

Adults' Health and Care Safeguarding Guidance For Provider Services



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Safeguarding, Quality & Governance Team

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1. Introduction

This document gives guidance to providers so that when a safeguarding concern is raised about a person they deliver a service to, or about the overall service they provide, they will know what actions they need to take.

The document aims to make clear what a provider might be asked to provide and how they might fulfil requests made of them.

In following this guidance Hampshire County Council and providers are complying with the requirements of the Care Act 2014 in respect of safeguarding duties. This Act creates duties of co-operation between partners and establishes the importance of organisations sharing vital information related to abuse or neglect with the Local Safeguarding Adults Board.

Safeguarding is everybody's business

The Care Act 2014 establishes that safeguarding is everybody's business, so any business/organisation coming in to contact with an adult at risk should provide basic awareness training to staff so they can identify abuse and report it.

Key principles underpinning safeguarding

Making safeguarding personal

The principles of the 'Making Safeguarding Personal' approach underpin all safeguarding duties under Section 42 of the Care Act 2014. Safeguarding practice must be effective from the perspective of the person being safeguarded. Good practice involves social care practitioners and providers having conversations with adults who may be at risk of harm in order to respond in safeguarding situations in a way that enhances the person's involvement, choice and control as well as improving quality of life, wellbeing and safety. All professionals working alongside those adults will need to have a clear understanding of the outcomes the person and/or their carers or representatives want from safeguarding.

Duty of Candour

Providers must communicate openly, honestly and sympathetically with those using a service and/or their carers or representatives about their care, and this is especially important when the person has been harmed or placed at risk.

If an incident does occur, the provider should acknowledge what has happened in writing, apologise to the adult, and/or their carers or representatives for the harm that may have resulted where needed. The provider should involve the person and/or

their carers or representatives in any investigations and inform them of the outcome. The provider should use the results of any investigations to explain to the person and/or their carer or representative how lessons are being learned to prevent the incident reoccurring. The provider should also provide support to service users and/or their carer or representative to help them to cope with the physical and psychological consequences of what has happened. **See APPENDIX 7** for a sample Duty of Candour policy.

How to raise a safeguarding concern

If your client/resident already has an allocated Social Worker or an allocated key team then you need to call them first.

Otherwise to raise a concern phone **Adult's Health & Care on 0300 555 1386** or **Out of Hours 0300 555 1373**.

When the concern is about a person funded by another local authority

If the service is provided in Hampshire but the concern is about a resident funded by a different local authority, then Hampshire County Council will lead the assessment and coordination of the safeguarding enquiry. This includes care funded by another local authority, health or paid for by individuals.

Consent to a referral being made

The mental capacity of the person at risk and their ability to give informed consent to a concern being raised and action being taken is significant, but not the only factor in deciding what action to take. It is important to remember that a person's mental capacity is decision specific and it should always be assumed that an individual has the capacity to make a decision themselves, unless it is proved otherwise through a capacity assessment. The test of capacity is if the person at risk has the mental capacity to make informed decisions:

- about a safeguarding concern
- about actions which may be taken under the multi-agency policy and procedures
- about their own safety or that of others – including understanding longer term harm as well as immediate effects
- an ability to take action to protect themselves from future harm
- about what outcomes they want
- has advocacy been considered?

What to do when the adult at risk does not want any action

All safeguarding concerns should be discussed with a manager. If the person at risk has the capacity to decide that they do not consent to a concern being raised with Adults' Health and Care, consider:

- Are there any public or vital (life and death) considerations?
- What is the degree of risk to the individual?
- Are other people involved/at risk?
- Has a criminal offence been committed?

If none of the above applies, the provider must ensure the decision of the person to withhold consent has been made freely, without coercion/ intimidation. The person at risk should be informed that it will be referred to Adults' Health and Care but that the person at risk wishes for no action will be stated, and wherever possible no action will be taken without first trying to speak to the person at risk. The referrer must record the concern, as well as the adults decision, with reasons. A record should be made of what information is given to the person at risk.

