

# Management of Organisational Safeguarding Concerns in Sefton Policy and Procedures

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## **1. 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 policy and procedure is to provide guidance and support in identification and management of concerns relating to whole service or organisational practices.

Concerns may become apparent in a multitude of ways including analysis of data in the form of trends or patterns around failure or delivery of poor quality of care, or raised by individuals, in the form of whistle-blowing or by partner agencies through a variety of sources.

## **2. 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

## **3. Whole Service Concerns**

Whole service concerns can be determined when there is either an 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. A whole service concern can be initiated to reduce the risk of abuse occurring and to improve standards of care or where abuse has already occurred, to determine the necessary actions to safeguarding users of the service.

Whole Service Concern Indicators include:

- 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 have 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.**

### **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 enable 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.

As with all concerns about abuse or neglect, there will be a continuum of harm. 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.

#### **4. 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.

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 acting 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.

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)

## **5. Powers of Enquiry**

As determined within the Care Act 2014 Guidance, the Local Authority is the responsible agency in the safeguarding process, to undertake enquires 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.

Indicators of organisational abuse			
	Poor Practice	Significant Harm	Critical Harm
<b>Examples of harm/abuse</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lack of stimulation.</li> <li><input type="checkbox"/> Service user not involved in running of service.</li> <li><input type="checkbox"/> Care planning documentation not person-centred.</li> <li><input type="checkbox"/> One-off incident without intent, causing no significant harm and managed appropriately by organisation e.g. medication error, missed call, low-level verbal abuse.</li> </ul> <p>Whilst this may be recognised as poor practice there is a necessity to consider on an individual basis the true impact on the person and possibly escalate the action accordingly to reflect this</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Rigid inflexible routines.</li> <li><input type="checkbox"/> Service user's dignity is undermined, including more serious (or repeated) verbal abuse.</li> <li><input type="checkbox"/> Poor practice (against recognised care standards) not reported and goes unchecked.</li> <li><input type="checkbox"/> Unsafe, unhygienic living environments where the organisation is responsible for maintaining this.</li> <li><input type="checkbox"/> Repeated abuse of service users by other service users.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Staff misusing position of power.</li> <li><input type="checkbox"/> Over-medication and/or inappropriate restraint used to manage behaviour.</li> <li><input type="checkbox"/> Widespread, consistent ill treatment and neglect, including repeated medication errors, missed calls etc.</li> </ul>
<b>Pattern of abuse</b>	Isolated incident.	Recent abuse in ongoing relationship.	Repeated abuse which has gone on for significant period.
<b>Impact on victim(s)</b>	No impact or short-term impact.	Some impact but not long-lasting	Serious long-lasting impact.
<b>Intent</b>	Unintended or ill informed. Poor organisational culture	Opportunistic or serious unprofessional response.	Planned and deliberately malicious.
<b>Illegality</b>	Poor practice but not illegal.	Criminal act.	Serious criminal act.
<b>Risk of repetition</b>	Some form of action taken that means it is unlikely to recur	Not if significant changes are made e.g. training, supervision, support.	Very likely even if changes are made or more support provided.

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

## 6. Abuse within Organisations

The need for an abuse enquiry within an organisation may present at any point either within a standard s42 safeguarding adults process or through a concern being raised.

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 or work undertaken by the Quality Monitoring Team as the concerns relate more directly to poor standards of care.

## 7. Quality Concerns and the Process of Enquiry

When concerns are received that relate to the care and support delivered to adults with care and support needs in Sefton, and not a named individual service user, they should be **considered** for a whole service/ organisational enquiry.

When in doubt the receiving officer should initially raise the concern with the **Service Manager with Safeguarding Responsibilities** who will assess the available information and provide direction in its management.

Where there is evidence of incidence of poor care, which have not had a significant impact on an adult, but where the quality is deemed unacceptable and requiring improvement the concern should be directed to the **relevant Officer within the Quality and Compliance Team** for action. Actions are required to ensure that there is quality in all aspects of service delivery.

The Quality and Compliance Officer (QCO) will undertake their own enquiries with the commissioned service and identify if there are issues that will prevent the delivery of a quality service, in which case this will be escalated to an organisational enquiry. Otherwise, the QCO will report formally at the weekly Safeguarding and Commissioning Meeting (SAC) of the actions undertaken, if appropriate outside of this forum and reach agreement that the concern can be considered adequately addressed.

