

DEPARTMENT OF ADULT SOCIAL SERVICES (DASS)
Policies, Procedures and Staff Guidance

Name of Policy or Procedure	Safeguarding Adults Procedures
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REMARKS	This document sets out the safeguarding procedures and process in Richmond and Wandsworth.

AS A MANAGER YOU SHOULD ENSURE THAT:-

- You read, understand and, where appropriate, act in accordance with the policy
- All people in your workplace who need to know see this procedure, are aware of its content and you ensure that all staff act in accordance with the policy
- This document is available in a place to which all staff members in your workplace have access

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

Any problems with this document should in the first instance be brought to the attention of the document owner whose name appears on the front page.

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1. Introduction

- 1.1. The main objective of these adults safeguarding procedures is to provide guidance to staff on how they can enable adults to be kept safe from abuse or neglect and immediate action to be taken where required to achieve this.
- 1.2. The procedures are a means for staff to combine principles of protection and prevention with individuals' self-determination, respecting their views, wishes and preferences in accordance with Making Safeguarding Personal. They are a framework for managing safeguarding interventions that are fair and just, through strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse and neglect.
- 1.3. All organisations who work with or support adults experiencing, or who are at risk of, abuse and neglect may be called upon to lead or contribute to a safeguarding concern and need to be prepared to take on this responsibility.
- 1.4. The focus on this guidance is on using professional skills to gain a real understanding of what the adults want to achieve and what action is required to help them to achieve it. It requires the involved professionals to embrace the principles of Making Safeguarding Personal (MSP) and to use skills and professional judgment in applying the guidance in diverse circumstances.
- 1.5. This staff guidance has been developed to support staff in their roles. It is not exhaustive and should be read alongside other [DASS policies and procedures](#) and Mosaic [user guides](#).

2. Legal and Policy Context

- 2.1. All adults safeguarding occurs within the legal framework of the Care Act 2014. The statutory [Care Act Guidance](#) defines Adult Safeguarding as:
“Protecting an adult’s 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.”
- 2.2. The local safeguarding process are underpinned by the [London Multi-Agency Adult Safeguarding Policy and Procedures – updated August 2016 – London ADASS](#) and the local Safeguarding Adults Protocol.

2.3. The following 6 principles underpin all safeguarding adults work:

Empowerment	People are supported and encouraged to make their own decisions and to exercise informed consent.
Prevention	The underlying causes of abuse are addressed before harm occurs.
Proportionality	The least intrusive response that addresses the risk is applied.
Protection	The safety and wellbeing of adults are the desired outcomes.
Partnerships	Local solutions are sought through working with communities.
Accountability	Accountability and transparency are applied in delivering safeguarding.

3. Definition and purpose of Safeguarding Adults

3.1. Safeguarding is defined as ‘*protecting an adult’s right to live in safety, free from abuse and neglect.*’ (Care Act Statutory Guidance Chapter 14). Safeguarding Adults is about preventing and responding to concerns of abuse, harm or neglect of adults. Professionals should work together in partnership with people 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.

3.2. The aims of Adult Safeguarding are to:

- **Stop** abuse or neglect wherever possible;
- **Prevent** harm and reduce the risk of abuse or neglect 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 alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- Provide **information and support** in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- Address what has **caused the abuse**.

4. Using Guidance Proportionally

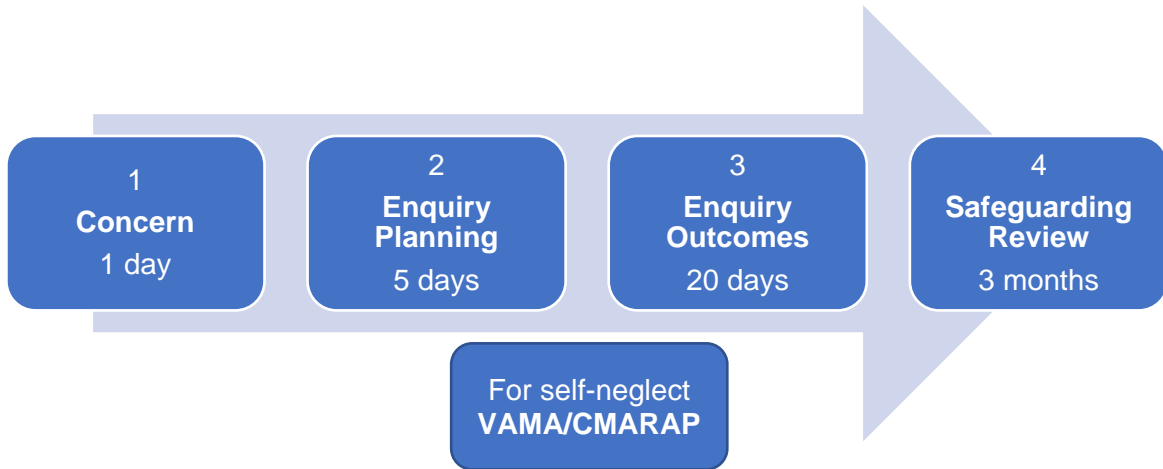
- 4.1. Guidance is a means for staff to balance principles of protection and prevention with individuals' self-determination, respecting their views, wishes and preferences in accordance with Making Safeguarding Personal.
- 4.2. It provides a framework for managing safeguarding interventions through strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse and neglect. Making Safeguarding Personal means any concern should be person-led and outcome-focused.
- 4.3. Processes should be adapted to suit service user's preferences, histories, circumstances and lifestyles.
- 4.4. Self-neglect and hoarding often involve people who have capacity and choose not to engage with any services. Whilst these are recognised as forms of actions requiring a multiagency safeguarding response, a separate safeguarding channel is used in these instances via CMARAP (Wandsworth) and VAMA (Richmond).
- 4.5. For more detail on definitions and professional actions and responsibilities please refer to the [London Multi-agency Guidance](#). (See 2.2 above)