After a safeguarding concern is raised

When a safeguarding concern is raised Adults' Health and Care gathers information to decide whether further enquiries are needed.

The provider may be asked to provide more information so that it can be determined if the concern will need to be addressed under S42 enquiry duties. Many concerns will not need to be escalated to a safeguarding enquiry. If the initial information gathering suggests the safeguarding concerns require it, the provider may be asked to undertake an enquiry. The purpose of the enquiry is to establish with the person(s) at the centre of the concern and/or representatives what (if any) action is needed in relation to the situation and to establish who should take such action.

When a provider is asked to make a safeguarding enquiry HCC will agree with the provider:

- the required timescales
- terms of reference – this outlines what must be looked at by the provider in the enquiry and will be agreed between provider and local authority
- that they must inform the local authority of the outcomes of the enquiry
- what action the local authority will take if this is not done –the local authority has overall responsibility to ensure the enquiry satisfies its duty under S42 to decide what action (if any) is necessary to support and protect the adult and to ensure that such action is taken.

Information providers will be asked for when raising a concern

- Details of the alleged victim - name, contact details, DOB, gender, ethnicity, principal language, any disability, communication issues
- Name and contact details of GP
- Reasons for the concerns, the context of these, and how they came to light
- An impression of the seriousness of the situation
- Any concerns or doubts about the person's mental capacity
- Action already taken to protect the person
- Whether the service user is aware of, and has consented to, the referral
- CQC unique number for the provider
- If the alleged perpetrator is known to the adult at risk
- Has the person/ representative, been given information of what will happen next
- Agree who will find out from the service user/ representative, if/how they would like to be involved/ kept informed during the enquiry
- Agree who will ask service user /representative, the outcomes they would like.

Actions that the provider must take immediately

- Ensure safety of the person alleged to have been harmed and the person alleged to have caused the harm; if immediate danger, contact police, ambulance, etc.
- Support and reassure the person, record what is said and/or observed but avoid asking leading questions
- Log nature of alleged abuse, any information given/witnessed /actions taken, who was present, dates and times of incident(s)
- Secure any evidence and ensure no evidence is contaminated
- Do not question the person alleged to have caused the harm about the incident
- Listen to the person, ascertain their wishes and explain what will happen next
- Only take photographs of injuries if you have a policy and procedure on taking photographs and then this should be followed see **APPENDIX 4**
- Complete body map record -where possible include descriptions/ measurements of evidence, e.g. bruising, pressure sores, scratches
- Report concerns to appropriate manager immediately to enable manager to assess the risk and safety needs of the adults at risk
- Record all discussions and decisions
- Report incident to Police if criminal offence appears to have been committed

- Contact families as agreed with the adult, or if the adult lacks the capacity to make a decision about family contact, determine what is in their 'best interests'
- Contact with funding agencies
- Inform Care Quality Commission under their notification procedures
- Discuss with the adult/family at risk a management plan to minimise the risk
- Consider internal disciplinary action if a member of staff is alleged to be involved
- Consider if a referral to the Disclosure and Barring Service is necessary
- Refer to Adults' Health and Care Team - make direct contact with Adults' Health and Care/Police/CQC, if Manager is suspected to be implicated
- Initiate and contribute to other processes as needed e.g. Serious Incident Requiring Investigation
- Record any actions taken
- Consider referral to Children's Services if there are children involved.

Actions the provider may need to take next

- Ensure ongoing support and risk management to the adult(s) at risk of abuse
- Contribute to / attend planning discussions/meetings if appropriate
- Participate in single agency or multi-agency enquiry
- Undertake actions as agreed as part of the safeguarding plan (agreed in planning discussions/meetings)
- Ensure liaison between Police and human resources in your organisation
- Liaise with the person/ representative or family as required
- Participate in the enquiry meeting and review meetings as required
- Continue internal management enquiry and seek HR advice on implications of employment legislation
- Ensure referrals to professional bodies where required
- Support staff team and inform on a 'need to know' basis.

