



# Organisational Abuse Enquires

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## North of Tyne

(Newcastle version)

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## 1. Introduction

Organisational abuse (sometimes referred to as institutional abuse) is identified as a form of abuse covered by multi-agency safeguarding adults procedures. Organisational abuse can result in complex safeguarding enquiries because there are likely to be a number of people at risk, a number of professionals involved and wider strategic implications.

This guidance aims to ensure that appropriate action is taken based on the seriousness of the allegation that has been made. This action could include: day-to-day contract monitoring; unannounced spot checks; robust recording; information sharing; escalation to appropriate individuals/bodies; and attendance at safeguarding adults meetings. The guidance includes a description of the continuum of harm that may happen as a result of organisational abuse and the expected response from key individuals/teams/agencies with respect to the level of harm.

The guidance is applicable across all the different types of provider organisations e.g. residential or nursing care; domiciliary care; day care; housing-related support; temporary accommodation; health services.

This guidance should be read in conjunction with the multi-agency safeguarding adults policies and procedures of the respective local authority areas.

## 2. The Care Act (2014)

The Care and Support Statutory Guidance (2014) describes organisational abuse as:

*“neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation”*

The statutory guidance goes on to provide advice on the response to abuse and neglect in a regulated care setting:

- It is important that all partners are clear where responsibility lies where abuse or neglect is carried out by employees or in a regulated setting, such as a care home, hospital, or college. The first responsibility to act must be with the employing organisation as provider of the service. However, social workers or counsellors may need to be involved in order to support the adult to recover.
- When an employer is aware of abuse or neglect in their organisation, then they are under a duty to correct this and protect the adult from harm as soon as possible and inform the local authority, the Care Quality Commission (CQC) and the Clinical

Commissioning Group (CCG) where the latter is the commissioner. Where a local authority has reasonable cause to suspect that an adult may be experiencing or at risk of abuse or neglect, then it is still under a duty to make (or cause to be made) whatever enquiries it thinks necessary to decide what if any action needs to be taken and by whom. The local authority may well be reassured by the employer's response so that no further action is required. However, a local authority would have to satisfy itself that an employer's response has been sufficient to deal with the safeguarding issue and, if not, to undertake any enquiry of its own and any appropriate follow up action (e.g. referral to CQC, professional regulators).

- The employer should investigate any concern (and provide any additional support that the adult may need) unless there is compelling reason why it is inappropriate or unsafe to do this. For example, this could be a serious conflict of interest on the part of the employer, concerns having been raised about non-effective past enquiries or serious, multiple concerns, or a matter that requires investigation by the police.
- An example of a conflict of interest where it is better for an external person to be appointed to investigate may be the case of a family-run business where institutional abuse is alleged, or where the manager or owner of the service is implicated. The circumstances where an external person would be required should be set out in the local multi-agency procedures. All those carrying out such enquiries should have received appropriate training.
- There should be a clear understanding between partners at a local level when other agencies such as the local authority, CQC or CCG need to be notified or involved and what role they have. The Association of Directors of Adult Social Services (ADASS), CQC, the Local Government Association (LGA), the Association of Chief Police Officers (ACPO) and NHS England have jointly produced a high level guide on these roles and responsibilities<sup>1</sup>.
- The focus should be on promoting the wellbeing of those adults at risk. It may be that additional training or supervision will be the appropriate response, but the impact of this needs to be assessed. Commissioners of care or other professionals should only use safeguarding procedures in a way that reflects the principles above not as a means of intimidating providers or families. Transparency, open-mindedness and timeliness are important features of fair and effective safeguarding enquiries. CQC and commissioners have alternative means of raising standards of service, including support for staff training, contract compliance and, in the case of CQC, enforcement powers.
- Commissioners should encourage an open culture around safeguarding, working in partnership with providers to ensure the best outcome for the adult. A disciplinary investigation, and potentially a hearing, may result in the employer taking informal or formal measures which may include dismissal and possibly referral to the Disclosure and Barring Service (DBS).

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<sup>1</sup> <https://www.local.gov.uk/sites/default/files/documents/safeguarding-adults-roles-3e9.pdf>

- If someone is removed by being either dismissed or redeployed to a non-regulated activity, from their role providing regulated activity following a safeguarding incident, or a person leaves their role (resignation, retirement) to avoid a disciplinary hearing following a safeguarding incident and the employer/volunteer organisation feels they would have dismissed the person based on the information they hold, the regulated activity provider has a legal duty to refer to the DBS. If an agency or personnel supplier has provided the person, then the legal duty sits with that agency. In circumstances where these actions are not undertaken then the local authority can make such a referral.

