Explain that you will need to tell another person, but you'll only tell people who need to know so that they can help.
- Reassure the person that they will be involved in decisions about what will happen.
- Do not be judgemental or jump to conclusions.
- If the person has specific communication needs, provide support and information in a way that is most appropriate to them.

3.2 Acting to protect the adult, identified others, and dealing with immediate needs

- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger. Where appropriate, call 999 for emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress.

- Summon urgent medical assistance from the GP or other primary healthcare service if there is a concern about the adult's need for medical assistance or advice. You can call the NHS 111 service for urgent medical help or advice when it's not a life-threatening situation.

- Consider if there are other adults with care and support needs who are at risk of harm and take appropriate steps to safeguard them.

- Consider supporting and encouraging the adult to contact the Police if a crime has been or may have been committed.

- Take steps to preserve any physical evidence if a crime may have been committed and preserve evidence through recording.

3.3 Preserving Physical Evidence

In cases where there may be physical evidence of crimes (e.g. physical or sexual assault), contact the Police immediately. Ask their advice about what to do to preserve evidence.

As a guide-

- Where possible leave things as and where they are. If anything must be handled, keep this to an absolute minimum.
- Do not clean up. Do not touch anything you do not have to. Do not throw anything away which could be evidence.
- Do not wash anything or in any way remove fibres, blood, etc;
- Preserve the clothing and footwear of the victim.
- Preserve anything used to comfort or warm the victim, e.g. a blanket.
- Note in writing the state of the clothing of both the victim and person alleged to have caused the harm. Note injuries in writing. As soon as possible make full written notes on the conditions and attitudes of the people involved in the incident.
- Take steps to secure the room or area where the incident took place. Do not allow anyone to enter until the Police arrive.

In addition, in cases of sexual assault: -

- Preserve bedding and clothing where appropriate, do not wash.
- Try not to have any personal or physical contact with either the victim or the person alleged to have caused the harm. Offer reassurance and comfort as needed but be aware that anyone touching the victim or source of risk can cross contaminate evidence.

4.0 Capacity and consent

Capacity – anyone who acts for, or on behalf of, a person who may lack capacity to make relevant decisions has a duty to understand and always work in line with the Mental Capacity Act (MCA) and MCA Code of Practice.

Consent – all adults have the right to choose and control in their own lives. As a general principle, no action should be taken for, or on behalf of, an adult without obtaining their consent.

At the concern stage, the most common capacity and consent issues to consider will usually be: -

- whether the adult has the mental capacity to understand and make decisions about the abuse or neglect related risk, and any immediate safety actions necessary and.
- whether the adult consents to immediate safety actions being taken and whether the adult consents to information being referred/shared with other agencies.

If it is felt that the adult may not have the mental capacity to understand the relevant issues and to decide; it should be explained to them as far as possible, given the person's communication needs. They should also be given the opportunity to express their wishes and feelings.

It is important to establish whether the adult has the mental capacity to make decisions. This may require the assistance of other professionals. In the event of the adult not having capacity, relevant decisions and/or actions must be taken in the person's best interests. The appropriate decision-maker will depend on the decision to be made.

4.1 Reporting without consent of an adult with capacity

If there is an overriding public interest or vital interest, or if gaining consent would put the adult at further risk, the concern must be reported. This includes situations where:

- There is a risk or harm to the wellbeing and safety of the adult or other.
- Other adults or children could be at risk from the person causing harm.
- If is necessary to prevent crime or if a crime may have been committed.
- The person lacks capacity to consent.

The adult would normally be informed of the decision to report and the reasons for this, unless telling them would jeopardise their safety or the safety of others.

If any person is unsure whether to report, they should contact Cheshire West and Chester Council Community Access Team for advice.

Disclosure without consent needs to be justifiable and the reasons recorded by professionals in each case.

For further information please refer to the North West Safeguarding Adults Policy, p16 Information Sharing, Local Safeguarding Adults Board

5.0 Anonymous reporting and protecting anonymity

Anonymous reporting – it is preferable to know who is reporting a concern. It can make it more difficult to follow up concerns if the identity or contact details of the referrer are not known. Workers in paid or unpaid positions should always be expected to state who they are when reporting concerns. It may be possible for the referrer to remain anonymous to the alleged perpetrator whilst leaving their name and contact details to support the enquiry should further information be needed.

However, if the identity of the referrer has been withheld, the adult safeguarding process will proceed in the usual way, if there is enough information to do so. This will include information being recorded as an adult safeguarding concern.

Protecting anonymity – while every effort will be made to protect the identity of anyone who wishes to remain anonymous, the anonymity of people reporting concerns cannot be guaranteed throughout the process.

6.0 Timescales when someone has died

Referrals should be made in a timely manner – delays may mean it is difficult to enquire as evidence may be lost. Unfortunately, there will be some cases where the adult at risk has died before, during or shortly after the referral, this should not be a reason for failing to make enquiries of alleged or suspected abuse. In such cases the interests, welfare, and safety of OTHER adults at risk should be considered before

any decision is made that an enquiry is not required or that the enquiry is closed. If there are no other adults at risk the case may be closed. Referrals made after a person has died should be done within 12 weeks of the date of the concern. Any referrals outside of the timescale should be discussed with the Senior Manager, if there are valid reasons for the delay/and others are still at risk the manager may agree to an enquiry. If outside of the time frame then a Safeguarding Adult Review can be made, the policy and the referral form can be found on the Local Safeguarding Adults Board

The purpose of a safeguarding enquiry is to establish the probability that abuse occurred NOT if it led to the death of that person, which is a matter for the police and the Coroner, although information discussed during the safeguarding process may be pertinent to them enquires. The main purpose of the safeguarding enquiry is to gather information and ensure that other adults at risk are protected.

6.1 If Safeguarding Adults Procedures are already in progress

Safeguarding procedures must be completed if they have begun before someone dies. Someone passing away during a referral or enquiry should not result in the process stopping. It is important to complete the process and arrive at an outcome.

6.2 If Safeguarding Adults procedures have NOT began

Safeguarding procedures should be started when a person dies if abuse is suspected as being a contributing factor and:

- there are lessons to be learnt **or**
- there are a possibility other people are or may be affected.

6.3 Things to consider when safeguarding after someone dies

• Has a criminal offence occurred?

• Involve the Coroner

• Consider if anyone else may be affected

• What can we learn from this incident?

• Secure documentation as soon as possible

• Involving families, where appropriate to do so, will require extreme sensitivity

• How long after someone dies should we consider implementing safeguarding? This will need to be decided on an individual basis

Safeguarding procedures will:

- help ensure Multi-Agency working and sharing of information
- enable the Care Quality team to be involved where the victim is a person self-funding their care and support
- provide a framework
- ensure other possible victims are identified and safeguarded

6.4 How should safeguarding proceed?

• The referral should be logged against the individual who died

• Information gathering should proceed as per the procedures

• Strategy discussion or meeting should take place as per the procedures

• An enquiry should proceed as per the procedures if abuse is suspected

• The safeguarding process can be used to conclude the enquiry, determine the outcome, identify any learning or decide to carry out further enquiries.

7.0 Out of area placements

Any safeguarding concerns in placements that are out of area are the responsibility of the 'host' authority as per the ADASS protocol. Where this involves a Cheshire West and Chester funded person, or where there are concerns about the provider generally affecting all residents we would usually be informed and would expect to carry out our own reviews and checks in partnership with the host authority. Out of area safeguarding arrangements

7.1 Reviews from the commissioning authority

Anyone who lacks capacity will be subject to a deprivation of liberty safeguarding referral/assessment. All referrals are subject to a triage system based upon risk. Out of area placements will be assessed as slightly higher risk and therefore are more likely to be assessed ahead of someone else in a more local environment.

This assessment is renewed annually (or more frequently depending upon the views of the assessors and the supervisory body). In addition to this each person should receive a review from their care provider and the commissioning team that placed them wherever they live.

In addition to annual reviews, most people with a learning disability who are placed out of area also receive monitoring visits from social workers and other staff working within the authority. Where the placement is joint funded with health partners this can be joint or separate visits throughout the year.

8.0 Information gathering

Information gathering is a process of finding out more information to decide whether further actions are needed within these multi-agency procedures. Information gathering should take place within information sharing principles.

This may include information about:

- The wishes, views, and desired outcomes of the person at risk
- The person's mental capacity and need for representation
- The nature of the concerns
- The person's mental capacity in relation to decisions about their safety and wellbeing
- What actions have already been taken
- Whether the person is now safe and what the risks are, and
- Whether further actions are needed to respond to those risks.

Information gathering will often be a relatively simple process of contacting one or two people or agencies to inform decision making. However, it may involve gathering information from a wide range of sources, including:

- Client records within Cheshire West and Chester Council: Adults Social Care
- Views of representatives such as relatives / friends / advocates
- Health practitioners
- Other services already providing care or support services
- Contract/commissioners of relevant services
- Care Quality Commission

The local authority will need to decide whether it can gather this information, or whether another agency is better placed to do so. If another agency is better placed, then often they will ask them to help gather this information. The approach taken should be one of partnership, working together to achieve best outcomes for the person at risk.

Depending on the circumstances, the local authority may ask for this information verbally, however they may also decide they need the information in writing and may ask a partner to record the information.

Immediate actions may need to be put in place to ensure someone's safety, whilst information is being gathered.

Sometimes with greater clarity about the nature of the concerns, the person's wishes and desired outcomes, and information about actions already being taken, the concerns will be resolved at this stage.

Where concerns are more serious, and/or need further exploration and risk assessment and management, a planning discussion/meeting will need to be held. Practitioners should wherever possible seek the consent of the person before taking further actions. The local authority also needs to know if there is a lasting power of attorney or not, please check your records to see if you have this information available to you and then add it to your report.