5. Roles in Adult Safeguarding

- 5.1. **Enquiry Officer** (EO) is responsible for undertaking actions under adult safeguarding. In some instances, there is a lead Enquiry Officer supported by other staff also acting as enquiry officers, where there are complex issues or additional skills and expertise is required. The lead Enquiry Officer will retain responsibility for undertaking and co-ordinating actions under Section 42 enquiries.
- 5.2. **Safeguarding Adults Manager** (SAM) is the member of staff who manages, makes decisions, provides guidance and has oversight of safeguarding concerns that are referred to the Local Authority; or through the Mental Health Trust where there are the above agreements in place. The SAM is usually the chair of all the safeguarding enquiry meetings.
- 5.3. **Host authority** - This is where the suspected abuse takes place in Richmond or Wandsworth but another council or CCG funds the placement. These cases are transferred to the relevant locality team in Richmond or Wandsworth to lead and coordinate the enquiry based on the location and the nature of the placement. The placing or funding authority should support the enquiry.
- 5.4. **Out of borough cases** - These are cases where Richmond or Wandsworth council has placed and funds a person in nursing or residential accommodation in another borough. The host authority where the person is resident should lead the enquiry and the team who arranged the placement should attend and take responsibility for ensuring the safety and wellbeing of the service user.

6. Standard 4 Stage Process

6.1. Richmond and Wandsworth Adult Social Services Department has adopted a 4-stage process in accordance with the Care Act 2014, which is illustrated and outlined below:



6.2. An overview of the process is shown in appendix 4.

A note on timescales

The adult safeguarding procedures set out target timescales. It is important that timely action is taken, whilst respecting the principle that the views of the adult at risk are paramount.

Divergence from the timescales may be justified where:

- Adhering to the timescales would jeopardise achieving the outcomes the adult at risk wants;
- It would not be in the best interest of the adult at risk;
- Significant changes in risk are identified, which need to be addressed;
- Supported decision making may require an IMCA or other resource not immediately available;
- The person’s physical, mental and/or emotional wellbeing may be temporarily compromised.

It is the responsibility of the SAM and the service manager to proactively monitor safeguarding concerns to ensure that drift does not prevent timely action and place people at further risk.

6.3. Stage 1: Concern

6.3.1. This involves receipt of the concern and a decision on whether to proceed as a referral. These actions should as far as possible be completed within the first 24 hours of the issues being notified to the local authority.

6.3.2. Details of required actions are shown below:

Focus	Actions
<p>Concern received (usually by Access team)</p>	<ul style="list-style-type: none"> • Make an evaluation of the risk and take steps to ensure that the adult is in no immediate danger. • Consider if it meets the criteria for a safeguarding enquiry i.e. <ul style="list-style-type: none"> ○ The person has care and support needs; ○ The person could be experiencing or is at risk of abuse or neglect; and ○ The person is unable to protect themselves as a result of their care and support needs • Arrange any medical treatment. (Note that offences of a sexual nature will require expert advice from the police); • If a crime is in progress or life is at risk dial emergency services – 999. • Encourage and support the adult to report the matter to the police if a crime is suspected and not an emergency. • Take steps to preserve any physical evidence if a crime may have been committed and preserve evidence through recording. • Ensure that other people are not in danger. • Record the information received, risk evaluation and all actions. • The threshold set out in the Care Act is an objective test which does not take into account consent. We should in practice be progressing all cases that meet this threshold. However, for cases where the individual does not want an enquiry to progress we would be paying attention to their Article 8 rights and risk assessing against this when deciding how far into the process we should continue. Where there is no public or vital interest consideration we should be ending the process at planning stage with a clear rationale for doing so.

Focus	Actions
	<ul style="list-style-type: none"> • Any concerns related to a child should be referred to Safeguarding Children’s team. • The Council has a duty to manage allegations and concerns about any person who works with children and young people in their area. This includes concerns or allegations against Council staff, staff or partner agencies and volunteers. In this instance please contact Local Authority Designated Officer (LADO), Wandsworth LADO is: Chantel Langenhoven Tel: 020 8871 7440 and Richmond LADO to Alice Stott via the Single Point of Access Team (SPA) on 020 8547 5008.
<p>Safeguarding Screening (SAM Considers referral)</p>	<ul style="list-style-type: none"> • Ensure that the adult at risk is safe and if not determine what actions are needed. This may include consideration of a place of safety or removal of the person alleged to have caused harm from the situation. • Make sure action is taken to safeguard other people; • Confirm that issues of consent and mental capacity have been addressed. • Find out the views of the person alleged to have been harmed, what their desired outcomes are and ensure they are aware of the action that will be taken. • Consider if an IMCA or advocate is needed or whether a family member may represent the interests of a person who lacks capacity or experiences difficulty in engaging in the process; • If a person’s wishes are being overridden, check that this is appropriate, and that the person understands why. • Where the person self neglects or hoards, or, lives making capacitated high-risk decisions and they refuse to engage with the process, multiagency engagement will continue through the VAMA or CMARAP panel processes which are an alternative multi-agency Section 42 mechanism. The SAM should determine if this is a more appropriate way to proceed with the enquiry and should complete the necessary referral form (VAMA and CMARAP referral form). Note duplication should be avoided and enquiries should not be conducted at CMARAP or VAMA and as an individual safeguarding enquiry.