### **3. Identifying organisational abuse and the level of harm**

Some of the signs and indicators of organisational abuse, may include:

- Evidence of current, basic health or care needs not being met
- Embargos and cautions being applied by the Commissioning Team
- Difficulty engaging with proprietors, managers or staff in the organisation
- Multiple alerts to the CQC
- Rapid turnover of staff or managers
- Transfer of ownership or responsibilities for the service
- Issues concerning staff behaviour and attitudes
- Frequent or repetitive challenging behaviour incidents and the response to these
- Service design and/or environmental concerns
- Non-compliance with care plans, risk assessments, court orders, and/or positive behavioural support plans
- Staff team not appropriately trained to meet the needs of service users/ patients
- Failure to follow Mental Capacity Act.

As with all concerns about abuse or neglect, there will be a continuum of harm. The following information reflects the wider [Safeguarding Adults Threshold Guidance](#) but specifically focuses on organisational abuse.

It is expected that concerns related to low level harm and/or poor practice are dealt with by individual organisations, commissioning, complaints and/or CQC procedures as opposed to safeguarding adults procedures. If a decision is made not to make a referral, the individual agency must make a record of the concern and any action taken. Concerns should be recorded in such a way that repeated, low level harm incidents are easily identified and subsequently referred. Not referring under safeguarding adults procedures, does not negate the need to report internally or to regulators/commissioners as appropriate.

Regular, low level concerns can amount to a far higher level of concern which then requires more in-depth investigation or assessment under safeguarding adults procedures.

If a low level harm or poor practice concern is reported via safeguarding adults procedures, it is unlikely that an in-depth organisational abuse enquiry will be undertaken (as described later, in this guidance). The concern will be recorded by the Local Authority and proportionate action taken to manage the risks that have been identified. This may include: sharing information with commissioning, CQC, or care management staff; provision of information or advice; referral to another agency or professional; assessment of care and support needs. In Newcastle, all safeguarding adults referrals about organisational abuse must be discussed with the Safeguarding Adults Unit by the receiving Social Work Team.

The number of safeguarding referrals which constitute an organisational abuse enquiry is deliberately not specified as the criteria relates to the seriousness, complexity, uniformity and systemic nature of allegations.

## Identifying the level of harm

	Dealt with via commissioning / complaints procedures	Must be dealt with via safeguarding adults procedures	
	Poor practice/low level harm	Significant harm	Critical/serious harm
<b>Examples of harm/abuse</b>	<ul style="list-style-type: none"> <li>• Lack of stimulation.</li> <li>• Service user not involved in running of service.</li> <li>• Care planning documentation not person-centred.</li> <li>• One-off incident without intent, causing no significant harm and managed appropriately by organisation e.g. medication error, missed call, low-level verbal abuse.</li> </ul>	<ul style="list-style-type: none"> <li>• Rigid inflexible routines.</li> <li>• Service user's dignity is undermined, including more serious (or repeated) verbal abuse.</li> <li>• Poor practice (against recognised care standards) not reported and goes unchecked.</li> <li>• Unsafe, unhygienic living environments where the organisation is responsible for maintaining this.</li> <li>• Repeated abuse of service users by other service users.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff misusing position of power.</li> <li>• Over-medication and/or inappropriate restraint used to manage behaviour.</li> <li>• Widespread, consistent ill treatment and neglect, including repeated medication errors, missed calls etc.</li> </ul>
<b>Pattern of abuse</b>	Isolated incident.	Recent abuse in ongoing relationship.	Repeated abuse which has gone on for significant period of time.
<b>Impact on victim(s)</b>	No impact or short term impact.	Some impact but not long-lasting	Serious long-lasting impact.
<b>Intent</b>	Unintended or ill informed.	Opportunistic or serious unprofessional response.	Planned and deliberately malicious.
<b>Illegality</b>	Poor practice but not illegal.	Criminal act.	Serious criminal act.
<b>Risk of repetition</b>	Very unlikely to recur.	Not if significant changes are made e.g. training, supervision, support.	Very likely even if changes are made or more support provided.

<b>Are any of the following risk factors present?</b> Please note these are not listed in an order of seriousness, they are risk factors that if present in addition to the above indicators are likely to suggest a higher risk of harm.	
<ul style="list-style-type: none"> <li>• Poor recording.</li> <li>• Lack of training.</li> <li>• Lack of openness.</li> <li>• Host authority don't contract with the service.</li> <li>• High staff turnover.</li> <li>• Unclear boundaries between personal and professional relationships.</li> <li>• Management and support functions not working effectively.</li> </ul>	<ul style="list-style-type: none"> <li>• Out-dated practice.</li> <li>• Inadequate staffing levels.</li> <li>• No manager/temporary manager.</li> <li>• Out of area placements.</li> <li>• Poor management/leadership.</li> <li>• Use of temporary staff.</li> <li>• Staff not aware of their duty to protect.</li> </ul>

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

## 4. Powers of Enquiry

Local Authorities are the lead agency in the safeguarding process, it can undertake enquires or instruct others to do so.<sup>2</sup> The Safeguarding Adults Manager (the person co-ordinating the safeguarding adults enquiry) may deem professionals in partner agencies, including service providers, to be in a more suitable position to undertake the enquires.<sup>3</sup> As part of the safeguarding adults process, there may be multiple enquiries/investigations undertaken by a number of different agencies. The Local Authority retains the responsibility for coordinating the overall safeguarding adults enquiry, ensuring specific enquiries/investigations are referred to the right person and are of an appropriate standard.

