Management of Organisational Safeguarding Concerns in Sefton

Version 1.1
September 2019
Introduction

The Care Act Statutory Guidance (2014) specifies that adult safeguarding is not a substitute for:

- Service providers responsibilities to ensure 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 all regulated providers comply with fundamental standards of care or by taking enforcement action; and
- The core duties of the police to prevent and detect crime and protect life and property

This protocol is to provide guidance and support when there is necessity to engage in large scale or whole service safeguarding adult enquiries. Serious concerns may become apparent during analysis of data in the form of trends or patterns around failure or delivery of poor quality of care within a specific service or establishment or they may be raised by individuals, in the form of whistle-blowing or by partner agencies through a variety of sources.

Provider Service

A provider service is an organisation delivering a care and support service to an individual or to a group of people. This includes but does not limit:

- Residential Care homes
- Nursing Care homes
- Day Care Services and Opportunities
- Domiciliary Care Providers
- Supported Living Services
- NHS Commissioned provision
- CCG Commissioned provision
- Private Hospitals and Clinics
- Rehabilitation Units
- Voluntary Provision

Whole Service Concerns

Whole service concerns can be determined when there is either indication or evidence that a service, as a whole, has safety and quality concerns not adhering to regulatory standards. The concerns pose risk to the health and well-being of people accessing the services and a whole service concern can be initiated to reduce the risk of abuse occurring and to improve standards of care or where abuse has occurred, to determine the necessary actions to safeguarding users of the service.

Whole Service Concern Indicators:

- Pattern of single individual concerns when viewed collectively indicate serious organisational issues;
• Pattern of complaints against a service provider from a variety of sources;
• Serious single incident indicative of systemic and organisational abuse which may had led to a death or serious injury
• Large scale safeguarding enquiry involving multiple service users where abuse is suspected;
• Concern raised around systemic and organisational abuse;
• Lack of contract compliance which indicates poor care and /or lack of leadership skills or commitment in complying with contractual arrangements;
• Organisation failure to comply with Sefton Safeguarding Adults policy and procedures
• Poor CQC compliance report indicating non-compliance with major safeguarding concerns in one or more essential outcome areas

The above list is not exhaustive; information sharing across the partnership is essential in determining a holistic picture of concerns about a provider

When Individual Concerns require a Whole Service Response

Whilst a concern may be raised for the care and support of an individual, it may be that, through the s42 enquiry, it becomes evident that the abusive practice is endemic and embedded within the culture and practice within the organisation.

Organisational abuse as defined within the Care Act (2014) Statutory Guidance (2014) as: “neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation”

Examples of abuse within organisations include:

• Poor management structure, or rigid authoritarian management;
• Poorly trained or unsupervised staff;
• Inadequate staffing levels;
• Inappropriate use of physical restraint;
• Medication misadministration, record keeping and storage;
• Failure to act on incidents of poor practice;
• Repeated failure to meet basic health and social care needs of residents

Organisational abuse is often coupled with other forms of abuse

When dealing with abuse within organisations there may be concerns where it is not possible to identify the “perpetrator” or sometimes have clarity on how the concern impacts on specific individuals living in or receiving care from the organisation. This should not hinder progression of the concern.

This guidance aims to safeguard that fitting action is taken based on the seriousness of the concern. This action could include: day-to-day contract monitoring; unannounced spot checks; robust recording; information sharing; escalation to appropriate individuals/bodies; and attendance at safeguarding adults’ meetings. The guidance applies to all the types of provider organisations where there are adults
with care and support needs e.g. residential or nursing care; domiciliary care; day care; housing-related support; temporary accommodation; health services.

The statutory guidance goes on to provide advice on the response to abuse and neglect in a regulated care setting:

- It is important that all partners are clear where responsibility lies where abuse or neglect is carried out by employees or in a regulated setting, such as a care home, hospital, or college. The first responsibility to act must be with the employing organisation as provider of the service. However, social workers or counsellors may need to be involved in order to support the adult to recover.

