

## Part 2: Operational Procedures for Safeguarding Adults at Risk

### Safeguarding Adults from Abuse and Neglect

Published 2018

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Issued: April 2018

Review Date: March 2019

Pennine Care   
NHS Foundation Trust

  
Oldham Clinical Commissioning Group

The Pennine Acute Hospitals   
NHS Trust



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## **2. Introduction**

This procedure explains the process of raising a concern, and, subsequently, Oldham Local Authority's duties to complete safeguarding enquiries, where there are concerns about the abuse, harm or neglect of an adult at risk.

The procedure refers to the key stages that can be taken to safeguard adults at risk and it clarifies the roles and responsibilities of individuals and organisations. The procedure reinforces that the adult at risk should experience the safeguarding process as empowering and supportive and that the views, needs and desired outcomes of the adult are paramount.

### **2.1.2 Safeguarding adults - the stages**

The purpose of the safeguarding adult's procedure is to safeguard people from abuse and neglect. Where actions are no longer needed within this procedure, it should be discontinued. The safeguarding procedure can be ended at any point where it is appropriate to do so, for example where risks have been reduced or at the adult's request (and where there are no risk to others).

The safeguarding stages that will be covered within this Multi-agency policy and procedure are as follows:-

- **Raising a Safeguarding concern**

This is the first contact between a person concerned about the abuse or neglect of an adult at risk and the Local Authority.

- **Information gathering/Screening the concern**

The local authority needs to establish whether there is a statutory duty to make safeguarding enquiries as per section 42 of the Care Act 2014. If the duty applies then safeguarding enquiries **MUST** take place. Other enquiries or responses will be at the discretion of the local authority.

- **Strategy discussion/meeting**

The first step in an enquiry should be a Strategy Discussion or a Strategy Meeting. The purpose of this step is to plan what happens next.

- **Statutory Safeguarding enquiry**

This refers to any actions or activity made or instigated by the Local Authority **AFTER** receiving a safeguarding concern. If the adult fits the criteria outlined in Section 42 of the Care Act, then the Local Authority is required by law to conduct enquiries or ensure that enquiries are made. The purpose of statutory enquiries is to protect adults at risk from abuse and neglect, in accordance with his/her wishes.

- **Case conference**

Following a statutory enquiry, a case conference may be needed to review the findings, risk assessments and safeguarding plan for the adult at risk.

- **Review case conference**

Where risks of abuse are ongoing, a review case conference may be required to review the risks assessment and safeguarding plan.

- **Safeguarding Adult Review (SAR)**

Section 44 of the Care Act 2014 requires the Safeguarding Adult Board (SABs) to arrange a safeguarding adult review when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the person at risk. The purpose of a SAR is to learn the lessons about how professionals and organisations work together, and to consider how the learning can be used to improve practice for others in the future.

### **2.1.3 Making Safeguarding Personal (MSP)**

**“No decision about me, without me.”**

**Making Safeguarding Personal (MSP)** means that the process of safeguarding adults at risk should be person-led and outcome focussed; it engages the person in a conversation about how best to respond to his/her safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety (Appendix 1 Care Act Statutory Guidance 14.15).

All adults should be supported to take control of their lives. The right balance needs to be sought between protecting adults and enabling them to manage their own risks. In order to do this, adults need to be at the centre of any decision making around their safety and wellbeing.

At the earliest opportunity, the adult at risk should be asked what they want to happen now, and what his/her desired outcomes are.

### **2.1.4 Desired outcomes**

**Desired outcomes** are the changes an adult at risk wants to achieve through the support they receive. Examples of desired outcomes include:

- Feel Safe
- To be listened to
- Not to be hurt
- Justice
- Maintain relationships
- Support for the person causing harm
- Abuse to stop

- Feel in control
- To be treated fairly and equally

### 2.1.5 Key principles

The key principles to underpin any Safeguarding Adults response are:-

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent
- **Prevention** – It is better to take action before harm occurs
- **Proportionality** – The least intrusive response appropriate to the risk presented
- **Protection** – Support and representation for those in greatest need
- **Partnership** - working in partnership at all times
- **Accountability** – Accountability and transparency in delivering safeguarding  
(Care Act 2014 Statutory Guidance section 14.13)

## 2.2 Roles and Responsibility

### 2.2.1 Person Raising a Concern

Safeguarding is everybody's business. Anyone who has concerns that an adult is at risk of abuse, harm or neglect should report the concerns to Oldham Local Authority.



If there is a known worker or team already involved with the adult at risk, and you have a direct contact number, the allocated worker or team can be contacted directly. If in doubt, refer your concern via MASH and it will be forwarded to the appropriate team and worker. The worker would raise sg concern within team.

The person raising a concern could be:-

- The adult at risk
- A family member or friend
- A member of staff

- A volunteer
- A member of the public
- Partner agencies

### **2.2.2 Registered Manager / Responsible Person**

The Registered Manager / Responsible Person is the designated person within an organisation who has the **responsibility of raising a concern to Oldham Local Authority via MASH**. They also have the responsibility of ensuring the immediate safety of the adult at risk, however this should take place by any staff member in an emergency or when the Registered Manager / Responsible Person is unavailable.

The role includes:-

- Establishing the desired outcome of the adult at risk
- Raising a concern to Adult MASH
- Ensuring the immediate safety of the adult at risk, including medical or police assistance
- Reporting concerns to regulatory bodies
- Support staff members raising concerns

### **2.2.3 The Safeguarding Adults Manager (SAM)**

The SAM is usually a manager or senior practitioner from Oldham Adult Care Services or Pennine Care Mental Health Team, who has the responsibility for managing the safeguarding response within his/her own specific service area.

The role includes:-

- Establishing the desired outcome of the adult at risk
- Deciding what is the most appropriate response in dealing with the safeguarding concern, including whether a section 42 enquiry is required.
- Arranging and chairing a strategy discussion / meeting
- Coordinating a section 42 Enquiry
- Managing the enquiry undertaken by the Safeguarding Enquiry Officer
- Chairing a case conference where required
- Ensuring that safeguarding documentation has been completed on OMBC Adult Care electronic database

### **2.2.4 The Safeguarding Enquiry Officer**

The Safeguarding Enquiry Officer will be a person from OMBC Adult Social Care or Pennine Care Mental Health Team, or, where appropriate, a manager of a provider service. The role of the enquiry officer is to collate information from his/her own enquiries and / or those enquiries made by others, to establish whether any further action is needed to protect the adult/s at risk.

The Safeguarding Enquiry officer is key in maintaining communication with the adult at risk and/or his/her advocate throughout the safeguarding process.

It is the responsibility of the safeguarding enquiry officer to write a report on the findings of the enquiries which supports the assessment of risk and formulation of the safeguarding plan.

The role includes:

- Establishing the desired outcome of the adult at risk and reviewing the desired outcome throughout the safeguarding process
- Maintaining communication with the adult at risk and / or his/her advocate
- Conducting enquiries under section 42 of the Care Act into abuse or neglect
- Collating information from all people who have been tasked to make enquires
- Formulating a report to conclude the findings of the enquiry / enquiries

## 2.3 Raising a Concern

### 2.3.1 What is a Concern?

A safeguarding concern is defined as the first contact between a person concerned about the abuse or neglect and the Local Authority.

A concern could be:-

- information that was disclosed to you by the adult at risk,
- information reported to you by a friend/relative/carer or someone else, or
- something that you have witnessed or suspect.

### 2.3.2 When to Raise a Concern?

Raising a concern means reporting to Oldham Local Authority that you have concerns about a person **over the age of 18** who;

- a) has **needs for care and support** (whether or not the authority is meeting any of those needs) **and**
- b) is experiencing, or is at risk of, **abuse or neglect, and**
- c) as a result of those needs is **unable to protect himself or herself** against the abuse or neglect or the risk of it

Safeguarding Concerns should be reported to MASH when the concerns about abuse are occurring within the Oldham area.

**Multiagency Safeguarding Hub  
(MASH)**

Tel 0161 770 7777

Email: [adult.mash@oldham.gov.uk](mailto:adult.mash@oldham.gov.uk)

**Target timescale: in an emergency concerns should be raised immediately, otherwise within the same working day.**

### **2.3.3 Consent**

Where possible, you should always try to discuss your concerns with the adult at risk and seek his/her views and wishes about what they would like to happen.