1. Steps for the local authority to take

What the local authority will do as soon as the concern is raised

- Operate within the Care Act 2014 principle of "no delay"
- Agree who will inform the service user, or their representative, of the allegation
- Consider a police referral if a crime is suspected and not already done
- Record relevant information and risk assessment - assess seriousness, risk, and action needed to ensure safety
- Decide if an advocate is needed – if so, appoint one

- Consider responsibilities if alleged perpetrator is also an adult at risk
- Allocate appropriate worker to undertake enquiry and member of staff for alleged perpetrator if also an adult at risk
- If a serious/high risk situation hold safeguarding planning discussion with Police/ CQC /other agencies and teams
- Acknowledge referral in writing
- Is concern valid - if valid but no action needed, record decision and reasons why
- Inform provider of concern raised if they did not raise it. Ensure information shared at appropriate level, dependent on allegation- manager/ owner /Director
- Ensure initial actions within checklist have been completed.

Follow-up steps after referral for Adults' Health and Care

- Consider consent and capacity issues
- Ascertain views of the adult(s) about the situation and determine the outcomes they wish to see and how they would like to be involved / informed
- Discuss immediate safety needs and give advice on keeping safe
- Agree an initial safeguarding support plan with the adult and keep reviewing
- S42 enquiry discussion to decide safeguarding activity needed - complete a plan
- Review risk status and safety, including the safety of other adults/children at risk
- Consider legal powers potentially available to protect the person
- Send terms of reference to the provider if appropriate
- Record decision/actions/timescales agreed – record reason if timescales not met.

When the S42 enquiry is complete

- Adults' Health and Care will review information submitted by provider within two weeks of receipt of report and review if action taken has resolved the situation and will raise any issues, seek clarity or request additional information from the lead professional /organisation during this period
- Adult/representative will be updated on findings/outcomes of safeguarding activity and will review safeguarding support plan with adult and revise as needed.

Adults' Health and Care monitoring

- Record actions and decisions taken
- Ensure the person, /representative, is informed of the progress and/or outcomes
- Review the service users wellbeing and record the outcomes
- Review the safeguarding plan and record the outcomes
- Send a closure letter to all involved in the enquiry
- Ensure a safeguarding support plan is in place to look at what is needed post the abuse and how to prevent this reoccurring.

2. S42 enquiry meetings

What you will be told if you are invited to a S42 enquiry meeting

- Time, location and reason for the meeting and name of chair and contact details
- What information to provide prior to the meeting
- Who from your organisation will be required to attend.

Who from your organisation might be asked to attend?

Adults' Health and Care will consider who is needed and while key agencies need to be involved, having too many attendees can make meetings less effective.

The confidentiality of the information to be discussed is also considered. This may mean some attendees being present for only part of a meeting. It may also result in providers not being invited to some meetings.

What if the person invited can't attend the meeting?

The Chair will say who is needed and what information is required. If this person cannot attend, the Chair must be notified quickly so that a suitable alternative from the organisation can be identified. A provider may be asked to provide the information requested for the meeting even if they are unable to attend.

When a meeting is cancelled

If meetings are cancelled, or timings/venues changed, then the Provider will be informed.

Actions following meetings

The provider may be asked to make a written response. Responsibilities and timescales for outcomes will be stated in the plan and must be adhered to. If there is a problem in doing so the Chair must be informed at the earliest opportunity.