The local authority should seek to ensure the person at risk (and/or representative) is aware of decisions reached in relation to the concerns; and should either inform the

person at risk directly or consider if there is another more appropriate person or agency who could ensure this discussion is held.

9.0 Staff Conduct

Poor practice and quality of care issues are an example of the kinds of concerns that may be better addressed within other processes. The purpose of the multi-agency safeguarding adult procedures is to safeguard adults from abuse and neglect.

The Care and Support Statutory Guidance (Section 14.9) clearly states that:

Safeguarding is not a substitute for:

- Provider's responsibilities to provide safe and high-quality care and support.
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services.
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action.

Not all mistakes and errors therefore should be considered abusive or neglectful, and as such quality-of-care issues and poor practice issues usually be addressed within these more appropriate processes.

Distinguishing between poor practice and neglect/abuse can however be difficult and will often require a judgement to be made. It is important to consider the impact of the incident on the person, whether others may be at risk of harm, and what the proportionate response to the concern should be.

Where the practice is resulting in harm for the individual concerned or others, abuse is likely to be indicated. However, it is important to consider the nature, seriousness, and individual circumstances of the incident before reaching a decision.

If in the local authority's judgement these procedures should be followed, then a process of information gathering may be required to decide on the most appropriate and proportionate response.

10.0 People causing harm who are employed in paid or unpaid Positions of Trust

A person in a position of trust is an employee, volunteer or student who works with adults with care and support needs. This work may be paid or unpaid. The nature of the concerns about a person in a position of trust or the risk they may pose to adults with care and support needs, may be varied and far ranging. Examples of such concerns however could include:

- behaved in a way that has harmed, or may have harmed an adult
- possibly committed a criminal offence against, or related to, an adult
- behaved towards an adult in a way that indicates they may pose a risk of harm to adults with care and support needs

Such incidents may have occurred within the person's home / personal life, as well as within their employment, volunteering role or studies. Wherever it has occurred however, there is now a potential risk to adults with care and support needs.

Where such concerns are raised about someone who works with adults with care and support needs, it will be necessary for the employer (or student body or voluntary organisation) to assess any potential risk to adults with care and support needs who use their services, and, if necessary, to take action to safeguard those adults.

Employers, student bodies and voluntary organisations should have clear procedures in place setting out the process, including timescales, for enquiry and what support and advice will be available to individuals against whom concerns have been raised.

Employers, student bodies and voluntary organisations should have their own sources of advice (including legal advice) in place for dealing with such concerns.

…action necessary to address the welfare of adults with care and support needs should be taken without delay and in a coordinated manner, to prevent the need for further safeguarding in future.

If an organisation [*permanently*] removes an individual (paid worker or unpaid volunteer) from work with an adult with care and support needs (or would have, had the person not left first) because the person poses a risk of harm to adults, the

organisation must make a referral to the Disclosure and Barring Service. It is an offence to fail to make a referral without good reason.

Each organisation must therefore ensure they have policies and procedures in place that enable them to respond to concerns about people in positions of trust. This must include arrangements for raising concerns to the local authority in accordance with the multi-agency safeguarding adults' procedures where this is appropriate; as well as the management of concerns within their own organisation.

Employers and student bodies are responsible for working with the person in a position of trust to understand the issues, assess any risk in the context of their service; and take appropriate actions that safeguard people who use their services. This will include supporting the person in position of trust to understand the process being followed and decisions reached in accordance with the organisations policies.

Only an employer has the power to suspend an employee, redeploy them or make other changes to their working arrangements, and so must be responsible and accountable for the decisions reached. Actions taken should consider their own internal policies and procedures, their responsibilities to provide safe services, and employment law.

According to the nature of the concerns raised, an employer/volunteer's organisation/student body may also have a responsibility to inform overseeing bodies according to their requirements, such as:

- Care Quality Commission (CQC)
- Charities Commission
- Commissioning bodies
- Disclosure and Barring Service (DBS)
- Professional bodies

However, where a concern involving a person in a position of trust relates to the safety of an identified person or people with care and support needs, use of the multi-agency procedures will usually be appropriate.

In these situations:

- People in Positions of Trust practice guidance should be followed alongside the Multi-Agency Safeguarding Adults Policy Procedures.
- Employers, volunteer organisations and student bodies retain responsibility for actions to prevent abuse or neglect within their setting.
- If during the course of working within the multi-agency procedures it is identified that the person in a position of trust may pose a risk in another setting, there will need to be consideration as to which agency is best placed to share information as may be required with other employers, volunteer managers or student bodies to prevent abuse or neglect. This will need to be made on a case-by-case basis, considering the need to assess the risk and engage with the person in a position trust as set out in this guidance.

For more information on People in Positions of Trust (PiPOT) refer to the North West Policy for Managing Concerns around People in Positions of Trust with Adults who have care and support needs. Local Safeguarding Adults Board

11.0 Prevent

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism. If there is any concern that a vulnerable person has been or is at risk of being radicalised in any way, then you can find a link to the Counter Terrorism Police to report it on the LSAB website or call Cheshire Police on 101. Local Safeguarding Adults Board

12.0 Other checks and monitoring

All regulated services are subject to an inspection regime from the Care Quality Commission (In England) and CIW (Care Inspector Wales).

In addition, any nursing homes can be subject to quality audits checks by health authorities and or local authorities where the provision is care (without nursing).

Auditing health checks tool for people with learning disabilities

Healthwatch carry out 'enter and view' visits on care providers in England, part of their remit would be to flag any quality or safeguarding concerns about a provider they visit.

Healthwatch guide to enter and view

Advocates and family visits also provide informal checks on the quality of care and welfare of the people receiving the care.

13.0 Falls

People should be supported to stay as active and independently mobile as possible and the support they need should be recorded in their care plans. Some people who are frail or have mobility problems may be at greater risk of falling. The consequences of falls can be very costly for both the individual – in terms of their health, wellbeing and mobility – and for services. Following a fall, the individual may require more intensive services for longer and, in some cases, may never return to previous levels of mobility. A fall does not automatically indicate neglect and is only harm if it is due to a lapse of care, each individual case should be examined in order to determine whether there is a safeguarding concern.

Isolated incidents where no significant harm occurs; multiple incidents where no significant harm occurs and a care plan is in place, action is being taken to minimise risk, other relevant professionals have been notified and there has been full discussion with the person, their family or representative and there are no other indicators of abuse or neglect - do not require being reported as safeguarding concerns, however agencies should keep a written internal record of what happened and what action was taken.

Multiple incidents where the care plan has not been fully implemented or reviewed within an appropriate timeframe; it is not clear that professional advice or support has been sought at the appropriate time; there have been other similar incidents or areas of concern; any fall where there is suspected abuse or neglect by a staff or other

person or a failure to follow relevant care plans, policies or procedures – incidents at this level should be discussed with the Community Access Team.

Any fall resulting in significant injury or death where there is suspected abuse or neglect by a staff member or other person or a failure to follow relevant care plans, policies or procedures – incidents at this level should be reported to the Community Access Team. If there is any indication a criminal act has occurred, the Police must be contacted.

It is important to remember that a Safeguarding Concern must be reported where there is a concern about possible abuse or neglect ***by another person*** and not because there is a general concern about a person's safety.

14.0 Pressure Ulcers

Pressure ulcers are caused when an area of skin and the tissue below are damaged because of being placed under continuous pressure enough to impair blood supply. Typically, they occur in a person confined to bed or a chair due to illness or frailty and as a result are sometimes referred to as 'bedsores' or 'pressure sores. Pressure ulcers usually start with skin discolouration, and if untreated, can develop into extensive wounds which can become very deep and infected; in the worst cases they can be life threatening.

When an individual develops a pressure ulcer it is important that an assessment of their individual circumstances is undertaken considering their medical condition, prognosis, any underlying skin conditions, food and fluid intake and the person's views about their care or treatment. This assessment, together with the categorising of the pressure ulcers, should determine whether a safeguarding concern should be reported. NHS Guidelines require that any category 3 or 4 pressure ulcer must be reported to the commissioners/NHS Cheshire CCG and subject to Root Cause Analysis enquiry by a health professional. This may also extend to Grade 2 pressure ulcers if there are concerns regarding the cause and they are multiple in number.

Any identified need should be recorded in the care plan with the required actions. When present, pressure ulcers require monitoring and appropriate treatment to

prevent unnecessary pain and suffering for the person concerned. Organisations should follow their local and national guidance on prevention and management of pressure ulcers.

If a pressure ulcer is identified on discharge or transfer into the care facility or person's home, it is important to note if this has been included in the accompanying information. If not, contact should be made with the discharging provider of care to determine if there has been a lapse in care.

A safeguarding concern should be raised when a failure to provide adequate care has resulted in a person developing a pressure ulcer, this would include the following circumstances:

- A person identified as being at risk develops a pressure ulcer and a care plan is not in place or has not been followed
- Appropriate equipment is not provided in a timely way
- Staff are not trained in using equipment
- Staff are not trained in manual handling
- Repositioning charts not used or are not completed
- Specialist advice has not been sought
- Care plans and records are not clear and concise and up to date

The key issue is whether the development of a pressure ulcer was ***avoidable***, and if harm was due to a lapse in care, if so, a safeguarding concern must be raised.

For further information please refer to the Department of Health and Social Care Safeguarding Adults Protocol on pressure ulcers Pressure ulcers safeguarding adults protocol

15.0 Responding to Medication Errors

The Care Quality Commission (CQC) sets essential standards of quality and safety for regulating health and social care providers including standards for the management of medicines. Therefore, health and social care providers must have clear procedures in place regarding the management of medicines.

