



Safeguarding Adults Decision Support Guidance for Providers

1. Introduction

Target Audience: This document is to be used as a guidance document about when to raise a safeguarding concern about an adult at risk. It has been identified that a high number of concerns are raised to the Council under safeguarding, when they may be more appropriately reported as a 'Risk Notification Return', via the Quality and Market Improvement Team (HAS).

This guidance has been developed by North Yorkshire Safeguarding Adults Board (NYSAB) and with colleagues within Health and Adult Services, in response to requests for Guidance about when to raise a safeguarding concern about an adult at risk.

1.1 Equality and Diversity: Our policies and procedures support the commissioning and delivery of services that meet the needs of communities and individuals. Ensuring equity of access and outcomes is central to this. In developing and applying our policies and procedures, we will take account of:

- Equality and diversity
- Anti-discriminatory practice
- Dignity and respect
- Human Rights

1.2 Legislation and Guidance:

Care Quality Commission (Registration) Regulations 2009

The Care Act 2014

The Department of Health, Care and Support Statutory Guidance (23 October 2014)

<https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-forimplementation>

Health and Social Care Act (2008) (Regulated Activities) Regulations 2014

Mental Capacity Act (2005)

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR, 2013)

2.0 Terminology:

The following terminology is used in the new Joint Multi-agency Safeguarding Adults Policy and Procedures (West Yorkshire, North Yorkshire and City of York). NB the following terminology is referred to within this document:

Previous terminology	New terminology
Adult at risk	Adult at risk
Person alleged to have caused harm (PATCH)	Person Alleged to have caused harm (PATCH)
Responder	Safeguarding Concerns Manager (see 3.6)
Safeguarding alert	Safeguarding concern

3.0 Safeguarding Procedures:

Action should be taken to safeguard any adult at risk, using this document and the current safeguarding procedure, in line with **proportionality**. It is also acknowledged that at times there may be incidents where decision making is not straightforward and professional judgement is required and in this situation it is recommended that you seek further advice.

3.1 Who do Safeguarding Adults Duties Apply to?

Where a local authority has reasonable cause to suspect that an adult in its area:

- Has needs for care and support (whether or not the local authority is meeting any of those care and support needs); and
- Is experiencing, or is at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect.

The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case.

This is referred to as a **Statutory Section 42 Enquiry**.

3.2 Adult at risk:

The safeguarding duties apply to an adult (aged 18 or over) who:

- Has needs for care and support (whether or not the local authority is meeting any of those care and support needs); and
- Is experiencing, or is at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect.

3.3 Non Statutory Safeguarding Enquiries:

Local authorities are not required by law to carry out safeguarding enquiries on behalf of adults who do not fit the criteria outlined in Section 42 of the Care Act 2014; they do so at their own discretion.

These enquiries would relate to an adult who:

- Is believed to be experiencing, or is at risk of, abuse or neglect; and
- Does not have care and support needs (but might have just support needs).

Within the scope of this definition are:

- All adults who meet the above criteria regardless of their mental capacity to make decisions about their own safety or other decisions relating to safeguarding processes and activities;
- Adults who manage their own care and support through personal or health budgets;
- Adults whose needs for care and support have not been assessed as eligible or which have been assessed as below the level of eligibility for support;
- Adults who fund their own care and support;
- Young people
- Carers

3.4 Types of abuse and indicators of abuse and neglect:

The Care and Support statutory guidance identifies types of abuse, but also emphasises that organisations should not limit their view of what constitutes abuse or neglect.

The specific circumstances of an individual case should always be considered.

All three factors need to be satisfied for a safeguarding enquiry to be addressed in accordance with Section 42 of the Care Act. The list that follows identifies what forms of abuse are considered in the document.

Categories of abuse

- Discriminatory abuse
- Domestic abuse
- Financial and material abuse
- Modern slavery
- Neglect and acts of omission
- Organisational abuse
- Physical abuse
- Psychological abuse
- Self-neglect
- Sexual abuse

3.5 Making Safeguarding Personal (MSP)

The Care Act Guidance supports the need for safeguarding to be person led and outcome focused, for safeguarding, this would include safeguarding activities in the widest community sense and it is not confined under section 42 of the Care Act 2014.

“Making safeguarding personal means it should be person-led and outcome focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement choice and control as well as improving quality of life, wellbeing and safety.”

All organisations working with adults who are or may be at risk of abuse or neglect, must aim to ensure that they remain safeguarded from it. This should underpin every activity through consistent safeguarding adults work. The wellbeing principle should apply to all organisations and agencies involved in safeguarding adults.

3.6 Role of the Safeguarding Concerns Manager

The Safeguarding Concerns Manager is a nominated person within the organisation who is responsible for ensuring that concerns of possible abuse or neglect with regards to an adult at risk, are responded to and reported appropriately. This role was previously known as the Responder.

The Safeguarding Concerns Manager must be informed about concerns of possible abuse or neglect without delay.

Where actions are needed urgently or if the Safeguarding Concerns Manager is unavailable any member of staff may need to raise a Concern to the Local Authority themselves and undertake other actions required to safeguard the adult.

If the adult at risk has mental capacity to state their views, then the Safeguarding Concerns Manager should ask them what outcome they want to achieve through ‘safeguarding adults’ and what would help them ‘feel safer’. The Safeguarding Concerns Manager should record this on the safeguarding concern form and seek to achieve the adult’s outcomes throughout the process.

3.7 Managing Concerns involving staff or a volunteer

Where concerns are raised about someone who works with adults with care and support needs, the employer must assess any potential risks to adults with care and support needs who use their services, and if necessary, to take action to safeguard those adults.

3.8 Areas covered in this guidance: The following areas are covered within this document where greater clarity is needed about when to raise a safeguarding concern as follows (please refer to section 3 onwards);

- Falls
- Incidents between adults at risk
- Nutrition and hydration
- Pressure area care
- Missed home care visit
- Medication errors
- Moving and handling
- Poor discharge
- Financial concerns

3.9 Reporting a Safeguarding Concern

When a safeguarding concern needs to be reported, use this guidance to support the decision making and report the safeguarding concern via NYCC's Customer Service Centre. (For further guidance refer to Appendix 1 of this document)

It should always be presumed a person has mental capacity to make a decision. If mental capacity is an issue, reference should be made to the Mental Capacity Act (2005).

This document is intended to offer guidance to managers in making decisions but it is acknowledged that at times there may be incidents where decision making is not straightforward and professional judgement is required. In all cases ensure that the reasons for the decision are recorded.