Focus	Actions
	<ul style="list-style-type: none"> • Option is available at this stage if appropriate, to close safeguarding screening and pass to Quality Assurance Team as Service Concern against a provider. • Contact partner agencies such as: <ul style="list-style-type: none"> ○ Children’s Services if a child or young person is also at risk. ○ Police if a criminal offence has occurred or may occur. Contact the Police force where the crime has/ may occur (see more information in the box below). ○ Make a referral under Prevent if appropriate. • If the person allegedly causing the harm is also an adult at risk, arrange appropriate care and support. • Discuss the need for action to be taken in line with disciplinary procedures; including whether it is appropriate to suspend staff or move them to alternative duties. • Notify the Care Quality Commission (CQC) if appropriate. • The purpose of a safeguarding enquiry is to establish whether and what action needs to be taken to prevent or stop abuse or neglect. • Determine whether the 3 criteria for a safeguarding enquiry are met i.e.: <ul style="list-style-type: none"> ○ The person has care and support needs; ○ The person could be experiencing or is at risk of abuse or neglect; and ○ The person is unable to protect themselves. • SAM determines whether to progress through standard, VAMA/CMARAP (see section 9 for more information on self-neglect and high-risk cases) or organisational process. (See section 8 for organisational process). • If the conditions above are not met the case should be closed and any other necessary actions undertaken, including information and advice or further social work intervention, if appropriate. • Consider if the case should be put forward for a SAR (Richmond SAR Protocol and Wandsworth SAR protocol). • Record the information received and all actions and decisions.



Police involvement and powers

Staff contact with the police will fall mainly into four main areas:

- Reporting a crime – if an individual witnesses a crime, they have a duty to report it to the police;
- Third party reporting of a crime – if an individual is made aware of a crime, they should support the adult at risk to report to the police or make a best interest decision to do so. In domestic abuse situations, practitioners should be aware of the principles of ‘Safe Enquiries’ (see domestic abuse and safeguarding adults);
- Consultation with the police – seeking advice;
- Sharing intelligence and managing risk – where there is an integrated MASH, this will be the channel for information sharing, in addition to agreed information sharing protocols.

Where the safeguarding concerns arise from abuse or neglect deliberately intended to cause harm, then it will not only be necessary to immediately consider what steps are needed to protect the adult but also how best to report as a possible crime.

Early engagement with the police is vital to support the criminal investigation.

Where criminal activity is suspected, early involvement of the police is essential. Police investigations should be coordinated with the Local Authority who may support other actions but should always be police led.

The police will determine whether there should be criminal investigations of people in positions of trust where there is ill treatment and wilful neglect. There are several possible offences which may apply, including the specific offences mentioned below.

[Section 44 Mental Capacity Act 2005](#) makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity.

[Section 127 Mental Health Act 1983](#) creates an offence in relation to staff employed in hospitals or mental health nursing homes where there is ill-treatment or wilful neglect.

Sections 20 to 25 of the [Criminal Justice and Courts Act 2015](#) relate to offences by care workers and care providers.

6.4. Stage 2: Enquiry Planning

6.4.1. This is the Enquiry Planning stage. This includes activities in terms of information gathering and holding a planning discussion or meeting. This should take place within 5 days of the concern being received by the Access Team.

6.4.2. Details of required actions are shown below.

Focus	Actions
<p>Preparing for Planning discussion or meeting</p>	<ul style="list-style-type: none"> • SAM Appoints an Enquiry officer. • Enquiry starts with a conversation with the adult at risk. The SAM should ensure if conversations have already taken place and are sufficient. The adult and/or their advocate should not have to repeat their story. Key purpose of conversation: <ul style="list-style-type: none"> ○ Establish the facts; ○ Ascertain the adult’s views and wishes and preferred outcomes; ○ Assess the needs of the adult for protection, support and redress and how these might be met; ○ Protect the person from the abuse and neglect, in accordance with the wishes of the adult where possible; ○ Enable the adult to achieve resolution where possible. ○ Establish the person is safe; ○ Establish person’s assets and protective factors; ○ Establish consent and capacity to make relevant decisions by understanding the management of risk, what a safeguarding enquiry is, how they might protect themselves; ○ Establish need for advocacy; • The desired outcome by the adult at risk should be clarified and confirmed at the end of the conversation(s), to: <ul style="list-style-type: none"> ○ Ensure that the outcome is achievable; ○ Manage any expectations that the adult at risk may have and; ○ Give focus to the enquiry. • Determine who needs to be involved in planning the multiagency enquiry. This may include: <ul style="list-style-type: none"> ○ Person or advocate; ○ CQC; ○ Provider;

Focus	Actions
	<ul style="list-style-type: none"> ○ CCG; ○ Commissioners from other Local Authority; ○ Police; ○ Quality Assurance team; ○ Housing. ● Determine the best place, time and duration for the enquiry planning discussion or meeting. ● Consider how the person or their advocate will be involved in the planning discussion or meeting. ● Provide feedback to the person making the referral. ● Consider who else needs to know about the enquiry e.g.: <ul style="list-style-type: none"> ○ Children and Families if there is a risk to a child; ○ MAPPA if there is a public protection concern; ○ MARAC if there is domestic abuse; ○ Channel Panel if there is a risk of radicalisation. ● Contact the Safeguarding Adults team for an available minute taker (0208 871 5855). Fill out fully the Notice of the meeting, which incorporates the Agenda (see meeting templates here - Notice of Planning discussion) and send to the Safeguarding team at safeguardingadults@richmondandwandsworth.gov.uk
<p>Planning discussion or meeting</p>	<ul style="list-style-type: none"> ● The purpose of the multiagency planning discussion is to gather information that is necessary to determine if the 3 requirements of adult safeguarding are met at the outcomes meeting or discussion. ● It is also an opportunity to review issues such as: <ul style="list-style-type: none"> ○ Person's outcomes; ○ Person's sense of safety and any initial safety plan; ○ Any additional risks which need to be managed. ● In some instances, there may be sufficient information available for a multiagency determination of whether the 3 safeguarding requirements are met and for the planning and outcomes stages to take place in the same meeting. ● All decisions and reasons for decisions must be clearly recorded.

Focus	Actions
	<ul style="list-style-type: none"> • The next two meetings: Enquiry Outcome Meeting and Enquiry Review Meeting should be diarised during the meeting with attendees present. • There is an opportunity at this stage to have concluded and if so, the outcomes are recorded.