There are some instances when you may need to Raise a Concern without the person's consent, for example where:-

- it is in the public interest to do so, for example, there are risks to other adults who have care and support needs;
- the person lacks capacity to consent and it is considered raising a concern is in the person's 'best interest';
- the person is subject to coercion or undue influence which affects his/her ability to consent;
- it is in the person's vital interests i.e. in life-threatening situations to prevent serious harm.

### **2.3.4 Contacting Emergency Services**

It is important to ensure the safety of an adult at risk when you are raising a concern, such as the need for emergency medical treatment or police intervention if a crime is taking place. Criminal offenses of a sexual nature will require expert advice from the police.

Where an adult is at risk of abuse and neglect. Oldham Local Authority, other agencies or individuals, should consider whether a criminal offense has occurred. If it is considered a crime has occurred this should be referred to the police immediately.

### **2.3.5 Preserving evidence**

If the police are contacted, it is important that forensic and other evidence is not contaminated or lost. Advice should be sought from the police about how to preserve evidence in specific situations. Evidence may be present even if it is not seen, therefore precautions should be taken, such as:-

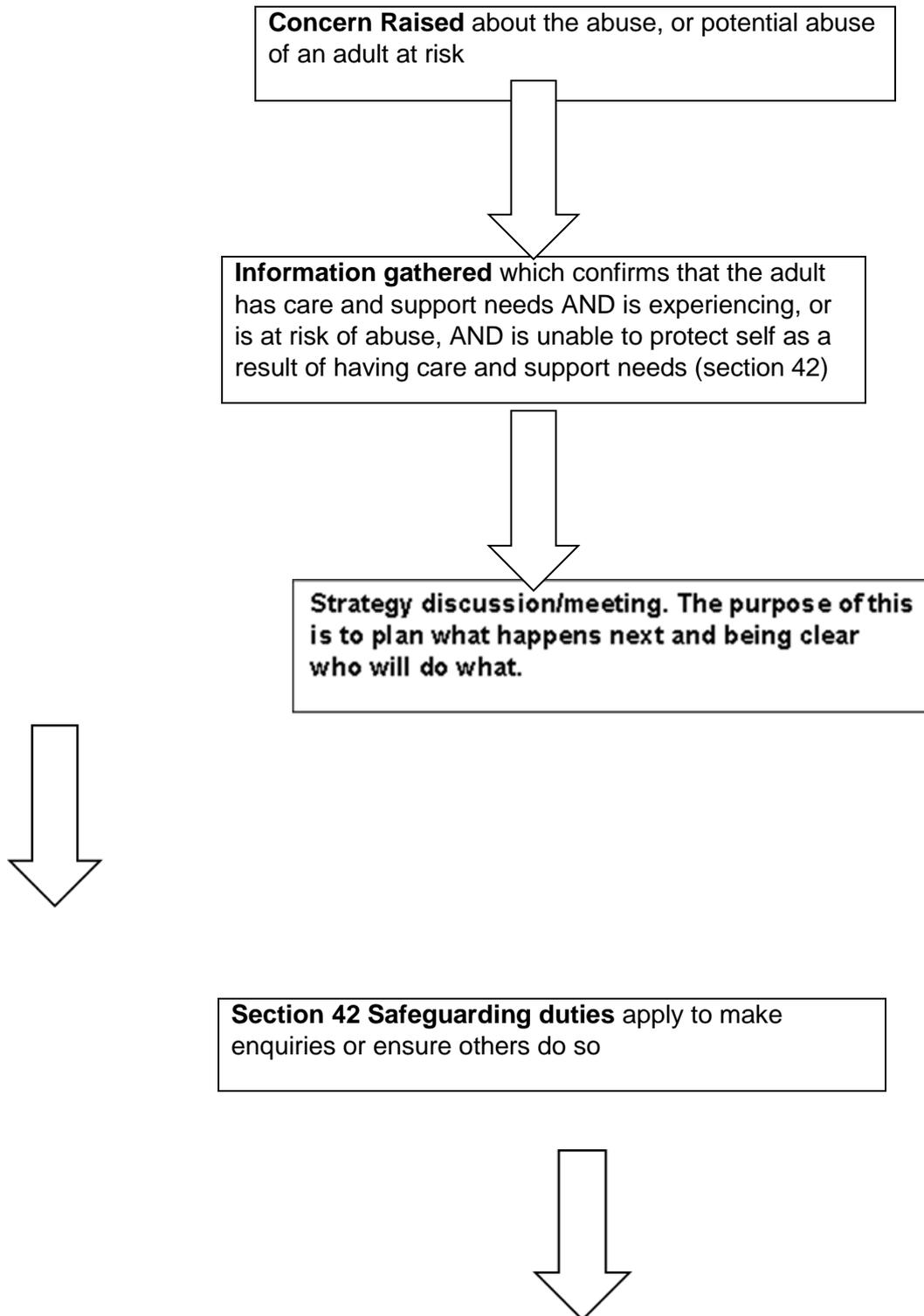
- do not disturb the scene or move any 'evidence' where possible
- secure the scene i.e. by locking a room or a property where the incident took place
- keep any documents, containers as potential evidence

### **2.3.6 Guidance for Health, Social Care and related providers**

It is the responsibility of any individual or organisation who is affiliated to this policy and procedures to take action if they suspect abuse of an adult subject to the safeguarding concern. There should be safeguarding policies and procedures detailing responsibilities of all staff (and volunteers) within registered health and social care organisations.

Please also see **Part 3** of these policy and procedures, which provides more detailed information for care staff working within an organisation.

## 2.4.7 Summary Flowchart Where Section 42 Duties Apply



**Case conference meeting/discussion**

### 2.3.7 Raising a Concern: Summary of who to Contact

#### Raising a concern

##### Who should you contact?

Whether you are raising an alert on behalf of yourself or on behalf of another:

- You should speak with any of the agencies known to be involved in yours or the persons care or telephone the **Oldham Multi Agency Safeguarding Hub (MASH): 0161 770 7777**
- Please contact the police immediately if you think a crime has been committed.
- In an emergency telephone 999
- For all other non-urgent police matters telephone 101

### 2.3.8 Raising a concern checklist

#### Raising a concern – checklist

If you have information that an adult at risk is potentially experiencing abuse or neglect, it is useful to consider the following checklist.

##### Information required

Have you gathered enough information to raise the concern?

- Personal details (Name, DOB, Address)
- What is the nature of abuse / potential abuse?
- Does the person have care and support needs?
- What does the adult at risk want to happen?
- Persons individual circumstances which may impact / increase risk

##### Immediate safety

- Does the person need emergency medical treatment or the police to attend urgently? If so call 999

##### Crime

Has a crime been committed? Call 101 if non-emergency. Consider and seek advice from police about preserving evidence.

### **Raising a Safeguarding Concern**

Contact the Local Authority

**Multiagency safeguarding Hub (MASH)** Tel 0161 770 7777  
[adult.mash@oldham.gov.uk](mailto:adult.mash@oldham.gov.uk)

### **Record**

Have you documented the Incident and actions taken?

### **Support**

Have you provided support and reassurance to the adult at risk?

Have you provided support to people eg employees who identified the safeguarding concern?

## **2.4 Information gathering/Screening the concern**

### **2.4.1 What do we mean by information gathering/screening the concern?**

The main purpose of this stage is to establish whether there is a statutory duty to make safeguarding enquiries under section 42 of the Care Act 2014. Oldham Local Authority should collate sufficient information for it to make a decision about how to respond to the concern. The local authority needs to be able to establish whether the following criteria has been met:-

#### **Is the person....**

- a) an adult at risk?            AND**
- b) experiencing or at risk of abuse, harm and neglect?            AND**
- c) requiring support to protect self?**

If the adult meets all of the above, criteria then the section 42 duty is met. Accordingly, Oldham Local Authority **MUST** decide what is the most appropriate and proportionate response to the risk presented

**Target timescale: information gathering should commence immediately in an emergency, otherwise within 24 hours of receiving the concern.**

## **2.4.2 Relatives and unpaid carers**

Circumstances which may result in an enquiry under this policy and procedures are where:

- A carer may witness or speak up about abuse or neglect;
- An unpaid carer may experience intentional or unintentional harm from the adult that they are trying to support or from the professionals and organisations that they are in contact with.
- An unpaid carer may intentionally or unintentionally harm or neglect the adult that they support, alone or with others.