You should have a robust medicines policy which includes related safety incidents, all 'near misses' and incidents that do not cause any harm. The policy should cover:

- whether to notify CQC
- which medicines related safeguarding incidents to report under local safeguarding processes
- how to report the incident to the person, their family or carers
- how to handle referrals to regulators and other agencies, such as NMC (CQC)

15.1 What is a Medication Error?

While most medicines are used in a safe and effective way, medication errors are one of the most common causes of patient harm, accounting for 20-30% of reportable incidents in NHS organisations (CQC). A medicines error is any patient safety incident, where there has been an error while: prescribing, preparing, dispensing, administering, monitoring, providing advice on medicines, storage, regardless of whether it has had a significant impact. Errors may result in an incident, an adverse event or a 'near miss'.

15.2 When to report a safeguarding concern about a Medication Error

A safeguarding issue in relation to managing medicines could include; the deliberate withholding of a medicine(s) without a valid reason, the incorrect use of medicine(s) for reasons other than the benefit of a resident, deliberate attempt to harm through use of a medicine(s), or accidental harm caused by incorrect administration or a medication error. (NICE SC1)

Where a medicines management error occurs, or where a person has not been given their medication as intended by the prescriber, and this has a significant impact on the person then a safeguarding concern must be raised.

A ***repeat*** medication error, timescale would be 3 repeats within a 6 month period, even if there has been no significant impact, must be reported as a safeguarding concern as repeat incidents may indicate that safe systems are not in place.

Report incidents related to controlled drugs (including loss or theft) to your local NHS Controlled Drugs Accountable Officer.

16.0 Covert Medicines

Covert administration of medication involves disguising the administration of treatment to adults who lack capacity to consent under the Mental Capacity Act 2005. There may be occasions when care home residents and people in their own home lack the capacity to take medicines or to understand the consequences of refusing medicines. In these circumstances, professionals must follow a formal process to allow them to act in the best interests of the resident. Implementation of covert administration requires a complex, multidisciplinary assessment.

Treatment without consent is a breach of Article 8 of the European Convention on Human Rights, the right to respect for private and family life. The exception is treatment for mental health disorder when a person is detained under the Mental Health Act 1983. Therefore, covert medications can only be administered in the best interests of a resident who lacks mental capacity and otherwise refuses to take essential medications.

Covert administration should not be confused with disguising the administration of a medicine against a competent person's wishes, which is assault and may also contravene the Human Rights Act 1998.

The ongoing need for covert administration must be reviewed monthly by the care providers and three monthlies by the prescriber as a minimum. A timescale for review

should be clearly documented in the care plan and medical notes. It is imperative that staff continue to reflect on the treatment aims of disguising medication.

All decisions should be made in the resident's best interests using the Mental Capacity Act 2005 requirements. The process must be formally documented. The provider must have a policy covering covert administration. Records should be completed in accordance with this inclusive of an appropriate care plan.

If the person is subject to a Deprivation of Liberty Safeguard (DoLS) or Court of Protection approved Deprivation of Liberty, the Registered Patient Representative (RPR) must be present at the best interests meeting. If no agreement can be reached with regards to whether to administer covertly, the case will need to be referred to the Court of Protection. The use of covert administration must be recorded in the DOLS assessment and authorisation. The local authority must be informed of any changes.

A quick guide for care home managers and home care managers providing medicines support Giving medicines covertly a quick guide

17.0 Self-neglect

The process of progressing (and seeking a mutually acceptable resolution as between practitioner(s) and client) any matter concerning an adult who may be self-neglecting in any of the ways described in this Policy must be understood both by reference to the Safeguarding Policy and by the principle that where an adult is engaging with, and accepting assessment or support services that are appropriate and sufficient to address their care and support needs (including those needs relating to self-neglect), then the adult is not demonstrating that they are "unable to protect themselves" from self-neglect or the risk of it, in accordance with s42 Care Act 2014 circumstances, mainstream adult assessment and support service provision will be the most appropriate and least intrusive way of addressing the risks posed by the self-neglect. In these circumstances, the duty and need to undertake enquiries under Section 42 of the Care Act 2014 will not be triggered or necessary.

Note (as above), that not all cases of adult self-neglect will meet the criteria necessary to trigger Section 42 enquiries and each case will need to be considered on a case by case basis. Any decision as to whether a safeguarding response is required will depend on the adult's ability to protect themselves by controlling their own behaviour. A time may come however, when the person is no longer able to do so without external support, often 'triggered' by either self-report or community / professional concern

In cases where an adult has declined an assessment and services and thus potentially presents or remains at high risk of serious harm as a result of potentially being unable to protect themselves from that risk, a Section 9/11 needs assessment should be undertaken, together with an assessment of individual capacity, which may lead to a Section 42 enquiry being held.

For further information please refer to the LSAB Self Neglect Policy, Procedure and Toolkit

18.0 Working together: Duty to cooperate

The Care Act 2014, Section 6 established a general duty to cooperate when acting under the multi-agency safeguarding adult's policy and procedures.

The Act sets out reasons for cooperation that include:

- protecting adults with needs for care and support who are experiencing, or are at risk of, abuse or neglect, and
- promoting the well-being of adults with needs for care and support and of carers in the authority's area
- improving the quality of care, support for adults and support for carers provided in the authority's area (including the outcomes that are achieved from such provision)

In such situations, the law states that the local authority must co-operate with each of its relevant partners, and the partners must also co-operate with the local authority.

In addition, local authorities must also cooperate with such other agencies or bodies as it considers appropriate in the exercise of its adult safeguarding functions.

Sharing the right information, at the right time with the right people, is fundamental to good safeguarding practice. Information sharing is a positive act that helps organisations work together effectively in the interests of supporting the person at risk. If it is necessary to share information outside the organisation, the general principle is that the person's explicit consent should be sought to share information about them. If a person is reluctant for information to be shared, it is important to try and understand the person's reasons for this, so that their concerns can be addressed.

There are, however, circumstances in which obtaining consent may not be possible. Firstly, sharing of the information should be in the substantial public interest, and necessary for the purposes of either:

- Protecting an individual from neglect or physical, mental, or emotional harm; or
- Protecting the physical, mental, or emotional wellbeing of an individual

Secondly, the reason that explicit consent has not been obtained is due to one of the following reasons:

- Consent cannot be given, e.g. the person lacks mental capacity; or is unable to consent due to intimidation or duress. If a person lacks mental capacity, then the usual principles of the Mental Capacity Act will apply as to whether the sharing of information is in their best interests.
- Consent cannot reasonably be expected to be obtained, e.g. the risks are such that action is needed urgently; it is not practicable in the circumstances; seeking consent may place someone at greater risk; or the nature of your relationship makes this inappropriate.
- Obtaining consent would prejudice the purposes of safeguarding, e.g. the information needs to be shared to protect an individual from abuse or neglect; to protect others from harm; or to fulfil public interest duties such as will occur when there are safeguarding concerns involving a service, employee or volunteer

Actions taken should be proportional to the concerns. When a decision is taken to share information in the absence of explicit informed consent, the usual data protection

principles continue to apply. Practitioners should seek advice from managers and information sharing leads as required to ensure information is appropriately shared.

Section 25 of the Care Act 2014 details responsibilities of producing a Care and Support Plan and that the Local Authority can ask agencies for assistance, which will involve the sharing of information.

18.1 Working Together, across Local Authority Areas

Sometimes local authorities will need to work together to respond to safeguarding concerns. This is most common when abuse or neglect occurs in one local authority area, but the person receives services funded/commissioned by another.

If the person is a self-funder and there is no placing authority involved in commissioning care and support services, the host authority has the duty to act under the multi-agency policy and procedures regardless of the area from which the person originated.

If a person experiences abuse whilst in another local authority area from where they live, for a very short period, for example whilst on holiday, the statutory duty lies with the host authority. However, there may need to be agreement between the host and placing agency as who is the most appropriate to undertake enquiries in relation to the concerns.

The full ADASS Guidance includes more detail and information about out of area safeguarding arrangements:- ADASS guidance on inter authority safeguarding arrangements

19.0 Working Together, to Resolve Disagreements

It is the responsibility of all agencies to be proactive in resolving disagreements in an effective and timely manner. Resolving disagreements should be a constructive process of working together to:

- find the best response for a person at risk,
- improve shared understanding of issues, and

- improve how practitioners work together across agencies.

In all cases, the safety and wellbeing of any person at risk of abuse or neglect, should be the primary focus of how issues or concerns are resolved.

Step 1: If practitioners have concerns about safeguarding practice across agencies they should:

- reflect on the nature of the concerns and the risk, as well as the wishes and desired outcomes of the person at risk
- discuss with colleagues to clarify good practice
- seek to understand the alternative view, review any relevant policies, procedures, or practice guidance
- consult with their line manager or organisations named/designated Safeguarding Adults Lead as appropriate.

Having considered these issues, and sought advice where needed, they should try to resolve any disagreements, focusing on the needs of the person at risk.

Step 2: If concerns remain unresolved and a person remains at risk, or there are important practice issues to resolve, practitioners should refer this to their line manager.

The line manager should consult with their organisation's named/designated Safeguarding Adults Lead as appropriate. Having considered the issues, and sought advice where appropriate, the line manager should seek to resolve the concerns in discussion with the line manager of the other service.

Step 3: If agreement cannot be reached following discussions between first line managers the issue must be referred without delay through the line management structure to the operational Safeguarding Adults Lead for each organisation, who should seek to resolve the concerns with their counterparts. Where organisations are Board members, their representatives should be the final point of escalation.

Step 4: In the unlikely event that the steps outlined above do not resolve the concerns, policy/practice issues of concern should be referred to the chair of Cheshire West and Chester Safeguarding Adults Board to determine the appropriate process for resolution: email LSAB@cheshirewestandchester.gov.uk

Clear written records should be kept by everyone at all stages, which must include records of agreed resolutions and the proposed follow-up of any outstanding issues. For resolving inter agency professional challenges when working with adults please refer to the **LSAB Escalation Procedure**

20.0 Working together, with relatives and unpaid carers

Relatives and unpaid carers may contribute in a range of ways depending on the circumstances and wishes of the person at risk. This might include:

- reporting the concern
- supporting the person through meetings or conversations about distressing experiences
- being a source of knowledge about the risks and the person's support needs
- contributing to the plan to support them to be safe
- supporting an assessment of needs, which may include their needs as a carer
- acting as their representative to facilitate their involvement in the support provided.

