



Cheshire West and Chester Local Safeguarding Adults Board

Adults Safeguarding Procedures

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1.0 Introduction

This procedure is governed by a set of key principles and themes, so as to ensure that people who are at risk of abuse, neglect and exploitation experience the process in such a way that it is sensitive to individual circumstances, is person-centred and is outcome-focused. It is vital for successful safeguarding that the procedures in this section are understood and applied consistently by all organisations.

Although the responsibility for the coordination of adult safeguarding arrangements lies with the Local Authority, the implementation of these procedures is a collaborative responsibility and effective work must be based on a multi-agency approach to:

- Work together to prevent and protect adults with care and support needs from abuse;
- Empower and support people to make their own choices;
- Make enquiries and take action about actual or suspected abuse and neglect;
- Support adults and provide a service to those who are experiencing, or who are at risk of, abuse, neglect or exploitation;
- Share information in a timely way;
- Co-operate with each other to safeguard adults with care and support needs – although the Care Act 2014 is clear that the lead role sits with the Local Authority, section 6 of the Act is equally clear that the Local Authority and other relevant partner agencies have duties to co-operate with each other.

The following key themes run throughout the adult safeguarding process:

- User outcomes: what the individual wants to achieve must be identified and revisited where appropriate. To what extent these views and desired outcomes have been met must be reviewed at the end of the safeguarding process regardless of at what stage it is concluded.
- Risk assessment and management: these are central to the adult safeguarding process. Risks to others must also be considered.
- Mental capacity: the MCA 2005 requires an assumption that an adult (aged 16 or over) has full legal capacity to make decisions unless it can be shown that they lack capacity to make a decision for themselves at the time the decision needs to be made. Individuals must be given all appropriate help and support to enable them to make their own decisions or to maximise their participation in any decision-making process. Unwise decisions do not necessarily indicate lack of capacity. Any decision made, or action taken, on behalf of someone who lacks the capacity to make the decision or act for themselves must be made in their best interests. It is important that an individual's mental capacity is considered in the adult safeguarding process.
- Safeguarding planning should be used to;
 1. Prevent further abuse or neglect;
 2. Keep the risk of abuse or neglect at a level that is acceptable to the person being abused or neglected and the agencies supporting them;
 3. Support the individual to continue in the risky situation if that is their choice and they have the capacity to make that decision;

4. Promote wellbeing and support anyone who has been abused or neglected to recover from that experience.

- Information sharing: is key to delivering better and more efficient services that are coordinated around the needs of the individual. It is essential to enable early intervention and preventative work, for safeguarding, promoting welfare and for wider public protection. Information sharing is a vital element in improving outcomes for all. Nevertheless, it is important to understand that most people need to feel confident that their personal information is being kept safe and secure and that practitioners maintain their privacy, whilst acknowledging that the sharing of relevant and proportionate information is imperative in order to deliver safe and effective services.
- Recording: good record-keeping is an essential part of the accountability of organisations to those who use their services. Maintaining proper records is vital to individuals' care and safety. Where an allegation of abuse is made all agencies have a responsibility to keep clear and accurate records. It is fundamental to ensure that evidence is protected and to show what action has been taken and what decisions have been made and why.
- Feedback: it is important to ensure feedback is given to the adult; people raising the concern where appropriate and partner agencies. People who raise adult safeguarding concerns are entitled to be given appropriate information regarding the status of the referral they have made. The extent of this feedback will depend on various things (e.g. the relationship they have with the victim, confidentiality issues and the risk of compromising an enquiry). At the very least it should be possible to advise people raising the concern that their information has been acted upon and taken seriously. Partners in provider organisations require feedback to allow them to continue to provide appropriate support to fulfil employment law obligations and make staffing decisions.

Finally, it is equally important that these procedures are managed and administered in such a way as to comply with all the articles of the Human Rights Act 1998 (in particular Articles 5 and 8). What this means is that both the process and the outcome must be the least restrictive, proportionate and enable risk where appropriate. In addition, any actions falling under these procedures should be consistent with current legislation as it relates to social care, health, housing and education.

2.0 Adult Safeguarding Concerns: Responding and Reporting

2.1 Definition

An "adult safeguarding concern" describes the process where someone is first alerted to a concern or incident that indicates an adult with care and support needs-

- (i) is experiencing or is at risk of abuse or neglect, and
- (ii) as a result of their care and support needs, is unable to protect themselves against abuse or neglect, or the risk of it, and
- (iii) takes action to respond, and to report the concern.

2.2 Purpose

Safeguarding concerns should always be taken seriously and the correct information/advice given. The steps to be taken when responding to a concern are:

- Ensure that immediate actions are taken to safeguard anyone at immediate risk of harm. Where appropriate call 999 for emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress.
- Wherever it is safe to do so, to speak to the adult and get their views on the concern or incident and their desired outcomes. This should help to guide what next steps should be taken and whether the concern should be reported as an adult safeguarding concern or should be dealt with by another means.
- If the concern meets the criteria for a section 42 enquiry, then report the concern, without delay, to the Community Access Team on 0300 1237034 office hours and the Emergency Duty Team 01244 977277 out of office hours, weekends and bank holidays, and report to the Police where a criminal offence has occurred or may occur. Information on what constitutes a section 42 enquiry can be found on page 14 of the North West Safeguarding Adults Policy, [Local Safeguarding Adult Board](#)
- Take steps to preserve any physical evidence if a crime may have been committed, and preserve evidence through recording;
- Consider if there are other adults with care and support needs who are at risk of harm, and take appropriate steps to safeguard them;
- Report concerns to the Integrated Access and Referral Team (IART) 0300 1237047 if a child is identified as being at risk of harm.