The depth of the safeguarding enquiry depends upon the initial concern and the level of harm that has occurred or is suspected to have occurred.

It is a statutory duty that all relevant agencies will cooperate with safeguarding enquiry. Section 6(1) of the Care Act (2014) states:

A local authority must co-operate with each of its relevant partners, and each relevant partner must co-operate with the authority, in the exercise of—

- (a) their respective functions relating to adults with needs for care and support,
- (b) their respective functions relating to carers, and
- (c) functions of theirs the exercise of which is relevant to functions referred to in paragraph (a) or (b).

This specifically includes cooperating to fulfil the following duties:

- (d) protecting adults with needs for care and support who are experiencing, or are at risk of, abuse or neglect, and
- (e) identifying lessons to be learned from cases where adults with needs for care and support have experienced serious abuse or neglect and applying those lessons to future cases. (Section 6 (6), Care Act 2014)

The Newcastle Safeguarding Adults Board has an Information Sharing Agreement to facilitate the effective sharing of information between agencies. The agreement can be accessed here: <https://www.newcastle.gov.uk/social-care-and-health/safeguarding-and-abuse/safeguarding-information-professionals/newcastle-safeguarding-adults-board>

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<sup>2</sup> Care Act 2014 Safeguarding 14.1

<sup>3</sup> Suitability may be due to how well they know the service user or/and their expertise in the certain area.

## **5. Organisational abuse enquiries**

The need for an organisational abuse enquiry may present at any point of the safeguarding adults process. It may be identified when a safeguarding adults referral is made, or as part of an ongoing safeguarding adults enquiry about an individual.

In Newcastle when referrals are made about organisational abuse, the receiving Social Work Team must discuss it with the Safeguarding Adults Unit. The Safeguarding Adults Unit will coordinate all organisational abuse enquiries beyond a Stage 2 enquiry.

An organisational abuse enquiry will need to draw upon information from a variety of sources (e.g. service provider investigations, CQC, Commissioners, recent safeguarding adults enquiries about individuals linked to the provider/organisation, complaints), as well as identifying further enquiries which may be needed (e.g. wider review of the service/service users/patients, criminal investigation).

If it is suspected that abuse has occurred within an organisation it may however not be necessary to commence an organisational abuse enquiry and an individual safeguarding enquiry may be more appropriate e.g. because the allegation/concern does not affect the whole service/multiple victims. These types of concerns must also be discussed with the Safeguarding Adults Unit by the receiving Social Work Team.

An organisational abuse enquiry will need to consider the needs of any individuals affected by the alleged risk or harm.

When an organisational abuse enquiry progresses to a Stage 3 enquiry, the Safeguarding Adults Manager from the Safeguarding Adults Unit will make a decision whether a strategy discussion or strategy meeting will need to take place.

Within the Newcastle Safeguarding Adults Board policy and procedures, there is the provision for holding a professionals-only information sharing meeting. These may be used prior to an organisational abuse enquiry commencing. However, careful consideration should be given to using this type of safeguarding adults meeting. It should be remembered that safeguarding adults meetings held at Stage Three and/or Stage Four can be held without the adult at risk or their representative present if it is felt that it would hinder or jeopardise the safeguarding of that individual or others. Therefore holding a professionals-only meeting only to avoid involving the adult at risk/their representative would not be appropriate.

The only circumstances when a professionals-only information sharing meeting should be used is:

- when it is not clear that abuse has occurred or may occur and further information is needed to decide whether normal safeguarding adults procedures should proceed (e.g. to share information to determine whether the adult has care and support needs);
- when confidential information needs to be shared with the purpose of preventing further risk of harm but normal safeguarding procedures do not apply (e.g. because general information has been shared about a risk of harm with no specific individuals identified).

Please see section E of the [NSAB Procedures](#) for further information and guidance about professionals-only information sharing meetings.