They will always need to be on the safety, wellbeing, needs and wishes of the person or people at risk. Working with relatives and unpaid carers can be essential to help achieve this, however it is important to recognise that sometimes relatives and carers may have different views to the person or people at risk. Where this happens, it can often be helpful to acknowledge this is the case.

If someone lacks mental capacity, they may not always be present within meetings or conversations, but it is important that the focus remains on their best interests, as set out in the Mental Capacity Act. In situations where the person at risk has since died, then it is important to work with relatives and unpaid carers to understand the issues

experienced by their relative. Actions and decisions will however need to be made in the public interest in relation to the ongoing safety arrangements of a service.

Responses to abuse that involve the support of unpaid carers, should consider their support needs and resilience into account, and it should be remembered that unpaid carers are entitled to a carer's assessment. Unpaid carers may also be at risk of abuse themselves due to their caring role and may be supported within these multi-agency policy and procedures.

Where a concern is raised in relation to the actions of a relative or unpaid carer, consideration should be given to the specific circumstances, the nature of the issues and the appropriate proportionate response. Responses take into consideration outcomes which supports or offers the opportunity for the person at risk to develop, or maintain, a private life which includes those people with whom the person wishes to establish, develop or continue a relationship.

21.0 Personal Budgets (PB) and Self-Directed Care

Regardless of the person's preferred method of managing a PB (e.g. local authority managed account, direct payment, individual service account or a combination of these), the local authority still retains its duty of care regarding the person and their protection from abuse. However, the balance of power and consequently how risk is managed can be significantly different from previous, traditional models of social care management. This model is more about the co-production of risk enablement, with the person having a greater say and therefore greater control over how risk is managed. This is therefore an inherently less risk adverse arrangement than before.

Throughout the process, from self-assessment (supported or otherwise) through to PB- setting, arranging direct payments or other PB management arrangements, to final sign- off a support plan, appropriate risk assessment should be taking place with the individual and their supporters.

At the various key stages in the process, risk and safety should be considered-

• Self-assessment: initial identification of any safeguarding issues, either one-off or ongoing. If these needs are being met, how is this being done? If they are not being met, they need to be clearly identified.

• Budget-setting: if significant safeguarding risks are identified as unmet needs, will the amount of the PB be enough to reduce or mitigate them?

• Support planning: how will the support plan meet the safeguarding needs in outcome terms? What services are best suited to meet the adult's needs and how will they be delivered in a person-centred way?

• Sign-off: authorisation of the support to ensure it is legal, cost efficient and safe.

In this arrangement people using PBs, to a greater or lesser degree, are the commissioners of their own services, particularly where they are using direct payments to manage them.

Different arrangements exist to support people through the process of setting up a support package. In some areas this may be the responsibility of local authority adult social care staff, independent brokerage services or user-led organisations (ULOs).

The kinds of support available may include:

• advice about safe recruitment.

• advice about safeguarding and dignity.

• using approved or accredited providers of employment services.

• advice and support in relation to the quality of services.

• contractual issues.

It should be remembered that, where someone has capacity to make their own decisions in these matters, they may choose not to seek or use such advice or support services. This does not necessarily have a detrimental impact on the legality or safety of the support plan.

People with PBs and support plans which utilise direct payments are subject to the same reviewing arrangements as those in receipt other services (i.e. a minimum of once per year).

People who fund their own care arrangements are legally entitled to receive support if subject to abuse or neglect in the same way as those supported or funded by the local authority. They are also entitled to the protections of the Deprivation of Liberty Safeguards process.

22.0 Homelessness

Many homeless people are hidden from statistics and services as they are dealing with their situation informally. This means staying with family and friends, sofa surfing, living in unsuitable housing such as squats or in 'beds in shed' situations. It can also include temporary accommodation, hostels, B&Bs, and refuges.

Statutory homelessness also applies if an individual is experiencing or threatened with domestic abuse by a partner, former partner, or family member. Statutory homelessness extends to those experiencing violence or serious threats in their home from someone unrelated to them. This includes racial abuse; witness intimidation; gang-related violence; serious neighbour nuisance.

The Homelessness Reduction Act 2017 reformed England's homelessness legislation by placing duties on local housing authorities to intervene at earlier stages to prevent homelessness in their areas, and to provide homelessness services to all those who are eligible.

Additionally, the Act introduced a duty on specified public authorities, which includes adult social care services, to refer service users who they think may be homeless or threatened with homelessness to local authority homelessness/housing options teams.

The application of Adult Safeguarding duties is the same for those experiencing homelessness and rough sleeping as for the housed population.

23.0 Prisoners and Persons in Approved Premises

Most Care Act duties apply to adults who are prisoners or who live in approved premises, for example, Local Authorities have a duty to undertake Care Act section 9 needs assessments for adults who are prisoners or who live in approved premises. However, the Care Act Section 42 duty of enquiry does not apply to adults who are prisoners or who live in approved premises. In these circumstances, prison governors and National Offender Management Service (NOMS) respectively have responsibility.

24.0 Safeguarding Adults in Care Homes

This guideline covers keeping adults in care homes safe from abuse and neglect. It includes potential indicators of abuse and neglect by individuals or organisations and covers the safeguarding process from when a concern is first identified through to Section 42 safeguarding enquiries. There are recommendations on policy, training, and care home culture, to improve care home staff awareness of safeguarding and ensure people can report concerns when needed.
https://www.nice.org.uk/guidance/NG189

25.0 What will happen when a safeguarding concern is raised?

The level of response will depend upon several factors – intentional or unintentional abuse, the harm that has occurred, the risk of the same thing happening again, whether the abuse constitutes a criminal offence, and importantly what the 'adult at risk' wants to happen if they have the capacity to make this decision.

Adults with mental capacity have the right to self-determination and as such may decide to remain in a situation which professionals feel is unsafe or make decisions which professionals feel are 'unwise'.

25.1 Making a decision

Once all relevant information has been gathered – including the views of the adult in all circumstances where it is possible and safe to ask – the Community Access Team should be in a position to make a decision about how the concern should be addressed and whether the criteria for a statutory section 42 duty of enquiry is met – i.e. where

the Local Authority has reasonable cause to suspect that an adult aged 18 or over in its area-

(i) Have needs for care and support (whether the authority is meeting any of those needs).
(ii) Is experiencing, or is at risk of, abuse or neglect, and
(iii) As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Where the above criteria are met, the case will be allocated to the appropriate team, within the Local Authority, for the section 42 enquiry.

Where the above criteria for statutory enquiry are not met, for example in circumstances where …

- The adult is at risk of abuse or neglect but does not have care and support needs.
- The adult has care and support needs, may have experienced abuse or neglect in the past, but is no longer experiencing or is at risk of abuse or neglect;
- The adult has care and support needs, is at risk of abuse or neglect, but can protect themselves from abuse or neglect should they choose to,

……the Community Access Team will consider what other action, or provision of advice/information, is required to respond to the concern.

25.2 Other types of advice/action or information

Adult Safeguarding in its wider sense means “protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse and neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feeling and beliefs in deciding on any action.

Viewed in this way, even when the criteria for statutory adult safeguarding enquiry under Section 42 of the Care Act is not met, effective “safeguarding” can happen within other different processes and services, for example:

- People can be supported to live safely through good quality assessment and support planning.
- People’s right to live free from crime can be supported through Police interventions, and to recover from the experience of crime through victim support services.
- People’s health and wellbeing, and experience of safe services, can be promoted through patient safety approaches in the NHS and good quality responses under Clinical Governance processes.
- People who are at risk of becoming or are already homeless can be supported through Housing Providers.

If the criteria for statutory enquiry are not met, when deciding what other action is required, then the Community Access Team will discuss with the referrer what other options are open to them.

Actions taken, or information and advice provided, should aim to promote the adult’s wellbeing, prevent harm and reduce the risk of abuse or neglect, and promote an approach that concentrates on improving life for the adults concerned, including enabling the adult to achieve resolution and recovery.

When deciding what other advice, action or information is required, the Community Access Team has a responsibility to ensure the actions decided are appropriate and are satisfied that actions will be taken. For example, ensuring other agencies agree to and accept any referrals made, that the person has the ability and means to contact other sources of support if giving signposting advice, or that other agencies or provider services are willing and able to address concerns appropriately through their internal processes. If the Community Access Team has concerns that the issue will not be dealt with appropriately, internal management and local inter-agency escalation processes should be followed.

25.3 Supporting an adult who raises repeated concerns

An adult who raises repeated concerns that have been investigated and are unfounded should be treated without prejudice.

- Each concern raised must be risk assessed and reviewed to establish if there is new information that requires action under these procedures.
- A risk assessment must be undertaken, and measures taken to protect staff and others, where appropriate.
- Each incident must be recorded.
- Organisations should have procedures for responding to such all concerns that respect the rights of the individual, while protecting staff from the risk of unfounded and/or malicious concerns.

25.4 Responding to family members, friends and neighbours who raise repeated concerns

Concerns of abuse or neglect made by family member, friends or neighbours should be responded to without prejudice. However, where repeated concerns are made and there is no foundation to them and further enquiries are not in the best interests of the adult, then local procedures apply for dealing with multiple, unfounded complaints.

26.0 The Care Act (Section 42) Enquiry Decision Making

26.1 Roles and responsibilities

The Local Authority cannot delegate its duty to conduct a formal Section 42 enquiry, but it can cause others to make enquiries. This means that the Local Authority may ask a provider or partner agency to conduct its own enquiries, and report these back to the Local Authority in order to inform their decision about whether and what action is required in the adult's case.