2.3 Roles and responsibilities

A concern can be identified and reported by anyone, including the adult, a carer, family, friends, professionals or other members of the public.

Any individual or agency can respond to an adult safeguarding concern raised about an adult. This can include reporting the concern and seeking support to protect individuals from any immediate risk of harm (e.g. by contacting the police or emergency services).

Individual agencies should have internal procedures and guidance for responding to and reporting concerns.

Follow good practice under the Mental Capacity Act when speaking to the adult. Assume the adult has capacity unless proven otherwise. If the person is proven to lack capacity, speak to the person's representative/s and always act in their best interests.

2.4 Timeliness and risk

This procedure does not outline any specified indicative timescales to complete checks and make the decision about how the concern should be responded to. However, as with all adult safeguarding work, responses should be timely and a decision should be made within two working days.

If there are immediate risks to be managed, the sharing and gathering of information and planning will be facilitated by a discussion led by Cheshire West and Chester Council's Community Access Team.

3.0 How to respond to a safeguarding concern

3.1 Responding to disclosures

It is often difficult to believe that abuse or neglect can occur. Remember, it may have taken a great amount of courage for the person to tell you that something has happened and fear of not being believed can cause people not to tell. Good practice in responding to disclosures should include-

- Accept what the person is saying – do not question the person or get them to justify what they are saying – reassure the person that you take what they have said seriously.
- Don't interview the person; just listen carefully and calmly to what they are saying. If the person wants to give you lots of information, let them. Try to remember what the person is saying in their own words so that you can record it later.
- You can ask questions to establish the basic facts.
- Don't promise the person that you'll keep what they tell you confidential or secret. Explain that you will need to tell another person but you'll only tell people who need to know so that they can help.
- Reassure the person that they will be involved in decisions about what will happen.
- Do not be judgemental or jump to conclusions.
- If the person has specific communication needs, provide support and information in a way that is most appropriate to them.

3.2 Acting to protect the adult, identified others, and dealing with immediate needs

- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger. Where appropriate, call 999 for emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress.
- Summon urgent medical assistance from the GP or other primary healthcare service if there is a concern about the adult's need for medical assistance or advice. You can call the NHS 111 service for urgent medical help or advice when it's not a life-threatening situation.
- Consider if there are other adults with care and support needs who are at risk of harm, and take appropriate steps to safeguard them.
- Consider supporting and encouraging the adult to contact the Police if a crime has been or may have been committed.
- Take steps to preserve any physical evidence if a crime may have been committed and preserve evidence through recording.

3.3 Preserving Physical Evidence

In cases where there may be physical evidence of crimes (e.g. physical or sexual assault), contact the Police immediately. Ask their advice about what to do to preserve evidence.

As a guide-

- Where possible leave things as and where they are. If anything has to be handled, keep this to an absolute minimum;
- Do not clean up. Do not touch anything you do not have to. Do not throw anything away which could be evidence;
- Do not wash anything or in any way remove fibres, blood, etc;
- Preserve the clothing and footwear of the victim;
- Preserve anything used to comfort or warm the victim, e.g. a blanket;
- Note in writing the state of the clothing of both the victim and person alleged to have caused the harm. Note injuries in writing. As soon as possible make full written notes on the conditions and attitudes of the people involved in the incident;
- Take steps to secure the room or area where the incident took place. Do not allow anyone to enter until the Police arrive.

In addition, in cases of sexual assault –

- Preserve bedding and clothing where appropriate, do not wash;
- Try not to have any personal or physical contact with either the victim or the person alleged to have caused the harm. Offer reassurance and comfort as needed, but be aware that anyone touching the victim or source of risk can cross contaminate evidence.

3.4 People causing harm who are employed in paid or unpaid Positions of Trust

For more information on People in Positions of Trust (PiPOT) refer to the North West Policy for Managing Concerns around People in Positions of Trust with Adults who have Care and Support Needs, [Local Safeguarding Adult Board](#)

3.5 Prevent

If there is a concern that a vulnerable person has been or is at risk of being radicalised then you will need to call Cheshire police on 101 in the first instance.

3.6 Capacity and consent

Capacity – anyone who acts for, or on behalf of, a person who may lack capacity to make relevant decisions has a duty to understand and always work in line with the Mental Capacity Act (MCA) and MCA Code of Practice.

Consent – all adults have the right to choice and control in their own lives. As a general principle, no action should be taken for, or on behalf of, an adult without obtaining their consent.

At the concern stage, the most common capacity and consent issues to consider will usually be –

- whether the adult has the mental capacity to understand and make decisions about the abuse or neglect related risk, and any immediate safety actions necessary and;
- whether the adult consents to immediate safety actions being taken and whether the adult consents to information being referred/shared with other agencies.

If it is felt that the adult may not have the mental capacity to understand the relevant issues and to make a decision; it should be explained to them as far as possible, given the person's communication needs. They should also be given the opportunity to express their wishes and feelings.

It is important to establish whether the adult has the mental capacity to make decisions. This may require the assistance of other professionals. In the event of the adult not having capacity, relevant decisions and/or actions must be taken in the person's best interests. The appropriate decision-maker will depend on the decision to be made.

3.7 Reporting without consent of an adult with capacity

If there is an overriding public interest or vital interest, or if gaining consent would put the adult at further risk, the concern must be reported. This includes situations where:

- There is a risk or harm to the wellbeing and safety of the adult or other.
- Other adults or children could be at risk from the person causing harm.
- It is necessary to prevent crime or if a crime may have been committed.
- The person lacks capacity to consent.

The adult would normally be informed of the decision to report and the reasons for this, unless telling them would jeopardise their safety or the safety of others.