Raise a safeguarding concern:

If in doubt raise a safeguarding concern. A concern form is available to download at <http://www.northyorks.gov.uk/safeguarding> or at <http://safeguardingadults.co.uk/>

For advice and guidance contact the Safeguarding Lead for your organisation or telephone Customer Service Centre who will direct your query: 01609 780780 Available 8:30 to 17:00 (Monday to Thursday) 08:30-16:30 (Friday).

Email the completed concern form to social.care@northyorks.gov.uk

4.0 Notifiable incidents (Care Quality Commission, CQC) and Quality and Monitoring:

Where a service is regulated it is a requirement of the Care Quality Commission (Registration) Regulations 2009 to notify the Care Quality Commission (CQC) about a **notifiable incident**.

When a notification is completed and sent to CQC a copy of the form should also be sent to the Quality and Market Improvement Team for the following notifications only:

- Events that stop the service running safely and properly – Regulation 18(2) (g)
- Absence of a Registered Individual for 28 days or more consecutive days – Regulation 14
- Return of a registered individual from an absence of 28 days or more – Regulation 14
- Changes affecting a provider or manager – Regulation 15
- Changes to a statement of purpose – Regulation 12(3)
- Liquidator or trustees plans for the service – Regulation 22
- Incidents reported to or investigated by the Police – Regulation 18(2)

4.1 Recording incidents, errors and near misses

All medication incidents, errors and near misses must be recorded using the Risk Notification Return with reference to the Risk Notification Return Tool

The completed form should be sent to the Quality and Market Improvement Team:

socialservices.contractingunit@northyorks.gov.uk

Quality & Market Improvement Team tel. 01609 797042.

Available 8:30 to 17:00 (Monday to Thursday) 08:30-16:30 (Friday).

This will ensure that incident is reported, learning is captured and shared to prevent recurrence of the incident and minimise the escalation of the incident if appropriate.

The form must be completed when;-

- It is an incident where CQC Notification is **not** required

The form does not need completing when:-

- It is a CQC Notifiable Incident. The CQC notification will have been forwarded by the Provider to the Quality and Market Improvement Team.
- A safeguarding concern is reported or CQC notification completed.

The Quality and Market Improvement Team will:-

- Monitor the Risk Notification Return and CQC notifications for patterns, trends and escalate any concerns or issues with the provider if necessary

5 Falls

When should a safeguarding concern be raised?

- Where an adult at risk sustains an injury due to a fall, and there is a concern that an appropriate risk assessment was not in place (if there is a history of falls) or if one was in place but was not followed, or is not up to date.
- When appropriate risk assessments have not been completed.
- Where an adult at risk has repeat unexplained injuries or repetitive falls for unexplained reasons, or there is a delay in response/medical intervention, then a safeguarding concern must be raised.

When don't I need to raise a safeguarding concern?

Not all falls have to be raised as safeguarding concerns, it depends on the circumstances and the needs of the adult and how the staff responded to this. The risk assessment should be reviewed and consideration given to Telecare Falls sensors and referral to Falls Teams.

- When an adult at risk, is not injured and an appropriate risk assessment is in place and has been followed.
- When a fall is witnessed and an appropriate risk assessment is in place, and the adult is not injured.

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6. Incidents between Adults at Risk

When should a safeguarding concern be raised?

When any adult at risk has been harmed during an incident and there is an impact on their wellbeing a safeguarding concern must be raised via Customer Service Centre (telephone 01609 780780).

Any possible crime i.e. serious sexual or physical assault must be reported to the police (telephone 999). n.b make a record of the time you made the call, the incident number and what was said in the phone call.

- Where there are repeated incidents by the same person alleged to have caused harm i.e. where they are increasing in number over a period of time, or incidents where no adverse effect has been caused.
- Where the person alleged to have caused harm is also an adult at risk, agencies must ensure that they receive support.

When don't I need to raise a safeguarding concern?

- A safeguarding concern does not need to be raised when an incident is an isolated or a "one off" incident and no injury or distress has been caused, it is not necessary to raise a safeguarding concern.

In the circumstances above it is the responsibility of the Manager or Registered Manager to ensure that a risk assessment is in place to ensure the immediate safety of all people who use the service and to review the support of the individual(s) involved in the incident.

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7. Nutrition and hydration

When should a safeguarding concern be raised?

- Where there is a failure to provide nutrition and hydration to an adult with care and support needs.
- There is unexplained weight loss or the adult at risk is showing signs of dehydration and a support plan is not in place or has not been followed, no referral has been completed to the GP, dietician, Speech and Language Therapy.
- Where errors are made with dietary requirements i.e. soft diet / thickened fluids or diabetic diet.
- Where an adult's food/fluid charts have not been completed and specialist advice has not been sought.

It should always be presumed a person has mental capacity to make a decision. If mental capacity is an issue, reference should be made to the Mental Capacity Act (2005).

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8. Pressure Area Care

When should a safeguarding concern be raised?

The key indicator is whether the development of a pressure ulcer was **avoidable**, if so a safeguarding concern must be made.

- Where an adult at risk develops an ungradable or stage 3 pressure ulcer or above.
- Where a wound care plan is not in place or has not been followed for existing wounds.
- Where an adult at risk develops a pressure ulcer and the appropriate equipment is not provided in a timely manner or staff are not trained in using equipment.
- Pressure ulcer and repositioning/turning charts not used or are not completed.
- When a pressure ulcer develops and clinical professional advice has not been sought.

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9. Medication

When should a safeguarding concern be raised?

- Where the adult at risk is subjected to deliberate withholding of prescribed medication with no medical reason.
- Administration of another person's medication which is not prescribed for them.
- A deliberate attempt to harm an adult at risk through use of a medicine.
- Where the adult at risk is adversely affected due to incorrect medication or dose (including incorrect formulation at the wrong time and via the wrong route) being given.
- Administration of out of date medication.
- Administration of medication when a person has a known allergy to it.
- Where the adult at risk is adversely affected due to failure to administer prescribed medication.
- Where the adult at risk is subjected to repeat medication errors even if there has been no adverse effect on the adult.
- Covert medication without the appropriate written authorisation from the GP or Pharmacist, to do so and DoL'S is not in place.
- Where there is a delay, resulting in the adult at risk waiting for medication and this has an adverse effect or there is risk of an adverse effect.
- An error has been identified and medical advice has not been sought.

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10. Missed Home Care Visits

When should a safeguarding concern be raised?

- Where home care misses a home visit and this has an adverse effect on the adult with care and support needs
- Where repeat missed visits to an adult with care and support needs, whether or not an adverse effect has resulted, as this could indicate neglectful care and there may be others at risk.

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11. Moving and Handling

When should a safeguarding concern be raised?