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

- Where a local authority has reasonable cause to suspect that an adult may be experiencing or at risk of abuse or neglect, then it is still under a duty to make (or cause to be made) whatever enquiries it thinks necessary to decide what if any action needs to be taken and by whom. The local authority may well be reassured by the employer’s response so that no further action is required. However, a local authority would have to satisfy itself that an employer’s response has been sufficient to deal with the safeguarding issue and, if not, to undertake any enquiry of its own and any appropriate follow up action (e.g. referral to CQC, professional regulators).

- The employer should investigate any concern (and provide any additional support that the adult may need) unless there is compelling reason why it is inappropriate or unsafe to do this. For example, this could be a serious conflict of interest on the part of the employer, concerns having been raised about non-effective past enquiries or serious, multiple concerns, or a matter that requires investigation by the police. Naturally prior to delegating responsibilities back to employers there has to be assurance that there is no risk of contaminating evidence.

- An example of a conflict of interest where it is better for an external person to be appointed to investigate may be the case of a family-run business where institutional abuse is alleged, or where the manager or owner of the service is implicated. The circumstances where an external person would be required should be set out in the local multi-agency procedures. All those carrying out such enquiries should have received appropriate training.

- There should be a clear understanding between partners at a local level when other agencies such as the local authority, CQC or CCG need to be notified or involved and what role they have. The Association of Directors of Adult Social Services (ADASS), CQC, the Local Government Association (LGA), the Association of Chief Police Officers (ACPO) and NHS England have jointly produced a high-level guide on these roles and responsibilities.
The focus should be on promoting the wellbeing of those adults at risk. It may be that additional training or supervision will be the appropriate response, but the impact of this needs to be assessed. Commissioners of care or other professionals should only use safeguarding procedures in a way that reflects the principles above not as a means of intimidating providers or families. Transparency, open-mindedness and timeliness are important features of fair and effective safeguarding enquiries. CQC and commissioners have alternative means of raising standards of service, including support for staff training, contract compliance and, in the case of CQC, enforcement powers.

**Whistleblowing**

- Essential to improving standards and addressing issues of poor care, abuse or neglectful practice is ensuring a working environment that encourages employees to challenge poor or dangerous practice. Good leadership and an open and honest culture enables individuals to feel comfortable about raising concerns with their colleagues or managers.

- Blowing the whistle is not easy and needs careful consideration but it is a vital part of safeguarding for adults in health and social care services.

- Commissioners should encourage an open culture around safeguarding, working in partnership with providers to ensure the best outcome for the adult. A disciplinary investigation, and potentially a hearing, may result in the employer taking informal or formal measures which may include dismissal and possibly referral to the Disclosure and Barring Service (DBS).

- As part of terms and conditions of undertaking business with the council Sefton expect a whistleblowing policy to be in place which clearly articulates the way employees will be treated and who staff and people who use the service can report suspected abuse.

- If someone is removed by being either dismissed or redeployed to a non-regulated activity, from their role providing regulated activity following a safeguarding incident, or a person leaves their role (resignation, retirement) to avoid a disciplinary hearing following a safeguarding incident and the employer/volunteer organisation feels they would have dismissed the person based on the information they hold, the regulated activity provider has a legal duty to refer to the DBS. If an agency or personnel supplier has provided the person, then the legal duty sits with that agency. In circumstances where these actions are not undertaken then the local authority can make such a referral.
Identifying organisational abuse and Level of Harm

Some of the signs and indicators of abusive cultures within organisations may include:

- Evidence of current, basic health or care needs not being met
- Embargos and cautions being applied by the Commissioning Team
- Difficulty engaging with proprietors, Trustees, Managers or Staff in the organisation
- Multiple Concerns raised with CQC
- Rapid turnover of staff or managers
- Transfer of ownership or responsibilities for the service
- Issues concerning staff behaviour and attitudes
- Frequent or repetitive challenging behaviour incidents and the response to these
- Service design and/or environmental concerns
- Non-compliance with care plans, risk assessments, court orders, and/or positive behavioural support plans
- Staff team not appropriately trained to meet the needs of service users/patients
- Failure to follow Mental Capacity Act.

As with all concerns about abuse or neglect, there will be a continuum of harm. The following information specifically focuses on abuse within organisational settings. It is expected that concerns related to low level harm and/or poor practice are dealt with by individual organisations, commissioning, complaints and/or CQC procedures as opposed to safeguarding adults’ procedures.