If any person is unsure whether to report, they should contact Cheshire West and Chester Council Community Access Team for advice.

Disclosure without consent needs to be justifiable and the reasons recorded by professionals in each case.

For further information North West Safeguarding Adults Policy, p16 Information Sharing, [Local Safeguarding Adult Board](#)

3.8 Anonymous reporting and protecting anonymity

Anonymous reporting – it is preferable to know who is reporting a concern. It can make it more difficult to follow up concerns if the identity or contact details of the referrer are not known. Workers in paid or unpaid positions should always be expected to state who they are when reporting concerns. It may be possible for the referrer to remain anonymous to the alleged perpetrator whilst leaving their name and contact details to support the enquiry should further information be needed.

However, if the identity of the referrer has been withheld, the adult safeguarding process will proceed in the usual way, if there is sufficient information to do so. This will include information being recorded as an adult safeguarding concern.

Protecting anonymity – while every effort will be made to protect the identity of anyone who wishes to remain anonymous, the anonymity of people reporting concerns cannot be guaranteed throughout the process.

4.0 What will happen when a safeguarding concern is raised?

The level of response will depend upon several factors – intentional or unintentional abuse, the harm that has occurred, the risk of the same thing happening again, whether the abuse constitutes a criminal offence, and importantly what the ‘adult at risk’ wants to happen if they have the capacity to make this decision.

Adults with mental capacity have the right to self-determination and as such may decide to remain in a situation which professionals feel is unsafe or make decisions which professionals feel are ‘unwise’.

Within these procedures there are two levels of response;

Level 1 – Concerns are raised about an adult at risk that may not meet the criteria for a full section 42 enquiry, but where other action is required such as a ‘provider led’ enquiry, a review of the persons care/support needs. **Appendix 1** Provider Led Investigation Form

Level 2 – Concerns and allegation of abuse where significant harm has occurred that need further action including progression to a full section 42 safeguarding enquiry.

The criteria for determining which level of response may be most appropriate can be found in **Appendix 2**.

4.1 Making a decision

Once all relevant information has been gathered – including the views of the adult in all circumstances where it is possible and safe to ask – the Community Access Team should be in a position to make a decision about how the concern should be addressed and whether the criteria for a statutory section 42 duty of enquiry is met – i.e. where the Local Authority has reasonable cause to suspect that an adult aged 18 or over in its area-

- (i) Have needs for care and support (whether or not the authority is meeting any of those needs).
- (ii) Is experiencing, or is at risk of, abuse or neglect, and
- (iii) As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Where the above criteria are met, the case will be allocated to the appropriate team, within the Local Authority, for the section 42 enquiry.

Where the above criteria for statutory enquiry are not met, for example in circumstances where ...

- The adult is at risk of abuse or neglect but does not have care and support needs;
- The adult has care and support needs, may have experienced abuse or neglect in the past, but is no longer experiencing or is at risk of abuse or neglect;

- The adult has care and support needs, is at risk of abuse or neglect, but is able to protect themselves from abuse or neglect should they choose to,the Community Access Team will consider what other action, or provision of advice/information, is required to respond to the concern.

4.2 Other types of advice/action or information

Adult Safeguarding in its wider sense means “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 and neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feeling and beliefs in deciding on any action.

Viewed in this way, even when the criteria for statutory adult safeguarding enquiry under section 42 of the Care Act is not met, effective “safeguarding” can happen within other different processes and services, for example:

- People can be supported to live safely through good quality assessment and support planning.
- People’s right to live free from crime can be supported through Police interventions, and to recover from the experience of crime through victim support services.
- People’s health and wellbeing, and experience of safe services, can be promoted through patient safety approaches in the NHS and good quality responses under Clinical Governance processes.
- People who are at risk of becoming or are already homeless can be supported through Housing Providers.

If the criteria for statutory enquiry are not met, when deciding what other action is required, then the Community Access Team will discuss with the referrer what other options are open to them.

Actions taken, or information and advice provided, should aim to promote the adult’s wellbeing, prevent harm and reduce the risk of abuse or neglect, and promote an approach that concentrates on improving life for the adults concerned, including enabling the adult to achieve resolution and recovery.

When deciding what other advice, action or information is required, the Community Access Team has a responsibility to ensure the actions decided are appropriate, and are satisfied that actions will be taken. For example, ensuring other agencies agree to and accept any referrals made, that the person has the ability and means to contact other sources of support if giving signposting advice, or that other agencies or provider services are willing and able to address concerns appropriately through their internal processes. If the Community Access Team has concerns that the issue will not be dealt with appropriately, internal management and local inter-agency escalation processes should be followed.

4.3 Supporting an adult who makes repeated allegations

An adult who makes repeated allegations that have been looked into and are unfounded should be treated without prejudice.

- Each allegation must be risk assessed and reviewed to establish if there is new information that requires action under these procedures.
- A risk assessment must be undertaken and measures taken to protect staff and others, where appropriate.
- Each incident must be recorded. **Appendix 1**
- Organisations should have procedures for responding to such allegations that respect the rights of the individual, while protecting staff from the risk of unfounded and/or malicious allegations.

4.4 Responding to family members, friends and neighbours who make repeated allegations

Allegations of abuse or neglect made by family member, friends or neighbours should be responded to without prejudice. However, where repeated allegations are made and there is no foundation to them and further enquiries are not in the best interests of the adult, then local procedures apply for dealing with multiple, unfounded complaints.

5.0 A section 42 adult safeguarding enquiry

5.1 Roles and responsibilities

The Local Authority cannot delegate its duty to conduct a formal section 42 enquiry, but it can cause others to make enquiries. This means that the Local Authority may ask a provider or partner agency to conduct its own enquiries, and report these back to the Local Authority in order to inform their decision about whether and what action is required in the adult's case.