- Where there is no Moving and Handling Risk Assessment and where identified a Moving and Handling plan to manage the risks is required, but has not been completed.
- Where there is failure to follow a Moving and Handling plan and this is having an adverse effect on the adult with care and support needs e.g. using the wrong equipment, failure to provide equipment, “sitting on slings” etc. (n.b Unless they are specialised in “situ slings” that are specifically designed to stay in place and have had a suitable assessment re skin integrity.)
- Where any of the following condemned techniques are used;
 - Drag lift/underarm drag.
 - Shoulder/Australian lift.
 - Through arm/hammock lift.
 - Two sling lift.
 - Unorthodox lift.
 - Bear hug transfer/front assist stand.
 - Assistance walking supporting at underarm.
 - Flip turn.
- Where a person is using a wheelchair where there is no appropriate risk assessment in place or one is not followed regarding the correct use of the wheelchair, lap belt and foot rests.
- Where poor moving and handling techniques are being used on a repeat basis across the service.

Please note the following should be reported to the Quality & Market Improvement Team using the Risk Notification Return:

- Where equipment is being used that does not meet the lifting operations and lifting equipment regulations 1998 (LOLER, 1998); provision and use of work equipment regulations 1998 (PUWER, 1998). These regulations relate to regular service and checks of equipment. N.b. a hoist legally has to be checked every 6 months by a competent person, it should be recorded what immediate action has been take if the service is out of date.

It should always be presumed a person has mental capacity to make a decision. If mental capacity is an issue, reference should be made to the Mental Capacity Act (2005).

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12. Poor Discharge

When should a safeguarding concern be raised?

- Where there is insufficient discharge or transfer of care planning from any area resulting in an adverse effect on the adult at risk.
- Where the adult is discharged without necessary equipment, medication or personal items and this has an adverse effect on the adult at risk.
- Where the person is discharged with a cannula in situ but there is no record on the discharge plan and this has an adverse effect on the adult at risk.
- Where the patient is discharged with no/or incomplete discharge letter and has an adverse effect on the adult at risk.

It should always be presumed a person has mental capacity to make a decision. If mental capacity is an issue, reference should be made to the Mental Capacity Act (2005).

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13. Financial

When should a safeguarding concern be raised?

- When an adult at risk is denied access to his/her funds or possessions.
- Where there is a failure by a responsible person to pay care fees/charges and the adult at risk experiences distress or an adverse effect through having no or restricted allowance to personal allowances, risk of eviction or termination of service.
- Where there is a misuse or misappropriation of property, possessions or benefits or finances by a person in a Position of Trust or control.
- Where an adult at risk's personal finances are removed from their control without legal authority.
- Where the adult at risk is subject to fraud/exploitation relating to benefits income, property or will.
- Where the adult at risk is subject to theft.
- Where the adult at risk is subject to doorstep crime.
- Where the adult at risk is subject to being put under pressure in relation to money or other property (for example scamming, either via mail, telephone or online.
- Where someone persuades/befriends the person to gift or loan money by any means.
- Where the adult at risk is subject to having money or property misused.

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14. References:

Department of Health (2005) Mental Capacity Act Code of Practice.

Department of Health (2014) Care and Support Statutory Guidance.

Doncaster Safeguarding Adults Board (2016) Safeguarding Adults Decision Support Guidance (For Providers of Health and Social Care).

Joint Multi-agency Safeguarding Adults Policy and Procedure Summary (West Yorkshire, North Yorkshire and York).

Knowsley Safeguarding Adults Board (April 2015) Guidance: Thresholds for Safeguarding. Guidance: Criteria for reporting a Safeguarding Adults Concern. Knowsley Safeguarding Adults Board.
<http://www.knowsley.gov.uk/residents/care/safeguarding-adults>

15. Appendices

Appendix 1 Summary of Joint Multi-Agency Safeguarding Adults Policy and Procedures (West Yorkshire, North Yorkshire and York)

Appendix 1



JOINT MULTI-AGENCY SAFEGUARDING ADULTS POLICY & PROCEDURES SUMMARY

WEST YORKSHIRE, NORTH YORKSHIRE AND YORK

FINAL & APPROVED VERSION
APRIL 2018

INTRODUCTION

This Joint Multi-Agency Safeguarding Adults Policy and Procedures sets out the framework for how agencies across North Yorkshire, West Yorkshire and York respond to concerns raised about abuse and neglect of adults at risk. This document is a Summary of those procedures which can be found at the respective websites below.

The Summary is aimed at professionals from statutory, private, voluntary and commissioned services as a quick guide to undertaking safeguarding procedures.

Each local Safeguarding Adults Board may have additional guidance and forms that support this

Bradford	Click here for the safeguarding adults pages on www.bradford.gov.uk
Calderdale	Click here for the safeguarding adults pages on www.calderdale.gov.uk
Kirklees	Click here for the safeguarding adults pages on www.kirklees.gov.uk
Leeds	www.leedssafeguardingadults.org.uk
North Yorkshire	www.nypartnerships.org.uk/sab
Wakefield	Click here for the safeguarding adults pages on www.wakefield.gov.uk
York	www.safeguardingadultsyork.org.uk

PURPOSE AND HOW TO USE THIS DOCUMENT

The document is structured into the following sections:

- [Section 1: Adult Safeguarding Policy](#)
- [Section 2: Mental Capacity Act and Deprivation of Liberty](#)
- [Section 3: Adult Safeguarding Procedures](#)
- [Stage 1 – Reporting a Concern](#)
- [Stage 2 – Responding to the Concern / Information Gathering](#)
- [Stage 3 – Safeguarding Response](#)
- [Stage 4 – Outcomes and Closure](#)

This document should be read in conjunction with the following documents:

- [Care Act 2014](#)
- [Care and Support Statutory Guidance 2016](#) and the [Adult Safeguarding Improvement Tool](#)

It is also underpinned by the national [Making Safeguarding Personal](#) programme and the [Six Safeguarding Principles](#) .

The adult experiencing, or at risk of abuse or neglect will hereafter be referred to as 'the adult' throughout this document.