When a safeguarding concern is raised regarding a relative or an unpaid carer, consideration needs to be given to the circumstances so that a proportionate response can occur. This should include the specific needs of the person and of the relative or unpaid carer. For example, it may be useful to consider whether the harm / risk of harm was deliberate or unintentional to decide whether an assessment for the adult or carer is more appropriate than a section 42 enquiry.

Any decisions made need to consider the adults rights to private and family life and, if the adult wishes to maintain relationships, responses should ordinarily aim to support the continuation of the relationship.

## **2.4.3 Abuse of one adult at risk by another**

Safeguarding incidents which occur between adults at risk need to be dealt with proportionately. The level of risk should be considered when deciding how to respond. Where adults reside together in a care setting, it should be recognised that living with person who causes harm can add to the emotional distress experienced.

The fact that the person alleged to have caused harm may have a particular diagnosis or condition should not prevent a safeguarding response. However, the need for additional support planning and risk assessment will be required, along with the safeguarding for the adult at risk.

## **2.4.4 Repeat Allegations**

An adult at risk, or his/her representative, who makes repeated allegations that have proven to be unfounded should be treated without prejudice. All allegations should be considered in their own right. Organisations should have procedures for responding to such allegations which should include risk assessment and protection for both the adult at risk and the staff members providing support. Repeat allegations may not necessarily warrant a safeguarding response. For example, if a situation is being risk managed optimally, then it may be more appropriate to review the needs of the individual(s) concerned.

## **2.4.5 Self-Neglect**

Self-neglect covers a wide range of behaviour, such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. In the first instance, an assessment should be offered for the provision of support. Where a person lacks mental capacity in relation to making decisions about his/her care and

support needs, a best interest meeting / decision should be held under the Mental Capacity Act MCA 2015.

Before safeguarding procedures are initiated, attempts to engage the adult should take place. If attempts are unsuccessful, and a significant risk of harm remains, a multi-agency response is required to assess the level of risk and to look at alternative ways of support that may be more acceptable to the adult at risk. Such actions would be managed via a Risk Management response rather than more formal enquiries.

Please note, if the above criteria are not met then the section 42 duty does not apply. In other words, the Local Authority is not obliged to undertake a safeguarding enquiry. However, in these circumstances the local authority may choose to undertake an enquiry akin to a section 42 Enquiry. Such enquiries are called non statutory enquiries. These will be referred to in more detail within the process.

### **Strategy Discussion or Meeting**

The first step in an enquiry should be a Strategy Discussion or a Strategy Meeting. The purpose of this step is to plan what happens next. For example, deciding actions necessary to protect the adult at risk or others at risk.

This stage of the process does not necessarily have to be something formal. For example, it could simply be a discussion between the adult, the Enquiry Officer and his/her manager. Alternatively, it may be more appropriate to have a formal meeting (a strategy meeting). A Strategy **Meeting** is likely to be required where:

- a multi-agency perspective is required to assess the risk, inform or contribute to the Safeguarding Plan, or inform the Enquiry
- there is a need to coordinate the Enquiry with enquiries being undertaken by other agencies
- a Large Scale Enquiry is being considered
- there are concerns about the safety of the service or organisational abuse
- a serious crime has occurred
- a Strategy Meeting will assist the adult at risk/representatives to reach resolution and recovery from his/her experiences

If a strategy meeting is required, the Safeguarding Adults Manager (SAM) would be the person responsible to oversee the organisation and chairing of a strategy meeting ensuring that minutes are taken and circulated (see also 2.10.3 Safeguarding Meeting Minutes).

The **Strategy Discussion or Meeting** will need to include:

- sharing information about the safeguarding concern/allegation
- consideration of the wishes and desired outcomes of the adult at risk, and/or his/her best interests where they lack the mental capacity in relation to relevant decisions agreement of how the adult at risk will be involved and included within the Enquiry and any support they may require
- assessment of the risk to the adult at risk or others, including children

- agreement of a Safeguarding Plan
- planning the Enquiry, coordinating the involvement of other organisations where required.

**Target timescale: The Strategy Discussion/Meeting should be held within 5 working days of receiving a concern.**

### **2.5.5 Who should be involved in a Strategy Discussion/ Meeting?**

The SAM will need to decide who to involve in a Strategy Discussion/Meeting. Discussions or attendance at meetings should be limited to those who **need to know** and who can **contribute to the decision-making process**. This may include an appropriate representative of any organisation that has a specific role in relation to undertaking enquiries or specialist assessments, assessing risk, carrying out part of the safeguarding plan, taking action in relation to the person alleged to have caused harm.

Local authorities or CCGs funding the adult's care need to be involved. The '**ADASS: Out of area arrangements: Protocol for inter-authority investigation and protection arrangements 2012**' (Appendix 2) sets out respective responsibilities when abuse or neglect occurs in one local authority area, but the person receives services funded/commissioned by another. The protocol is adopted as part of this procedure and should be considered in these circumstances when deciding who to involve in the Strategy Discussion/Meeting.

Where the allegation/concern involves abuse occurring within a regulated or contracted service, the SAM should consider involving, as appropriate:

- Quality Assurance Safeguarding Hub (QASH)
- Procurement
- Care Quality Commission
- CCG

Participants in the strategy discussion/ meeting should be of sufficient seniority to make decisions concerning the organisation's role within any subsequent Enquiry and the resources they may contribute to the Safeguarding Plan.

Any organisation requested to participate in a Strategy discussion/ Meeting should regard the request as a priority. If no one from the organisation is able to attend a meeting, they should provide information as requested and make sure it is available to the SAM in advance.

### **2.5.6 Involving the adult at risk**

The adult at risk should experience the safeguarding process as empowering and supportive. It is vital that the views, needs and desired outcomes of the adult at risk are central to the Strategy Discussion/Meeting.

It may be appropriate to invite the adult at risk to a Strategy Meeting or to part of it, to contribute his/her views and needs directly to the meeting. It is vital that decisions about safeguarding arrangements are made in partnership with the adult at risk.

In the event that the adult at risk is not able or does not wish to attend, or it is not appropriate for them to attend, every effort should be made to explain its purpose to the adult at risk, to find out his/her concerns, what they want to happen, how they want to be involved and the support they feel they need in order to be safe.