- If a decision is made not to make a referral, the individual agency must make a record of the concern and any action taken. Concerns should be recorded in such a way that repeated, low level harm incidents are easily identified and subsequently referred. Not referring under safeguarding adults’ procedures, does not negate the need to report internally or to regulators/commissioners as appropriate.

Regular, low level concerns can amount to a far higher level of concern which then requires more in-depth investigation or assessment under safeguarding adults’ procedures.

If a low-level harm or poor practice concern is reported via safeguarding adults’ procedures, it is unlikely that an in-depth organisational abuse enquiry will be undertaken.

The concern will be recorded and proportionate action taken to manage the risks identified. This may include: sharing information with commissioning, CQC, or care management staff; provision of information or advice; referral to another agency or professional; assessment of care and support needs.

The number of safeguarding referrals which constitute an organisational abuse enquiry is deliberately not specified as the criteria relates to the seriousness, complexity, uniformity and systemic nature of allegations.
The role of the Regulator with Adult Safeguarding

There are several Regulations that govern the performance and service delivery of care services. These include the fundamental standards – the standards below which care must never fall.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 cover over 20 areas of performance with Regulation 13 focusing on safeguarding service users from abuse and improper treatment. CQC can prosecute for a breach of some parts of this regulation (13(1) to 13(4)) if a failure to meet those parts results in avoidable harm to a person using the service or if a person using the service is exposed to significant risk of harm. CQC do not have to serve a Warning Notice before prosecution.

The overarching objective for all agencies is for adults to live a life free from abuse or neglect. This cannot be achieved by any single agency. Every organisation and person who come into contact with an adult has a responsibility and a role to play to help keep adults safe. The Care Act 2014 provided a legal framework for the first time.

The regulator, Care Quality Commission (CQC) role is to monitor, inspect and regulate services to make sure they meet the fundamental standards of quality and safety. For safeguarding, this is done by:

• Checking that care providers have effective systems and processes to help keep adults’ safe from abuse and neglect.

• Using Intelligent Monitoring of information, they receive about safeguarding (intelligence, information and indicators) to assess risks to adults using services and to make sure the right people act at the right time to help keep them safe.

• Acting promptly on safeguarding issues discovered during inspections, raising them with the provider and, if necessary, referring safeguarding concerns to the local authority – who have the local legal responsibility for safeguarding – and the police, where appropriate, to make sure action is taken to keep adults safe.

• Speaking with people using services, their carers and families as a key part of our inspections so CQC can understand what their experience of care is like and to identify any safeguarding issues. We also speak with staff and managers in care services to understand what they do to keep people safe.

• Holding providers to account by taking regulatory action to ensure that they rectify any shortfalls in their arrangements to safeguard adults, and that that they maintain improvements. Regulatory action includes carrying out comprehensive and follow-up inspections, requiring providers to produce action plans, taking enforcement action to remedy breaches of fundamental standards, and taking action against unregistered providers.
• Publishing CQC findings about safeguarding in inspection reports, and awarding services an overall rating within the key question ‘Is the service safe?’ which reflects findings about the safety and quality of the care provided.

• Supporting the local authority’s lead role in conducting inquiries or investigations regarding safeguarding adults. CQC do this by co-operating with the local authority and sharing information where appropriate from our regulatory and monitoring activity. CQC assist the police in a similar way.

• Explaining the role of CQC in safeguarding to the public, providers and other partners so that there is clarity about responsibilities for and how CQC role fits with those of partner organisations.