Issues related to minutes of meetings

- If the provider has been invited to the meeting and is unable to attend they will be sent minutes within 10 working days via secure email address or post, marked 'confidential'
- If the minutes cannot be agreed within 10 days, action points will be circulated
- If the provider attended and has a correction to be made to the approved minutes this must be discussed with the Chair, and the result minuted at the next meeting. If the correction is critical and of immediate significance, or there is not to be a subsequent meeting, the Chair can agree an addendum to the approved minutes to be circulated to all recipients of the approved minutes
- Attendees will be told at the end of the meeting if a further meeting is needed and the timescale for this. If no follow-up meeting is required, confirmation of the enquiry being closed will be given and a letter will be sent confirming this
- If the provider has had support from a Hampshire County Council Safeguarding, Quality and Governance Officer, this **may** continue once the enquiry is closed. The provider will be informed if this is the case, outcomes will be identified and timescale set for reviewing outcomes
- One outcome of the safeguarding enquiry may be agreed actions for the adult which must be recorded on their care plan. This is the responsibility of relevant agencies to implement.

3. Large Scale Enquiries (LSE)

A large scale enquiry is triggered where there are significant concerns and/or a high level of safeguarding activity relating to a whole service for adults at risk. This concern gives rise to serious questions about the practices of the organisation/establishment.

Criteria for undertaking an LSE

1. It is suspected that a number of adults at risk have been abused by the same perpetrator; by a group of perpetrators or in the same setting.
2. There is clear evidence from an individual safeguarding process that other people are at risk of significant harm /exploitation as set out in the multi-agency policy.

3. There is clear evidence that, despite contract monitoring, quality improvement and/or CQC compliance review action planning there is insufficient evidence of improvements within the service.
4. Care plan recommendations relating to service users have not been implemented despite evidence of advice and guidance being given which has resulted in one or more individuals being harmed /placed at **risk of significant harm.**
5. Additional criteria for a large scale enquiry
 - Provider failure, due to financial, regulatory or other reasons.
 - There are significant public protection/community safety concerns.

The role of the provider in a large scale enquiry

The Chair, District Service Manager and local Safeguarding, Quality & Governance Consultant will agree when and how to involve the provider. The process will be explained, including what is expected of the provider. The Provider will be represented by the Responsible Person and Registered Manager for their service.

Adults' Health and Care seek to fully involve the provider from an early stage as partnership brings the best outcomes for service users. The presence of the provider manager often ensures a clearer picture is gained about the concerns and indicates how willing the organisation is to accept responsibility for making improvements.

Hampshire County Council has a commitment to work positively with providers to address concerns.

Circumstances in which the provider may not be fully involved in the process:

- Where there are concerns about the ability/willingness of the organisation to address the issues
- Where there are potentially systemic or management concerns
- Where a provider manager is implicated this may result in the provider being present for only part of a meeting, no meetings or more senior representatives being invited.

When a manager from the provider service is implicated in the abuse / neglect

- ADASS recommend a discussion is held with CQC and commissioners to decide whether the manager or proprietor is 'fit' to be involved in meetings
- A judgement is made as to whether the manager is likely to be implicated as party to the abuse or neglect

- In these circumstances CQC are likely to be invited to any safeguarding meetings that are held
- If the manager or proprietor from the organisation is judged to be fit, they are included as a full partner in the discussions. If not then a more senior manager within the organisation will be asked to attend instead.

The provider must supply someone who is not implicated and the organisation should use their internal policies to manage the performance of provider staff. The provider organisation may wish to seek independent legal advice if unsure.

5. APPENDICES

APPENDIX 1 - Overview of provider responsibilities in terms of safeguarding

Commissioned provider services must have in place a range of processes to meet their duty of care to safeguard their service users:

- An up-to-date internal adult safeguarding policy and procedure consistent with local Multi Agency Safeguarding Adults Policy and ensure staff are aware of, and can act on concerns and allegations in accordance
- Care governance arrangements in place to prevent abuse or neglect
- Reporting mechanisms from point of care to senior management /Board and from management/Board to point of care to monitor risk of abuse /neglect
- Robust recruitment and employment practices, with checkable references and ID, and DBS checks in place at the start of employment
- Training for staff on abuse and neglect, recognising signs and how to report
- Staff trained in Mental Capacity Act, Deprivation of Liberty Safeguards, and Prevent Agenda commensurate with roles & responsibilities
- A whistle blowing policy so staff can raise concerns outside their own line management, including outside their organisation to the local authority
- Robust mechanisms for service users, relatives and visitors to raise concerns
- Staff who understand how their professional standards/requirements underpin their roles to prevent, recognise and respond to abuse and neglect
- Job descriptions which duty to prevent abuse/ neglect and how to report
- Disciplinary procedures compatible with duty to protect adults at risk
- System for reporting to local authority, CQC and CCG if latter is commissioner
- Robust processes in place to investigate the actions of members of staff
- The Ability to lead S42 enquiry providing additional support adult may need.
- A Safeguarding Adults Lead to report allegations against staff to
- Systems to ensure the person who is alleged to have caused harm is appropriately informed and supported during the process and that information, advice and support is provided to the adult(s) harmed or their representative.

APPENDIX 2 – Provider Services Safeguarding Flowchart – Staff

Provider Services Safeguarding Flowchart - Staff

SAFEGUARDING CONCERN IN YOUR SERVICE

Any concern arising from poor care/quality, a suspicion, allegation or signs and indicators you aren't sure of. Types of abuse: Physical, Psychological, Financial or Material, Neglect including act of omission, Discriminatory, Sexual, Organisational, Domestic abuse, Modern Slavery, Self Neglect

IMMEDIATELY - ENSURE THE PERSON(S) IS SAFE - SEEK MEDICAL ADVICE IF NEEDED

Ensure all appropriate care and support is given and that any evidence is preserved and undisturbed

INFORM PROVIDER UNIT MANAGEMENT

(Unless allegation is about them in which case contact your senior manager) Person in charge will decide who to contact next (in line with your policy)

Contact the local Adults' Health and Care Team on 0300 555 1386, who will put it through to the M.A.S.H. (Multi-agency safeguarding hub)
If Out of Hours - 0300 555 1373

**If it's a criminal offence contact the Police
999 if an emergency -
101 otherwise**

RECORD THE INCIDENT

Record the incident in line with your policy. Be mindful not to make judgements or assumptions. Record accurately on an incident form what was said and done in the specific chronological order ensuring you use simple text using the persons own words and where appropriate body maps. Do not ask leading questions.

NEXT STEPS

Person raising the concern should receive feedback the concern is being dealt with, if not follow up with appropriate manager. If unhappy with the result consider the whistleblowing policy.

MONITORING RISKS AND SAFEGUARDING REVIEWS

Update all relevant documentation, review and monitor the risk involved and will introduce further person centred steps to reduce the risk to the person(s) in future.

APPENDIX 3 – Provider Services Safeguarding Flowchart - Managers

Provider Services Safeguarding Flowchart - Managers

SAFEGUARDING CONCERN RAISED IN YOUR SERVICE

Types of abuse: Physical, Psychological, Financial or Material, Neglect including act of omission, Discriminatory, Sexual, Organisational, Domestic abuse, Self Neglect, Modern Slavery

ENSURE THE PERSON(S) IS SAFE & APPROPRIATE SAFETY MEASURES HAVE BEEN TAKEN AND ARE IN PLACE

Ensure all appropriate care and support is given and that all evidence is preserved and undisturbed and if appropriate ask the person(s) what outcomes they want

Contact the local Adults' Health and Care Team on 0300 555 1386 who will put it through to the M.A.S.H (Multi-agency safeguarding hub)
If Out of Hours - 0300 555 1373

**If it's a criminal offence contact the Police as well
999 if an emergency -
101 otherwise**

Discuss with the Local Adults' Health and Care Team the actions already taken, is advocacy needed?
Follow disciplinary procedures as appropriate.
Consider if a statutory notification to CQC is necessary. Follow Duty of Candour requirements.
Contact the family (if there is consent/LPA)

RECORD THE CONCERN/INCIDENT

Record the incident in line with your organisations policy. Be mindful not to make judgements or assumptions. Record accurately what was said and done in the specific chronological order ensuring you use simple text, recording the incident in the persons own words. Do not ask leading questions. If established record the outcomes the person(s) would like.