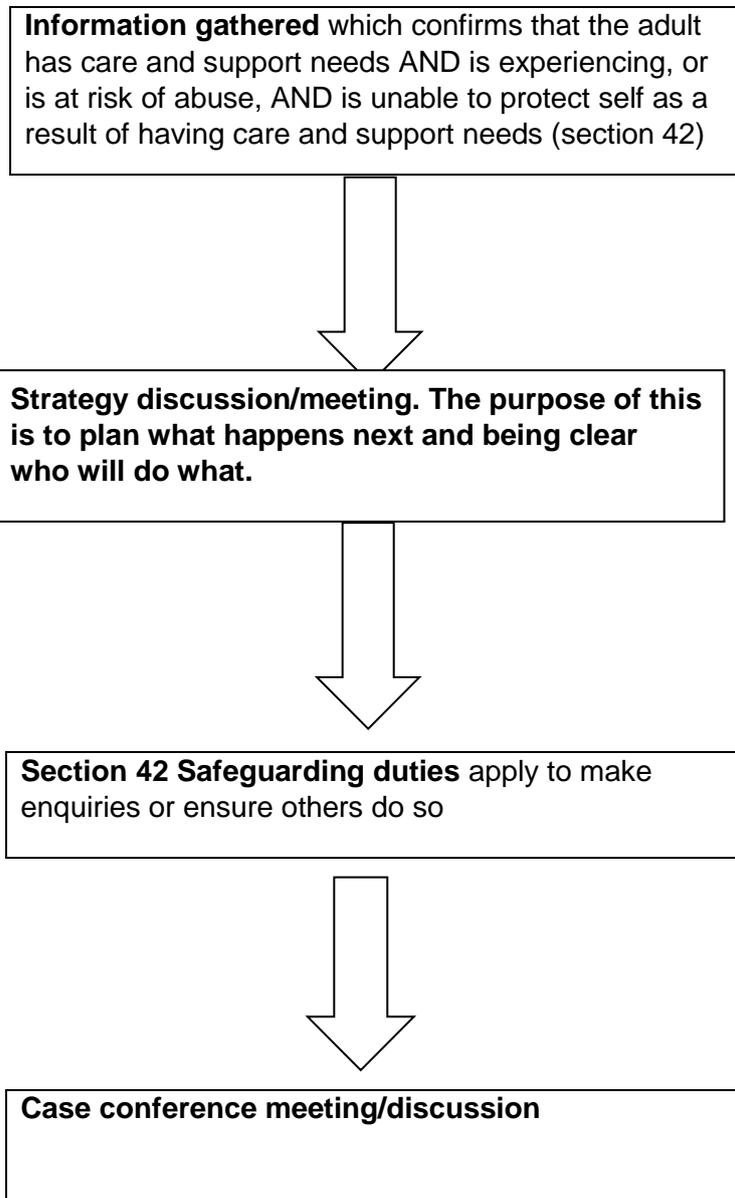
**The desired outcomes of the adult at risk should inform decision making as far as possible. However there will be instances when it may be necessary to override the persons wishes such as situations where others could be at risk.**

Consideration should be given to the need for an **independent advocate** to enable the person to participate in decision making.

Where a person is without the mental capacity to decide about his/her involvement, a decision will need to be made in his/her **'best interests'**. The Strategy Discussion/Meeting must decide who will liaise with the adult at risk about decisions reached or required if they are not present.

#### **2.4.6 Non-Statutory Safeguarding Enquiry**

These are enquiries carried out on behalf of adults who **DO NOT** fit the criteria outlined in Section 42 of the Care Act 2014. These enquiries may relate to an adult who is believed to be experiencing, or is at risk of, abuse or neglect, but does not have care and support needs (for example might just have support needs). Local Authorities are **NOT** required by law to carry out enquiries for these individuals and do so at its own discretion. This may include people with learning disabilities, mental health issues, older people, and people with a physical disability or impairment. It may also include adult victims of abusive care practices; neglect and self-neglect; domestic abuse; child sexual exploitation; hate crime; female genital mutilation; forced marriage; modern slavery; human trafficking; honour based violence and anti-social abuse behaviour.



## 2.5 Section 42 Enquiry

### 2.5.1 What is an Enquiry?

An enquiry refers to any action taken, or instigated, by the Local Authority AFTER it has been established that the adult at risk meets the criteria for safeguarding outlined in Section 42 of the Care Act. Enquiries can range from being short pieces of work (such as telephone calls or one –off visits), to more formal enquiries where a multi-agency approach is required.

An enquiry may constitute a series of activities to manage the risks of abuse and / or it may require meetings and interviews to further coordinate and establish the facts. Where a crime has been committed, an enquiry would be led by the police.

**The Care Act requires that each authority must make enquiries, or ensure others do so, if it believes an adult is at risk of, abuse, harm or neglect. Any enquiry should establish whether action needs to be taken to stop abuse, harm or neglect, and if so, by whom.**

### 2.5.2 The Purpose of an Enquiry

The objectives of an Enquiry into abuse or neglect are to:

- Establish the facts
- Ascertain the adult's views and wishes
- Assess the needs of the adult for protection, support and redress and how they might be met
- Protect from the abuse and neglect, in accordance with the wishes of the adult
- Make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect;
- Enable the adult to achieve resolution and recover.

### 2.5.3 Risk Management

Risk Management is the action/s needed to safeguard an adult or adults from abuse, harm or neglect. **Risk Management Response** is the term used to reflect a broad range of different actions and approaches that may be used to respond to the risk of abuse or neglect either where a formal enquiry is not required, or as an outcome of an Enquiry. There are no fixed set of actions and there could be a range of responses to address the safeguarding concern/s.

### **Examples of Risk Management Actions**

Action taken by the adult to safeguard themselves

Assessment of care and support needs

Carer's assessment

Unscheduled review of care and support

Mediation

Multi-agency risk assessment

Social work intervention

Family Group Conferences

### **2.5.7 Planning an enquiry**

The focus of the Enquiry is to establish the facts relating to the concern, so as to be able to identify the safeguarding needs of the individual and others. Any Enquiry should be planned so that it is clear what information is required and how this information will be sought. Issues to consider include:-

- the concerns or allegations to be addressed
- distinguish any elements that do not need to part of an Enquiry under the safeguarding procedure, and the alternative process (if any) being followed
- the involvement, support and communication needs of the adult at risk
- the involvement, support and communication needs of the person or organisation alleged to have caused harm
- opportunity for the person or organisation alleged to have caused harm to respond to allegations and the Enquiry findings concerning them
- risk to the adult or others including other adults at risk and/or children
- setting provisional dates for completion of the Enquiry Report
- setting provisional dates for the Case Conference Meeting/Meeting (if required)

### **2.5.8 Causing others to Make Enquiries and Multi-Agency Responses**

Enquiries should be undertaken by those who have the best skills, knowledge, expertise and resources. This may involve asking another person or organisation, such as the current service provider manager to undertake particular activities. Other concerns such as pressure sores and moving and handling may require specialist input.

Please see 'Table for Making Enquiries' (Appendix 3) for further guidance about which agencies should be responsible for different types of enquiries.

The Strategy Discussion/Meeting will need to consider respective roles and responsibilities. A properly coordinated joint enquiry will achieve more than a series of separate enquiries. It will ensure that evidence is shared, repeat interviewing is avoided and will cause less distress for the person who may have suffered abuse.

Each organisation must look for opportunities to work in partnership. Organisations however must be responsible and accountable for their own actions and decisions. In deciding how enquiry processes are coordinated, the following principles should be taken into account:

- the wishes and desired outcomes of the adult at risk
- the safety and individual wellbeing of the adult at risk
- in the case of a police investigation that could lead to criminal proceedings, any other enquiry process should not commence without the prior agreement by the police. This does not preclude, where appropriate and agreed, joint interviews and information sharing
- there should be clear agreement between the organisations concerned about the scope of their enquiries/ investigations and respective roles and responsibilities
- the timing and inter-relationship of the various enquiries needs to be considered
- Where possible, sharing of information may prevent the need for repeat enquiries into the same issues or concerns. Refer to information sharing guidance as required.

### **2.5.9 Service provider's responsibility to make enquiries**

Where abuse or neglect is alleged to have occurred within a regulated service, the service provider should complete an Enquiry unless there is a compelling reason why it is inappropriate or unsafe to do so.

This will require a professional judgement, based on the individual circumstances and the principle of proportionality. However, there may be situations where it is not appropriate for providers to complete Enquiries, such as:-

- organisational abuse is alleged, or
- the manager or owner of the service is implicated, or
- the issues may not be, or may not be perceived to be, responded to impartially by the service provider
- there are regulatory or commissioning implications
- non-effective past enquiries
- serious or multiple concerns
- It is a matter that should be investigated the police
- Other organisations are needing to undertake elements of the Enquiry

Once the Enquiry is complete, Oldham Local authority should be notified of the outcome, and will then determine with the adult what, if any, further action is necessary and acceptable.

Please also see **Part 3** of these policy and procedures, which provides more detailed information for care staff working within an organisation.

#### **2.5.10 ongoing assessment of risk**

Any safeguarding arrangements made will need to be kept under review during an Enquiry so as to ensure that risk is being appropriately managed. Any action taken must be proportionate to the concerns raised.

The Enquiry Officer should inform the SAM if new information and evidence new information comes to light that suggests that further safeguarding planning, and possible a further strategy meeting, is required.

If there are risks to any child, children services must be contacted without delay.