In extreme circumstances a care providers registration can be cancelled to protect the welfare of the people in their care.
<table>
<thead>
<tr>
<th>Indicators of organisational abuse</th>
<th>Poor Practice</th>
<th>Significant Harm</th>
<th>Critical Harm</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Examples of harm/abuse</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of stimulation.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service user not involved in</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>running of service.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care planning documentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>not person-centred.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One-off incident without intent,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>causing no significant harm and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>managed appropriately by</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>organisation e.g. medication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>error, missed call, low-level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>verbal abuse.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whilst this may be recognised as</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>poor practice there is a necessity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to consider on an individual basis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the true impact on the person</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and possibly escalate the action</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>accordingly to reflect this</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rigid inflexible routines.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service user’s dignity is</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>undermined, including more serious (or repeated) verbal abuse.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor practice (against recognised care standards) not reported and goes unchecked.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsafe, unhygienic living</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>environments where the organisation is responsible for maintaining this.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repeated abuse of service users</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>by other service users.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pattern of abuse</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isolated incident.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent abuse in ongoing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>relationship.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repeated abuse which has gone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>on for significant period.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Impact on victim(s)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No impact or short-term impact.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some impact but not long-lasting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serious long-lasting impact.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Intent</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintended or ill informed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor organisational culture</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunistic or serious</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>unprofessional response.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planned and deliberately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>malicious.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Illegality</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor practice but not illegal.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal act.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serious criminal act.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Risk of repetition</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some form of action taken that</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>means it is unlikely to recur</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not if significant changes are</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>made e.g. training, supervision,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>support.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very likely even if changes are</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>made or more support provided.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list is not exhaustive and professional judgement must be applied.
Powers of Enquiry

As determined within the Care Act 2014 Guidance, the local authority - Sefton Council- is the responsible agency in the safeguarding process, to undertake enquiries or instruct others to do so, if they reasonably suspect an adult who meets the criteria, or who is at risk of being abused or neglected.

Where concerns are identified about a potential large-scale enquiry or whole service safeguarding concerns these should be referred to the Safeguarding Service Manager in the first instance. Discussions between Head of Service, Commissioning and operational staff will determine whether a large scale/ whole service enquiry is required.

Once determined the Safeguarding Service Manager will advise relevant Health Commissioners and any other relevant organisations. All strategy meetings will be chaired by the Safeguarding Service Manager. Clear accurate minutes and records of decisions will be kept.

The Safeguarding Adults Enquiry Officer (the person co-ordinating the safeguarding adult’s enquiry) may deem professionals in partner agencies, including service providers, to be in a more suitable position to undertake the enquires.

As part of the safeguarding adults process, there may be multiple enquiries/investigations undertaken by several different agencies. Sefton Council retains the responsibility for coordinating the overall safeguarding adult’s enquiry, ensuring specific enquiries/investigations are referred to the right person and are of an appropriate standard.

The depth of the safeguarding enquiry depends upon the initial concern and the level of harm that has occurred or is suspected to have occurred.

It is a statutory duty that all relevant agencies will cooperate with safeguarding enquiry. Section 6(1) of the Care Act (2014) states:

A local authority must co-operate with each of its relevant partners, and each relevant partner must co-operate with the authority, in the exercise of:

(a) their respective functions relating to adults with needs for care and support,
(b) their respective functions relating to carers, and
(c) functions of theirs the exercise of which is relevant to functions referred to in paragraph (a) or (b).

This specifically includes cooperating to fulfil the following duties:
(d) protecting adults with needs for care and support who are experiencing, or are at risk of, abuse or neglect, and
(e) identifying lessons to be learned from cases where adults with needs for care and support have experienced serious abuse or neglect and applying those lessons to future cases. (Section 6 (6), Care Act 2014)
Abuse within organisations enquiries

The need for an abuse enquiry within an organisation may present at any point of the standard s42 safeguarding adults process.

An enquiry into potential abuse within an organisation will need to draw upon information from a variety of sources (e.g. service provider investigations, CQC, Commissioners, recent safeguarding adult enquiries about individuals linked to the provider/organisation, complaints), as well as identifying further enquiries which may be needed (e.g. wider review of the service/service users/patients, criminal investigation).

If it is suspected that abuse has occurred within an organisation it may however not be necessary to commence an organisational abuse enquiry and an individual safeguarding enquiry may be more appropriate e.g. because the allegation/concern does not affect the whole service/multiple victims.

An abuse enquiry into a whole service will need to consider the needs of any individuals affected by the alleged risk or harm.