Where a crime has or may have been committed the Police are responsible for conducting a criminal investigation. In the meantime providers can run as a dual process.

While the Local Authority has overall responsibility and the duty to conduct enquiries, this does not absolve other agencies of safeguarding responsibilities. Relevant partner agencies involved in providing services to adults who may have care and support needs have a legal duty to cooperate in formal adult safeguarding enquiries, unless doing so is incompatible with their own duties or would have an adverse effect on their own functions. This includes sharing information to enable the enquiry to be made thoroughly, participating in the enquiry planning processes, and undertaking enquiries when they have been caused by the Local Authority to do so.

5.2 Role of the Social Worker allocated the safeguarding enquiry

- To ensure that the views of the adult at risk are captured throughout, this is supported by the 'making safeguarding personal principles' (details can be found on page 10 of the North West Adult Safeguarding Policy).
- To gather as much information as possible from the referrer/others relevant to the case
- To look for evidence to support/refute the allegation – this may come from various sources;

such as the person themselves, witness statements, written evidence, CCTV, medical evidence, financial statements etc.

- To arrange and attend any strategy/safeguarding meetings.
- Write reports for meetings
- Ensure all relevant information is recorded and mandatory boxes are completed on the liquid logic safeguarding module.
- Ensure the person/their advocate is informed of the outcome.
- Close the enquiry episode on liquid logic once a decision has been reached.
- Escalate any concerns to a manager as soon as possible.
- Refer to Cheshire West and Chester's practice guidance.

The guide/checklist in **Appendix 3** can be used as a guide to actions that are needed/could be taken.

5.3 Process

All enquiries need to be planned and coordinated. No agency should undertake enquiries prior to a planning discussion or meeting unless it is necessary for the protection of the adult or others or unless a serious crime has taken place or is likely to.

Planning should be seen as a process, not a single event. The planning process can be undertaken as a series of telephone conversations, or meeting with relevant people and agencies. In some cases the complexity or seriousness of the situation will require a planning process to include a formal meeting/s. Urgency of response should be proportionate to the seriousness of the concern raised, and the level of risk.

The planning process will be led and co-ordinated by a Social Worker from Cheshire West and Chester Council. However where the person is placed in CWAC by another authority, it may be more appropriate for them to carry out further enquires, a decision about who is best placed to make these enquires should be made at the strategy meeting. Appropriate levels of information should be shared with, and involvement gained from, relevant partners.

The adult's views, wishes and desired outcomes may change throughout the course of the enquiry process. There should be an ongoing dialogue and conversation with the adult to ensure their views and wishes are gained as the process continues.

Sometimes, people may have unrealistic expectations of what can be achieved through the safeguarding procedure, and they should be supported to understand from the outset how their desired outcomes can be met.

As part of the planning process, the Social Worker must consider and decide if the adult has substantial difficulty in participating in the adult safeguarding enquiry and should make all reasonable adjustments to enable the person to participate before deciding the person has substantial difficulty. Where an adult has substantial difficulty the Social Worker must decide whether there is an appropriate person to represent them. This would be a person who knows the adult well, and could be, for example, a spouse, family member, friend, informal carer, neighbour, Power of

Attorney. It cannot be a person who is the subject of the allegation or involved in their care or treatment in a professional or paid capacity. The identified person will need to be willing and able to represent the adult.

Where an adult has substantial difficulty being involved in the adult safeguarding enquiry and where there is no other appropriate person to represent them, the Social Worker must arrange for an independent advocate to support and represent them as stated in the Care and Support Statutory Guidance.

When an employer is aware of abuse or neglect in their organisation, they are under a duty to correct this and protect the adult from harm as soon as possible and inform the Local Authority, Care Quality Commission and Clinical Commissioning Group where the latter is the commissioner.

Following a safeguarding enquiry it may be appropriate to carry out a Safeguarding Adults Review (SAR) as detailed in section 44 of the Care Act 2014. There is a separate SAR policy which can be found by clicking on the following link.

[Safeguarding Adults Review Policy](#)

5.4 Evaluate and protect

Throughout the enquiry processes, information and risk should be evaluated regularly, and the enquiry plans adapted or changes as new information becomes available or if circumstances change. Once all necessary enquiries have been made, the allocated Social Worker will be in a position to decide what action is required in the adult's case.

It is particularly important where the risk may not have been reduced/removed that the risks are identified along with what options have been explored and the reasons why these were not successful – this may be due to the person's lack of engagement/cooperation in the plan. The reason for any decisions should be clearly recorded and should demonstrate the workers decision making process.

These types of situations will require a greater level of scrutiny and review, usually within a multi-agency context.

Providers may also be asked to provide an action plan to identify learning and to address concerns; a template is available if required **Appendix 4**. It should be identified at the final safeguarding meeting who will monitor this plan going forward; it may be more appropriate for a contacts officer to do this rather than a social worker.

5.5 Interface between adult safeguarding plans and care and support plans

An adult safeguarding plan is not a care and support plan and it will focus on care provision only in relation to the aspects that provide protection against abuse or neglect, or which offer a therapeutic or recovery based resolution. In many cases the provision of care and support may be important in addressing the risk of abuse or neglect, but where this is the intention the adult safeguarding plan must be specific as to how this intervention will achieve this outcome.

Where the adult requires assessment and provision of care and support services by the Local Authority, they must also have a care and support plan in line with the requirements of the Care Act 2014 (sections 24 & 25).

5.6 Monitoring and reviewing the plan

The identified lead professional should monitor the plan on an ongoing basis and lead the review process within the timescales agreed on the plan. The purpose of the review process is to-

- Evaluate the effectiveness of the adult safeguarding plan;
- Evaluate whether the plan is meeting/achieving the adult's outcomes;
- Evaluate levels of current and ongoing risk.