## 8. Who to Involve in an Organisational 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.

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 and Quality Monitoring Team



- Clinical Commissioning Group (CCG)

In the event of the concern relating to behaviours that will have had (or is likely to have) a significant impact on adults at risk there is a requirement to consider a potential large-scale or whole service safeguarding enquiry.

## 9. Organisational or Whole Service Enquiries

Concerns should be referred to the **Safeguarding Service Manager** in the **first instance, without delay**, by email and phone contact to alert of the email. The **Safeguarding Service Manager** will respond once there has been opportunity to digest the information and the response will be by email back to the Safeguarding Administration Team. Once a decision to progress has been made:

- a) The Safeguarding Administrator will ensure that a contact for the episode will be opened on LAS with the original contact information uploaded.

The **Safeguarding Service Manager** will:

- b) request that a **Strategy Discussion** is scheduled by the Safeguarding Administrator and undertaken within 24 hours with all key relevant parties as identified by the **Safeguarding Service Manager** using **Appendix 1**. This will allow for all known information to be shared from the relevant parties and a decision reached as to how best progress and what additional information is to be sought and by whom. **Appendix A** will be used to record the strategy discussion.

**OR**

- c) request that a **Strategy Meeting** is scheduled by the Safeguarding Administrator within **5 working days** with all relevant key parties identified as by the **Safeguarding Service Manager** invited, using **Appendix 1**. In the event of their non-availability a request will be made for the submission of a short Report that will advise the meeting of their knowledge of the provider.

Invitation to attend a second part of the strategy meeting should be considered for the service provider. This would be to be able to provide an up-date on all aspects of enquiries unless it is agreed that this could be detrimental to the standards of care delivery in some way.

**Every effort to chair Organisational Strategy meetings should be made by fellow Service Managers or Higher-Grade Staff in the absence of the Safeguarding Service Manager.**

Discussion / meeting will address key issues, including the process for:

- Agreeing the scope of enquiry and set clear timetables for agreed tasks
- Clarifying respective roles and responsibilities of organisations and individuals
- Gaining Assurance that all service users at the setting are safe and well
- Collating investigation information
- Identifying risk to service users from available information, consider and agree risk management plans
- Identification of themes and trends
- Ensuring the right agencies are invited and they can effectively contribute
- Ensuring 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
  - Considering recommendation to Commissioners of suspension of further placements
  - Agreeing how key stakeholders will be kept updated (i.e. Senior Management, Safeguarding Adults Board, Elected Members/MPs etc.).
  - Considering how any potential media interest will be managed
  - Agreeing the format of feedback to the Referrer if identifiable
- d) It may be deemed that a professional in a partner agency, including service providers, is in a more suitable position to undertake an enquiry. Delegation of the enquiry will take place at the scheduled Strategy Meeting
- e) 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. This will be discussed at the Strategy Meeting.
- f) Strategy meetings will be continuously chaired by the **Safeguarding Service Manager** except in extenuating circumstances, such as annual leave or period of sickness.
- g) Clear accurate notes and records of decisions will be kept and the Safeguarding Administration Team will submit a draft copy of the Meeting Notes to the **Safeguarding Service Manager or Chair of the meeting within 48 hours.**
- h) The **Chair** will review Notes and return to the Unit within **48 hours for distribution within 24 hours.**
- i) The Safeguarding Administrator involved will up-load them onto the relevant LAS Record.
- j) A further meeting date will be established at the end of each continuing enquiry meeting to be held **within 15 working days.**

**Where a recommendation of consideration to suspend is made to Commissioners and Senior Management and accepted a separate meeting with the provider will be convened by Commissioners within 5 working days.**

## **10. 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.

### **11. 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 implemented
- Introduction/ review of appropriate policy and procedures
- Review of Systems – Recording or Monitoring
- Staff training
- Suspension of Provider from taking Placement into Service
- Referral to the Disclosure and Barring Service
- Referral to Professional Registration Bodies
- Referral for a Safeguarding Adult Review

Where it has been identified that SAR criteria may have been met, this should be discussed with the Service Manager for Safeguarding Adults or the Safeguarding Adults Board Business Manager and a referral made to the Safeguarding Adults Review (SAR) Group. It is the SAR Group's responsibility to make recommendation to the SSAB Chair as to whether the criteria for a s44 has been met.

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 Group to avoid any potential conflicts of interest.

### **12. 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 and encouraged to participate in a review of their current needs.

### **13. 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. Someone will act in a liaison role with the service user and/ or their representative and the

individual views of the service user and/ or their representative will be ascertained and shared at the meeting, within the guidelines of confidentiality and data protection. 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.