SECTION 1: ADULT SAFEGUARDING POLICY

1.1 What is Safeguarding?

Safeguarding is defined as 'protecting an adult's right to live in safety, free from abuse and neglect.' ([Care and Support statutory guidance, chapter 14](#)). Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults. Staff should work together in partnership with adults so that they are:

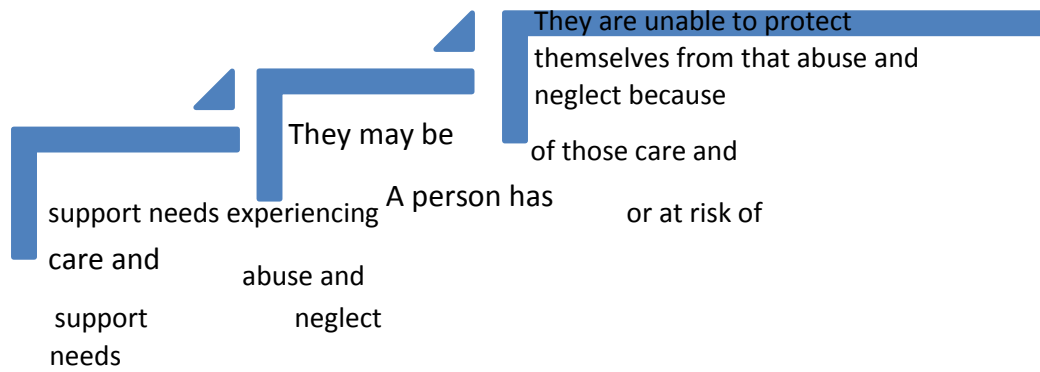
- Safe and able to protect themselves from abuse and neglect;
- Treated fairly and with dignity and respect;
- Protected when they need to be;
- Able easily to get the support, protection and services that they need.

1.2 The Aims of Adult Safeguarding are to:

- Stop abuse or neglect wherever possible;
- Prevent harm and reduce the risk of abuse or harm to adults with care and support needs;
- Safeguard adults in a way that supports them in making choices and having control about how they want to live;
- Promote an approach that concentrates on improving life for the adults concerned;
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or wellbeing of an adult who has needs for care and support, how people can keep safe and how to support people to keep safe;
- Address what has caused the abuse.

1.3 Types and Indicators of Abuse and Neglect

The [Care and Support statutory guidance](#) identifies types of abuse, but also emphasises that organisations should not limit their view of what constitutes abuse or neglect. The specific circumstances of an individual case should always be considered. All three factors (see diagram below) need to be satisfied for a safeguarding enquiry to be undertaken in accordance with [Section 42 of the Care Act](#).



People with care and support needs, such as older people or people with disabilities, are more likely to be abused or neglected. They may be seen as an easy target and may be less likely to identify abuse themselves or to report it. People with communication difficulties can be particularly at risk because they may not be able to alert others. Sometimes people may not even be aware that they are being abused, and this is especially likely if they have a cognitive impairment. Abusers may try to prevent access to the person they abuse.

Signs of abuse can often be difficult to detect. This at a glance briefing aims to help people who come into contact with people with care and support needs to identify abuse and recognise possible indicators. Many types of abuse are also criminal offences and should be treated as such.

Types of abuse can present in the following ways and some of these issues may overlap with areas of responsibility for other safeguarding partnerships for example Safeguarding Children Boards or Community Safety Partnerships:

- **Physical abuse**
- **Domestic violence or abuse**
- **Sexual abuse**
- **Psychological or emotional abuse**
- **Financial or material abuse**
- **Modern slavery**
- **Discriminatory abuse**
- **Organisational or institutional abuse**
- **Neglect or acts of omission**
- **Self-neglect**

For more information about each individual type of abuse, see

<https://www.scie.org.uk/publications/ataglance/69-adults-safeguarding-types-andindicators-of-abuse.asp>

1.4 Who Might Abuse

This policy is relevant to all incidents of abuse, regardless of who has committed them. Anyone might be responsible for abuse, including:

A member of staff, a proprietor or service manager;

- A member of a recognised professional group;
- Another adult at risk;
- A volunteer;
- A member of a community group such as place of worship or social club;
- A spouse, relative, member of the person's social network or an unpaid carer;
- A child, including the person's own son or daughter;
- A neighbour, member of the public or stranger; or
- A person who deliberately targets adults at risk in order to exploit them.

SECTION 2: MENTAL CAPACITY ACT AND DEPRIVATION OF LIBERTY

This section sets out the essential work that must be considered throughout adult safeguarding.

2.1 Mental Capacity and Consent

The [Mental Capacity Act 2005](#) provides a statutory framework to empower and protect people who lack capacity to make decisions for themselves; and establishes a framework for making decisions on their behalf. The Mental Capacity Act outlines [five statutory principles](#) that underpin the work with adults who lack mental capacity:

- A person must be assumed to have capacity unless it is established that he/she lacks capacity;
- A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to do so have been taken without success;
- A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision;
- An act done or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his/her best interests;
- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

2.2 Mental Capacity Assessment

Mental capacity is time and decision-specific. This means that an adult may be able to make some decisions at one point but not at other points in time. Their ability to make a decision may also fluctuate over time. The adult may have the capacity to make some decisions, but not others.

2.3 Deprivation of Liberty Safeguards (DoLS)

There may be situations in which a person who lacks capacity may require a restriction on their liberty for care and treatment. Schedule A1 to the Mental Capacity Act, known as the Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect individuals who, for their own safety and in their best interests need to be accommodated under care and treatment that may have the effect of depriving them of their liberty, but who lack the capacity to consent.

If a person who lacks capacity requires a DoLS authorisation this will be authorised by the Supervisory Body (relevant local authority). The DoLS applies only to individuals receiving care or treatment in Hospital or Care Home.

If a person is living in their own home, a supported living placement or Shared Lives Scheme or equivalent, their deprivation of liberty can only be authorised by the Court of Protection.