MONITORING RISKS AND SAFEGUARDING REVIEWS

Update all relevant documentation, review and monitor any risk and will introduce further person centred steps to reduce the risk to the person(s) in future.

APPENDIX 4 - Photographic evidence

Providers should **not** undertake taking photographs of marks to the body, pressure areas or wounds unless under *exceptional circumstances*.

If photographic evidence is undertaken it should only be undertaken when the following safeguards are in place:

1. Informed, written and signed consent from the individual or their representative
OR
2. A Mental Capacity Assessment regarding this specific decision has been undertaken if a concern over capacity exists
AND
3. Evidence that this is the only way of monitoring the mark, pressure area or wound (other than drawing and measurements)
AND
4. The correct equipment is used that can ensure the evidence has the date and time recorded on it and where possible a name added
AND
5. Follows a written procedure to include instructions on ensuring the photo is always taken in the same position, same lighting conditions etc. and covers what happens to the photographs after discharge or death of the service user
AND
6. Secure IT storage facilities exist that no-one else can access
AND
7. Ensure the data protection legislation is abided by fully
AND
8. In the case of pressure ulcers the EPAUP guidance is adhered to.
<http://www.epuap.org/>

APPENDIX 5 - The Disclosure and Barring Service (DBS)

What is the Disclosure and Barring Service?

The Disclosure and Barring Service (DBS) helps prevent unsuitable people from working, or volunteering, with children and adults at risk and is responsible for making decisions about who should be barred from working with vulnerable people. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). The DBS is responsible for:

1. Processing requests for criminal records checks
2. Deciding whether it is appropriate for a person to be placed on /removed from a barred list
3. Placing or removing people from the Disclosure and Barring Service children's barred list or adults' barred list for England, Wales and Northern Ireland.

Reporting to Disclosure and Barring Service

Referrals are made to the Disclosure and Barring Service when an employer or organisation has concerns that a person has caused harm, or poses a future risk of harm to vulnerable groups, including children.

In these circumstances the employer must make a referral to the Disclosure and Barring Service.

The local authority has the overall responsibility to ensure a referral to the Disclosure and Barring Service takes place, but it is the provider who is required to actually make the referral to the Disclosure and Barring Service.

The action required will be agreed and documented within the minutes of a safeguarding meeting.

If at the close of a safeguarding investigation an allegation of abuse is not substantiated, then it is to be agreed within the meeting and recorded within the minutes what action and by whom is required with regard to informing DBS.

APPENDIX 6 - Useful Numbers

If you are unsure whether a situation within your service requires a safeguarding alert to be raised first speak to a senior person within your organisation. If it is felt that further advice and guidance is required you can use the numbers below to get additional support.

Hampshire

Adults' Health and Care	0300 555 1386
Children's Services	0300 555 1384
Out of Hours (Adults and Children)	0300 555 1373

Portsmouth

MASH Adult Services	02392 680 810
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Southampton

Adult Services	02380 834 567
Out of Hours	02380 233 344

The Care Quality Commission	03000 616 161
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Police

The Central Referral Unit	01329 316113
Fax:	02380 745298
Email:	cru@hampshire.pnn.police.uk

Disclosure and Barring Service Helpline	01325 953 795
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The DBS web address: <https://www.gov.uk/disclosure-barring-service-check/contact-disclosure-and-barring-service>

Public Concern at Work (London) provides free legal advice about malpractice at work. Strictly confidential - **020 7404 6609 (9am – 6pm) www.pcaw.co.uk**

APPENDIX 7 - Other useful documents

[Duty of Candour Policy](#)

[LSE Policy](#)

[Hampshire & IOW 4LSAB Multi-Agency Safeguarding Adults Policy and Guidance](#)

[Risk Management Framework 2016](#)

[4LSAB Learning and Review framework](#)