6.5. Stage 3: Outcomes

- 6.5.1. This is the outcomes stage where a decision is made whether the 3 safeguarding criteria are met, determine remaining level of risk and required actions, person’s sense of safety and if the outcomes have been achieved.
- 6.5.2. The outcomes meeting should be held within 20 days of the concern being agreed as a safeguarding enquiry.
- 6.5.3. The outcomes decision must be based on evidence and this should be available to all the multi-agency in the form of an enquiry report based on the information agreed at the planning meeting.
- 6.5.4. Details of required actions are shown below.

Focus	Actions
Enquiry report	<ul style="list-style-type: none"> • The Enquiry officer should receive written documentation from all partners based on the agreed enquiry plan. This may be an email or a report depending on which is most appropriate. The enquiry officer is responsible for ensuring that the agreed reports or contributions are received within the agreed timescales. • A concise report should be collated and drawn up by the Enquiry Officer overseen by the SAM. In some more complex enquiries, there may be a number of actions taken by other staff that support the enquiry. • The enquiry reports should be concise, factual and accurate. The report should cover: <ul style="list-style-type: none"> ○ Person’s desired outcomes; ○ Whether outcomes were achieved; ○ Whether there is evidence that Section 42 criteria were met; ○ Whether any further action is required and, if so, by whom? ○ Analysis of risk;

Focus	Actions
	<ul style="list-style-type: none"> ○ In some enquiries, there will be an investigation, for example, a disciplinary investigation; these might be appended to the Enquiry Report; ○ Clear recommendations on actions required to keep the person safe and who is responsible for these actions. ● The reports should be discussed with the person or their advocate. This may take place in the meeting or outside of the meeting if the person or their advocates are not attending the meeting.
Preparing for outcomes meeting	<ul style="list-style-type: none"> ● The SAM or enquiry officer should have set the date for the outcomes meeting at the planning meeting. ● The SAM or enquiry officer should check the person or their advocate is aware of the meeting and its purpose. ● Send the Report along with a completed Notice of the meeting, which incorporates the Agenda (see meeting template here - Notice of Enquiry Outcome meeting) to the Safeguarding team at safeguardingadults@richmondandwandsworth.gov.uk <u>no later than 5 working days prior to the meeting.</u> ● The Safeguarding team will then distribute the Report and Notice to the meeting attendees.
Outcomes meeting	<ul style="list-style-type: none"> ● The purpose of the outcomes meeting is to establish the enquiry outcomes. This includes decision on: <ul style="list-style-type: none"> ○ whether the 3 requirements for adult safeguarding are met: i.e. <ul style="list-style-type: none"> ▪ The person has care and support needs; ▪ The person could be experiencing or at risk of abuse or neglect; and ▪ The person is unable to protect themselves. ○ Further action should be taken to protect the adult from abuse or neglect. ○ These decisions are made by the SAM in consultation with the adult and other parties involved in the enquiry. If anyone is dissatisfied with the decision taken this matter should be raised as a complaint with the Local Authority using the usual adult social care complaints procedures. ● Agree a safeguarding plan to keep the person safe, including who will undertake actions and by when.

Focus	Actions
	<ul style="list-style-type: none"> • It also records the person’s evaluation of risk i.e. <ul style="list-style-type: none"> ○ Were the desired outcomes met? ○ Person’s sense of safety • The risk evaluation is that of the adult, and not of other parties. Whilst staff may consider that enquiry and actions already taken have made the adult safe, and that their outcomes were met, the important factor is how actions have impacted on the adult. • Consideration should be given to the outcomes for the person or people alleged to have caused harm. This may include: <ul style="list-style-type: none"> ○ Action against the person/organisation alleged to have caused harm 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. ○ Referral to the Disclosure and Barring Service (DBS). Where appropriate, employers should 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 & Care Professions Council. • Consideration of support for people alleged to have caused harm, for example, an assessment of their own needs, additional training, referral to support networks. • Explore resilience and recovery for the adult who was abused to help them use their own strengths and abilities to overcome what has happened, learn from the experience and have an awareness that may prevent a reoccurrence, or at the least, enable people to recognise the signs and risks of abuse and neglect, and know how and who to contact for help, as well as determining the level of risk after the safeguarding intervention and whether this is now reduced, remains the same or is removed. • There is need to consider timescales of the Safeguarding review in accordance’s to risks identified.

6.6. Stage 4: Safeguarding Review and Closure

6.6.1. 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
- Determine if the safeguarding enquiry should be closed

6.6.2. The Review meeting should be held within 3 months of the outcomes meeting.

6.6.3. Details of required actions are shown below.

Focus	Actions
Planning review meeting	<ul style="list-style-type: none"> ● The SAM or enquiry officer should set the date for the review meeting at the planning meeting or at the outcomes meeting. ● The SAM or enquiry officer should check the person, or their advocate is aware of the meeting and its purpose. ● The SAM or enquiry officer should ensure that the agenda for the meeting is completed (see meeting template here - Notice of Enquiry Review Meeting) to the Safeguarding team at safeguardingadults@richmondandwandsworth.gov.uk <u>no later than 5 working days prior to the meeting.</u> ● They will then distribute this to the attendees of the meeting.
Review meeting	<ul style="list-style-type: none"> ● The purpose of the review meeting is to; <ul style="list-style-type: none"> ○ evaluate how effectively the agreed safeguarding plan is working, ○ determine how the person's outcomes are being met, ○ evaluate risks and ○ determine whether the safeguarding can be closed. ● Update on the person's resilience and recovery to learn from the experience and have an awareness that may prevent a reoccurrence. ● Records the person's evaluation of risk ● Were the desired outcomes met? ● Person's sense of safety ● If there are still concerns for the person's safety or outcomes have not been met, then a further review meeting can be arranged.
Closure	<ul style="list-style-type: none"> ● If it is agreed to close the enquiry, then this should be recorded on the person's care record within 5 days of the decision to close the meeting.