## **6. Who to Involve in an organisational abuse enquiry**

Involvement in the organisational strategy meeting/discussion should be limited to those who need to know and can contribute to the decision making process. The following should be considered:

- Service Provider
- Contract and Commissioning Officer
- Safeguarding Lead Clinical Commissioning Group
- Care Quality Commission
- Care Management Team representative
- Police
- Representatives from any placing authorities
- Any professional whose involvement is relevant to the allegations/ alerts (e.g. Ambulance, GP, Specialist Nurse, e.g. Community Matron, Allied Health Professionals such as: Community Psychiatric Nurse (CPN), Speech and Language Therapist (SALT), Occupational Therapist (OT), Physiotherapist.
- Health and Safety Executive
- Trading Standards
- Legal Advisor
- Any professionals who can provide clinical and/or professional advice.

In all cases where the organisational abuse enquiry involves a regulated Service Provider, the following agencies must be consulted/invited and receive copies of the minutes irrespective of attendance:

- Care Quality Commission
- Local Authority Commissioning Team
- Clinical Commissioning Group (CCG)

If the regulated service provider is commissioned to provide nursing level of care then a member of the CCG should be consulted/invited irrespective if the service users

named in any individual safeguarding concerns are assessed as requiring nursing level of care.

In organisational abuse enquiries, it is often not feasible to have attendance at the organisational meeting from the adult at risk or their representative. However, consideration will need to be given to how they will be informed and kept updated of the safeguarding adults enquiry (see section 10 below).

## **7. Organisational Strategy Meeting/Discussion**

The meeting/discussion should address key issues, including the process for;

- Identifying who will investigate which aspects of the concerns/allegations
- Collating investigation information
- Identifying risks and agreeing risk management plans
- Identification of themes and trends
- Ensure the right agencies are invited and are able to contribute
- Ensure each agency is clear about their respective responsibilities
- Agreeing how adults at risk/representatives will be kept informed and updated
- Ensuring out of area arrangements are reflected and taken into account
- Agreeing how key stakeholders will be kept updated (e.g. senior managers, the Safeguarding Adults Board, elected members/MPs).
- Considering how any potential media interest will be managed.

If a meeting is held, this will be minuted and copies distributed.

## **8. Cross-boundary arrangements**

Providers subject to an organisational safeguarding enquiry may be hosting service users/patients from neighbouring authorities, referred to as 'placing authorities'. In organisational safeguarding enquiries, placing authorities have a duty to assist the host authority in ensuring no further risk is posed to the adults affected.

The Association of Directors of Adult Social Services (ADASS) have produced [Inter-Authority Safeguarding Arrangement guidance](#) which outlines the roles and responsibilities in out of area safeguarding cases. The Safeguarding Adults Manager coordinating the organisational safeguarding enquiry should involve placing authorities in the arrangements where required, and co-ordinate any actions requested.

Where the degree and the severity of the organisational abuse demands it, the convening of a strategic management group may be considered. This group sits out with the safeguarding adults enquiry and involves a group of senior managers coming together to provide any necessary strategic oversight. This is not solely confined to the hosting and placing authorities but may be extended to agencies as outlined in

section 6. More information can be found in Section 11 of ADASS guidance referenced above.

## 9. Potential outcomes of an organisational abuse enquiry

These will be dependent upon the nature of the concerns. Outcomes may include:

- Human Resources processes and procedure
- Introduction/ review of policy and procedures
- Review of systems
- Staff training
- Suspension of provider
- Referral to the Disclosure and Barring Service
- Referral to Professional Registration Bodies
- Safeguarding Adult Reviews<sup>4</sup>

Safeguarding Adults Reviews (section 44 enquiries) must be undertaken by the local Safeguarding Adults Board (SAB) when the following criteria has been met.

An SAB must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if—

(a) There is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, and

(b) Condition 1 or 2 is met.

Condition 1 is met if—

(a) The adult has died, and

(b) The SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

Condition 2 is met if—

(a) The adult is still alive, and

(b) The SAB knows or suspects that the adult has experienced serious abuse or neglect.

An SAB may arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs).

The Safeguarding Adults Manager coordinating the organisational abuse enquiry is responsible for identifying that this criteria **may** be applicable. Where it has been identified that criteria may have been met, this should be discussed with the Service Manager, Safeguarding Adults and a referral made to the Safeguarding Adults Review (SAR) Committee where appropriate. It is the SAR Committee's responsibility to

<sup>4</sup> [http://www.northtyneside.gov.uk/pls/portal/NTC\\_PSCM.PSCM\\_Web.download?p\\_ID=559785](http://www.northtyneside.gov.uk/pls/portal/NTC_PSCM.PSCM_Web.download?p_ID=559785)

decide whether to progress with a SAR. Usually an organisational safeguarding enquiry will need to continue alongside any SAR processes (in order to safeguard the adults who may still be at risk) but this will need to be discussed with the Chair of the SAR Committee to avoid any potential conflicts of interest.

Appendix 1 includes more information about possible actions/outcomes of organisational abuse enquiries.