#### **2.5.11 Principles of fairness**

In undertaking the Enquiry, it is important that it is carried out impartially and with fairness to all concerned. An Enquiry should be conducted without pre-judging its outcome. The Enquiry should be undertaken objectively, based upon the finding of facts. An Enquiry should always be sufficiently thorough to ensure a balanced perspective is obtained in relation to the incident occurring (or alleged to have occurred).

The adult at risk should have the opportunity to give his/her account of what has happened to them and review the enquiry findings.

Wherever practicable a person alleged to have caused harm should be enabled to respond to allegations and the enquiry findings, in respect to his/her actions/conduct. However, there will need to be consideration as to the timing that a person is informed, so as not to prejudice any investigation/enquiry required or place any person at risk.

#### **2.5.12 Conducting Safeguarding enquiries**

A Safeguarding Enquiry Officer will gather and evaluate various sources of information, including:-

- activities of other organisations, such as provision of expert reports e.g. specialist health reports;
- activities being undertaken by organisations through other enquiry/investigative processes, e.g. police investigations, serious incident, complaint and disciplinary investigations;
- specialist reports in relation to aspects of the allegations/concerns, such as specialist health/medical reports;
- examination of documentary evidence such as files, accident and incident reports, daily logs, accounts, medical records etc.;

- interviews with the adult at risk, witnesses, the person alleged to have caused harm or representative(s) of the organisation alleged to have caused harm, and others who can provide relevant information;
- assessing relevant information provided by partner agencies.

### **2.5.13 Medical treatment and examination**

In cases of physical abuse it may be unclear whether injuries have been caused by abuse or some other means (for example, an accident). Medical or specialist clinical advice may need to be sought. If forensic evidence needs to be collected, the police should always be contacted and they will normally arrange for a police surgeon (forensic medical examiner) to be involved. Consent of the adult at risk should be sought for medical examination or the taking of photographs. Where the person does not have mental capacity to consent to medical examination or the taking of photographs, a decision should be made on the basis of whether it is in the adult's best interest.

Should it be necessary as part of the enquiry to arrange for a medical examination to be conducted, the following points should be considered:

- the rights, views and wishes of the adult at risk
- issues of capacity and consent
- the need to preserve forensic evidence
- the need for support/representation from family members or unpaid carers
- the need for independent advocacy

### **2.5.14 Interviews**

Any interview needs to take into account the particular needs of the person being interviewed, regardless of whether that person is the adult at risk, a witness or the alleged person to have caused harm. The following points should be considered:-

- does the person wish to be accompanied during the interview for emotional support or personal assistance?
- are there particular communication needs that need to be catered for?
- are there relevant cultural, spiritual or gender issues or particular support needs that need to be planned for?
- has the interview taken into account a person's cognitive abilities (for example, the person's concentration span, and the complexity of questions being asked)?

In addition, always ensure:-

- the purpose of the interview is fully explained
- the venue for the interview is appropriate and private
- the person is aware of how the information they are sharing will be used
- that the individual understands what is taking place throughout the interview
- the interview is conducted at the individual's own pace; this may involve breaks or more than one interview to be conducted
- the adult at risk is not interviewed in the presence of the person alleged to have caused harm
- that everything is recorded as fully and accurately as possible

- that interviews are carried out sensitively and without any pre-judgement of the issues
- to avoid, wherever possible, repeat interviews of a person about the same incident

### 2.5.15 Safeguarding Enquiry Report

Enquiry findings should be documented on the OMBC electronic database. Detailed multi-agency findings should be documented on a **Section 42 Enquiry Report** and external reports uploaded onto the electronic database (see links for all templates in Appendix 4).

This report should provide a summary of enquiry activities and evidence obtained. The report may need to collate information from a range of sources and activities. In compiling the safeguarding Enquiry report, the following principles should be adhered to:

- the report should be based upon the facts established within the Enquiry
- any opinions expressed within the report should be referenced as such
- the Enquiry report should be focused on the experience of abuse and what actions can safeguard the adult at risk from future harm
- if any person could not be interviewed or if certain records could not be accessed, the Enquiry report should record this and the reasons why
- the Enquiry report should make clear where evidence from different sources is contradictory
- the report should evidence how conclusions or recommendations have been reached
- Personal information concerning the adult at risk, the person alleged to have caused harm or any other parties, should be kept to the minimum necessary for the purposes of the report
- The report may contain information that relates to different individuals. It may be necessary for reports to be written in a way that enables particular sections to be shared as appropriate or be anonymised through use of initials or removal of names

The Enquiry Report should be agreed by the Safeguarding Adults Manager prior to Case Conference

**Target timescale: Enquiries should be completed within 25 working days and where a case conference is required, reports should be with the SAM 48 hours prior to the conference.**

### 2.5.16 Standards of Proof

In determining whether abuse has occurred, the standard of evidence for an Enquiry is ‘**on the balance of probability**’. This is in contrast to the standard of proof for a criminal prosecution which is established as ‘beyond reasonable doubt’. The balance of probability is based on the available evidence. For example, if there is more available evidence to suggest that abuse occurred, then abuse is substantiated. In contrast, if there is more available evidence to suggest that abuse did not occur, abuse is unsubstantiated.

The Enquiry Officer should make recommendations about whether abuse has been substantiated, unsubstantiated or was inconclusive, following the completion of enquiries and this would be agreed by the SAM. When a case conference discussion or meeting is held following an Enquiry, the standards of proof is determined by all professionals involved casting a vote (see further information at Case Conference Discussion / Meeting section).

### **2.5.17 Additional Findings to the Enquiry**

Other finding may be discovered during the course of the enquiry that do not relate to the safeguarding concern but are relevant factors and should be recorded. For example, this could relate to an area of poor practice not directly related to the harm or abuse.

### **2.5.18 The Safeguarding Plan - Agreeing actions with the adult at risk**

The **Safeguarding Plan** should clearly set out the action that has been agreed to safeguard the adult/s at risk from the risk of abuse. The Plan should identify who is carrying out specific actions and the timescales for completion and review. Whilst developing a Safeguarding Plan with an adult at risk, it is essential that they are at the centre of all decision-making. Practitioners should consider:-

**Empowerment.** It is vital that the adult at risk be in control of decisions as to how risks they face in his/her life are managed. Any intervention regarding family or personal relationships need to be carefully considered. The approach taken must consider how to support the adult to have the opportunity to develop, or maintain, a private life which includes those people with whom the adult at risk wishes to establish, develop or continue a relationship.

**Prevention.** Clear actions should be in place to prevent harm or abuse from occurring or reoccurring. Risk assessments should include triggers / early warning indicators that could prevent harm or abuse, and adults at risk should be empowered to take action and seek the relevant support when they need it. Actions and Safeguarding Plans should be reviewed with the person to ensure that his/her safety and wellbeing is maintained.

**Proportionality** The safeguarding actions taken should reflect the nature and seriousness of the risk, and wherever possible and appropriate, support the person to achieve his/her desired outcomes. While abusive relationships never contribute to the wellbeing of an adult, interventions which removes all contact with family members may also be experienced as an abusive intervention and risk breaching the rights to family life if not justified or proportionate.

**Partnership** Any Safeguarding Plan that impacts on the welfare of the adult at risk should be devised in partnership with them, taking into account his/her wishes and the impact of the Safeguarding Plan on his/her lifestyle and independence. This may include actions the adult at risk is taking, as well as the actions of the local authority and other organisations.

**Protection** Whilst it is important to support the person work towards his/her desired outcomes where possible, this can never be at the expense of others being placed in a position of risk. Throughout any response within the safeguarding adults procedure it is necessary to consider the safety of wellbeing of others, this may be those people living in the same family home, those in the same care environment or members of the wider public.

An adult at risk with mental capacity may decide not to accept a Safeguarding Plan, however protection arrangements should be offered and work undertaken to understand the reasons for not accepting support. Support may need to be offered in a manner the person finds more acceptable.

Where a person is without mental capacity to make decisions about his/her safety, decisions about protective arrangements should be made in his/her best interests taking into account his/her wishes, feelings, beliefs and values (Mental Capacity Act 2005). Decision made should always be the least restrictive option.

**Risk to others** Some safeguarding actions will be focused on managing the risk to others. Consent is not required to take actions that safeguard the safety and well-being of others. However, it would be good practice to inform the person of actions being taken, unless to do so would place any person at further risk.