Focus	Actions
	<ul style="list-style-type: none"> • There should be consideration of potential follow-up requirements; including any learning to be routed into guidance and training/ workshops towards consistent enhanced practice

7. Self-neglect and Hoarding

7.1. It is recognised that where people self-neglect or practice high risk behaviours the standard safeguarding process may not be effective. It is recognised that it is important for staff and manager to be supported to manage these cases balancing the person’s right to self-determination with the risks they expose themselves to. For more detail and professional actions and responsibilities please refer to the [Staff Guidance on Self Neglect & Hoarding](#).

7.2. , The VAMA /CMARAP process should be used in the following circumstances:

- When an individual is thought to be self-neglecting or hoarding;
- When an individual is not engaging with a network of support;
- When there is either perceived or actual risk of harm.

7.3. Definitions of the above can be found in appendix 3.

7.4. To effectively support people who self-neglect there is a need to ensure that staff are given:

- Space and time for building relationships with people who use services;
- Opportunities for reflective supervision;
- Arrangements to facilitate creative practice and shared risk management and decision making.

7.5. The process for managing these cases is shown below.

Focus	Actions
Concern received	As above
Planning stage	Decision to manage through VAMA or CMARAP – complete referral (see VAMA and CMARAP referral form)
VAMA or CMARAP meeting	Attend panel and engage in multiagency planning and actions. Panel decision to close case
Closure	Close safeguarding as above

7.6. Practice Considerations

7.6.1. Individual's rights vs agencies' responsibilities

If an adult refuses to engage with professionals and they have capacity, and their vital interests are not compromised, and there is no public interest, their rights should be respected. It may however, be a matter of building up a rapport with the person over time, so professionals can come to a better understanding about whether self-neglect or hoarding are matters for safeguarding or any other kind of intervention.

7.6.2. Mental Health

Self-neglect may be a symptom of an underlying mental health problem. Consideration needs to be given to whether this is of a chronic or acute nature. If it appears that the individual is acutely mentally unwell then specialist mental health services will need to be involved and a decision made about whether an assessment under the Mental Health Act 1983 (2007) is warranted. Otherwise the concern should continue to be managed under the s42 enquiry duty and referrals made to mental health services as appropriate to support and engage the adult.

7.6.3. Legal advice

It is an expectation that where the risks are very high legal advice must be sought and all available legal options must be considered including application to the Court of Protection where there are concerns about mental capacity or to the High Court where the individual is believed to be mentally capacitated.

According to SCIE 'self-neglect policy and practice: research messages for practitioners', practice in self-neglect work is more successful where practitioners:

- Take time to build rapport and a relationship of trust, through persistence patience and continuity of involvement.
- Try to 'find' the whole person and to understand the meaning of their self-neglect in the context of their life history, rather than just the particular need that might fit into an organisation's specific role.
- Work at the individual's pace but are able to spot moments of motivation that could facilitate change, even if the steps towards it are small.
- Ensure that they understand the nature of the individual's mental capacity in respect of self-care decisions.
- Are honest, open and transparent about risks and options.
- Have an in-depth understanding of legal mandates providing options for intervention
- Make use of creative and flexible interventions, including family members and community resources where appropriate
- Engage in effective multi-agency working to ensure inter-disciplinary and specialist perspectives, and coordination of work towards shared goals.

7.6.4. *Role of Safeguarding Adult Manager (SAM)*

Even though these discussions are held in a multi-agency way via CMARAP or VAMA, the SAM must ensure all actions agreed at these meetings are completed and that there is a regular update of this recorded on Mosaic. Additionally, they must continue to review the risks particularly if/when new information comes to light. Finally the SAM is responsible for ensuring all relevant information is updated on Mosaic.

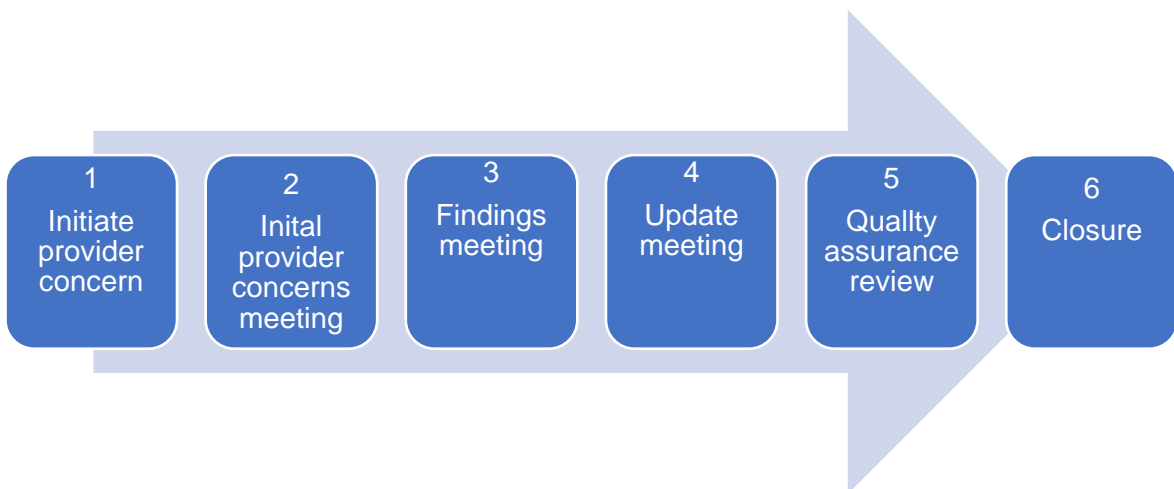
8. Provider Concerns Process

8.1. Defining Organisational abuse

- 8.1.1. Where there are concerns, which fit under the definition of 'Organisational Abuse' the Provider Concerns process is used. The organisational abuse occurs where a culmination of quality issues or safeguarding enquiries provoke concern.
- 8.1.2. 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 individuals 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).
- 8.1.3. 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.
- 8.1.4. 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.
- 8.1.5. 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.
- 8.1.6. Hull University (Abuse in Care Project, 2012) identified a number of factors which indicate abuse or neglect. These are a useful way to help to define the nature of abuse or neglect which is being investigated. (The full report can be found [Hull Report 2012](#))
- 8.1.7. A summary of factors which can increase the likelihood of abuse occurring within provider settings are drawn from these indicators:
- Management and leadership
 - Staff skills, knowledge and practice
 - Residents' behaviours and wellbeing
 - The service resisting the involvement of external people and isolating individuals
 - The way services are planned and delivered
 - The quality of basic care and the environment