## **10. Meeting the needs of individuals at risk**

Where there are concerns the service provider is not able to confidently meet the assessed needs of the adults it is currently caring for or supporting, then individual care management or health reviews may be required. The decision for these to be completed will be discussed as part of the strategy meeting/discussion.

Where placements are commissioned by out-of-area authorities then undertaking of reviews will be the responsibility of the relevant commissioning authority.

Adults at risk who fund the placement themselves (often referred to as self-funders), will also be offered a review.

## **11. Communication**

### **Involvement of adults at risk and their relatives**

The purpose of the organisational abuse enquiry is to discuss the collective issues and concerns raised about an organisation which may affect a number of adults at risk. For reasons of privacy and confidentiality it is not appropriate for the adult(s) at risk or their representative(s) to be present at the meeting. The Safeguarding Manager will appoint someone to act in a liaison role with the Service User and/ or their representative.

The role of the liaison officer would be ensuring the views of the service user and/ or their representative is ascertained and shared at the meeting. At the meeting and within the guidelines of confidentiality and data protection consideration will be given to what is appropriate to be shared. The liaison officer would then provide this feedback, to the service users and/or their representative. Any actions relating to an individual service user's care provision must be made in partnership with the individual and/or their representative.

### **Informing other service users/patients not directly affected**

Other service users/patients may need to be informed. This will be particularly relevant where there are widespread concerns and where clear communication would be helpful in providing reassurances that actions are being undertaken. Consideration

must be given at any organisational safeguarding meeting, if such communication is required and how often it should occur throughout the safeguarding process.

### **Informing staff or partner agencies**

Decisions about what information needs to be shared with who (outside of those professionals directly involved) will be made on a case-by-case basis. Specific information relating to the reasons for a decision to suspend or terminate commissioning should only be shared on a need to know basis. Commissioning will be responsible for notifying all relevant parties (e.g. Adult Social Care Senior Management, Social Workers, CCG, CQC, regional colleagues) of such a decision.

### **Media interest**

Safeguarding Adults Managers must be informed of any suspected media interest as soon as possible. Under no circumstances should an attendee of the safeguarding adults meeting provide a comment, statement or interview to the press.

As soon as it is identified that there may be media interest in a case, the Safeguarding Adults Manager should liaise with their line management around a plan to manage this. This will often involve liaison with the Local Authority Press Office/Communications Team.

## Appendix 1: Roles and responsibilities and suggested responses to the level of harm

	Dealt with via commissioning / complaints procedures	Must be dealt with via safeguarding adults procedures – safeguarding adults referral must be made or accepted. All roles should consider notifying the Police if it is felt a crime has or may have been committed.	
	Poor practice/low level harm	Significant harm	Critical/serious harm
<b>Safeguarding Adults Unit action</b>	<ul style="list-style-type: none"> <li>• Provide advice/guidance based on any other intelligence about the provider which may be known.</li> <li>• Record information against organisation on CareFirst as appropriate.</li> <li>• Liaise with health and/or social care commissioners as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• Co-ordinate safeguarding adults enquiry.</li> <li>• Commissioning staff to be invited to safeguarding adults meeting – specify if attendance important.</li> <li>• If suspension needs to be considered by Commissioning reflect this in safeguarding adults plan.</li> <li>• If no formal meeting (just strategy discussion) notify commissioning and CQC of concern (and outcome in CQC's case).</li> <li>• Invite CQC Inspector – specify if CQC protocol* is met for attendance.</li> <li>• Confirm any out of area placements and notify as appropriate.</li> <li>• If complaint also raised, liaise with Complaints re attendance at safeguarding adults meeting or sharing of information. Confirm outcome of safeguarding adults enquiry to Complaints Team.</li> </ul>	<ul style="list-style-type: none"> <li>• Co-ordinate safeguarding adults enquiry.</li> <li>• Commissioner invited to safeguarding adults meeting. Escalate if apologies sent.</li> <li>• CQC Inspector to be invited to safeguarding adults meeting. Escalate if apologies sent.</li> <li>• Consider notifying Safeguarding Adults Board Chair and/or senior managers as appropriate.</li> <li>• Confirm any out of area placements and notify as appropriate.</li> <li>• If complaint also raised, liaise with Complaints Team re attendance at safeguarding adults meeting or sharing of information. Confirm outcome of safeguarding adults enquiry to Complaints Team.</li> </ul>
<b>Care Management action (e.g. Social Workers, Team Managers, Continuing Health Care)</b>	<ul style="list-style-type: none"> <li>• Record information against organisation on CareFirst (or equivalent system) as appropriate.</li> <li>• Liaise with commissioning as appropriate.</li> <li>• Option to record information on Safeguarding Adults Initial Enquiry form but should not progress due to not meeting threshold of significant harm.</li> <li>• If safeguarding adults referral is made, contact the Safeguarding Adults Unit for advice.</li> </ul>	<ul style="list-style-type: none"> <li>• Attend safeguarding adults meeting.</li> <li>• Consider review of service users/patients placed in establishment.</li> <li>• Contribute to safeguarding adults plan as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• Attend safeguarding adults meeting.</li> <li>• Consider review of service users/patients placed in establishment.</li> <li>• Consider whether previous, current, new service users/patients need to be informed of safeguarding adults concerns.</li> </ul>