**Accountability.** All decisions need to be clearly recorded and shared with the person, the adult's representative, and all those who need to know, in agreement with the adult at risk.

### 2.5.19 Actions to consider

- **Persons in a position of trust** Where allegations have been made in relation to an employee, volunteer or student the employer/student body must assess the risk in the context of the service and consider appropriate risk management arrangements taking into consideration their own internal policies and procedures, and employment law. This may include actions, such as changes to their working arrangements or suspension. There is a legal duty on regulated activity providers and personnel suppliers to make a disclosure and barring service referral, where the criteria are met. The guidance produced by the Disclosure and Barring Service should be consulted in reaching a decision as to the appropriateness of a referral. Where this action is agreed as part of a Case Conference\_Meeting or Discussion, confirmation must be provided to the SAM when this has been done.
- **Person causing harm is also an adult at risk** If the person causing abuse or neglect is also an adult at risk, it may be necessary to hold a separate meeting to address the needs of the person causing the harm and the risks that they may present. It may be appropriate for a separate care manager/care coordinator to be involved in order to respond to these issues.

## 2.6 Case Conference

### 2.6.1 Purpose of the Case Conference

The purpose of the Case Conference is to review the findings of the Enquiry, identify risks and agree safeguarding actions required to respond to the concerns.

The Case Conference involves:

- working towards wishes and desired outcomes of the adult at risk where possible
- reviewing the Formal Enquiry report
- determining whether abuse or neglect has occurred
- assessing the level of any ongoing risk
- agreeing a Safeguarding Plan where required
- agreeing further actions to be taken
- deciding how any Safeguarding Plan is reviewed and monitored

**Target timescale: Case Conference / Discussion should take place within 25 working days of the strategy discussion / meeting.**

### **2.6.2 Case Conference meeting or discussion?**

A Case Conference must be held and may take the form of Case Conference Discussion or Case Conference Meeting. The decision as to whether a Case Conference Meeting or a Discussion is required will be decided by the SAM. The decision will need to be a professional judgement, taking into account the principle of proportionality, and the views and desired outcomes of the adult at risk.

A Case Conference Meeting will ordinarily be required where:

- a multi-agency perspective is required to review the findings of the Enquiry and contribute to the Safeguarding Plan.
- a Large Scale Enquiry has been undertaken
- there are concerns about the safety of the service or organisational abuse
- formal actions may be required in relation to a 'person in a position of trust' e.g. Referral to professional regulatory body or the Disclosure and Barring Service.
- the Enquiry findings are detailed or complex or indicate a significant difference of opinion about the outcome
- a Case Conference Meeting will assist the adult at risk/representatives to reach resolution and recovery from his/her experiences
- a serious crime has occurred.

### **2.6.3 Case Conference Discussion**

A Case Conference Discussion will be led by the SAM. The actions and decisions required within a Case Conference Discussion are the same as those required by a Case Conference Meeting.

Where a Case Conference Discussion is held, the SAM will liaise with the Safeguarding Enquiry Officer and other relevant parties as required to reach a decision as to whether abuse has occurred. Such a decision, wherever possible, will take into account the views of the adult at risk and the person or organisation alleged to have caused harm.

Any decisions about safeguarding arrangements should be undertaken in consultation with the adult at risk and other relevant parties such as his/her representatives (e.g. advocates or family members). Where a person is without mental capacity in relation to decisions about his/her safety, plans will need to be agreed in his/her best interests.

The SAM will be responsible for ensuring that case conference discussions are recorded by signing off the case conference report (within the enquiry episode on the electronic recording system) and communicated with all relevant parties.

## 2.6.4 Case Conference Meeting

A Case Conference will be chaired by the SAM. Where possible, it is good practice to plan the provisional date and venue of the Case Conference Meeting at the time of the Strategy Discussion/Meeting, allowing attendee's sufficient notice to attend.

The Enquiry Officer and Safeguarding Adults Manager will need to determine who to invite to the Case Conference Meeting and how the views of any relevant people who are not to be invited will be represented. The decision regarding who to involve in a Case Conference Meeting should be limited to those who need to know and who can contribute to the decision-making process. This may need to include a representative of any organisation that has a specific role in:

- undertaking enquiries into the allegation of abuse or neglect
- assessing the risk
- developing or carrying out the Safeguarding Plan, or
- taking action in relation to the person alleged to have caused harm,

The person participating should be of sufficient seniority to make decisions concerning the organisation's role. The most appropriate representative from an organisation alleged to have caused harm needs to be invited to attend the Case Conference. This will depend on the nature and severity of the allegations.

Where the allegation/concern involves abuse occurring within a regulated or contracted service, the Safeguarding Enquiry Officer and Safeguarding Adults Manager should consider involving, as appropriate:

- Care Quality Commission
- Quality Assurance Safeguarding Hub
- Contracts and Commissioning
- Clinical Commissioning Group

Any organisation requested to participate in a Case Conference Meeting should regard the request as a priority. If the invited person (or an appropriate representative) is unable to attend a Case Conference Meeting, they should provide information in writing as requested and make sure it is available for the SAM in advance of the meeting.

Only people invited to attend the Case Conference Meeting should do so. Unexpected people may not be permitted to attend the meeting. Any person that would like to bring an additional person, a friend or family member or a colleague from his/her organisation for example should inform the SAM in advance of the meeting.

Invitations should include the adult at risk. Where the adult at risk lacks the mental capacity to decide about attendance a best interest decision will be required. Where a person has a 'substantial difficulty' or lacks mental capacity in relation to decisions, consideration should be given to the need for an advocate. If the adult at risk prefers, they may choose to not attend and have his/her views reported via a representative or in writing. When the adult at risk is present at the Case Conference Meeting it may be difficult for them to express his/her feelings/views. If the adult at risk requires support to express his/her views, the chair needs to identify how this can be done effectively.

There may be occasions where an adult does not feel that they have been harmed or abused and this should be noted and respected. Others may however take a view that abuse has taken place because of the nature and context of the allegation (e.g. that the person responsible is in a 'position of trust'). Factors such as this should be clearly recorded and any Safeguarding Plan should take account of these issues accordingly.

If the adult at risk is not present, the Case Conference Discussion/Meeting will need to agree who is the best person to provide feedback to them. This should take place as soon as possible and be in addition to any minutes received. The adult at risk should be supported to raise any issues they may have about the decisions taken and the Safeguarding Plan that has been developed/proposed.

### **2.6.5 Involving the person or organisation alleged to have caused harm**

It is important that the safeguarding adult's procedure is carried out with openness and transparency.

Unless there are exceptional circumstances, the person alleged to have caused harm should also be invited to the Case Conference Meeting. If the person alleged to have caused harm has chosen to attend, they are entitled to bring an appropriate person to support them. They may also choose not to attend and have his/her views reported via a representative or in writing.

In the event that the adult at risk and the person alleged to have caused harm both choose to attend, arrangements will need to be planned so as to enable both parties to participate as appropriate. If it is difficult for one or other party to be present at the same time as the other, it may be decided for both to attend different parts of the meeting in turn. The decision as to how this can be best managed will need to be made on a case by case basis by the SAM.

The view of the person(s) or organisations alleged to have caused harm should always be sought, noted and carefully considered by the SAM in a Case Conference Discussion and by attendees at a Case Conference Meeting. If the person alleged to have caused harm is not present, his/her views should be still be fully considered within the decision making process.

A decision must be made at the Case Conference Discussion/Meeting about what feedback should be provided to the person alleged to have caused harm and who should provide it. If the person alleged to have caused harm does not have mental capacity (and is also an adult at risk), feedback will be given to his/her representative.

### **2.6.6 Role of legal representatives at a Case Conference Meeting**

If the adult at risk, his/her representative or another interested party wishes to bring a legal representative with them to a Case Conference Meeting, the chair of the meeting should be requested in advance and a decision made on a case by case basis in consultation with the SAM and OMBC Legal Services.

### **2.6.7 Information provided through the Safeguarding Enquiry Officer's report**

Where a Case Conference Meeting is being held, the Safeguarding Enquiry Officer's report must be forwarded to the SAM prior to the Case Conference Meeting. It is important that the

SAM receives the Safeguarding Enquiry Officer's report 2 working days prior to the Case Conference meeting.