Where a crime has or may have been committed the Police are responsible for conducting a criminal investigation. In the meantime, providers can run as a dual process.

While the Local Authority has overall responsibility and the duty to conduct enquiries, this does not absolve other agencies of safeguarding responsibilities. Relevant partner agencies involved in providing services to adults who may have care and support needs have a legal duty to cooperate in formal adult safeguarding enquiries, unless doing so is incompatible with their own duties or would have an adverse effect on their own functions. This includes sharing information to enable the enquiry to be made thoroughly, participating in the enquiry planning processes, and undertaking enquiries when they have been caused by the Local Authority to do so.

26.2 Role of the Social Worker allocated the safeguarding enquiry

- To ensure that the views of the adult at risk are captured throughout, this is supported by the 'making safeguarding personal principles' (details can be found on page 10 of the North West Adult Safeguarding Policy).
- To gather as much information as possible from the referrer/others relevant to the case
- To look for evidence to support/refute the concern – this may come from various sources.
  such as the person themselves, witness statements, written evidence, CCTV, medical evidence, financial statements etc.
- To arrange and attend any strategy/safeguarding meetings.
- Write reports for meetings
- Ensure all relevant information is recorded and mandatory boxes are completed on the liquid logic safeguarding module.
- Ensure the person/their advocate is informed of the outcome.
- Close the enquiry episode on liquid logic once a decision has been reached.
- Escalate any concerns to a manager as soon as possible.
- Refer to Cheshire West and Chester's practice guidance.

26.3 Process

All enquiries need to be planned and coordinated. No agency should undertake enquiries prior to a planning discussion or meeting unless it is necessary for the

protection of the adult or others or unless a serious crime has taken place or is likely to.

Planning should be a process, not a single event. The planning process can be undertaken as a series of telephone conversations, or meeting with relevant people and agencies. In some cases, the complexity or seriousness of the situation will require a planning process to include a formal meeting/s. Urgency of response should be proportionate to the seriousness of the concern raised, and the level of risk.

The planning process will be led and co-ordinated by a Social Worker from Cheshire West and Chester Council. However, where the person is placed in CWAC by another authority, it may be more appropriate for them to carry out further enquires, a decision about who is best placed to make these enquires should be made at the strategy meeting. Appropriate levels of information should be shared with, and involvement gained from, relevant partners.

The adult's views wish, and desired outcomes may change throughout the course of the enquiry process. There should be an ongoing dialogue and conversation with the adult to ensure their views and wishes are gained as the process continues.

Sometimes, people may have unrealistic expectations of what can be achieved through the safeguarding procedure, and they should be supported to understand from the outset how their desired outcomes can be met.

As part of the planning process, the Social Worker must consider and decide if the adult has substantial difficulty in participating in the adult safeguarding enquiry and should make all reasonable adjustments to enable the person to participate before deciding the person has substantial difficulty. Where an adult has substantial difficulty, the Social Worker must decide whether there is an appropriate person to represent them. This would be a person who knows the adult well, and could be, for example, a spouse, family member, friend, informal carer, neighbour, Power of Attorney. It cannot be a person who is the subject of the concern or involved in their care or treatment in a professional or paid capacity. The identified person will need to be willing and able to represent the adult.

Where an adult has substantial difficulty being involved in the adult safeguarding enquiry and where there is no other appropriate person to represent them, the Social Worker must arrange for an independent advocate to support and represent them as stated in the Care and Support Statutory Guidance.

When an employer is aware of abuse or neglect in their organisation, they are under a duty to correct this and protect the adult from harm as soon as possible and inform the Local Authority, Care Quality Commission and Clinical Commissioning Group where the latter is the commissioner.

Following a safeguarding enquiry, it may be appropriate to carry out a Safeguarding Adults Review (SAR) as detailed in section 44 of the Care Act 2014. There is a separate SAR policy which can be found in the professionals section of the LSAB website Safeguarding Adult Review

26.4 Evaluate and protect

Throughout the enquiry processes, information and risk should be evaluated regularly, and the enquiry plans adapted, or changes as new information becomes available or if circumstances change. Once all necessary enquiries have been made, the allocated Social Worker will be able to decide what action is required in the adult's case.

It is particularly important where the risk may not have been reduced/removed that the risks are identified along with what options have been explored and the reasons why these were not successful – this may be due to the person's lack of engagement/cooperation in the plan. The reason for any decisions should be clearly recorded and should demonstrate the workers decision making process.

These types of situations will require a greater level of scrutiny and review, usually within a multi-agency context.

Providers may also be asked to provide an action plan to identify learning and to address concerns. It should be identified at the final safeguarding meeting who will monitor this plan going forward; it may be more appropriate for a contact's officer to do this rather than a social worker.

26.5 Interface between adult safeguarding plans and care and support plans

An adult safeguarding plan is not a care and support plan and it will focus on care provision only in relation to the aspects that provide protection against abuse or neglect, or which offer a therapeutic or recovery-based resolution. In many cases the provision of care and support may be important in addressing the risk of abuse or neglect, but where this is the intention the adult safeguarding plan must be specific as to how this intervention will achieve this outcome.

Where the adult requires assessment and provision of care and support services by the Local Authority, they must also have a care and support plan in line with the requirements of the Care Act 2014 Sections 24 & 25).

26.6 Monitoring and reviewing the plan

The identified lead professional should monitor the plan on an ongoing basis and lead the review process within the timescales agreed on the plan. The purpose of the review process is to-

- Evaluate the effectiveness of the adult safeguarding plan.
- Evaluate whether the plan is meeting/achieving the adult's outcomes.
- Evaluate levels of current and ongoing risk.

Following review processes, it may be determined that –

- The adult safeguarding plan is no longer required; or
- The adult safeguarding plan needs to continue and any changes or revisions to the plan should be made, new review timescales set and who will be the lead professional to monitor and review the plan; or
- A new adult safeguarding s42 enquiry is needed. This will usually be when new information comes to light that significantly changes the circumstances and risks or introduces new risks.

26.7 Closing the adult safeguarding procedure

The procedure can be closed following a review of the plan or at any time where the adult safeguarding plan is no longer required. This may be because the risks of abuse or neglect have reduced to the level that agencies feel they can adequately and appropriately be managed or monitored through single agency processes.

26.8 Escalation Process

If a provider has been subject to a safeguarding enquiry on the same person and/or the same issues of concern have arisen on 3 consecutive times within a 12-month period (or earlier at the discretion of the safeguarding team manager), this matter should be escalated to the senior manager for adult safeguarding and the senior manager for contracts. Consideration will then be given as to whether the disruption policy for contacted services should be instigated.

Where families/others are unable to come to an agreement or where the person themselves does not agree with the outcome, then the complaints procedure can be utilised.

26.9 If it is not Safeguarding is there anything else that I should do?

The importance of recording and monitoring concerns you become aware of needs to be highlighted here. If you have concerns which do not come under safeguarding procedures, you can contact:

- Contracts Team if the concern is with a domiciliary care agency or care home
- Complaints department
- Commissioning Team if the concern relates to the conduct of a commissioned service

It is also important to record your concerns within your own notes and to discuss these concerns in supervision with your line manager. This is essential as some very serious issues have been brought to light because we have been notified of the repetition of minor actions or omissions, which collectively have amounted to significant abuse.

Voluntary and community services will also work closer together to develop a greater range of solutions including support groups and the use of new technology, which will enable people to access services digitally. You can find more information on the Cheshire West Live Well - which is an online directory and information hub Live well

27.0 Commissioners

Health and Social Care commissioners of services should set out clear expectations for provider agencies and monitor compliance. Commissioners have a responsibility to:

• ensure that people who commission their own care are given the right information and support to do so from providers who engage with Adult Safeguarding principles and protocols

• ensure that agencies from whom services are commissioned know about and adhere to relevant registration requirements and guidance

• ensure that all documents such as service specifications, invitations to tender, service contracts and service-level agreements adhere to the Adult Safeguarding Policy and Procedures.

• ensure that managers are clear about their leadership role in Adult Safeguarding in ensuring the quality of the service, the supervision and support of staff, and responding to and investigating a concern about an adult with care and support needs

• commission a workforce with the right skills to understand and implement Adult Safeguarding principles

• ensure staff have received induction and training appropriate to their levels of responsibility

• liaise with the local SAB and regulatory bodies and make regular assessments of the ability of service providers to effectively safeguard service users • ensure that services routinely provide service users with information in an accessible form about how to make a complaint and how complaints will be dealt with

• ensure that commissioners (and regulators) regularly audit reports of risk of harm and require providers to address any issues identified.

27.1 Quality Concerns Procedure (Formally known as Level 1 Safeguarding Concerns)

Level 1 Concerns which will now be known as an **Adult Quality Concerns.**

The criteria for reporting an Adult Quality Concern shall remain as previously determined. This should be an isolated incident which has not led to any significant harm. If the incident has led to significant harm, then this should be reported via the Adult Safeguarding process.

Please find below examples of an Adult Quality Concern.

Incident Type	Adult Quality Concern
Fall	JH has fallen over and broken her arm. The staff at the home have a plan in place to minimise falls for JH but she has still fallen. This is classed as an accident; it still needs looking into but because there is no evidence of deliberate harm/omission of care, the manager will be expected to investigate.
Medication	LC should have a daily allergen tablet. This was not administered on 01/01/21 and was a one-off incident.
Abuse to staff member	DD became verbally aggressive with a member of staff. Reassurances were given to DD and the situation was quickly resolved. DD became settled and seemed calm and happy whilst drinking tea. Staff to keep under observation for any further instances.

Wound Care	TR accidently caught the cheek on her face cheek with her long nails leaving a scratch which was bleeding. Scratch cleaned and nails have been cut shorter.