Following review processes, it may be determined that –

- The adult safeguarding plan is no longer required; or
- The adult safeguarding plan needs to continue and any changes or revisions to the plan should be made, new review timescales set and who will be the lead professional to monitor and review the plan; or
- A new adult safeguarding s42 enquiry is needed. This will usually be when new information comes to light that significantly changes the circumstances and risks, or introduces new risks.

5.7 Closing the adult safeguarding procedure

The procedure can be closed following a review of the plan or at any time where the adult safeguarding plan is no longer required. This may be because the risks of abuse or neglect have reduced to the level that agencies feel they can adequately and appropriately be managed or monitored through single agency processes.

6.0 Escalation Process

If a provider has been subject to a safeguarding enquiry on the same person and/or the same issues of concern have arisen on 3 consecutive times within a 12 month period (or earlier at the discretion of the safeguarding team manager), this matter should be escalated to the senior manager for adult safeguarding and the senior manager for contracts. Consideration will then be given as to whether the disruption policy for contacted services should be instigated.

Where families/others are unable to come to an agreement or where the person themselves does not agree with the outcome, then the complaints procedure can be utilised.

7.0 If it is not Safeguarding is there anything else that I should do?

The importance of recording and monitoring concerns you become aware of needs to be highlighted here. If you have concerns which do not come under safeguarding procedures you can contact:

- Contracts Team if the concern is with a domiciliary care agency or care home
- Complaints department
- Commissioning Team if the concern relates to the conduct of a commissioned service

It is also important to record your concerns within your own notes and to discuss these concerns in supervision with your line manager. This is essential as some very serious issues have been brought to light because we have been notified of the repetition of minor actions or omissions, which collectively have amounted to significant abuse.

Voluntary and community services will also work closer together to develop a greater range of solutions including support groups and the use of new technology, which will enable people to access services digitally. You can find more information on the Cheshire West Local Offer, which is an online directory and information hub [Local Offer](#)

8.0 Glossary of terms

Abuse –the Care Act Statutory guidance does not provide a general definition of what constitutes abuse or neglect so as not to limit thinking in this area. It is recognised that abuse or neglect can take many forms and the circumstances of the individual should always be considered. The following are identified as common types of abuse or neglect – physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory, organisational, domestic abuse, modern slavery and self-neglect (this list is not exhaustive).

Adult at risk – a person aged 18 or over who is in need of care and support, regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse or neglect.

Adult safeguarding – the term used to cover all work undertaken to support adults with care and support needs to maintain their own safety and well-being. It describes the preventative and responsive actions undertaken to support adults who are experiencing, or are at risk of experiencing abuse or neglect.

Adult safeguarding process – refers to the decisions and subsequent actions taken on receipt of a concern. This process can include safeguarding meetings or discussions, enquiries, a safeguarding plan and monitoring and review arrangements.

Adult with care and support needs - someone 18 or above who has needs for care and support (whether or not the local authority is meeting any of those needs) and; is experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Advocacy – support for people who have difficulty expressing their concerns and the outcomes they want during the safeguarding process.

Best interest – the Mental Capacity Act 2005 states that if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person's behalf must do so in the person's best interest.

Carer – refers to unpaid carers for example, relatives or friends of the adult with care and support needs. Paid workers, including personal assistants, whose job title may be ‘carer’ are called staff. The Care Act defines the carer as an adult who provides or intends to provide care for another adult who needs support.

Concern - describes when there is or might be an incident of abuse or neglect. Replaces the previously used term “alert.”

Consent - the voluntary and continuing permission of the person for the intervention based on an adequate knowledge of the purpose, nature, likely effects and risks of that intervention, including the likelihood of its success and any alternatives to it.

CQC (Care Quality Commission) - responsible for the registration and regulation of health and social care in England.

DBS (Disclosure and Barring Service) – is a non-departmental public body of the Home Office of the UK. It supports organisations in the public, private and voluntary sectors to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially that involving children or adults it also provides wider access to criminal record information through its disclosure service for England and Wales.

Domestic Abuse – is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial, and emotional.

DoLS (Deprivation of Liberty Safeguards) – is an amendment to the MCA (2005) and provides safeguards for people who lack capacity specifically to consent to treatment or care in either a hospital or care home that, in their own best interests, can only be provided in circumstances that amount to a deprivation of liberty.

Emergency Duty Team – a social care team that responds to out of hours referrals where intervention from the Council is required to protect a vulnerable child or adult with care and support needs, and where it would not be safe, appropriate or lawful to delay that intervention to the next working day.

Enquiry - An enquiry is the action taken or instigated by the Local Authority in response to a concern that abuse or neglect may be taking place. The purpose of the enquiry is to establish whether or not the Local Authority or another organisation, or person needs to do something to stop or prevent the abuse or neglect.

Equality Act 2010 – Protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws making the law easier to understand and strengthening protection in some situations.

General Data Protection Regulations 2018 - As of May 2018 the Data Protection Act (DPA) will be replaced by the General Data Protection Regulation 2018. The regulations govern how and why personal data is processed, it is intended to strengthen and unify data protection. Article 9 (h) in particular allows the processing of special categories of personal data necessary to provide health and social care.

HR (human resources) – the division of an organisation that is focused on activities relating to employees. These activities normally include recruiting and hiring of new employees, orientation and training of current employees, employee benefits, and retention.

