

Managing Safeguarding Enquiries at an Organisational Level policy and procedures

Adult Social Care

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ADULT AND COMMUNITY SERVICES STAFF GUIDANCE, POLICY & PROCEDURE

Managing Safeguarding Enquiries at an Organisational Level

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REMARKS:	
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DESIGNATION:	Assistant Director

AS A MANAGER YOU SHOULD ENSURE THAT:-

- You read, understand and, where appropriate, act in accordance with the procedure
- All staff in your teams are aware of this procedure, its content and you must ensure that all staff act in accordance with it
- This document is accessible to all your team members.

AS AN OFFICER OR MEMBER OF STAFF YOU SHOULD ENSURE THAT:-

- You read, understand and, where appropriate, act on this information
- Discuss any issues with your manager or supervisor which you do not understand

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Executive Summary

As a result of the changes managing o adult safeguarding Enquiries in the Care Act (2014), the way in which Organisational Abuse is managed has been changed. The process for responding to Organisational abuse is through a provider concerns enquiry. This procedure lays out how these will be undertaken in the London Borough of Richmond.

1. Legal and policy context

1.1 All adult safeguarding occurs within the legal framework of the Care Act 2014. The statutory [Care Act Guidance](#) defines Adult safeguarding as:

“Protecting as adults right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, whilst at the same time making sure that the adult’s wellbeing is promoted.”

1.2 The following 6 principles underpin for all adult safeguarding work:

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.
Partnerships	Local solutions through services working with their communities.
Accountability	Accountability and transparency in delivering safeguarding.

1.3 This policy details the actions which will be taken in terms of the Boroughs [Local Safeguarding Adults Protocol](#).

2. Definition of ‘Organisational Abuse’

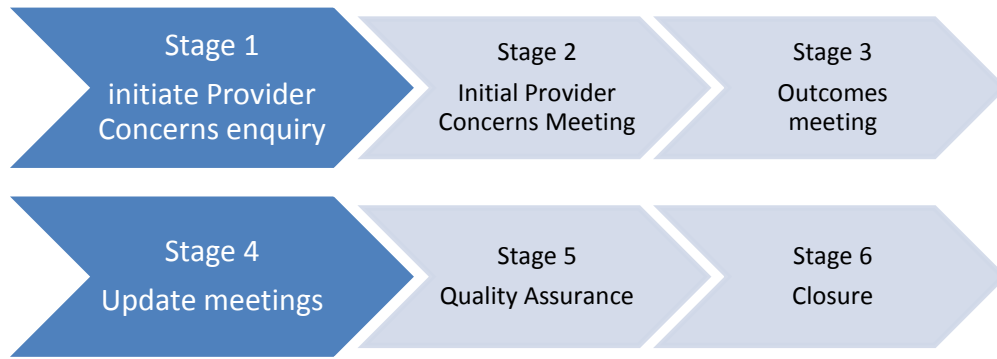
2.1 Where a culmination of quality issues or safeguarding enquiries provoke concern, it may be appropriate to consider this at an organisational level. The Care Act defines this as ‘organisational abuse’. Chapter 14.17 of the Care and Support Statutory guidance issued under the Care Act defines ‘organisational abuse’ as:

“..... the mistreatment or abuse or neglect of an adult at risk by a regime or individual’s within settings and services that adults at risk live in or use, that violate the person’s dignity, resulting in lack of respect for their human rights.” (Statutory Guidance, 2014)

- 2.2 Organisational abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affects the whole setting and denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of adults at risk.
- 2.3 Many factors can bring about poor quality or abusive care regimes including: inexperience; staff being untrained for the task they are undertaking; poor direct or indirect supervision from senior staff and professionals; in-service quality oversight; wider organisational/provider oversight across multiple locations.
- 2.4 The threshold for considering Safeguarding is indicated when a number of adults at risk have been allegedly abused, or patterns or trends are emerging from information, intelligence or data that suggests the care and support regime presents a significant risk to people or is negatively impacting on their lifestyle.