Who to Involve in a large scale or whole service enquiry

Involvement in the strategy meeting/discussion should be limited to those who need to know and can contribute to the decision-making process. The following should be considered:
- Service Provider
- Contract and Commissioning Officer
- Safeguarding Lead Clinical Commissioning Group
- Care Quality Commission
- Care Management Team representative
- Police
- Representatives from any placing authorities
- Any professional whose involvement is relevant to the allegations/ alerts (e.g. Ambulance, GP, Specialist Nurse, e.g. Community Matron, Allied Health Professionals such as: Community Psychiatric Nurse (CPN), Speech and Language Therapist (SALT), Occupational Therapist (OT), Physiotherapist.
- Health and Safety Executive
- Charity Commission
- Department of Works and Pensions (DWP)
- Trading Standards
- Legal Advisor
- Any professionals who can provide clinical and/or professional advice.

In all cases where the enquiry involves a regulated Service Provider, the following agencies must be consulted/invited and receive copies of the minutes irrespective of attendance:
- Care Quality Commission
- Sefton Council Commissioning Team
- Clinical Commissioning Group (CCG)
If the regulated service provider is commissioned to provide nursing level of care then a member of the CCG should be consulted/invited irrespective if the service users named in any individual safeguarding concerns are assessed as requiring nursing level of care.

In large scale or whole service enquiries, it is often not feasible to have attendance at the multi-agency meeting from the adult at risk or their representative. However, consideration will need to be given to how they will be informed and kept updated of the safeguarding adult enquiry (see section below).

**Organisational Strategy Meeting/Discussion**

Strategy discussion should be held only in a potentially urgent situation as planning is critical and there is potential for a high number of professionals to be involved. The meeting will be chaired by the Safeguarding Service Manager and organised by the Safeguarding Business Unit.

The meeting/discussion should address key issues, including the process for:

- Agree the scope of enquiry and set clear timetables for agreed tasks
- Clarify respective roles and responsibilities of organisations and individuals
- Collating investigation information
- Identifying risk to service users from available information, consider and agree risk management plans
- Identification of themes and trends
- Ensure the right agencies are invited and they can effectively contribute
- Ensure each agency is clear about their respective responsibilities
- Agreeing how adults at risk/representatives will be kept informed and updated
- Ensuring out of area arrangements are reflected and considered
- Agreeing how key stakeholders will be kept updated (e.g. senior managers, the Safeguarding Adults Board, Elected Members/MPs).
- Considering how any potential media interest will be managed.

The service provider should be invited to attend for the second part of the meeting to be up-dated on all aspects of the enquiries unless it is agreed that this could be detrimental to the standards of care delivery in some way. If a decision is made not to invite provider representation THIS MUST BE CLEARLY RECORDED

Meetings held, will be recorded and copies distributed to those present.

**Cross-boundary arrangements**

Providers subject to a large scale/ whole service safeguarding enquiry may be hosting service users/patients from neighbouring authorities, referred to as ‘placing authorities’. In large scale/ whole service safeguarding enquiries, placing authorities have a duty to assist the host authority in ensuring no further risk is posed to the adults affected.

The Association of Directors of Adult Social Services (ADASS) have produced Inter-Authority Safeguarding Arrangement Guidance which outlines the roles and responsibilities in out of area safeguarding cases. The Safeguarding Adults Enquiry
Officer coordinating the large scale/whole service safeguarding enquiry should involve placing authorities in the arrangements where required, and co-ordinate any actions requested.

Where the degree and the severity of the large scale/whole service abuse concern demands it, the convening of a strategic management group may be considered. This group sits with the safeguarding adult enquiry and involves a group of senior managers coming together to provide any necessary strategic oversight. This is not solely confined to the hosting and placing authorities but may be extended to agencies as outlined above. More information can be found in Section 11 of ADASS guidance referenced above.

**Potential outcomes of an organisational abuse enquiry**

These will be dependent upon the nature of the concerns. Outcomes may include:

- Human Resources processes and procedure
- Introduction/review of policy and procedures
- Review of systems
- Staff training
- Suspension of provider
- Referral to the Disclosure and Barring Service
- Referral to Professional Registration Bodies
- Safeguarding Adult Reviews

Safeguarding Adults Reviews (section 44 enquiries) must be undertaken by the local Safeguarding Adults Board (SAB) when the following criteria has been met.
A SAB must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if:

(a) There is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, and
(b) Condition 1 or 2 is met.