Human Rights Act 2000 – legislation introduced into domestic law for the whole of the UK in October 2000, in order to comply with the obligations set out in European Convention of Human Rights. Section 73 of the Care Act 2014 extends the provisions of the Human Rights Act to protect people who are in receipt of personal care in the place where they reside at the time under the following circumstances. The care is arranged, or commissioned (partly or wholly) by a relevant Authority (public body currently covered by the Act).

Independent Mental Capacity Advocate (IMCA) - Established by the Mental Capacity Act 2005. IMCAs are mainly instructed to represent people who lack mental capacity when there is no-one outside of services, such as a family member or a friend, who can represent them. IMCAs are a legal safeguard who will help people make important decisions about where they live, serious medical treatment options, care reviews, or adult safeguarding concerns.

Making Safeguarding Personal – This refers to person-centred and outcome-focused practice. It is about empowering individuals to express what is important to them by whatever means appropriate. Practitioners must demonstrate through their practice that they have carefully listened to the individual and those important to them and how they want matters to progress. Outcomes of interventions should be meaningful to the person at the centre of the enquiry and reflect their original wishes wherever practicable.

MAPPA (multi-agency public protection arrangements) – statutory arrangements for managing sexual and violent offenders.

MARAC (multi-agency risk assessment conference) – the multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and honour based violence.

MCA (Mental Capacity Act 2005) – the Mental Capacity Act 2005 provides a statutory framework to empower and protect people aged 16 and over who lack, or may lack, mental capacity to make certain decisions for themselves because of illness, a learning disability, or mental health problems. The Act was fully implemented in October 2007 and applies in England and Wales.

Person/organisation alleged to have caused harm - The person/organisation suspected to be the source of risk to an adult at risk.

PIPOT (Person in Position of Trust) – When a person holds a position of authority and uses that position to his or her advantage to commit a crime or to intentionally abuse or neglect someone who is vulnerable and unable to protect him or herself.

Safeguarding Adults Board (SAB) – Each local authority must have a SAB to assure itself that local safeguarding arrangements and partners act to help and protect adults at risk. SABs will oversee and lead adult safeguarding and will be interested in all matters that contribute to the prevention of abuse and neglect.

Safeguarding Adults Review (SAR) – Undertaken when an individual with care and support needs dies or suffers unnecessarily as a result of abuse or neglect and there is a concern that the local authority or a partner organisation could have done more to protect them.

Appendix 1 – Provider Led Investigation Form

Provider Led Investigation Form			
Name of Provider		Address	
Date of Referral			
Author		Postcode	

Adult at risk		Date of Birth	
Next of Kin or representative Name, Status/relationship		Contact Details	
Details of referral			

**Is a Mental Capacity Act Assessment necessary in relation to the person’s participation in the safeguarding process, has it been completed?
 What was the outcome? E.g. Best Interests Decision to progress the Enquiry? Has the Local Authority arranged for an advocate to support/represent the adult?**

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People consulted		
NAME	ADDRESS	CONNECTION WITH VULNERABLE PERSON

Please indicate if notifications have been sent to the following:

Regulator (name of Inspector if known)		Commissioner	
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Context	
Findings	
From your findings, please indicate if the incident was:	
Avoidable	Unavoidable

Summary	
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What does the adult at risk and/or their representative (with consent AND/OR in their best interests AND/OR their legal status) want to happen (desired outcomes)?	
1	
2	
3	

Actions Taken	
1	
2	
3	
Evidence of Making Safeguarding Personal	

--

FOR OFFICE USE ONLY

Outcome			
Evidence of Making Safeguarding personal?		Evidence of appropriate notifications sent?	
Actions required?		Case closed?	
Please indicate any actions that are required			
Name			
Signed		Date	

Appendix 2 Criteria for initiating safeguarding procedures

Protecting people from abuse, harm and exploitation in Cheshire West and Chester is one of the councils' and its partner's key priorities, with an increasing number of enquires it is important to ensure that resources are targeted to make the most effective use of them. However, establishing whether abuse has taken place is not always straightforward. This section in the procedures aims to support/guide frontline managers and staff to distinguish between **poor practice** and **abuse**. Where poor practice is felt to have occurred it may be more practicable for the provider or care manager to take appropriate action. Where abuse is identified the safeguarding procedures should be implemented.

On receiving a concern it is important to determine whether it is appropriate for the concern to be dealt with as a section 42 enquiry. Before loading an enquiry as a section 42, some questions must first be considered:

- does the possible abuse relate to an adult at risk? (please see the safeguarding policy for eligibility)
- does the adult have capacity to consent to what has occurred, but if so did they do so under duress?
- is there evidence of wilful neglect?
- has the adult experienced significant harm? *Significant harm is defined as "...ill-treatment (including sexual abuse and forms of ill treatment that are not physical); the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, emotional, social or behavioural development".* [Law Commission 1995]

It is important to note that abuse may not be deliberate or intentional; however, where **significant harm** has occurred as a result of an act or omission, whether intentional or not, then the process should be initiated for a full section 42 enquiry.

Determining whether or not abuse of a person has taken place is not always a straightforward matter, particularly when the concerns relate to neglect. A judgement will be required about whether an act or an act of omission has caused significant harm. We need to differentiate between an accident, complaint or abuse.

For example.

Mrs Jones lives in a care home, she has fallen over and broken her arm. The staff at the home have a plan in place to minimise falls for Mrs Jones, but she has still fallen. This will be classed as an accident; it still needs looking into but because there is no evidence of deliberate harm/omission of care the home manager will be expected to investigate.

It would be safeguarding if the following had happened.

Mrs Jones lives in a care home, she says that she was handled roughly by the carer, and she slipped and fell, she is badly bruised, but no fractures. This will be classed as neglect and will be looked at under safeguarding – this will be investigated by the Local Authority.