### 2.6.8 Case conclusions

The primary focus of the safeguarding adult's procedure is to support people to safeguard themselves from abuse or neglect. It is necessary to establish whether, on the **balance of probabilities**, abuse has occurred in order to assess the extent of any ongoing risk. This assessment of risk will guide the development of any 'Safeguarding Plan' that is needed to keep the person safe from future harm.

It should be concluded whether abuse has occurred for each type of abuse that has been considered during the Enquiry. Conclusions should only be reached in relation to concerns of abuse specifically covered within the course of the Enquiry and where the Enquiry has been sufficiently robust to reach a fair and defensible decision.

New or emerging issues that are beyond the scope of the Enquiry undertaken will need to be addressed in their own right. This may require another Enquiry or an appropriate alternative response/process.

### 2.6.9 Case conclusion for each type of abuse

A case conclusion for each type of alleged abuse is needed, for example physical or financial abuse. The decision will need to be made on the basis of the evidence obtained within the Enquiry.

The burden of proof should be consistent with the civil standard of proof which is "on the balance of probabilities".

There are four possible outcomes to this decision:

- **Substantiated fully** - This refers to cases where "on the balance of probabilities" it was concluded that all the allegations made against the individual or organisation were verified.
- **Inconclusive** - This refers to cases where there is insufficient evidence to allow a conclusion to be reached.
- **Not substantiated** - This refers to cases where "on the balance of probabilities" the allegations are unfounded, unsupported or disproved.
- **Investigation ceased at individual's request** - This refers to cases where the individual at risk does not wish for the Enquiry to proceed for whatever reason and so preclude a conclusion being reached. Enquires which proceed despite this, for example where a local authority has duty of care to protect other residents in a care home setting or multiple individuals in supported housing, will not come under this definition.

Note: For each type of abuse there may be more than one incident or allegation. If just one incident or allegation amounting to abuse is found to have occurred, then that type of abuse has been substantiated (regardless of findings in relation to other incidents or allegations).

### 2.6.10 Overall Case Conclusion

It will also be necessary to record an overall case conclusion whether there was one type of abuse or more. The following guidance should be followed. The burden of proof should be consistent with the civil standard of proof which is “**on the balance of probabilities**”. There are five possible outcomes to this decision:

- **Substantiated fully** - This refers to cases where “on the balance of probabilities” it was concluded that all the allegations made against the individual or organisation were verified “on the balance of probabilities”. Where allegations of multiple types of abuse are being considered against an individual or organisation then all will need to be proved for it to be defined as fully substantiated.
- **Substantiated – partially** - This refers to cases where there are allegations of multiple types of abuse being considered against an individual or organisation. Verification will be partial where “on the balance of probabilities” it was concluded that one or more, but not all, of the alleged types of abuse were proved. For example, where a concern includes allegations of physical abuse and neglect, if the physical abuse can be proved on the balance of probabilities, but there is not enough evidence to support the allegation of neglect, it will be partially substantiated.
- **Inconclusive** - This refers to cases where there is insufficient evidence to allow a conclusion to be reached. This will include cases where, for example, the adult at risk, the individual believed to be the source of the risk or a key witness passed away before they could provide statements as part of the assessment or investigation.
- **Not substantiated** - This refers to cases where “on the balance of probabilities” the allegations are unfounded, unsupported or disproved.
- **Investigation ceased at individual’s request** - This refers to cases where the individual at risk does not wish for the Enquiry to proceed for whatever reason and so preclude a conclusion being reached. Enquiries which proceed despite this, for example where a local authority has duty of care to protect other residents in a care home setting or multiple individuals in supported housing, will not come under this definition.

### 2.6.11 Case Conference Discussion / Meeting Decision Making

It is the role of the SAM to facilitate the collective decision making process as to the case conclusion. This decision is a multi-agency/multi-disciplinary responsibility that must be made and owned by those professionals who contribute and / or attend. Parties involved in the collective decision making process must have no vested interest in the decision and must outline clear, evidence based reasons for their views that are recorded in the minutes. Decision making must take into account the views of all relevant parties, including the adult at risk and the person or organisation alleged to have caused harm.

The SAM must always seek, through discussion, a consensus view as to the occurrence of abuse. However, in circumstances where a consensus cannot be achieved, or it is inconsistent with the evidence, the chair may, where appropriate, propose a decision on

behalf of those attending the meeting. Any person disagreeing with the proposed decision would have his/her disagreement recorded in the minutes.

### **2.6.12 Assessment of risk and Safeguarding Plan**

Assessments of risk will need to be reviewed in light of the decision as to whether abuse has occurred and, if so its type. The findings of the Enquiry may impact on the assessed risk to the adult at risk or other people. There may also be changes in the circumstances of the adult at risk (or that of the person alleged to have caused harm) that impact on the risk.

The **Safeguarding Plan** is the risk management plan that is put in place to remove or reduce the risk of harm. The Safeguarding Plan should serve to safeguard the adult's safety and wellbeing. Any changes in the assessment of risk will need to be reflected in the Safeguarding Plan. Please see section 2.5.18 'The Safeguarding Plan - Agreeing Actions with the Adult at Risk' for further detail.

The SAM will need to ensure that agreed Safeguarding Plans are implemented and it should be agreed how completed actions are fed back to the SAM. Any party that is unable to complete an agreed action should notify the SAM at the earliest opportunity.

It is important to consider other actions that do not directly relate to the adult at risk, such as persons in a position of trust and Persons causing harm who are also adults at risk. Please see section 2.5.19 'Actions to Consider' for further detail.

### **2.6.13 Feedback to the Person Raising a Safeguarding Concern**

Consideration should be given to the appropriateness of providing feedback to the Person Raising a Concern, taking into account the nature of the relationship, confidentiality, data protection issues and the wishes of the adult at risk concerned.

### **2.6.14 Decision to hold a Review Meeting**

Consideration should be given to whether a Review meeting is required within the safeguarding procedure, to ensure the Safeguarding Plan has been implemented and is working effectively.

The Safeguarding Plan may alternatively continue to be reviewed as part of the ongoing care management or Care Programme Approach (CPA) processes.

## **2.7 Review of case Conference**

### **2.7.1 Purpose of the Review**

Where a Case Conference Meeting is held, any subsequent Review meeting will be chaired by the SAM. The purpose of the review is to ensure that the actions agreed in the Safeguarding Plan have been implemented, the risk is being managed and to decide whether further actions are required. In some circumstances, more than one Review meeting will be required within the safeguarding procedure.

<b>Target timescale: The review case conference should take place within 3 months depending upon the level of risk identified and as decided at case conference.</b>
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## **2.7.2 Who Should Attend?**

The SAM will need to determine the appropriate invitees for the Review. This may need to include an appropriate representative of any organisation that has a specific role in:

- assessing risk
- developing or carrying out the Safeguarding Plan

Invitations should include the adult at risk. Where the adult at risk lacks the mental capacity to decide about attendance a decision will be required in his/her 'best interests' as to whether they should be invited and should attend. The adult at risk may choose to be supported by an appropriate person(s), such as a family member, friend, or this may be decided in his/her 'best interests' where they lack the mental capacity to decide for themselves. Where the adult has a 'substantial difficulty' or lacks mental capacity in relation to decision making, consideration should be given to the need for an advocate.

The adult at risk may also choose not to attend and have his/her views reported by a representative or in writing. Where an IMCA has been appointed, they will be invited to attend.

## **2.7.3 Actions required during the review**

The Review will:

- work towards the wishes, needs and desired outcomes of the adult at risk
- record the feedback of the adult at risk or his/her personal representative about the Safeguarding Plan and/or other matters of importance to them
- re-evaluate the risk of harm
- ensure all required actions have been or are being taken
- decide in consultation with the adult at risk and/or his/her personal representative what changes, if any, need to be made to the Safeguarding Plan to decrease the risk or to make the plan fit more closely with his/her wishes
- make decisions about what changes/additions are needed to the care plan
- decide whether to exit the safeguarding adults procedure
- decide whether there is need for a further review and, if so, set a date

## **7.4 Agreeing actions with the adult at risk**

It is vital that the adult at risk be in control of decisions as to the how risks they face in his/her life are managed. The adult at risk should experience the safeguarding process as empowering and supportive. The response taken should reflect the nature and seriousness of the risk, and wherever possible and appropriate, support the person to achieve his/her desired outcomes. This may include actions the adult at risk is taking, as well as the actions of the local authority and other organisations.