Condition 1 is met if:

(a) The adult has died, and
(b) The SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

Condition 2 is met if:

(a) The adult is still alive, and
(b) The SAB knows or suspects that the adult has experienced serious abuse or neglect.

A SAB may arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs).

The individual coordinating the large scale/whole service abuse enquiry is responsible for identifying when these criteria may be applicable. Where it has been identified that criteria may have been met, this should be discussed with the Service Manager for Safeguarding Adults or the Safeguarding Governance Manager and a referral made to the Safeguarding Adults Review (SAR) Panel where appropriate. It is the SAR Panel’s responsibility to decide whether to progress with a SAR. Usually an organisational safeguarding enquiry will need to continue alongside any SAR processes (to safeguard the adults who may still be at risk) but this will need to be discussed with the Chair of the SAR Panel to avoid any potential conflicts of interest.

Appendix 1 includes more information about possible actions/outcomes of organisational abuse enquiries.

**Meeting the needs of individuals at risk**

Where there are concerns that the service provider is not able to confidently meet the assessed needs of the adults it is currently caring for or supporting, then individual care management or health reviews may be required. The decision for these to be completed will be discussed as part of the strategy meeting/discussion.
Where placements are commissioned by out-of-area authorities then undertaking of reviews will be the responsibility of the relevant commissioning authority.

Adults at risk who fund the placement themselves (often referred to as self-funders), will also be offered a review.

**Communication**

**Involvement of adults at risk and their relatives**

The purpose of the enquiry is to discuss the collective issues and concerns raised about a provider which may affect several adults at risk. For reasons of privacy and confidentiality it is not appropriate for the adult(s) at risk or their representative(s) to be present at the meeting. The Safeguarding Enquiry Officer will appoint someone to act in a liaison role with the service user and/or their representative.

The role of the liaison officer would be ensuring the views of the service user and/or their representative is ascertained and shared at the meeting. At the meeting and within the guidelines of confidentiality and data protection consideration will be given to what is appropriate to be shared. The liaison officer would then provide this feedback, to the service users and/or their representative. Any actions relating to an individual service user’s care provision must be made in partnership with the individual and/or their representative.

**Informing other service users/patients not directly affected**

Other service users/patients may need to be informed. This will be particularly relevant where there are widespread concerns and where clear communication would be helpful in providing assurance that appropriate actions are being undertaken. Consideration must be given at any large scale/whole service safeguarding meeting, if such communication is required and how often it should occur throughout the safeguarding process.

**Informing staff or partner agencies**

Decisions about what information needs to be shared with who (outside of those professionals directly involved) will be made on a case-by-case basis. Specific information relating to the reasons for a decision to suspend or terminate commissioning should only be shared on a need to know basis. Commissioning will be responsible for notifying all relevant parties (e.g. Adult Social Care Senior Management, Social Workers, CCG, CQC, regional colleagues) of such a decision.

**Media interest**

The Safeguarding Service Manager must be informed of any suspected media interest as soon as possible. Under no circumstances should an attendee of the safeguarding adults meeting provide a comment, statement or interview to the press.
As soon as it is identified that there may be media interest in a case, the Safeguarding Service Manager should liaise with their line management around a plan to manage this. This will often involve liaison with the Communications Team.
Appendix 1: Roles and responsibilities and suggested responses to the level of harm