8.2. Safeguarding Adults Provider Concerns Process

- 8.2.1. Where there is proof or suspicion of organisational abuse by commission, for example the abuse and neglect highlighted in Winterbourne View ([Winterbourne View report](#)); or omission to provide care and support that puts adults at risk, action will be channelled through the Provider Concerns process.
- 8.2.2. 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.
- 8.2.3. Richmond and Wandsworth councils 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.
- 8.2.4. 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 an individual, service and organisational level.
- 8.2.5. The 6-stage process involves the following:



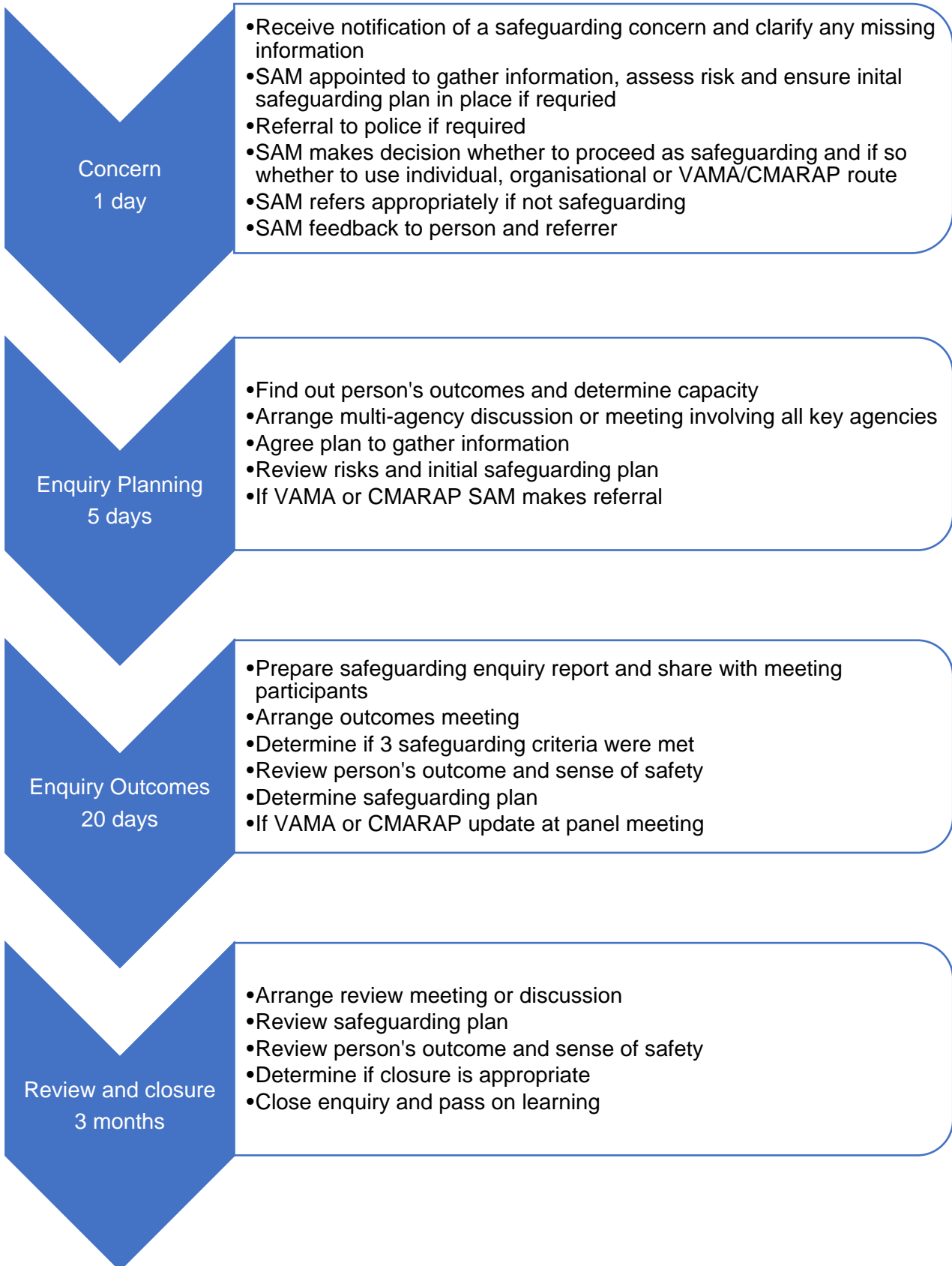
8.3. Details of action at each stage:

Stage	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 service manager to lead the enquiry. • Appoint Provider Concerns Co-ordinator who is responsible for record keeping, setting up meetings, and providing progress reports. • Determine key stakeholders to be invited to and involved in Provider Concerns process. • Draft and send out an agenda for the Provider Concerns meeting. • Define the concerns based on information gathered from a variety of sources, primarily safeguarding concerns and provider quality concerns. Use University of Hull definitions to assist with this (Hull Report 2012). • Ensure involvement of appropriate level of staff in provider agency. • Consider whether referral to police is required. Discuss for advice if uncertain.
Stage 2 Initial Provider Concerns	<p>The purpose of the meeting is to:</p> <ul style="list-style-type: none"> • Identify and clarify concerns and listen to the views of the Provider. • Agree what information needs to be gathered and who will do this. • Devise the communication strategy with people using the service and agree external communication if required to members or press. • Agree or update risk management plan. • Agree schedule for future meetings. • Complete the Initial Meeting Agenda - TEMPLATE and send to safeguardingadults@richmondandwandsworth.gov.uk to request Minute Taker. • Once minute taker confirmed send out Agenda to attendees.
Stage 3 Findings	<ul style="list-style-type: none"> • The Enquiry officer should receive written documentation from all partners based on the agreed enquiry plan. The enquiry officer is responsible for ensuring that the agreed reports or contributions are received within the agreed timescales.