	Dealt with via commissioning / complaints procedures	Must be dealt with via safeguarding adults procedures – safeguarding adults referral must be made or accepted. All roles should consider notifying the Police if it is felt a crime has or may have been committed.	
	Poor practice/low level harm	Significant harm	Critical/serious harm
<b>Placing Authority (where different to Host Authority)</b>	<ul style="list-style-type: none"> <li>• Liaise with own commissioning team as appropriate.</li> <li>• Option to record information on Safeguarding Adults Initial Enquiry form but should not progress due to not meeting threshold of significant harm.</li> </ul>	<ul style="list-style-type: none"> <li>• Attend safeguarding adults meeting.</li> <li>• Consider review of service users/patients placed in establishment.</li> <li>• Contribute to safeguarding adults plan as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• Consider review of service users/patients placed in establishment.</li> <li>• Consider whether previous, current, new service users/patients need to be informed of safeguarding adults concerns.</li> </ul>
<b>Commissioning action (health or social care)</b>	<ul style="list-style-type: none"> <li>• Record information against organisation on CareFirst (or equivalent system) as appropriate</li> <li>• Commissioning action e.g. via Service Quality Framework, action plans.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide information or attend safeguarding adults meeting.</li> <li>• Contribute to safeguarding adults plan as appropriate.</li> <li>• Commissioning action as appropriate.</li> <li>• Notify out of area, health and/or social care commissioning teams/bodies (e.g. Quality Surveillance Group) as appropriate.</li> <li>• Carry out unannounced spot check of service if appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• Senior commissioning member of staff must attend safeguarding adults meetings.</li> <li>• Consider suspension or closure.</li> <li>• Consider whether decommissioning process is to be instigated.</li> <li>• Notify out of area, health and/or social care commissioning teams/bodies (e.g. Quality Surveillance Group) as appropriate.</li> <li>• Consider what communication (if any) needs to be sent to care managers.</li> </ul>
<b>Care Quality Commission (or other regulatory body) action</b>	<ul style="list-style-type: none"> <li>• Regulatory action as appropriate.</li> <li>• Liaise with commissioning and safeguarding as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• Inspector to attend if CQC protocol<sup>5</sup> threshold met.</li> <li>• Contribute to safeguarding adults plan as appropriate.</li> <li>• Regulatory action as appropriate.</li> <li>• If no attendance, information to be provided to chair before safeguarding adults meeting and throughout safeguarding adults enquiry.</li> </ul>	<ul style="list-style-type: none"> <li>• Inspector must attend safeguarding adults meetings (consider escalation to senior manager at CQC).</li> <li>• Regulatory action as appropriate.</li> <li>• Consider requesting voluntary suspension or formal suspension (will safeguard future out of area and private placements).</li> </ul>

<sup>5</sup> CQC Inspector will attend safeguarding adults meeting if: a person or people registered with CQC to provide services are directly implicated; urgent or complex regulatory action is indicated; any form of enforcement action has started, or is under consideration, in relation to the service or location involved and which relates to risks to people using the service or their quality of their care.