<table>
<thead>
<tr>
<th>Dealt with outside of structured safeguarding approach</th>
<th>Dealt with via safeguarding adults procedures – safeguarding contact must be recorded and police involved if a crime is considered to have been committed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Poor Practice/ Low Level Harm</strong></td>
<td><strong>Significant Harm</strong></td>
</tr>
<tr>
<td><strong>Critical Harm</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Actions within Triage / Safeguarding</strong></td>
<td><strong>Actions of Partners and other teams (i.e. Social Workers, CCG Colleagues)</strong></td>
</tr>
<tr>
<td>• Provide advice / guidance based on any other intelligence about the provider that may be known</td>
<td>• Record information against organisation on whatever appropriate system</td>
</tr>
<tr>
<td>• Record information against organisation on LAS as appropriate</td>
<td>• Liaise with Commissioning as appropriate</td>
</tr>
<tr>
<td>• Liaise with social care/ health commissioners as appropriate</td>
<td>• If safeguarding concern is raised seek advice from Triage or safeguarding team</td>
</tr>
<tr>
<td>• Co-ordinate safeguarding enquiry</td>
<td>• Attend safeguarding meeting</td>
</tr>
<tr>
<td>• Commissioning staff to be invited to safeguarding adults meeting</td>
<td>• Consider review of service users/ patients placed</td>
</tr>
<tr>
<td>• If suspension needs to be considered this needs to be specified in the safeguarding plan</td>
<td>• Contribute to safeguarding adults plan as appropriate</td>
</tr>
<tr>
<td>• If strategy discussion only (no formal meeting) notify commissioning and CQC</td>
<td>• Attend safeguarding meeting</td>
</tr>
<tr>
<td>• Invite CQC to strategy meeting</td>
<td>• Consider review of service users/ patients placed</td>
</tr>
<tr>
<td>• Confirm out of area placements and confirm as appropriate</td>
<td>• Consider whether previous, current new service users/ patients need to be informed of safeguarding concerns</td>
</tr>
<tr>
<td>• If complaint is also raised liaise with Complaints re: attendance at strategy meeting or sharing information. Confirm outcome of safeguarding enquiry to Complaints Team</td>
<td>• Attend safeguarding meeting</td>
</tr>
<tr>
<td>• Co-ordinate safeguarding enquiry</td>
<td>• Consider review of service users/ patients placed</td>
</tr>
<tr>
<td>• Commissioner invited to safeguarding meeting. Escalate if apologies sent. CQC Inspector to be invited. Escalate if apologies sent</td>
<td>• Consider whether previous, current new service users/ patients need to be informed of safeguarding concerns</td>
</tr>
<tr>
<td>• Consider notifying SAB Chair and/or senior management as appropriate</td>
<td></td>
</tr>
<tr>
<td>• Confirm any out of area placements and notify as appropriate</td>
<td></td>
</tr>
<tr>
<td>• If Complaint is also raised liaise with Complaints re: attendance at meeting and sharing of information. Confirm outcome of safeguarding enquiry to Complaints Team</td>
<td></td>
</tr>
<tr>
<td>Dealt with outside of structured safeguarding approach</td>
<td>Dealt with via safeguarding adults procedures – safeguarding contact must be recorded and police involved if a crime is considered to have been committed</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Poor Practice/ Low Level Harm</td>
<td>Significant Harm</td>
</tr>
<tr>
<td><strong>Placing Authority</strong></td>
<td><strong>Commissioning Action</strong></td>
</tr>
<tr>
<td>• Liaise with own commissioning team as appropriate</td>
<td>• Record information on equivalent system</td>
</tr>
<tr>
<td>• Consider appropriate recording of information on service user’s file</td>
<td>• Consider review of service users/ patients placed</td>
</tr>
<tr>
<td></td>
<td>• Consider whether previous, current new service users/ patients need to be informed of safeguarding concerns</td>
</tr>
<tr>
<td></td>
<td>• Attend safeguarding meeting</td>
</tr>
<tr>
<td></td>
<td>• Consider review of service users/ patients placed</td>
</tr>
<tr>
<td></td>
<td>• Contribute to safeguarding adults plan as appropriate</td>
</tr>
<tr>
<td></td>
<td>• Consider review of service users/ patients placed</td>
</tr>
<tr>
<td></td>
<td>• Consider whether the decommissioning process is to be instigated</td>
</tr>
<tr>
<td></td>
<td>• Consent to providing information on service users/ patients placed</td>
</tr>
<tr>
<td>Dealt with outside of structured safeguarding approach</td>
<td>Dealt with via safeguarding adults procedures – safeguarding contact must be recorded and police involved if a crime is considered to have been committed</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Poor Practice/ Low Level Harm</strong></td>
<td><strong>Significant Harm</strong></td>
</tr>
<tr>
<td><strong>Complaints Action</strong></td>
<td><strong>IF CASE IS ALSO OPEN AS A COMPLAINT</strong></td>
</tr>
</tbody>
</table>
| • Record information against organisation in appropriate system  
  • Liaise with commissioning as appropriate  
  • Undertake complaints investigation and escalate as required | • Liaise with safeguarding around the most appropriate management of the complaint process alongside safeguarding enquiry  
  • Provide information or attend safeguarding meeting  
  • Continue to manage the complaints process  
  • Update Chair of safeguarding meeting with developments within the complaints process, including outcome | • Liaise with safeguarding around the most appropriate management of the complaint process alongside safeguarding enquiry  
  • Attend safeguarding meeting  
  • Continue to manage the complaints process  
  • Update Chair of safeguarding meeting with developments within the complaints process, including outcome |
| **Provider Action (independent sector, community and voluntary sector and NHS)** | **Manager of service to attend safeguarding adult meeting(s)**  
  • Undertake investigation and contribute to safeguarding plan as required  
  • Provide information about users/patients within the service concerned  
  • Review and manage any immediate risks to service users, patients within the service concerned including taking disciplinary action against staff who have abused/neglected those in their care  
  • Notify commissioners/ regulators as appropriate | **Senior Manager of service to attend safeguarding adult meeting(s)**  
  • Undertake investigation and contribute to safeguarding plan as required  
  • Provide information about users/patients within the service concerned  
  • Review and manage any immediate risks to service users, patients within the service concerned including taking disciplinary action against staff who have abused/neglected those in their care  
  • Notify commissioners/ regulators as appropriate |
| • Make a record of low level of concern in appropriate place to allow for identification of trends or potential patterns  
  • Review and manage any identified risks to users/patients  
  • Liaise with commissioners and regulators as appropriate  
  • Manage complaints process if appropriate  
  • Follow clinical governance procedures |
• Where a representative is directly implicated (or attendance may prejudice the planning of an organisational abuse enquiry) it may not be appropriate for them to present at the initial safeguarding meeting. It may also be necessary to hold an organisational strategy meeting without the service provider if a directive to do so has been received from the police or Care Quality Commission. In these circumstances, it must be decided how the service provider will be informed, how they will be communicated with, from what stage and by whom. It is vital at the initial organisational meeting that an Adult Social Care staff member is named as the liaison officer ensuring the service provider’s involvement is continuous throughout the process.