(Please note, the above is not an exhaustive list only a few examples)

1. **Change of name/term**

The current naming of *'Low Level Safeguarding Concern'* will now be known *as '**Adult Quality Concerns**'*. We will no long reference 'Low Level Safeguarding Concerns' in our communications to you.

2. **NEW email address to return monthly 'Adult Quality Concerns'**

We have created a new email address and request that you **no longer send any monthly returns to** commissioningandcontracts@cheshirewestandchester.gov.uk

Please return all future 'Adult Quality Concerns' to:

AdultQualityConcerns@cheshirewestandchester.gov.uk

Please note, if any returns are received in the incorrect mailbox, you will be prompted to resubmit using the new email address.

3. **Revised Master template for reporting 'Adult Safety Concerns'**

Please find attached the Master template for you to submit your monthly concerns. This template is an excel document. Please note we will only accept your returns in this format and will not accept PDF, Word, handwritten or any other format.

MASTER Adult Quality Concerns ter

If you have **NO** monthly 'Adult Quality Concerns' to report, you must still submit a completed template. To confirm that you have had no monthly concerns, you must

select the *Incident Type* 'Nil Return' within column G of the 'Master – Audit Quality Concerns' template.

In addition to this, there is a new request for you to confirm the monthly 'total number of Service Users supported' by entering this total within the 2nd row of the attached file. We would also ask that you only enter the initials of the Service User when updating column H of the file e.g. Sarah Jones should be entered as SJ.

In summary, templates should be submitted to either confirm a 'Nil return' or to detail all the 'Adult Safety Concerns' for the complete month. This template must then be returned to us, using the new email address above, within the first week of the following month e.g. January Concerns should be returned within the first week of February.

28.0 Glossary of terms

Abuse –the Care Act Statutory guidance does not provide a general definition of what constitutes abuse or neglect so as not to limit thinking in this area. It is recognised that abuse or neglect can take many forms and the circumstances of the individual should always be considered. The following are identified as common types of abuse or neglect – physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory, organisational, domestic abuse, modern slavery, and self-neglect (this list is not exhaustive).

Adult at risk – a person aged 18 or over who needs care and support, regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse or neglect.

Adult safeguarding – the term used to cover all work undertaken to support adults with care and support needs to maintain their own safety and well-being. It describes the preventative and responsive actions undertaken to support adults who are experiencing or are at risk of experiencing abuse or neglect.

Adult safeguarding process – refers to the decisions and subsequent actions taken on receipt of a concern. This process can include safeguarding meetings or discussions, enquiries, a safeguarding plan and monitoring and review arrangements.

Adult with care and support needs - someone 18 or above who has needs for care and support (whether or not the local authority is meeting any of those needs) and; is experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Advocacy – support for people who have difficultly expressing their concerns and the outcomes they want during the safeguarding process.

Best interest – the Mental Capacity Act 2005 states that if a person lacks mental capacity to decide then whoever is making that decision or taking any action on that person's behalf must do so in the person's best interest.

Carer – refers to unpaid carers for example, relatives or friends of the adult with care and support needs. Paid workers, including personal assistants, whose job title may be 'carer' are called staff. The Care Act defines the carer as an adult who provides or intends to provide care for another adult who needs support.

Concern - describes when there is or might be an incident of abuse or neglect. Replaces the previously used term "alert."

Consent - the voluntary and continuing permission of the person for the intervention based on an adequate knowledge of the purpose, nature, likely effects, and risks of that intervention, including the likelihood of its success and any alternatives to it.

CQC (Care Quality Commission) - responsible for the registration and regulation of health and social care in England.

DBS (Disclosure and Barring Service) – is a non-departmental public body of the Home Office of the UK. It supports organisations in the public, private and voluntary sectors to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially that involving children or adults it also provides

wider access to criminal record information through its disclosure service for England and Wales.

Domestic Abuse – is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial, and emotional.

DoLS (Deprivation of Liberty Safeguards) – is an amendment to the MCA (2005) and provides safeguards for people who lack capacity specifically to consent to treatment or care in either a hospital or care home that, in their own best interests, can only be provided in circumstances that amount to a deprivation of liberty.

Emergency Duty Team – a social care team that responds to out of hours referrals where intervention from the Council is required to protect a vulnerable child or adult with care and support needs, and where it would not be safe, appropriate or lawful to delay that intervention to the next working day.

Enquiry - An enquiry is the action taken or instigated by the Local Authority in response to a concern that abuse, or neglect may be taking place. The purpose of the enquiry is to establish whether the Local Authority or another organisation, or person needs to do something to stop or prevent the abuse or neglect.

Equality Act 2010 – Protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws making the law easier to understand and strengthening protection in some situations.

General Data Protection Regulations 2018 - As of May 2018 the Data Protection Act (DPA) will be replaced by the General Data Protection Regulation 2018. The regulations govern how and why personal data is processed, it is intended to strengthen and unify data protection. Article 9 (h) allows the processing of special categories of personal data necessary to provide health and social care.

HR (human resources) – the division of an organisation that is focused on activities relating to employees. These activities normally include recruiting and hiring of new employees, orientation and training of current employees, employee benefits, and retention.

Human Rights Act 2000 – legislation introduced into domestic law for the whole of the UK in October 2000, in order to comply with the obligations, set out in European Convention of Human Rights. Section 73 of the Care Act 2014 extends the provisions of the Human Rights Act to protect people who are in receipt of personal care in the place where they reside at the time under the following circumstances. The care is arranged or commissioned (partly or wholly) by a relevant Authority (public body currently covered by the Act).

Independent Mental Capacity Advocate (IMCA) - Established by the Mental Capacity Act 2005. IMCAs are mainly instructed to represent people who lack mental capacity when there is no-one outside of services, such as a family member or a friend, who can represent them. IMCAs are a legal safeguard who will help people make important decisions about where they live, serious medical treatment options, care reviews, or adult safeguarding concerns.

Lapse in care that has led to harm - It can be the result of a responsible person (such as a care worker or family member) doing something incorrectly (e.g. not following correct procedure when repositioning an individual cared for in bed) or not doing something that they should do (e.g. not giving an individual their medication) that has led to the person being harmed.

Making Safeguarding Personal – This refers to person-centred and outcome-focused practice. It is about empowering individuals to express what is important to them by whatever means appropriate. Practitioners must demonstrate through their practice that they have carefully listened to the individual and those important to them and how they want matters to progress. Outcomes of interventions should be meaningful to the person at the centre of the enquiry and reflect their original wishes wherever practicable.

MAPPA (multi-agency public protection arrangements) – statutory arrangements for managing sexual and violent offenders.

MARAC (multi-agency risk assessment conference) – the multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and honour-based violence.

MCA (Mental Capacity Act 2005) – the Mental Capacity Act 2005 provides a statutory framework to empower and protect people aged 16 and over who lack, or may lack, mental capacity to make certain decisions for themselves because of illness, a learning disability, or mental health problems. The Act was fully implemented in October 2007and applies in England and Wales.

Person/organisation alleged to have caused harm - The person/organisation suspected to be the source of risk to an adult at risk.

PIPOT (Person in Position of Trust) – When a person holds a position of authority and uses that position to his or her advantage to commit a crime or to intentionally abuse or neglect someone who is vulnerable and unable to protect him or herself.

Safeguarding Adults Board (SAB) – Each local authority must have a SAB to assure itself that local safeguarding arrangements and partners act to help and protect adults at risk. SABs will oversee and lead adult safeguarding and will be interested in all matters that contribute to the prevention of abuse and neglect.

Safeguarding Adults Review (SAR) – Undertaken when an individual with care and support needs dies or suffers unnecessarily as a result of abuse or neglect and there is a concern that the local authority or a partner organisation could have done more to protect them.

Appendix 1- Criteria for initiating adult safeguarding procedures

Protecting people from abuse, harm and exploitation in Cheshire West and Chester is one of the councils' and its partner's key priorities, with an increasing number of enquires it is important to ensure that resources are targeted to make the most effective use of them. However, establishing whether abuse has taken place is not

always straightforward. This section in the procedures aims to support/guide frontline managers and staff to distinguish between **poor practice** and **abuse**. Where poor practice is felt to have occurred it may be more practicable for the provider or care manager to take appropriate action. Where abuse is identified the safeguarding procedures should be implemented.

On receiving a concern, it is important to determine whether it is appropriate for the concern to be dealt with as a section 42 enquiry. Before loading an enquiry as a section 42, some questions must first be considered:

- does the possible abuse relate to an adult at risk? (please see the safeguarding policy for eligibility)
- does the adult have capacity to consent to what has occurred, but if so did they do so under duress?
- is there evidence of wilful neglect?
- has the adult experienced significant harm? *Significant harm is defined as "…ill-treatment (including sexual abuse and forms of ill treatment that are not physical); the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, emotional, social or behavioural development"*. [Law Commission 1995]

It is important to note that abuse may not be deliberate or intentional; however, where **significant harm** has occurred as a result of an act or omission, whether intentional or not, then the process should be initiated for a full section 42 enquiry.

Determining whether abuse of a person has taken place is not always a straightforward matter, particularly when the concerns relate to neglect. A judgement will be required about whether an act or an act of omission has caused significant harm. We need to differentiate between an accident, complaint, or abuse.

For example.

Mrs Jones lives in a care home, she has fallen over and broken her arm. The staff at the home have a plan in place to minimise falls for Mrs Jones, but she has still fallen. This will be classed as an accident; it still needs looking into but because there is no evidence of deliberate harm/omission of care the home manager will be expected to investigate.

It would be safeguarding if the following had happened.

Mrs Jones lives in a care home, she says that she was handled roughly by the carer, and she slipped and fell, she is badly bruised, but no fractures. This will be classed as neglect and will looked at under safeguarding – this will be investigated by the Local Authority.