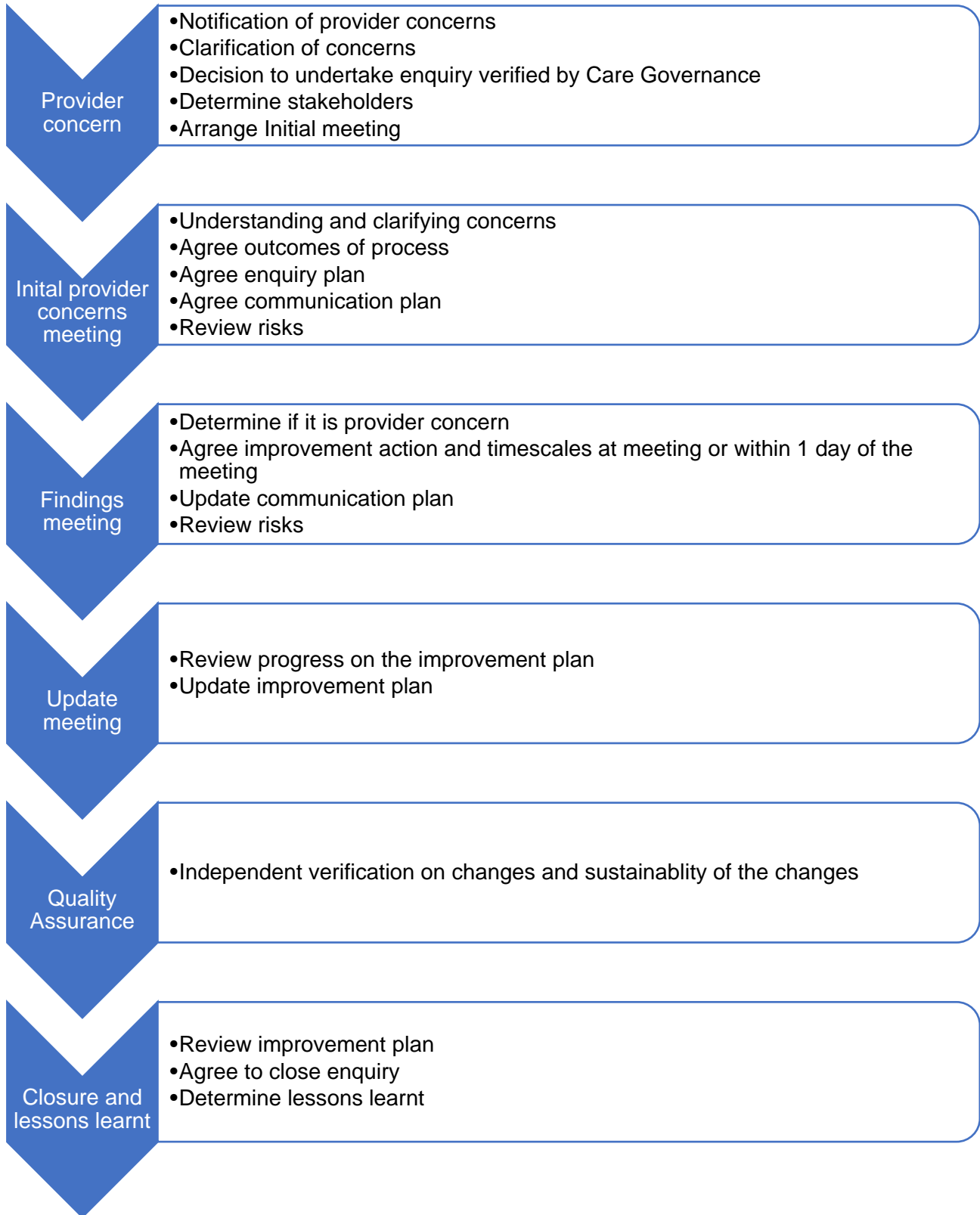
Stage	Actions
	<ul style="list-style-type: none"> • A concise report should be collated and drawn up by the Enquiry Officer overseen by the SAM. Please complete report using: Enquiry Co-ordinators Report - TEMPLATE. The enquiry reports should be concise, factual and accurate. The report should cover: <ul style="list-style-type: none"> ○ Details of the concerns; ○ Agreed desired outcomes; ○ Whether there is evidence that Section 42 criteria were met; ○ Clear recommendation on improvement actions required to ensure safety of people using the services. • SAM convenes an outcomes meeting. The purpose of the meeting is to: <ul style="list-style-type: none"> ○ Assess and agree the findings from enquiry report. These decisions are made by the SAM in consultation with the adult and other parties involved in the enquiry. If anyone is dissatisfied with the decision taken this matter should be raised as a complaint with the Local Authority using the usual adult social care complaints procedures. A suggested meeting template is here: Findings Meeting Agenda - TEMPLATE. ○ Determine if the safeguarding concern criteria are met. ○ Determine what is poor care to what is actual neglect. ○ Draw up issues for a Service Improvement Plan. 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.
<p>Stage 4 Update meetings</p>	<ul style="list-style-type: none"> • Update meeting convened to monitor delivery on service improvement plan. • There may be more than one update meeting depending on the complexity of the situation. • A suggested meeting template is here: Update Meeting Agenda - TEMPLATE
<p>Stage 5 Quality Assurance</p>	<ul style="list-style-type: none"> • A quality assurance review to be undertaken to rigorously test whether improvements have been attained and can be sustained. • Quality assurance activities may include testing an on-call emergency out of hour's system by calling at the evening

Stage	Actions
	<p>and weekend; assessing the impact of training by competency testing staff; making both announced and unannounced visits.</p> <ul style="list-style-type: none"> • 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. • This will usually be undertaken by the Quality Assurance team and they will prepare a report on their findings. • Quality assurance report should be used to validate the improvements reported on and will usually take place in an update meeting. A suggested meeting template is here: Quality Assurance Review Meeting Agenda - TEMPLATE • At update meeting agree when provider concern can be closed.
<p>Stage 6 Closing the Provider Concerns process</p>	<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.