## **14. 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

	Dealt with outside of structured safeguarding approach	Dealt with via safeguarding adults' procedures – safeguarding contact must be recorded, and police involved if a crime is considered to have been committed	
	Poor Practice/ Low Level Harm	Significant Harm	Critical Harm
<b>Actions within Triage / Safeguarding and Quality Compliance Team</b>	<ul style="list-style-type: none"> <li>• Provide advice / guidance based on any other intelligence about the provider that may be known</li> <li>• Record information against organisation on LAS as appropriate</li> <li>• Liaise with social care/ health commissioners as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Co-ordinate safeguarding enquiry</li> <li>• Commissioning staff to be invited to safeguarding adults meeting</li> <li>• If suspension needs to be considered this needs to be specified in the safeguarding plan</li> <li>• If strategy discussion <b>only</b> (no formal meeting) notify commissioning and CQC</li> <li>• Invite CQC to strategy meeting</li> <li>• Confirm out of area placements and confirm as appropriate</li> <li>• If complaint is also raised liaise with Complaints re: attendance at strategy meeting or sharing information. Confirm outcome of meetings with Complaints Team</li> </ul>	<ul style="list-style-type: none"> <li>• Co-ordinate safeguarding enquiry</li> <li>• Commissioner invited to safeguarding meeting. Escalate if apologies sent.</li> <li>• CQC Inspector to be invited. Escalate if apologies sent</li> <li>• Consider notifying SAB Chair and/or senior management as appropriate</li> <li>• Confirm any out of area placements and notify as appropriate</li> <li>• If Complaint is also raised liaise with Complaints re: attendance at meeting and sharing of information. Confirm outcome of safeguarding enquiry to Complaints Team</li> </ul>
<b>Actions of Partners and other teams (i.e. Social Workers, CCG Colleagues)</b>	<ul style="list-style-type: none"> <li>• Record information against organisation on whatever appropriate system</li> <li>• Liaise with Commissioning as appropriate</li> <li>• Concern raised? seek advice from Triage or safeguarding team</li> </ul>	<ul style="list-style-type: none"> <li>• Attend safeguarding meeting</li> <li>• Consider review of service users/ patients placed</li> <li>• Contribute to safeguarding adults plan as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Attend safeguarding meeting</li> <li>• Consider review of service users/ patients placed</li> <li>• Consider whether previous, current new service users/ patients need to be informed of safeguarding concerns</li> </ul>

	Dealt with outside of structured safeguarding approach	Dealt with via safeguarding adults' procedures – safeguarding contact must be recorded, and police involved if a crime is considered to have been committed	
	<b>Poor Practice/ Low Level Harm</b>	<b>Significant Harm</b>	<b>Critical Harm</b>
<b>Placing Authority</b>	<ul style="list-style-type: none"> <li>• Liaise with own commissioning team as appropriate</li> <li>• Consider appropriate recording of information on service user's file</li> </ul>	<ul style="list-style-type: none"> <li>• Attend safeguarding meeting</li> <li>• Consider review of service users/ patients placed</li> <li>• Contribute to safeguarding adults plan as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Consider review of service users/ patients placed</li> <li>• Consider whether previous, current new service users/ patients need to be informed of safeguarding concerns</li> </ul>
<b>Commissioning and Quality Monitoring Team Action</b>	<ul style="list-style-type: none"> <li>• Record information on equivalent system</li> <li>• Commissioning action e.g. action plans</li> </ul>	<ul style="list-style-type: none"> <li>• Provide information or attend safeguarding meeting</li> <li>• Contribute to safeguarding adults plan as appropriate</li> <li>• Commissioning action as appropriate</li> <li>• Notify out of area, health / social care commissioning teams / bodies as appropriate</li> <li>• Undertake spot check if appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Senior commissioning staff member to attend safeguarding meetings</li> <li>• Consider suspension</li> <li>• Consider whether the decommissioning process is to be instigated</li> <li>• Notify out of area healthy, / social care commissioning teams / bodies as appropriate</li> <li>• Consider what communication (if any) needs to be sent to care managers</li> </ul>