	Dealt with via commissioning / complaints procedures	Must be dealt with via safeguarding adults procedures – safeguarding adults referral must be made or accepted. All roles should consider notifying the Police if it is felt a crime has or may have been committed.	
	Poor practice/low level harm	Significant harm	Critical/serious harm
<b>Complaints action</b>	<ul style="list-style-type: none"> <li>Record information against organisation on CareFirst (or equivalent) as appropriate.</li> <li>Liaise with commissioning as appropriate.</li> <li>Undertake complaints investigation. Escalate into safeguarding adults procedures if required.</li> </ul>	<p><b>If case is also open as a complaint:</b></p> <ul style="list-style-type: none"> <li>Liaise with Safeguarding Adults Manager around the most appropriate way of managing the Complaints process alongside the safeguarding adults enquiry.</li> <li>Provide information or attend safeguarding adults meeting.</li> <li>Continue to manage complaints process.</li> <li>Update Chair of Safeguarding Adults meeting with any developments in complaints process, including outcome of complaints investigation.</li> </ul>	<p><b>If case is also open as a complaint:</b></p> <ul style="list-style-type: none"> <li>Liaise with Safeguarding Adults Manager around the most appropriate way of managing the Complaints process alongside the safeguarding adults enquiry.</li> <li>Complaints to attend safeguarding adults meetings.</li> <li>Continue to manage complaints process.</li> <li>Update Chair of Safeguarding Adults meeting with any developments in complaints process, including outcome of complaints investigation.</li> </ul>
<b>Provider action (independent sector, community and voluntary sector and NHS)</b>	<ul style="list-style-type: none"> <li>Make a record of low level concern in safeguarding log or equivalent so that potential patterns or trends can be identified.</li> <li>Review and manage any risks to service users/patients.</li> <li>Liaise with commissioners and regulators as appropriate.</li> <li>Manage complaint process if applicable.</li> <li>Follow any clinical governance procedures.</li> </ul>	<ul style="list-style-type: none"> <li>Manager<sup>6</sup> of service to attend safeguarding adults meeting(s).</li> <li>Undertake investigation and contribute to safeguarding adults plan as required.</li> <li>Provide information about service users/patients within the service concerned.</li> <li>Review and manage any immediate risks to service users or patients, including taking disciplinary action against staff who have abused or neglected people in their care (e.g. may involve suspension without prejudice of staff/volunteers involved).</li> <li>Notify commissioners and regulator as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>Senior manager to attend safeguarding adults meeting(s).</li> <li>Undertake investigation and contribute to safeguarding adults plan as required.</li> <li>Provide information about service users/patients within the service concerned.</li> <li>Review and manage any immediate risks to service users or patients including taking disciplinary action against staff who have abused or neglected people in their care ((e.g. may involve suspension without prejudice of staff/volunteers involved or placing voluntary suspension on admissions).</li> <li>Notify commissioners and regulator as appropriate.</li> </ul>

<sup>6</sup> Where the representative is directly implicated (or attendance may prejudice the planning of an organisational abuse enquiry) it may not be appropriate for them to present at the initial safeguarding adults meeting. It may also be necessary to hold an organisational meeting without the Service Provider if a directive to do so has been received from Police or Care Quality Commission. In these circumstances it must be decided how the service provider will be informed, how they will be communicated with, from what stage and by whom. It is vital at the initial organisational meeting that a member from the local authority is named as the liaison officer ensuring the service provider's involvement is continuous throughout the process.

	Dealt with via commissioning / complaints procedures	Must be dealt with via safeguarding adults procedures – safeguarding adults referral must be made or accepted. All roles should consider notifying the Police if it is felt a crime has or may have been committed.	
	Poor practice/low level harm	Significant harm	Critical/serious harm
<b>Police action</b>	<ul style="list-style-type: none"> <li>Review Adult Concern received/whether Adult Concern is required to Local Authority. Unlikely to progress in safeguarding adults procedures because it is low level harm.</li> </ul>	<ul style="list-style-type: none"> <li>Provide any relevant information to or attend safeguarding adults meeting.</li> <li>Consider whether any of allegations could be pursued as crimes and investigate as appropriate. (e.g. Section 44 wilful neglect/ill treatment, corporate manslaughter). Criminal investigations will take priority over other enquires. The Police and the Safeguarding Manager will discuss the coordination of how and when other agency enquires are conducted to ensure the police investigation is not compromised and there is no unnecessary delay in commencing the safeguarding enquiries.</li> </ul>	<ul style="list-style-type: none"> <li>Police to attend safeguarding adults meeting.</li> <li>Consider whether any of allegations could be pursued as crimes and investigate as appropriate. (e.g. Section 44 wilful neglect/ill treatment, corporate manslaughter). Criminal investigations will take priority over other enquires. The Police and the Safeguarding Manager will discuss the coordination of how and when other agency enquires are conducted to ensure the police investigation is not compromised and there is no unnecessary delay in commencing the safeguarding enquiries.</li> </ul>
<b>Healthwatch action</b>	<ul style="list-style-type: none"> <li>Liaise with individual service and/or regulator as appropriate with concerns.</li> <li>Signpost people to raise complaints with individual service/regulator/ ombudsman.</li> </ul>	<ul style="list-style-type: none"> <li>Provide information for or attend safeguarding adults meeting.</li> <li>Escalate concerns to Healthwatch England, CQC or NHS England as procedures require.</li> </ul>	<ul style="list-style-type: none"> <li>Provide information for or attend safeguarding adults meeting.</li> <li>Escalate concerns to Healthwatch England, CQC or NHS England as procedures require.</li> </ul>

The table above, is a more detailed version of the following diagram which summarises the range of powers and responsibilities that agencies should be using to tackle abuse and neglect in organisations. The diagram is taken for national guidance: “Safeguarding Adults, Roles and Responsibilities in Health and Care Services”<sup>7</sup>.