Please see section 2.5.18 'The Safeguarding Plan - Agreeing Actions with the Adult at Risk' for further detail.

## **2.8. Safeguarding closure**

### **2.8.1 Duty to make enquiries fulfilled**

The safeguarding procedure can be ended at any point where it is appropriate to do so. The purpose of the safeguarding adults' procedure is to safeguard people from abuse and neglect. Where actions are no longer needed within this procedure, it should be discontinued.

The duty to make enquiries will be fulfilled where:

- No further enquiries are needed to establish whether any action should be taken
- No further safeguarding actions are required to keep the adult at risk or others with care and support needs, safe from abuse or neglect.

An Enquiry may commence but be discontinued because, for example, the adult at risk has decided that they no longer want this intervention for themselves, and there are no other persons at risk.

The person's desired outcomes should be considered throughout the safeguarding procedure and where possible, the persons desired outcomes will be met. However these desired outcomes may not always be realistic or achievable, and there may be occasions where the duty to make enquiries is fulfilled without these being met.

Although the safeguarding procedure is no longer being continued, there may continue to be plans and actions to be reviewed as part of the ongoing review, care management or Care Programme Approach (CPA) processes.

### **2.8.2 Safeguarding Closure actions**

The following actions should be carried out before exiting the safeguarding adults' procedure:

- all records are completed
- the adult at risk knows that the process is concluded and where/who to contact if they have any future concerns about abuse
- where an Enquiry has been undertaken, the person alleged to have caused harm knows the process is concluded and is aware of any decisions relating to themselves
- all those involved with the person know how to Raise a Concern if there are further or additional concerns
- all relevant partner organisations are informed about the ending of the multi-agency safeguarding adults procedure.

## **2.9. Safeguarding Adult Review (SAR)**

### **2.9.1 What is a Safeguarding Adults Review (SAR)?**

Section 44 of the Care Act 2014 requires the Safeguarding Adult Board (SABs) to arrange a safeguarding adult review when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the person at risk. Where practice gives rise to concerns

about how agencies have worked together when the death or serious injury of an adult at risk has occurred, the Oldham Safeguarding Adults Board will consider requests to conduct a Safeguarding Adults Review.

## **2.9.2 Purpose of a SAR**

The purpose of having a Safeguarding Adults Review is neither to investigate nor to apportion blame.

The objectives include:

- preparing or commissioning an overview which brings together and analyses the findings of the various agencies in order to make recommendations for future action
- establishing whether there are lessons to be learnt from the circumstances of the case about the way in which local professionals and agencies work together to safeguard adults at risk
- reviewing the effectiveness of both multi-agency and individual agency procedures
- informing and improving local inter-agency practice
- improving practice by acting on learning and developing best practice

If you think that a case meets the criteria for a SAR, please refer to the Safeguarding Adults Board Manager or Safeguarding and Mental Capacity Act Lead via the Quality Assurance Safeguarding Hub (QASH) 0161 770 1532 email [Quality.assurancesafeguarding@oldham.gov.uk](mailto:Quality.assurancesafeguarding@oldham.gov.uk)

## **2.10 Further Procedures to Consider**

### **2.10.1 Record keeping and Confidentiality**

Organisations should refer to their own internal policies and procedures for additional guidance on recording and storage of records. The following considerations should be given with regards to recording:-

- Detailed factual records must be kept. This includes a record of all decisions taken relating to the process.
- Records may be disclosed in court as part of the evidence in a criminal action/case or may be required if the regulatory authority (CQC) decides to take legal action against a provider.
- Records kept by providers of services should be available to service commissioners and to regulatory authorities.
- Agencies should identify arrangements, consistent with the principle of fairness, for making records available to those affected by, and subject to enquiries, with due regard to confidentiality.
- Where the person alleged to have caused harm is also another service user, information about that person's involvement in a safeguarding adults enquiry,

including the conclusion and outcome of the enquiry, should be included in his/her records.

### **2.10.2 Recordingn OMBC Electronic Database**

All safeguarding activity should be recorded in case notes and within the safeguarding episode on OMBC electronic database. This includes recording the rationale for decisions made at the Information Gathering stage right through to Enquiry and Case Conference. The SAM will need to ensure that the Enquiry Officer has completed and uploaded all relevant safeguarding documentation to the electronic database.

### **2.10.3 Safeguarding Meeting Minutes**

Minutes are needed to record the discussions and decisions at Strategy, Case Conference, and Review Case Conference Meetings and evidence how decisions were reached. Minutes will ordinarily be distributed to:

- all attendees and invitees to the meeting
- all those contributing to the Safeguarding Plan
- the Care Quality Commission where the meeting relates to a service that it regulates
- all other relevant regulatory bodies, as appropriate

A copy of the minutes should be sent to the adult at risk or, with his/her permission, to another person unless it would increase the level of risk. If the adult at risk does not have mental capacity, a decision should be made in his/her best interests about who to send the minutes to.

Where minutes are sent to a carer (with permission of the adult at risk or in his/her best interests) the SAM will need to decide what information can be shared about the person alleged to have caused harm.

Where there is information that cannot be shared, it should be redacted from versions of documents sent out. Data Protection Act 1998 principles must be adhered to. For example, where a person was requested to leave the room during part of a safeguarding meeting, the SAM will need to consider whether the section of the minutes relating to that part of the meeting should be redacted from the copy sent to the person concerned.

**Target timescale: Safeguarding Meeting Minutes should be distributed within 10 working of the meeting being held.**

## Appendix

### 1. Care Act Statutory Guidance:

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

### 2. Table For Agency Responsible for Making Enquiries

<b>Types of enquiries or risk assessment</b>	<b>Agency responsible</b>
Criminal (including assault, theft, fraud, hate crime, domestic violence and abuse or wilful neglect of a person lacking capacity)	Police
Serious risk of harm from domestic abuse	Multi-Agency Risk Assessment Conference (MARAC) in high risk cases. Also domestic violence teams /organisations, police
Fitness of registered service provider	Care Quality Commission (CQC)
Unresolved serious complaint in healthcare setting	CQC, Health Service Ombudsman
Breach of rights of person detained under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS)	Care Quality Commission, Local Authority, CCG, 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	Health and Safety Executive (HSE)
Complaint regarding failure of service provision	Manager/proprietor of service/complaints Department. Ombudsman (if unresolved through complaints procedure)
Breach of contract to provide care and support	Service commissioner (e.g. social services, clinical commissioning groups)
Assessment of need for care and support needs (service users and unpaid carers)	Social Services/CCG/community mental health team/care trust

Access to health and social care services to reduce the risk of abuse/neglect	Social services/CCG/community mental health team/care trust
Incident investigation, including route cause analysis	Service providers, including hospitals and health services
Misuse of enduring or lasting power of attorney or misconduct of a court-appointed deputy	Office of the Public Guardian/Court of Protection/Police
Decision making that may not be in the best interests of a person who lacks mental capacity	Office of the Public Guardian/Court of Protection
Misuse of benefits by appointee or agent	Department for Work and Pensions
Anti-social behaviour (e.g. harassment, and nuisance by neighbours)	Community Safety
Breach of tenancy agreement (e.g. harassment, and nuisance by neighbours)	Landlord/Registered social landlord/Housing Trust/Community Safety Team
Bogus callers or rogue traders	Police and Trading Standards Service

3. ADASS: Out of area arrangements: Protocol for inter-authority investigation and protection arrangements 2012'  
<https://www.adass.org.uk/out-of-area-safeguarding-adult-arrangements>

4. Templates for safeguarding documents can be found:

[http://www.oldham.gov.uk/downloads/download/374/safeguarding\\_adults](http://www.oldham.gov.uk/downloads/download/374/safeguarding_adults)