<b>Care Quality Commission</b>	<ul style="list-style-type: none"> <li>• Regulatory action as appropriate</li> <li>• Liaise with commissioning</li> </ul>	<ul style="list-style-type: none"> <li>• Inspector to attend if CQC protocol threshold met</li> <li>• Contribute to safeguarding plan as appropriate</li> <li>• Regulatory action as required</li> <li>• If no attendance information to be provided to chair prior to meeting and throughout the enquiry</li> </ul>	<ul style="list-style-type: none"> <li>• Inspector must attend safeguarding adults meeting (consider escalation to senior management within CQC)</li> <li>• Regulatory action as appropriate</li> <li>• Consider requesting voluntary suspension or formal suspension</li> </ul>
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	<b>Dealt with outside of structured safeguarding approach</b>	<b>Dealt with via safeguarding adults' procedures – safeguarding contact must be recorded, and police involved if a crime is considered to have been committed</b>	
	<b>Poor Practice/ Low Level Harm</b>	<b>Significant Harm</b>	<b>Critical Harm</b>
<b>Complaints Action</b>	<ul style="list-style-type: none"> <li>• Record information against organisation in appropriate system</li> <li>• Liaise with commissioning as appropriate</li> <li>• Undertake complaints investigation and escalate as required</li> </ul>	<b>IF CASE IS ALSO OPEN AS A COMPLAINT</b> <ul style="list-style-type: none"> <li>• Liaise with safeguarding around the most appropriate management of the complaint process alongside safeguarding enquiry</li> <li>• Provide information or attend safeguarding meeting</li> <li>• Continue to manage the complaints process</li> <li>• Update Chair of safeguarding meeting with developments within the complaints process, including outcome</li> </ul>	<b>IF CASE IS ALSO OPEN AS A COMPLAINT</b> <ul style="list-style-type: none"> <li>• Liaise with safeguarding around the most appropriate management of the complaint process alongside safeguarding enquiry</li> <li>• Attend safeguarding meeting</li> <li>• Continue to manage the complaints process</li> <li>• Update Chair of safeguarding meeting with developments within the complaints process, including outcome</li> </ul>

<b>Provider Action (independent sector, community and voluntary sector and NHS)</b>	<ul style="list-style-type: none"> <li>• Make a record of low level of concern in appropriate place to allow for identification of trends or potential patterns</li> <li>• Review and manage any identified risks to users / patients</li> <li>• Liaise with commissioners and regulators as appropriate</li> <li>• Manage complaints process if appropriate</li> <li>• Follow clinical governance procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Manager of service to attend safeguarding adult meeting(s)</li> <li>• Undertake investigation and contribute to safeguarding plan as required</li> <li>• Provide information about users/ patients within the service concerned</li> <li>• 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</li> <li>• Notify commissioners/ regulators as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Senior Manager of service to attend safeguarding adult meeting(s)</li> <li>• Undertake investigation and contribute to safeguarding plan as required</li> <li>• Provide information about users/ patients within the service concerned</li> <li>• 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</li> <li>• Notify commissioners/ regulators as appropriate</li> </ul>
<ul style="list-style-type: none"> <li>• 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.</li> </ul>			



<p><b>Police Action</b></p>	<ul style="list-style-type: none"> <li>Review concern received and whether it requires forwarding to local authority.</li> </ul>	<ul style="list-style-type: none"> <li>Provide relevant information to or attend the safeguarding meeting</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Police to attend the safeguarding adults meeting</li> <li>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</li> </ul>
<p><b>Healthwatch Action</b></p>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Provide relevant information to or attend the safeguarding meeting</li> <li>Escalate concerns to Healthwatch England, CQC or NHS England as required</li> </ul>	<ul style="list-style-type: none"> <li>Provide relevant information to or attend the safeguarding meeting</li> <li>Escalate concerns to Healthwatch England, CQC or NHS England as required</li> </ul>

**APPENDIX A: To be completed prior to and at Strategy Meeting and circulated by Business Unit**

**Organisational Safeguarding**  
**Record of Strategy Discussion/Meeting**

Form to be used for strategy discussion, emergency strategy discussion or prior to strategy meeting.

<b>Organisation:</b>	
<b>Owner:</b>	
<b>Manager:</b>	
<b>Address:</b>	
<b>Email:</b>	
<b>Post Code:</b>	
<b>Telephone:</b>	
<b>Date of discussion/meeting</b>	

**Original Concern:**

**Discussion between:**

<b>Name</b>	<b>Role</b>	<b>Signature</b>

<b>Actions agreed</b>	<b>Date to be completed by</b>

<b>Name:</b>	
<b>Signature:</b>	
<b>Date:</b>	

**Name and Signature of Manager responsible for Strategy Discussion/Meeting**

## Organisational Safeguarding Flowchart