However, there will be occasions when it is appropriate for **provider agencies** to respond to incidents of **poor practice**. Poor practice will always require a response because if not challenged it can result in a further deterioration in standards leading to longer-term difficulties or even catastrophic consequences for some individuals.

The following Guidance may be used to assist in distinguishing between poor practice i.e. failure to meet a service user's care needs, which should be managed by a provider or care manager in the case of an informal carer, or a commissioner (health, local authority/other) by reviewing the care or other agency.

Please note this is ***not*** an exhaustive list.

Area of concern	Section 42 enquiries
1.Acts of non-intentional abuse or neglect	N/A
2.Acts of wilful neglect, ill treatment or acts of omission/ abuse	Recurring event resulting in harm or is happening to more than one adult at risk. Harm may include hunger, thirst, weight loss, constipation, dehydration, malnutrition, tissue viability issues, loss of dignity Isolated incident(s) resulting in harm or recurring event or is happening to more than one adult at risk.

Area of concern	Section 42 enquiries
	Harm may include pain, constipation, loss of dignity and self-confidence, pressure ulcers Isolated incident(s) resulting in harm or recurring event or is happening to more than one adult at risk. Inappropriate use of medication that is not consistent with the person's needs Harm may include pain not controlled, physical or mental health condition deteriorates/kept sleepy/unaware; side effects The person is injured, or action is not being taken to address a risk of harm. Harm may include injuries such as falls and fractures, skin damage, lack of dignity Isolated incident(s) resulting in harm or recurring event or is happening to more than one adult at risk. Harm may include missed medication and meals, care needs significantly not attended to. The adult at risk is discharged without adequate discharge planning, procedures not followed and experiences harm consequently. Harm may include care not provided resulting in deterioration of health or confidence, avoidable readmission to hospital. Person has not been formally assessed/advice not sought with respect to pressure area management or plan exists but is not followed, in either case harm is incurred Harm may include avoidable tissue viability problems Failure to specify in a person's plan how a significant need must be met, and action or inaction related to lack of care planning results in harm, such as injury, choking etc. A risk of harm has been identified but is not acted upon in a robust and proportionate way or there is a failure to take reasonable

Area of concern	Section 42 enquiries
	actions to identify risk. Therefore, one or more persons are placed at an avoidable repeated risk of harm. Failure to address a need specified in a person's care plan or failure to act on an identified risk, results in harm. **Examples/indications may be**: - ignoring emotional, medical or physical care needs and harm has occurred. - deliberately withholding the necessities of life such as medication, adequate nutrition, heating etc. and harm – emotional or physical occurs. **Possible actions**: Section 42 enquiry co-ordinated initially by the local authority in conjunction with partners.
3. Sexual abuse	Intimate touch between service users without valid consent or recurring verbal sexualised teasing resulting in harm Harm may include emotional distress, intimidation, loss of dignity **Examples/indications may be**: Concern that an adult at risk has been sexually abused (see policy document page 24 for details of what constitutes sexual abuse). **Possible actions**: Section 42 enquiry co-ordinated initially by the local authority in conjunction with partners.
4. Financial abuse	Isolated or repeated incidents of exploitation relating to benefits, income, property, will. Theft by a person in a position of trust, such as a formal/informal carer **Examples/indicators may be**: - where theft or scams are suspected - misuse of the person's possessions/benefits - misappropriation of direct payments

Area of concern	Section 42 enquiries
	- coercion in relation to other financial affairs such as their will/inheritance **Action:** Section 42 enquiry co-ordinated initially by the local authority in conjunction with partners.
5. Psychological/Emotional abuse	**Examples/indicators may be;** Isolated incident(s) resulting in harm or recurring event or is happening to more than one adult at risk. Harm may include distress, demoralisation, loss of confidence or dignity. Insults contain discriminatory elements e.g. racist or homophobic abuse **Action**: Section 42 enquiry co-ordinated initially by the local authority in conjunction with partners.
6. Physical abuse	Predictable and preventable (by staff) incident between two adults at risk resulting in harm Harm may include bruising, abrasions and/or emotional distress caused An unauthorised deprivation of liberty results in a form of harm to the person or authorisation has not been sought for DoLS despite this being drawn to the attention of hospital/care home Harm may include loss of liberty, rights and freedom of movement. Other types of abuse may be indicated – psychological/emotional distress **Examples/indicators may be:** Physical abuse may include – assaults such as hitting, slapping, pushing which results in injury, restraining resulting in injury, inappropriate physical sanctions, ongoing marks and lesions, marks that resemble 'finger' bruising/grab marks. **Action:**

Area of concern	Section 42 enquiries
	Section 42 enquiry co-ordinated initially by the local authority in conjunction with partners.
7. Discriminatory	Adult at risk is provided with an evidently inferior medical service or no service as a result of discriminatory attitudes/actions. Harm may include pain, distress and deterioration of health
8. Organisation	Rigid inflexible routines, or lack of stimulation resulting in harm Harm may include impairment/deterioration of physical, intellectual, emotional or social development or health; loss of person dignity. There are systemic reasons for any form of abuse i.e. the way a service is provided significantly contributes to any harm/abuse experienced (or creates a risk of harm/abuse occurring).
9. Domestic abuse	Where a person has care and support needs and is being abused by someone in a family relationship – whether this is intimate or not. Indicators/types of abuse may include – psychological, physical, sexual, coercion and control, honour-based violence. **Action:** Section 42 enquiry co-ordinated initially by the local authority in conjunction with partners.
10. Self-neglect	Person has care and support needs and has come to harm/is putting others at significant harm due to self-neglect behaviours. **Action:** Section 42 enquiry co-ordinated initially by the local authority in conjunction with partners.
11. Pressure ulcers	Ulcers which are deemed 'avoidable' by a medical professional. Failure to follow advice/support plan on more than one occasion. **Action:** Section 42 enquiry co-ordinated initially by the local authority in conjunction with partners.

Area of concern	Section 42 enquiries
12. Significant need not addressed in Care Plan	Failure to specify in a patient/client's Plan how a significant need must be met. Inappropriate action or inaction related to this results in harm such as *injury, choking etc.* **Action:** Section 42 enquiry co-ordinated initially by the local authority in conjunction with partners.
13. Care/support Plan not followed	Failure to address a need specified in adult's plan results in harm. This is especially serious if it is a recurring event or is happening to more than one adult. **Action:** Section 42 enquiry co-ordinated initially by the local authority in conjunction with partners.
14. Failure to respond to person's mental health needs	Patient is known to be high risk; a timely response is not made and harm occurs – to them or others Harm: physical injury, emotional distress, death **Action:** Section 42 enquiry co-ordinated initially by the local authority in conjunction with partners.
15. Domiciliary care visit missed	Person does not receive scheduled domiciliary care visit(s) and is unable to call for assistance/help; no other contact is made to check on their well-being resulting in serious harm. **Action:** Section 42 enquiry co-ordinated initially by the local authority in conjunction with partners.
16. Abuse of a service user by another service user	Predictable and preventable (by staff) incident between two adults with care and support needs where an injury requiring medical attention is required. Harm: physical injury, psychological distress What if it happens multiple times?

Area of concern	Section 42 enquiries
	Action: Section 42 enquiry co-ordinated initially by the local authority in conjunction with partners.
17. An adult with unstable mental health raises concerns against staff or fellow residents/patients that appear unrealistic/false.	There is no clear evidence documented or otherwise of a mental health presentation that supports the view that the concern is false. Or the person raises an historical concern when they are well. **Action:** Section 42 enquiry co-ordinated initially by the local authority in conjunction with partners
18. Staff conduct	Staff using own phone, was distracted and it resulted in an incident for example supporting someone to eat in public, then the person chokes. Use of their own phone has impacted on their duty, for example using your phone whilst driving with a service user. Falling asleep when it is a waking night, so there is no supervision of service user. Using the service users' phone for your own personal usage.

Appendix 2 - Factsheet for Providers - Overview of the Section 42 Enquiry Process:

1) The Local Authority retains responsibility for Safeguarding Adults S42 Enquiries within their area, however they can ask provider organisations to undertake an internal Enquiry on their behalf. This Enquiry function cannot be delegated in its entirety, the need to ensure that all appropriate actions have been taken remains with the Local Authority.

2) When a provider or partner is asked to undertake a Safeguarding Adults S42 Enquiry, the Adult Safeguarding Team will provide an email address to where the completed report should be submitted within an agreed timescale.

3) The Safeguarding Lead Practitioner will review the safeguarding enquiry report and decide as to whether it meets the requirements of a thorough and robust enquiry. This will include looking at proportionate consideration of service outcomes and actions required with an action plan which has been embedded into organisational practice.

4) It may be necessary to agree a review period if there are outstanding actions. This may happen if a staff disciplinary process is ongoing and there is a potential need for a referral to be made to the Disclosure and Barring Service (DBS) or applicable professional regulatory body.

5) When a provider organisation is asked to undertake an internal Enquiry, they should ensure that the person this responsibility is delegated to is of sufficient seniority within their organisation; consideration needs to be given to possible conflicts of interests regarding the concern and the position of the person undertaking the enquiry

6) The Safeguarding Enquiry process must include speaking to the adult at risk concerned and/or their representative (with consent, Best Interests decision making, or legal status as applicable to the individual case), reviewing documentation, medication records, and interviews with staff and other witnesses. It may be necessary to refer to recruitment and/or training records of staff, and to confirm levels and status of professional qualifications, for example in relation to registered health care professionals in hospitals or care homes registered with CQC for the delivery of nursing care.

7) In summary, the person undertaking the S42 Enquiry must reach a conclusion which reflects the findings and list remedial actions taken. In some instances, the person undertaking the S42 Enquiry may find it difficult to make any findings due to a lack of available evidence. In such cases, it is advisable to contact the co-ordinating

Safeguarding Lead Practitioner for discussion. It is not necessary to prove beyond reasonable doubt that an incident of abuse or neglect has occurred, but to consider whether on the balance of probability this is the case.