However, there will be occasions when it is appropriate for **provider agencies** to respond to incidents of **poor practice**. Poor practice will always require a response because if not challenged it can result in a further deterioration in standards leading to longer-term difficulties or even catastrophic consequences for some individuals.

The following Guidance may be used to assist in distinguishing between poor practice i.e. failure to meet a service user's care needs, which should be managed by a provider or care manager in the case of an informal carer, or a commissioner (health, local authority/other) by reviewing the care or other agency.

Please note this is **not** an exhaustive list.

Area of concern	LEVEL ONE	LEVEL TWO
1. Acts of non-intentional abuse or neglect	<p>Examples/indications may be:</p> <ul style="list-style-type: none"> - informal carer struggling to provide adequate care - signs of stress to the point of increased risk harm to the adult at risk - one off incidents of neglect/failure to provide care from informal/formal carer where no harm has occurred - care plans not available/not updated <p>Possible actions:</p> <ul style="list-style-type: none"> - provider led enquiry - review of care support by commissioners - carer's assessment 	<p>N/A</p>
2. Acts of wilful neglect, ill treatment or acts of omission/abuse	<p>N/A</p>	<p>Examples/indications may be:</p> <ul style="list-style-type: none"> - ignoring emotional, medical or physical care needs and harm has occurred. - deliberately withholding the necessities of life such as medication, adequate nutrition, heating etc. and harm – emotional or physical occurs. <p>Possible actions:</p> <p>Section 42 enquiry co-ordinated initially by the local authority in conjunction with partners.</p>
3. Sexual abuse	<p>N/A</p>	<p>Examples/indications may be:</p> <p>Allegation or concern that an adult at risk has been sexually abused (see policy document page 24 for details of what constitutes sexual abuse).</p> <p>Possible actions:</p> <p>Section 42 enquiry co-ordinated initially by the local authority in conjunction with partners.</p>
4. Financial abuse	<p>Examples/indicators may be:</p> <ul style="list-style-type: none"> - theft or scams where the police/trading standards are already engaged and where the person themselves or their family have already put safeguards in place - concerns about missing money/belongings 	<p>Examples/indicators may be:</p> <ul style="list-style-type: none"> - where theft or scams are suspected - misuse of the person's possessions/benefits - misappropriation of direct payments - coercion in relation to other financial affairs such as their will/inheritance

Area of concern	LEVEL ONE	LEVEL TWO
	<p>which turn up shortly after</p> <p>Possible actions:</p> <ul style="list-style-type: none"> - actions/aware raising by staff within trading standards - support from family/others regarding money and management of - advice given of keeping possessions safe - person pursues with police with support of family/friends 	<p>Action:</p> <p>Section 42 enquiry co-ordinated initially by the local authority in conjunction with partners.</p>
<p>5. Emotional abuse</p>	<p>Examples/indicators may be:</p> <p>Person is spoken to in a rude, insulting, humiliating or other inappropriate way by a member of staff or informal carer. They are not distressed and this is an isolated incident.</p> <p>Possible actions:</p> <ul style="list-style-type: none"> - provider led enquiry to resolve the situation to the satisfaction of the adult at risk. - informal carers – offered advice/support as to appropriate ways of managing service user. - action by commissioners where concern is regarding informal carers 	<p>Examples/indicators may be;</p> <p>Person is spoken to in a rude, insulting, humiliating or other inappropriate way by a member of staff or informal carer – this is a recurring incident and or the language used is discriminatory.</p> <p>Action:</p> <p>Section 42 enquiry co-ordinated initially by the local authority in conjunction with partners.</p>
<p>6. Physical abuse</p>	<p>Unexplained marks or bruising – found on one occasion, no harm or distress.</p> <p>Possible actions:</p> <ul style="list-style-type: none"> - provider or commissioner to monitor - informal carer offered support/training on moving and handling if appropriate 	<p>Examples/indicators may be:</p> <p>Physical abuse may include – assaults such as hitting, slapping, pushing which results in injury, restraining resulting in injury, inappropriate physical sanctions, ongoing marks and lesions, marks that resemble ‘finger’ bruising/grab marks.</p> <p>Action:</p> <p>Section 42 enquiry co-ordinated initially by the local authority in conjunction with partners.</p>
<p>7. Pressure ulcers</p>	<p>Ulcers which are deemed to be un-avoidable by a medical professional, this can include nurses, therapists and doctors.</p> <p>Action:</p> <ul style="list-style-type: none"> - provider or commissioner to monitor/change support/care plan - review moving and handling equipment - informal carer is similar – ensure correct equipment/support is in place and that it is being used properly. 	<p>Ulcers which are deemed ‘avoidable’ by a medical professional. Failure to follow advice/support plan on more than one occasion.</p> <p>Action:</p> <p>Section 42 enquiry co-ordinated initially by the local authority in conjunction with partners.</p>
<p>8. Domestic abuse</p>	<p>Where a person does not have care and support needs, specialist domestic abuse services are available as well as the police – details can be found on the LSAB website.</p> <p>Action:</p> <p>Referral to domestic abuse services, or</p>	<p>Where a person has care and support needs and is being abused by someone in a family relationship – whether this is intimate or not. Indicators/types of abuse may include – psychological, physical, sexual, coercion and control, honour based violence.</p>