SECTION 3: ADULT SAFEGUARDING PROCEDURES

SECTION 3: ADULT SAFEGUARDING PROCEDURES

3.1 Section 42 Flowchart Summary and Timescales

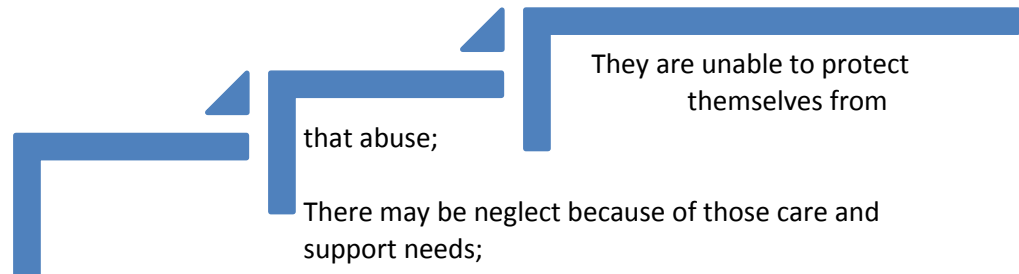
STAGE	ACTIONS TO BE TAKEN	OUTCOMES
<p>1. <u>REPORTING A CONCERN</u> <i>“tell us your concern”</i></p>	<p>Anyone can report a concern.</p> <p>Professionals reporting a concern need to consider:</p> <ul style="list-style-type: none"> - Is this an adult at risk who meets the Section 42 duty? - Do you have a Safeguarding Concerns Manager who you need to escalate the concern to (organisations only) - Gathering all necessary information to furnish the Safeguarding Adults Concern referral - Evaluating current risk and taking any immediate actions required to safeguard the adult <p>(and/or other adults/children)</p> <ul style="list-style-type: none"> - Whether it is possible to Establish wishes and desired outcomes of the adult at risk without putting them at further risk - assessing mental capacity where necessary, and potentially taking action in the adult’s ‘best interests’ 	<p>Report safeguarding concern to the Local Authority</p> <p>Record issues and actions taken to reduce the risk</p> <p>Report to Police/emergency services if required</p>
<p>TIMESCALE</p>	<ul style="list-style-type: none"> • Within 24 Hours 	
<p>2. <u>RESPONDING TO THE CONCERN / INFORMATION GATHERING</u> <i>“together we will consider how best to help you”</i></p>	<p>Is this an adult at risk who meets the Section 42 safeguarding criteria?</p> <p>Is there any immediate risk requiring the emergency services?</p> <p>If able to do so and appropriate, has the adult consented?</p> <p>Consider, do you need to speak to the adult at risk?</p> <p>Consider / confirm their desired outcomes</p> <p>Have all appropriate and necessary actions already been taken to reduce/remove risk?</p>	<p>If the Section 42 duty is fulfilled, end and exit the case</p> <p>Consider and implement any follow on actions as necessary</p> <p>If not exited, the Section 42 duty continues if the adult is at continued risk of harm</p>

TIMESCALE	<ul style="list-style-type: none"> Assess risk and ensure safety of the adult at risk within 24 hours Decide on the proportionate response to the concern within 5 working days 	
<p>3. <u>SAFEGUARDING RESPONSE</u> <i>“we will take agreed actions to support you to be safe”</i></p>	<p>Where the concern cannot quickly and proportionately be ended, the Section 42 duty continues. Decide on what actions are required if necessary and who will carry these out to safeguard the adult(s) at risk</p> <p>Discuss desired outcomes with the adult or their representative/advocate and to manage risk.</p> <p>All enquiries require some degree of planning. This can range from a conversation between the Enquiry Officer and the adult and/or their representative through to a multi-agency meeting to determine roles and plan actions required to manage risk in the best way possible and to review appropriately</p>	<p>If the Section 42 enquiry duty is fulfilled, end and exit the case. Consider and implement any follow on actions as necessary</p> <p>If the Section 42 duty continues, carry out actions as planned and continue to ‘Outcomes’</p>
TIMESCALE	<ul style="list-style-type: none"> Discussion with the adult at risk on outcomes and safeguarding response should be done within 10 working days from the Enquiry decision 	
<p>4. <u>OUTCOMES AND CLOSURE (INCLUDING PLAN AND REVIEW)</u> <i>“we will check we have addressed your concerns”</i></p>	<p>All enquiries conducted to manage risk should be conducted by holding an outcomes meeting. This could be a face to face meeting with the adult or a multi-agency meeting. The aim is to ensure:</p> <ol style="list-style-type: none"> Has the Local Authority met its statutory duty to enquire into the safeguarding concern? Has the enquiry ensured wherever possible the outcomes have been met for the adult(s)? Is there a need to update or devise a safeguarding plan? What is the level of risk for the adult? <p>Any further support or actions for the adult(s)</p>	<p>If the Section 42 duty is fulfilled, exit</p> <p>If there is a need to continue and review, continue with the Section 42</p>
TIMESCALE	<ul style="list-style-type: none"> To complete within 12 weeks of the reporting of the concern 	

Target timescales are not intended as performance indicators. The time taken to respond to safeguarding concerns will depend on a range of factors, including the wishes and needs of the adult at risk, as well as the nature, seriousness and complexity of the concerns. The timescales described provide useful targets for practice that are achievable in many cases.

3.2 STAGE 1 - REPORTING A CONCERN

An adult safeguarding concern is an adult who meets the 'three stage test':



A person has or is at risk of abuse or neglect from those care and support needs

3.3 Who can Report a Concern?

Any person who has concerns that an adult who has, or may have care and support needs is experiencing, or is at risk of abuse and neglect, can raise their concerns with the local authority. The table below describes what immediate action should be taken.

IMMEDIATE ACTION BY THE PERSON RAISING THE CONCERN

The person who raises the concern has a responsibility to first and foremost safeguard the adult. To do this they must:

- a. Make an evaluation of the risk and take steps to ensure that the adult is in no immediate danger;
- b. Support the adult to arrange any medical treatment. (Note that offences of a sexual nature will require expert advice from the Police);
- c. If a crime is in progress or life is at risk, dial emergency services – 999;
- d. Encourage and support the adult to report the matter to the Police if a crime is suspected and not an emergency situation;
- e. Take steps to preserve any physical evidence if a crime may have been committed, and preserve evidence through recording;
- f. Ensure that other people are not in danger;

g. If you are a paid employee, report the matter internally through your internal agency reporting procedures (e.g. NHS colleagues may need to report under clinical governance or Serious Incident processes);