| Police Action | • Review concern received and whether it requires forwarding to local authority. | • Provide relevant information to or attend the safeguarding meeting  
Consider whether any of the concerns could be pursued as crimes and investigate as appropriate. Criminal investigations will take priority over other enquiries. The police and safeguarding enquiry officer will discuss the coordination of how and when other agency enquiries are conducted to ensure that the police investigation is not compromised and there is no unnecessary delay in commencing the safeguarding enquiry  
• Police to attend the safeguarding adults meeting  
• Consider whether any of the concerns could be pursued as crimes and investigate as appropriate. Criminal investigations will take priority over other enquiries. The police and safeguarding enquiry officer will discuss the coordination of how and when other agency enquiries are conducted to ensure that the police investigation is not compromised and there is no unnecessary delay in commencing the safeguarding enquiry |
| Healthwatch Action | • | • Provide relevant information to or attend the safeguarding meeting  
• Escalate concerns to Healthwatch England, CQC or NHS England as required  
• Provide relevant information to or attend the safeguarding meeting  
• Escalate concerns to Healthwatch England, CQC or NHS England as required |
Organisational Safeguarding Flowchart

Safeguarding Concern raised implicating an organisation / provider

Concern relates to one individual

Safeguarding Concern raised implicating an organisation / provider

Number of Individuals and Common Themes?

Raise with Senior Management and Safeguarding Governance
Consult with Commissioning
Decision reached to progress to organisational safeguarding

Not determined as organisational safeguarding

Commissioning action
Increase monitoring
Safeguarding meetings held an individual basis

Organisational Safeguarding

OSA episode recorded on LAS
Service Manager to oversee Enquiry
Organisational Meeting held

Further organisational meetings held as required
Action Plans and Senior Management up-dated

Whole Service Process concludes. Notification on LAS

If further concerns are identified;
Issues addressed via safeguarding and outcomes fed directly to organisational meetings via Chair
Serious concerns may require individual meetings with outcomes fed into organisation

Sustained improvements achieved.
Service Users no longer considered at risk