<b>Safeguarding Adults Boards</b> <ul style="list-style-type: none"> <li>• Hold partners to account</li> <li>• Monitor outcomes and effectiveness</li> <li>• Use data and intelligence to identify risk and act on it</li> <li>• Co-ordinate activity</li> </ul>			
<b>Social Care and Health Providers</b> <ul style="list-style-type: none"> <li>• Show leadership and routinely monitor activity</li> <li>• Meet the required service quality standards</li> <li>• Train staff in safeguarding procedures and ensure they are effectively implemented</li> <li>• Investigate and respond effectively to incidents, complaints and whistleblowers</li> <li>• Take disciplinary action against staff who have abused or neglected people in their care</li> </ul>		<b>Social Care and Health Commissioners</b> <ul style="list-style-type: none"> <li>• Build safeguarding into commissioning strategies &amp; service contracts</li> <li>• Review and monitor services regularly</li> <li>• Intervene (in partnership with the regulator) where services fall below fundamental standards or abuse is taking place</li> </ul>	
<b>Clinicians</b> <ul style="list-style-type: none"> <li>• Apply clinical governance standards for conduct, care &amp; treatment &amp; information sharing</li> <li>• Report incidents of abuse, neglect or undignified treatment</li> <li>• Follow up referrals</li> <li>• Consult patients and take responsibility for ongoing patient care</li> <li>• Lead and support enquiries into abuse or neglect where there is need for clinical input.</li> </ul>	<b>Social Workers/Care Managers</b> <ul style="list-style-type: none"> <li>• Identify and respond to concerns</li> <li>• Identify with people (or their representatives or Best Interest Assessors if they lack capacity) the outcomes they want</li> <li>• Build managing safeguarding risks and benefits into care planning with people</li> <li>• Review care plans</li> <li>• Lead and support enquiries into abuse or neglect</li> </ul>	<b>Specialist Safeguarding staff</b> <ul style="list-style-type: none"> <li>• Be champions in their organisations</li> <li>• Provide specialist advice and co-ordination</li> <li>• Respond to concerns</li> <li>• Make enquiries</li> <li>• Work with the person subject to abuse</li> <li>• Co-ordinate who will do what – e.g. criminal or disciplinary investigations.</li> </ul>	<b>Police</b> <ul style="list-style-type: none"> <li>• Investigate possible crimes</li> <li>• Conduct joint investigations with partners</li> <li>• Gather best evidence to maximise the prospects for prosecuting offenders</li> <li>• Achieve, with partners, the best protection and support for the person suffering abuse or neglect – including victim support</li> </ul>
<b>Professional Regulators</b> <ul style="list-style-type: none"> <li>• Set the culture and professional standards</li> <li>• Apply the Fit to Practise test</li> <li>• Take action where professionals have abused or neglected people in their care</li> </ul>		<b>Care Quality Commission</b> <ul style="list-style-type: none"> <li>• Register, monitor, inspect and regulate services to make sure they provide people with safe, effective, compassionate, high-quality care</li> <li>• Intervene and take regulatory action on breaches</li> <li>• Publish findings including performance ratings</li> </ul>	

<sup>7</sup> <https://www.local.gov.uk/sites/default/files/documents/safeguarding-adults-roles-3e9.pdf>

## Appendix 2: Powers of Enquiry

Local authorities are responsible for coordinating safeguarding adults enquiries but other agencies/organisations are often responsible for undertaking the individual investigations/assessments. The following table provides a list of some of the investigations/assessments that may take place as part of an organisational abuse enquiry.

<b>Type of investigation/assessment</b> (and clarification of when it should be used)	<b>Agency responsible</b>
<b>Criminal</b> - the alleged abuse or neglect is a criminal offence (e.g. assault, theft, fraud, domestic violence, hate crime, wilful neglect, ill treatment, sexual assault, rape, sexual exploitation).	Police
<b>Regulatory investigation</b> - the concern relates to the fitness of a registered service provider. - there is a serious unresolved complaint in a registered service. - there has been a breach of the rights of a person detained under Deprivation of Liberty Safeguards.	CQC
<b>Employment/disciplinary investigation</b> - the abuse or neglect relates to a paid worker or volunteer	Employer
<b>Breach of professional code of conduct</b>	Professional Regulatory Body
<b>Breach of health and safety legislation and regulations</b>	Health and Safety Executive (HSE)
<b>Complaints investigation</b> - failure of service provision	Manager of service/complaints department. Ombudsman if unresolved
<b>Contracts investigation</b> - there has been a breach of contract	Commissioner
<b>Assessment of health or care needs</b> - Where it is identified that a need for services may reduce risk of abuse or neglect	Adult Social Care NHS
<b>Misuse of Enduring/ Lasting Power of Attorney/ Deputyship</b>	Office of Public Guardian/ Court of Protection/ Police
<b>Misuse of Appointeeship/Benefits</b>	Department for Work and Pensions