3. Safeguarding Adults Provider Concerns Process

- 3.1 Enquiries into organisational abuse are conducted through this Provider Concerns Process. The process is triggered when the Care Governance Board agrees with the recommendation for action by the Provider Risk Panel.
- 3.2 LBRUT use a 6-stage process (see below). This will be undertaken using a shared approach, breaking down barriers between services and organisations via a joined up, holistic ‘one team’ approach, in order to have oversight of factors that could ordinarily be missed by looking at things on a case by case basis.
- 3.3 All meetings and interactions must embrace a constructive, non-adversarial ethos and promote partnership working. The outcome of the process is to identify and mitigate risks and improve the quality of the care and support offered to service users and remediate the issues identified at a individual, service and organisational level.
- 3.4 The 6 stage process involves the following:



3.5 Activities and actions at each stage are summarised below:

	Focus	Actions
Stage 1	Decision to initiate Provider Concerns enquiry	<ul style="list-style-type: none"> • Immediate checks on welfare of people using the service • Agree Chair – this is usually a head of service to lead enquiry • Appoint Provider Concerns Co-ordinator who is responsible for record keeping, setting up meetings, and providing progress reports • Convene Provider Concerns meeting and involve Provider • Map out risk and risk management plan
Stage 2	Initial Provider Concerns Meeting	<p>The purpose of the meeting is to:</p> <ul style="list-style-type: none"> • Identify and clarify concerns • Devise the communication strategy with people using the service and agree external communication if required to members or press • Listen to the views of the Provider • Safeguarding planning to consider the type of enquiries, leads and timescales, Safeguarding planning will address alleged issues with suggested methodology for enabling a decision to be made about whether improvements are needed or not, and who has the appropriate skills to carry out enquiries. • Update risk and risk management plan • Set date for Outcomes Meeting
Stage 3	Outcomes meeting	<p>The purpose of the meeting is to:</p> <ul style="list-style-type: none"> • Assess and agree the findings from 'Fact Finding' enquiries i.e. are improvements required or not. • Draw up issues for a Service Improvement Plan <ul style="list-style-type: none"> ○ This is a high level plan for measuring the effectiveness of interventions to ensure safety, governance, compliance, clinical effectiveness referencing throughout the experience of people using

	Focus	Actions
		<p>the service and their informal network. The Co-ordinator should set out the concerns and risks.</p> <ul style="list-style-type: none"> ○ The Service Improvement Plan will be the agreed reference point for assessing and monitoring progress and both the enquiry lead and the provider will retain a copy and update it through a series of monitoring meetings, between the provider and the Co-ordinator ● Update the Risk Management Plan ● Consider actions to monitor the safety of people and agree triggers to escalate risk, whilst improvements are being made
Stage 4	Update meetings	<ul style="list-style-type: none"> ● Further meetings to update stakeholders will be made if and when necessary
Stage 5	Quality Assurance	<ul style="list-style-type: none"> ● A quality assurance strategy to be agreed to rigorously test whether improvements have been attained and can be sustained. This may involve a range of staff with the right knowledge, skills and experience to assess the viability of the improvements. ● Quality assurance activities may include testing an on-call emergency out of hour's system by calling at the evening and weekend; assessing the impact of training by competency testing staff; making both announced and unannounced visits. ● Feedback from service users and carers will act as a control measure to assess whether there has been any noted difference in the service delivery. This may be obtained from holding a follow up meeting with people in care settings or from a sample of telephone calls to those service users who said that they had experienced a poor service, to see if their view has changed.
Stage 6	Closing the Provider Concerns process	<ul style="list-style-type: none"> ● Following evidence based improvement, the process will formally come to an end and the relevant parties including the provider and the CQC will be notified in writing by the Chair ● A Lessons Learnt Exercise will be held involving all stakeholders. Feedback from the provider, service users and carers will be collated by the Co-ordinator. This feedback will be reported to the Safeguarding Adults Board together with a short report detailing the concerns, actions, risk management, outcomes and the effectiveness of safeguarding.