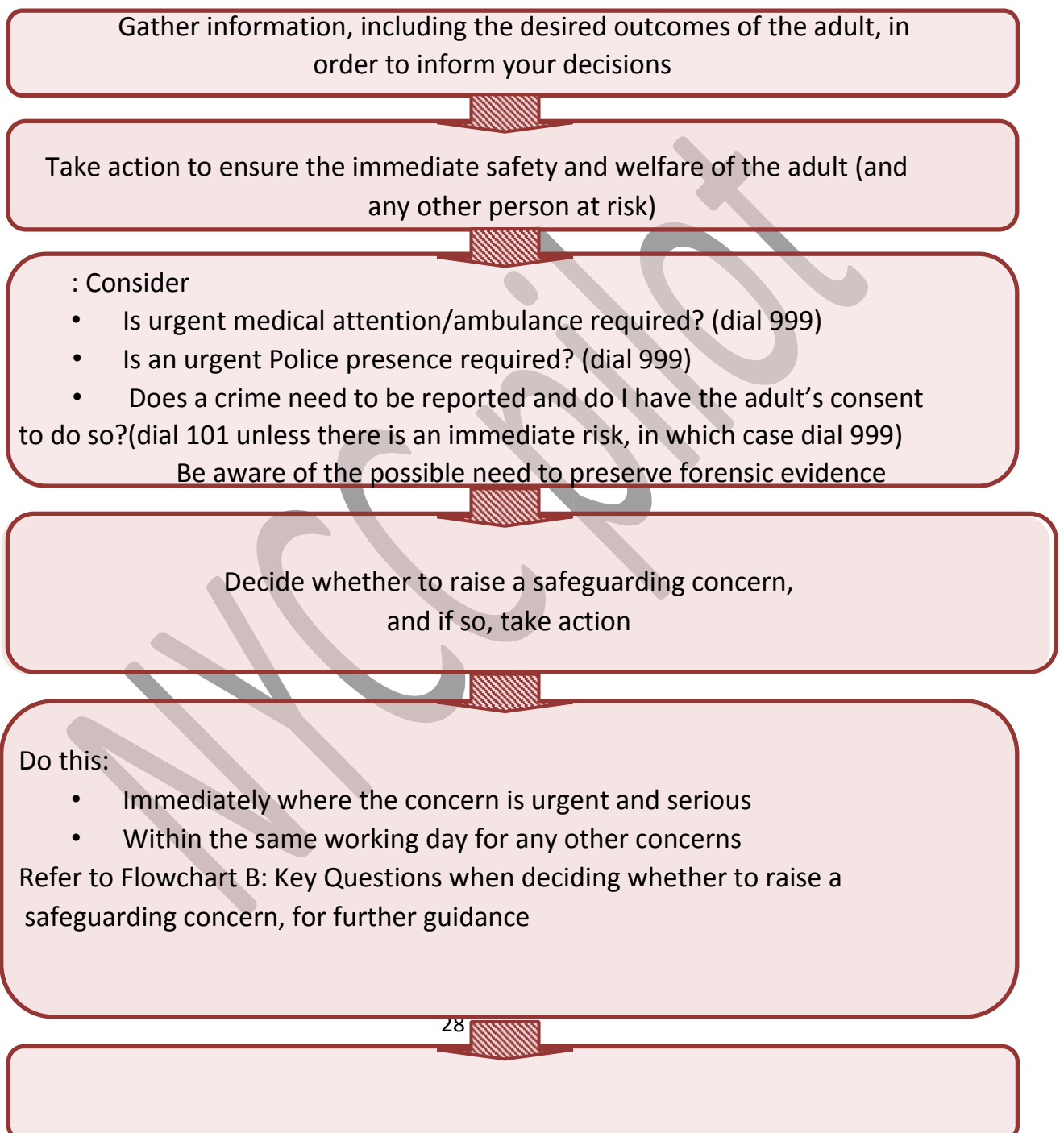
h. Record the information received, risk evaluation and all actions.

3.4 Managing Safeguarding Concerns

Flowcharts A and B below respectively detail how to manage safeguarding concerns and what key questions to ask when deciding whether to report a concern.

Flowchart A: Managing Safeguarding Concerns Flowchart

You are informed or become aware of possible abuse or neglect



Document the incident and any actions or decisions taken

Ensure key people are informed. For instance, CQC, relatives as appropriate

Flowchart B: Key questions when deciding whether to report a safeguarding concern

Q1. Does the adult have care and support needs (whether or not the local authority is meeting any of those care and support needs)?

Q2. Is the person experiencing, or at risk of, abuse and neglect?

- Domestic abuse
- Modern Slavery
- Neglect of acts of omission
- Physical abuse
- Discriminatory abuse
- Self-neglect
- Sexual abuse
- Organisational abuse
- Psychological abuse
- Financial or material abuse
- Another form of abuse

NB: Abuse may sometimes occur without any intent to cause harm

Q3. What is the nature and seriousness of the risks?

Consider:

- The adult's individual circumstances;
- The nature and extent of the concerns;
- The length of time it has been occurring;
- The impact of any incident;
- The risk of repeated incidents for the adult;
- The risk of repeated incidents for others.

Wherever possible, consider the wishes and desired outcomes of the adult. In other words, what do they want to happen next, what do they want to change about their situation and what outcome do they want to achieve.

Sometimes it will be necessary to Raise a Concern even if this is contrary to the wishes of the adult.

Any such decision should be proportional to the risk, for example:

- It is in the public interest e.g. there is also a risk to others, a member of staff or volunteer is involved, or the abuse has occurred on property owned or managed by an organisation with a responsibility to provide care;
- The adult lacks mental capacity to consent and it is in the adult's best interests;
- The adult is subject to coercion or undue influence, to extent that they are unable to give consent;
- It is in the adult's vital interests (to prevent serious harm or distress or life threatening situations).

If you remain unsure whether to raise a safeguarding concern, seek advice:

Contact your organisation's safeguarding adults lead

- Contact your local safeguarding services ([See Section 3.6](#) for contact details)

3.5 Raising a Safeguarding Concern without Consent of the Adult at Risk

Practitioners should wherever possible seek the consent of the adult before taking action, taking into consideration their wishes and desired outcomes. However, whilst consent is an important consideration, it is not the only consideration. The following are examples of when a decision to Raise a Safeguarding Concern may still be appropriate, even without the consent of the adult:

It is in the public interest, for example:

- There is a risk to other 'adults at risk'; or
 - The concern is about organisational or systemic abuse; or
 - The concern or allegation of abuse relates to the conduct of an employee or volunteer providing services to adults at risk or children; or
 - The abuse or neglect has occurred on property owned or managed by an organisation with a responsibility to provide care.
- The adult lacks mental capacity to consent and a decision is made to raise a safeguarding concern in the adult's best interests (Mental Capacity Act 2005);
 - An adult is subject to coercion or undue influence, to the extent that they are unable to give consent;
 - It is in the adult's vital interests (to prevent serious harm or distress or in life-threatening situations).

Any actions taken without the consent of the adult should be proportionate to the risk of harm. The adult should ordinarily be informed of the actions being taken, unless to do so may place the adult or others at further risk of harm.

3.6 How to Raise a Safeguarding Concern:

Bradford

To Raise a Safeguarding Concern

Contact:

Safeguarding Adults Team: 01274 431077, or complete the online form available from:
www.bradford.gov.uk/makeanalert

For information/advice:

Contact:

Safeguarding Adults Team, Britannia House, Hall Ings. BD1 1HX

Telephone: 01274 431 077 (office hours)

Out of Hours Emergency Duty Team Telephone: 01274 431010 (outside office hours)

Email: safeguarding.adults@bradford.gov.uk

For additional information please visit: www.bradford.gov.uk/safeguardingadults

Calderdale

To Raise a Safeguarding Concern

Contact:

Gateway to Care: 01422 393 000 or Gatewaytocare@calderdale.gov.uk

Emergency Duty Team: 01422 288 000 or email: EDT@calderdale.gov.uk

For information/advice:

Contact:

Safeguarding Adults Team: 01422 393 804 (Mon-Fri, Office Hours)

For additional information please visit:

www.calderdale.gov.uk/socialcare/safeguardingadults/index

Kirklees

To Raise a Safeguarding Concern or Seek Advice

Contact:

Gateway to Care: 01484 414933 (24 hours)

Emergency Duty Team (Out of Hours) 01484 414933

Email: gatewaytocare@kirklees.gov.uk

For additional information please visit: www.kirklees.gov.uk/safeguardingadults

Leeds

To Raise a Safeguarding Concern or Seek Advice

Contact:

Adult Social Care Contact Centre: 0113 222 4401

Emergency Duty Team: 07712 106 378 (outside of the contact centre times)

For additional information please visit: www.leedssafeguardingadults.org.uk

North Yorkshire

To Raise a Safeguarding Concern:

Contact:

Adult Social Care, Customer Services 01609 780780. Opening hours are 8am – 5.30pm Monday to Friday. This number will be answered by the Emergency duty team outside these hours.