8) The findings of the enquiry where abuse is proven may lead to disciplinary process or be included as part of a Disclosure and Barring Service (DBS) referral or a referral to Nursing and Midwifery Council (NMC) or other professional bodies so it is important that a full explanation is given as to why each conclusion was reached.

NB: When undertaking a S42 Enquiry, should concerns of a criminal nature be raised Police involvement must be sought at the first available opportunity and be discussed with the Adult Safeguarding Lead Practitioner.

Refer to the Cheshire West and Chester Safeguarding Adults Board Multi Agency Policy & Procedure for further guidance on working with the Police.

Factors to consider when completing the Provider S42 Enquiry:

A. Nature of concern: It is important that the contents of the originating concern are included in any enquiry report. This will be provided by the Local Authority co-ordinating Safeguarding Lead Practitioner.

B. Enquiry Process (the plan): The enquiry process must involve the adult at risk and/or their representative throughout. The report should describe the methods by which the concerns were reviewed. It important to demonstrate why the enquiry took the course it did and to explain in detail why it was that certain people were spoken to and others were not. It will also be helpful to outline the various stages that the enquiry took. This may include completing a chronology.

C. Views of adult at risk: In line with The Care Act 2014 and Safeguarding Adults Board's commitment to "Making Safeguarding Personal", safeguarding enquiries should ensure that adults at risk are supported to make choices and have control in how they choose to live their lives. Achieving a good outcome for the adult at risk is the key measure of success. The focus should be on improving their safety and wellbeing and supporting them to reach the resolution that is right for them and/or

the risks that potentially impact on their safety, health and wellbeing. It is essential to have the voice of the adult at risk who is the subject of the concern wherever possible. If the adult at risk does not lack mental capacity, their consent must be sought before discussing the enquiry with any representative, including their family.

D. Views of the adult at risks representative (in line with the adult at risk's human rights and consent): When an adult at risk lacks mental capacity to consent to the safeguarding enquiry a representative or independent advocate must be consulted with to act on their behalf. Assessment of mental capacity must always be decision and time specific and adhere to the Mental Capacity Act (2005) and associated Code of Practice.

Examples of representatives include friends, family members, a solicitor, a formal safeguarding advocate etc. The enquiry must include the report from the advocate where appropriate.

E. Conclusions & Decision: The summary and conclusion of the enquiry report should make clear statements as to whether the concern, on the balance of probability have been ***proven*** or ***disproven***. Reference should also be made to any actions which the organisation intends to take because of the enquiry. It is essential to explain the reasons why each conclusion has been reached, and to demonstrate that the process has included all relevant sources of information. Regardless of the outcome of the enquiry, there will often be opportunities to improve the provision of care for individuals. This should be integrated into any learning taken forward.

F. Learning/actions moving forward: Enquiries into concerns of abuse or neglect are often not easy. There is often a presumption that something must have gone wrong within the organisation, this is not always the case as any organisation can find itself at the centre of a safeguarding enquiry. The true test of a provider of services is not how many safeguarding concerns originate from within their service but how well they respond to these challenges. After an enquiry has been completed it is usual to reflect on the findings of the report and conclude that there may be improvements to

the way the service is delivered in the future. This will happen irrespective of whether the concern is proven or not and will provide positive outcomes for the organisation.

Making Safeguarding Personal and inclusion of safeguarding principles

Empowerment:

People being supported and encouraged to make their own decisions and informed consent.

'I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.'

Prevention:

It is better to act before harm occurs.

'I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.'

Proportionality:

The least intrusive response appropriate to the risk presented.

'I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.'

Protection:

Support and representation for those in greatest need.

'I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.'

Partnership:

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

‘I am confident that professionals will work together and with me to get the best result for me.’

Accountability:

Accountability and transparency in delivering safeguarding.

‘I understand the role of everyone involved in my life and so do they.’

Appendix 3 – Provider Led Section 42 Enquiry Form

Cheshire West and Chester Local Authority cannot delegate its duty to conduct a formal section 42 enquiry, but it can cause others to make enquiries. This means that the Local Authority may ask a provider or partner agency to conduct its own enquiries, and report these back to the Local Authority in order to inform their decision about whether and what action is required in the adult's case.

The following template can be used by providers and or agencies to support provider led section 42 safeguarding enquiries

An enquiry is the action taken or instigated by the Local Authority in response to a concern that abuse or neglect may be taking place. The purpose of the enquiry is to establish whether or not the Local Authority or another organisation, or person needs to do something to stop or prevent the abuse or neglect.

All attempts must be made to demonstrate making safeguarding personal and the desired outcome of the person involved. This refers to person -centred desired outcomes and focused practice. It is about empowering individuals to express what is important to them by whatever means appropriate. Outcomes or interventions should be meaningful to the person at the centre of the enquiry and reflect their original wishes wherever practicable.

Follow good practice under the Mental Capacity Act when speaking to the adult. We should always assume the adult has capacity unless demonsrtated to be otherwise. If the person is proven to lack capacity, speak to the person's representative/s and always act in their best interests. Consider if advocay is required to maximise the persons involvement in the enquiry, therefore safeguarding their right to live free from fear, harm, abuse and exploitation.

Adult Quality Concerns are reported to Commissioning and Contracts in line with guidance from the contratcs team.

Section 42 Safegarding enquiries – Concerns of abuse where significant harm or risk of significant harm has occurred that need further action including progression to a full Section 42 safeguarding enquiry.

Cheshire West & Chester LSAB
Local Safeguarding Adults Board

Safeguarding Adults - Provider S42 Enquiry

This template can be used by any professional or service provider when they are asked by the local authority to undertake a Section 42 Enquiry. This is when the Local Authority has “cause to make” Its purpose is to provide an appropriate format, and support consistency, to share the findings from a Care Act 2014 S42 Enquiry into a reported concern of abuse or neglect – Please see guidance sheet

The contents of this document are restricted and should only be reproduced or shared with the agreement of the report author or if needed by Court/Statutory Body. This should be shared in line with General Data Protection Regulations. You are responsible for the safe storage, transfer and disposal of this document. Organisations are responsible for ensuring that employees undertaking S42 Enquiries have the necessary training and competency to fulfil the requirements of the role.

Provider Details	Alleged Victim’s Details

Name of service provider		**Name of alleged victim**	
Address		**Address/Location**	
Person completing the Enquiry		**Gender & Ethnicity**	
Designation		**DoB of alleged victim**	
Contact details		**NHS number**	
Date of Concern		**Unique identification number**	
Who reported the concern? **(Name, designation & contact details)**		**Next of kin or representative** **(Name, status/relationship, contact details)** ***Please confirm they are aware concerns raised with safeguarding***	Yes / No

Cheshire West & Chester LSAB
Local Safeguarding Adults Board

Details of the concern

Who, what, when, where, how? Was it witnessed? What has been done to immediately safeguard the individual (sequence of events and actions)

Pen Profile of the adult

An overview of the person, as they were and are now. Including relevant health, care and support needs, friends and family support.

Mental Capacity

Is a Mental Capacity Act Assessment necessary in relation to **the person's participation in the safeguarding process**; has it been completed? What was the outcome? E.g. Best Interests Decision to progress the Enquiry? Has the Local Authority arranged for an advocate to support/represent the adult?

Attach capacity assessments if available

Making Safeguarding Personal

Put the person not the organisation at the centre of the enquiry. What does the adult at risk and/or their representative (with consent AND/OR in their best interests AND/OR their legal status) Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability. Consider using restorative questions: *What happened? What were you thinking and feeling at the time? What have your thoughts been since? How do you feel about it now? Who has been affected by this? How have they been affected? What has been the hardest thing? What needs to happen to put things right? What you need now? If the person is not able to be involved, involvement of family/advocate*

Risk Management

Cheshire West & Chester LSAB
Local Safeguarding Adults Board

What actions were **taken when the concern was raised to remove or reduce risk of abuse**? Were other adults placed at risk? What was done about this? If a crime is identified -Were the Police or health services involved? Have the commissioners of this support been advised?				
Date	Time if relevant	Action	By Who	Outcome

Cheshire West & Chester LSAB
Local Safeguarding Adults Board

Enquiry information

Details of Enquiry Actions taken/ plan. E.g. Who was interviewed? What records were reviewed? Chronology of events

Enquiry Action Plan Template:

Date	Time if relevant	Action	By Who	Outcome of the action taken

Chronology of Events Template:

Date & time	**Source of Evidence**	**Event**	**People involved**	**Actions/decisions taken**	**Significance of evidence reviewed**

Outcome of Enquiry	
Was the concern proven or disproven, on balance of probability. What is outcome of this? E.g. disciplinary action, improvement notice, dismissal, referral to DBS, CQC, professional body, criminal conviction, training, supervision, monitoring arrangements, change of job role, medication adjustments, care planning and risk assessment.	
Outcome of Enquiry – ***where the outcomes the person/ family/ advocate wanted: Achieved, Partially, Not achieved***	
Actions Required – List	

Actions Taken – List	

Any outstanding actions - Action Plan & Monitoring Arrangements Template:

Date	Action	By who?	When?

Organisational Learning
Are there lessons learnt for the organisation. E.g. change of policy, training plans, implications for other agencies for consideration.

Cheshire West & Chester LSAB
Local Safeguarding Adults Board

Adult at risk/representatives view of the Enquiry
Have the adult at risk's desired outcomes been achieved? Are they satisfied with the actions taken? Are any further actions required?

Date & Time **Enquiry** sent to Adult Safeguarding Unit (ASC) Safeguarding Lead Practitioner.	

Once completed, this report should be sent to the relevant ASU Safeguarding Lead Practitioner.