Appendix 1: Standard Safeguarding Flowchart



Appendix 2: Provider Concerns Enquiry Flowchart



Appendix 3: Definitions of self-neglect, and significant harm

Self-Neglect

Due to the dynamics and complexity of self-neglect there is no single operational definition. It has been defined within The Care Act Statutory Guidance as – “a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding”.

Braye et al (2001) as set out in SCIE guidance – ‘Self-neglect policy and practice: research messages for managers,’ suggests the following definition for self-neglect:

- lack of self-care – neglect of personal hygiene, nutrition, hydration and/or health, thereby endangering safety and wellbeing, and/or
- lack of care of one’s environment – squalor and hoarding, and/or
- refusal of services that would mitigate risk of harm.

It is important to recognise that self-neglect may present itself in many ways and it is unlikely to have a “typical” case.

Indicators associated with self-neglect:

- *Living in very unclean, sometimes verminous or harmful conditions*
- *Neglecting household maintenance, and therefore creating hazards within and surrounding the property*
- *Portraying eccentric behaviour / lifestyles*
- *Obsessive hoarding*
- *Poor diet and nutrition. For example, evidenced by little or no fresh food in the fridge, or what is there, being unfit for consumption*
- *Declining or refusing prescribed medication and / or other community healthcare support*
- *Refusing to allow access to health and / or social care staff in relation to personal hygiene and care*
- *Refusing to allow access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas, electricity)*
- *Repeated episodes of anti-social behaviour – either as a victim or perpetrator*
- *Being unwilling to attend external appointments with professional staff whether social care, health or other organisations (such as housing)*
- *Poor personal hygiene, poor healing / sores, long toe nails*
- *Isolation*

This list is not definitive or exhaustive.

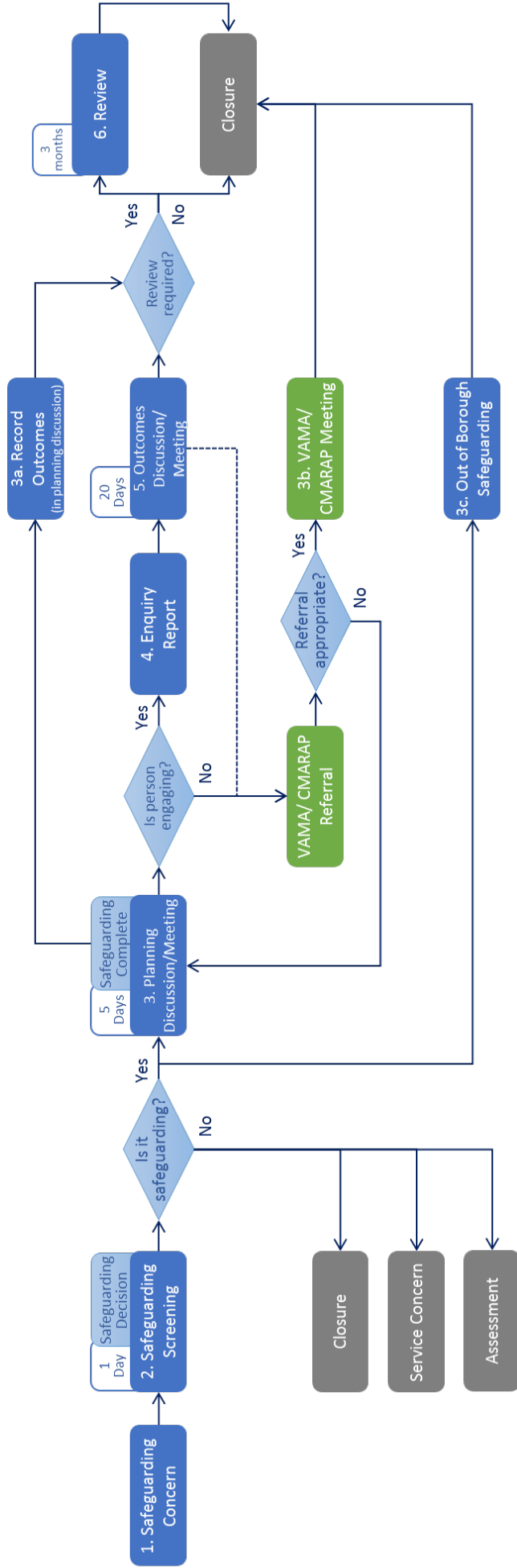
Significant Risk

Indicators of significant risk could include:

- History of crisis incidents with life threatening consequence
- High risk to physical health and wellbeing
- High risk to others health and wellbeing
- High level of multi-agency referrals received
- Fluctuating capacity, history of safeguarding concerns / exploitation
- Financial hardship, tenancy / home security risk
- Likely fire risks
- Public order issues; anti-social behaviour / hate crime / offences linked to petty crime
- Unpredictable/ chronic health conditions
- Significant substance misuse, self-harm
- Network presents high risk factors
- Environment presents high risks
- History of chaotic lifestyle
- The individual has little or no choice or control over vital aspects of their life, environment or financial affairs.

Appendix 4: Safeguarding Process Flowchart

Safeguarding Process – Individual Enquiry



Safeguarding Process – Provider Safeguarding Concern (Organisational Concern)