Email Interagency Safeguarding Adults Concern forms to: social.care@northyorks.gov.uk or social.care@northyorks.gcsx.gov.uk

For general questions and enquiries about safeguarding adults, please email: nysab@northyorks.gov.uk

Please note this email address is NOT for Raising a Safeguarding Concern.

For additional information please visit North Yorkshire County Council website:

www.northyorks.gov.uk/safeguardingadults or North Yorkshire Partnerships website:

www.nypartnerships.org.uk/sab

To access and download an Interagency Safeguarding Adults Concerns Form:

www.northyorks.gov.uk/safeguarding-vulnerable-adults

Wakefield

To Raise a Safeguarding Concern or Seek Advice Contact:

Social Care Direct: Telephone: 0345 8 503 503

Fax: 01924 303455; Minicom: 01924 303450;

Email: social_care_direct@wakefield.gov.uk

For additional information please visit: <http://www.wakefield.gov.uk/health-careand-advice/adults-and-older-people-services/safeguarding/safeguarding>

York

To Raise a Safeguarding Concern Contact:

Customer access and assessment team: Telephone: 01904 555 111

(8.30-5.00pm). For individuals who are hearing impaired please Text: 0753 443 7804

Fax: 01904 554 017; Email: adult.socialsupport@york.gov.uk

Out of hours, contact the Emergency Duty Team

Telephone: 0845 0349 417; Email: edt@northyorks.gov.uk

For information/advice:

Contact:

Safeguarding Adults Team: Telephone: 01904 555 858 (and ask for the duty worker)

Fax: adultsafeguardingfax@york.gov.uk

Email: adult.socialsupport@york.gov.uk

3.7 STAGE 2 - RESPONDING TO THE CONCERN / INFORMATION GATHERING

Initial information undertaken by Adults Health and Social Care gathering will:

- Establish the adult is safe
- Establish the need for advocacy
- Establish consent and capacity to make relevant decisions by understanding the management of risk, what a safeguarding enquiry is, how the adult might protect themselves
- Ascertain if the adult aware of the safeguarding concern and do they perceive it as a concern and want action/support
- If there is a suspicion that a crime may have been committed and a report to the Police needed
- Establish the adult at risk's desired outcome
- Provide feedback to the person making the referral
- Record all actions and conversations

The Enquiry Officer / Safeguarding Co-ordinator will make decisions regarding:

- Whether actions so far have completed the enquiry
- Does the concern need to proceed to Section 42 and Planning Meeting
- Whether to proceed without consent
- What follow-up action may be needed

3.8 STAGE 3 - SAFEGUARDING RESPONSE

Together the Safeguarding Co-ordinator / Enquiry Lead Officer, Adult / Advocate will:

- Identify enquiry lead/officer
- Clarify desired outcomes
- Plan the Enquiry
- Identify links to other procedures in progress
- Undertake agreed action
- Update/agree safeguarding plan
- Agree communication
- Agree outcomes for person(s) alleged to have caused harm if relevant
- Evaluation by the adult/advocate
- Explore recovery and resilience

The Safeguarding Co-ordinator / Enquiry Lead Officer in consultation with the adult and others will decide:

- What type of Enquiry is appropriate and proportionate
- Who should lead and who should contribute
- Does the report (where required) meet standards

- Is it necessary for the Enquiry to be taken over by the Local Authority
- Can the enquiry be closed down
- Actions for the adult
- Actions for the person alleged to have caused harm

3.9 Desired Outcomes Identified by the Adult

The desired outcome of the adult should be clarified and confirmed by conversation(s), to:

- Ensure that the outcome is achievable;
- Manage any expectations that the adult may have and;
- Give focus to the Enquiry.

Staff should support adults to think in terms of realistic outcomes, but should not restrict or unduly influence the outcome that the adult would like. Outcomes should make a difference to risk, and at the same time satisfy the adult's desire for justice and enhance their wellbeing.

The adult's views, wishes and desired outcomes may change throughout the course of the enquiry process. There should be an on-going dialogue and conversation with the adult to ensure their views and wishes are checked as the process continues, and enquiries re-planned should the adult change their views.

If the adult has capacity and expresses a clear and informed wish not to pursue the matter further, the local authority should consider whether it is appropriate to close the Enquiry.

It should consider whether it still has reasonable cause to suspect that the adult is at risk and whether further enquiries are necessary before deciding if further action should be taken. The adult's consent is not required to take further steps, where appropriate, but the local authority must bear in mind the importance of respecting the adult's own views. This decision will be made by the local authority by checking with the adult and consulting with relevant partners and advocate.

GOOD PRACTICE GUIDE INVOLVING ADULTS IN SAFEGUARDING MEETINGS

Effective involvement of adults and/or their representatives in safeguarding meetings requires professionals to be creative and to think in a person-centered way.

- How should the adult be involved?
- Where is the best place to hold the meeting?
- How long should the meeting last?
- Can you hold the meeting at a time to suit the adult?
- Do you need a bespoke agenda?
- Have you completed sufficient preparation with the adult?
- Who should chair?
- Have all parties signed up to a principle of equality?
- Has the adult got communication needs?
- Has the adult got access requirements?

3.10 Types of Safeguarding Enquiries

A range of options can be found at the Local Government Association website for [Making Safeguarding Personal](#). Enquiries can range from non-complex single agency interventions to multi-agency complex enquiries. The key questions in choosing the right type of enquiry, is dependent on:

- What outcome does the adult want?
- How can enquiries be assessed as successful in achieving outcomes?
- What prevention measures need to be in place?
- How can risk be reduced?

Identifying the primary source of risk may assist in deciding what the most appropriate and proportionate response to the individual enquiry might be.

GOOD PRACTICE GUIDE	
Types of Enquiries	Who Might Lead
Criminal (including assault, theft, fraud, Police hate crime, domestic violence and abuse or wilful neglect.	Police
Domestic violence (serious risk of harm)	Police coordinate the MARAC process
Anti-social behaviour (e.g. harassment, nuisance by neighbours)	Community safety services/local Policing (e.g. safer neighbourhood Teams)
Breach of contract to provider care and support	Service commissioner (e.g. Local Authority, NHS, CCG)
Fitness of registered service provider	CQC
Serious Incident (SI) in NHS settings	Root cause analysis investigation by relevant NHS Provider
Unresolved serious complaint in health care setting	CQC, Health Service Ombudsman
Breach of rights or person detailed under the MCA 2005 Deprivation of Liberty Safeguardings (DoLs)	CQC, Local Authority, OPG/Court of Protection
Breach of terms of employment/disciplinary procedures	Employer
Breach of professional code of conduct	Professional regulatory body
Breach of health and safety legislation and regulations	HSE/CQC/Local Authority
Misuse of enduring or lasting power of attorney or misconduct of a court-appointed deputy	Office of the Public Guardian(OPG)/Court of Protection/Police
Inappropriate person making decisions about the care and wellbeing of an adult who does not have mental capacity to make decisions about their safety and which are not in their best interests	OPG/Court of Protection
Misuse of Appointeeship or agency	Department of Work and Pensions (DWP)
Safeguarding Adults Review (Care Act Section 44)	Local Safeguarding Adults Boards

3.11 Considering Action against the Person(s) Alleged to have Caused Harm

It may be necessary to take action against the person/organisation alleged to have caused harm (PATCH)to ensure the safety and wellbeing of other people. Where this may involve a prosecution, the Police and the Crown Prosecution Service lead, sharing information within statutory guidance. The Police will consider disclosure under Common Law on the basis of a pressing social need to disclose.

People in a Position of Trust

The legal duty for employers to refer People in a Position of Trust to the [Disclosure and Barring Service](#) (DBS) may apply. Where a referral to the DBS is required careful consideration should be given to the type of information needed. Where appropriate,

employers should also report workers to the statutory and other bodies responsible for professional regulation such as the General Medical Council the Nursing and Midwifery Council and the Health & Car Professions Council.

3.12 Care and Support Provider Duty

The [Care Act Statutory guidance \(2016\)](#) is clear where abuse or neglect is carried out by employees or in a regulated setting such as a care home or hospital or college, the first responsibility to act must be with the employing organisation as provider of the service. Social workers or counsellors may need to be involved in order to support the adult to recover.

[Care Act Statutory guidance \(2016\)](#) states that the provider has duties as both a service provider and as an employer. Duties include:

- Dealing with employment/disciplinary issues;
- Protecting the adult;
- Incident investigation;
- Assuring regulators and commissioners; □ Preventing recurrent risk, and risk to others;
- Reporting concerns.

Where an employer is aware of abuse or neglect in their organisation, they are under a duty to address this and protect the adult from harm and as soon as possible inform the local authority, CQC and CCG where the latter is a commissioner.

3.13 STAGE 4 - OUTCOMES AND CLOSURE (INCLUDING PLAN AND REVIEW)

Final Outcome to the Enquiry

A Safeguarding Enquiry can be closed at any stage. Individuals should be advised on how and who to contact with agreement on how matters will be followed up with the adult at risk if there are further concerns. It is good practice where a care management assessment, Care Programme Approach (CPA), reassessment of care and support, health review, placement review or any other pre-booked review is due to take place following the safeguarding enquiry, for a standard check to be made that there has been no reoccurrence of concerns.

Closure records should note the reason for this decision and the views of the adult at risk to the proposed closure. The Safeguarding Co-ordinator responsible should ensure

that all actions have been taken, building in any personalised actions. Below is a list of actions which may have been taken as part of the Enquiry:

- Agreements with the adult at risk to closure;
- Referral for assessment and support;
- Advice and Information provided;
- All organisations involved in the enquiry updated and informed;
- Feedback has been provided to the referrer;
- Action taken with the person alleged to have caused harm;
- Action taken to support other service users;
- Referral to children and young people made (if necessary);
- Outcomes noted and evaluated by adult at risk; Consideration for a SAR;
- Any lessons to be learnt.

Closing Enquiries Down when Other Processes Continue

The safeguarding adult's process may be closed but other processes may continue, for example, a disciplinary or professional body investigation. These processes may take some time. Consideration may need to be given to the impact of these on the adult and how this will be monitored. Where there are outstanding criminal investigations and pending court actions, the adult safeguarding process can also be closed providing that the adult is safeguarded.

All enquiries conducted to manage risk should also work towards achieving agreed outcomes. Considerations should be:

1. Has the local authority met its statutory duty to complete enquiries regarding the safeguarding concern?
2. Has the enquiry ensured the safety of the adult(s)?
3. If this has not been possible, has a safeguarding plan been formulated which works with the adult's wishes to live with a degree of risk and helps to manage this?
4. Is a review of the safeguarding plan required (within 3 months of any outcomes determination)?

3.14 Safeguarding Plan and Review

An adult safeguarding plan is not a care and support plan, and it will focus on care provision only in relation to the aspects that safeguard against abuse or neglect, or which offer a therapeutic or recovery based intervention to address the safeguarding concern.

The Safeguarding Plan should set out what steps are to be taken to assure the future safety of the adult at risk and could include:

- The provision of any support, treatment or therapy, including on-going advocacy;
- Any modifications needed in the way services are provided;
- How best to support the adult through any action they may want to take to seek justice or redress;
- Any on-going risk management strategy as appropriate.

The plan should outline the roles and responsibilities of all individuals and agencies involved, and should identify the lead professional who will monitor and review the plan, and when this will happen. Adult safeguarding plans should be person-centred and outcome-focused. Safeguarding plans should be made with the full participation of the adult at risk wherever possible. In some circumstances it may be appropriate for safeguarding plans to be monitored through ongoing care management responsibilities. In other situations a specific safeguarding review may be required.

Review of the enquiry (optional)

The identified lead should monitor the plan on an on-going basis, within agreed timescales. The purpose of the review is to:

- Evaluate the effectiveness of the adult safeguarding plan;
- Evaluate whether the plan is meeting/achieving outcomes;
- Evaluate risk.

Reviews of adult safeguarding plans, and decisions about plans should be communicated and agreed with the adult at risk. Following the review process, it may be determined that:

- The adult safeguarding plan is no longer required; or
- The adult safeguarding plan needs to continue.

Any changes or revisions to the plan should be made, new review timescales set (if needed) and agreement reached regarding the lead professional who will continue monitoring and reviewing; It may also be agreed, if needed, to instigate a new adult safeguarding Section 42 Enquiry. New safeguarding enquiries will only be needed when the Local Authority determines it is necessary. If the decision is that further enquiries

would be a disproportionate response to new or changed risks, further review and monitoring may continue.