Area of concern	LEVEL ONE	LEVEL TWO
	person given advice /support on DA services, record advice given.	Action: Section 42 enquiry co-ordinated initially by the local authority in conjunction with partners.
9. Significant need not addressed in Care Plan	Person does not have within their Care Plan/Service Delivery Plan/Treatment Plan a section which addresses a significant assessed need, for example: <ul style="list-style-type: none"> - management of behaviour to protect self or others - liquid diet because of swallowing difficulty - bed rails to prevent falls and injuries but no harm occurs. Action: <ul style="list-style-type: none"> - provider led enquiry or action under contact by the commissioner of the care. - support to informal carers as to how to follow advice/care plan. 	Failure to specify in a patient/client's Plan how a significant need must be met. Inappropriate action or inaction related to this results in harm such as <i>injury, choking etc.</i> Action: Section 42 enquiry co-ordinated initially by the local authority in conjunction with partners.
10. Care/support Plan not followed	Care/support plan not followed and no harm or injury occurs. Action: <ul style="list-style-type: none"> - provider led enquiry or action under contact by commissioner of the care. - support to informal carers as to how to follow advice/care plan. 	Failure to address a need specified in adult's plan results in harm. This is especially serious if it is a recurring event or is happening to more than one adult. Action: Section 42 enquiry co-ordinated initially by the local authority in conjunction with partners.
11. Failure to respond to person's mental health needs	Adult at risk known to mental health services is identified as being at risk. Previous risk assessment identifies same day response is required. Response is not made that day but no harm occurs. Action: Provider led enquiry or action under contact by commissioner of the care.	Patient is known to be high risk, a timely response is not made and harm occurs – to them or others Harm: physical injury, emotional distress, death Action: Section 42 enquiry co-ordinated initially by the local authority in conjunction with partners.
12. Domiciliary care visit missed	Person does not receive a scheduled domiciliary care visit and no other contact is made to check on their well-being, but no harm occurs. Provider deals with this appropriately through internal investigation, to the satisfaction of person involved. Action: Provider led enquiry or action under contract by commissioner of the care.	Person does not receive scheduled domiciliary care visit(s) and is unable to call for assistance/help; no other contact is made to check on their well-being resulting in serious harm. Action: Section 42 enquiry co-ordinated initially by the local authority in conjunction with partners.
13. Abuse of a service user by another service user	One adult at risk verbally abuses or 'taps' or slaps another vulnerable adult but has left no mark or bruise, victim is not intimidated and significant harm has not occurred. Action: Provider led enquiry or action/review of the placement by commissioner of the care for	Predictable and preventable (by staff) incident between two adults with care and support needs where an injury requiring medical attention is required. Harm: physical injury, psychological distress Action: Section 42 enquiry co-ordinated initially by the local

Area of concern	LEVEL ONE	LEVEL TWO
<p>14. Self-neglect</p>	<p>service user(s).</p> <p>Where person does not have care and support needs.</p> <p>This covers a wide range of behaviours including;</p> <ul style="list-style-type: none"> - neglect of personal hygiene - neglecting health - neglecting environment/surroundings - excessive hoarding. <p>Possible actions:</p> <ul style="list-style-type: none"> - support/action by housing provider under terms of tenancy. - support/action by environmental health - support/action by fire, health other professionals. - actions to be co-ordinated by agency who raises the concern. 	<p>authority in conjunction with partners.</p> <p>Person has care and support needs and has come to harm/is putting others at significant harm due to self-neglect behaviours.</p> <p>Action:</p> <p>Section 42 enquiry co-ordinated initially by the local authority in conjunction with partners.</p>
<p>15. An adult with unstable mental health makes allegations against staff or fellow residents/patients that appear unrealistic/false.</p>	<p>Person is unwell and makes allegations that appear false e.g. staff are trying to poison me with medication. Or person X has assaulted me - they were not on duty at that time.</p> <p>That there is clear and documented evidence supported by assessment that the allegations are due to the person's mental health symptoms and no harm has occurred.</p> <p>That a doctor and another qualified member of staff responsible for the person's care are able to confirm this. Any plans to support this are clear and reviewed regularly.</p> <p>Possible actions:</p> <ul style="list-style-type: none"> - provider led enquiry or action. - review of the placement/support plan by commissioner of the care for service user. 	<p>There is no clear evidence documented or otherwise of a mental health presentation that supports the view that the allegation is false.</p> <p>Or the person makes an historical allegation when they are well.</p> <p>Action:</p> <p>Section 42 enquiry co-ordinated initially by the local authority in conjunction with partners</p>

Appendix 3 – Adult safeguarding enquiry guide/checklist

TASK	Y/N
1. Check referral details on liquid logic	
2. Risk assess – is the person in immediate danger? If yes, discuss plans to safeguard with a manager/other relevant people i.e. police.	
3. Strategy discussion with manager and or other relevant people (this could be done after you have spoken to the refer/gathered further information)	
4. Speak to the referrer and or the adult at risk - does the enquiry constitute abuse? If not, can it be dealt with via a complaint/contracts team? Advise the referrer of the appropriate course of action. Ensure that the <u>adult’s views and wishes</u> are recorded – what do they want to happen?	
5. Does the person whom the allegation is about have capacity to agree to an assessment/further enquiry? Record capacity assessment in liquid logic. Consider advocacy (this may be appropriate for people with capacity as well as for those without if they do not have a family member or friend to support them through the process – see 1.8 page 12 of adult safeguarding policy).	
6. Refer to the police – if you feel a crime has been committed, ring 101, and make a note on liquid logic of the incident number/advice given.	
7. Inform CQC/Contracts team if relevant. safeguarding@cqc.org.uk	
8. Inform the commissioner (if the person is funded by another LA or health). Keep them informed throughout the process/invite them to attend any safeguarding meetings.	
9. Speak to all relevant people – the person themselves, their friends/family (if the person consents to this, or if you feel it’s in their best interests, if they are unable to consent), other professionals. Record in the investigation record on liquid logic.	
10. Check records/documentation if the allegation involves a ‘provider’. Do the records support/refute the allegation? Make notes or photocopy any relevant documents.	
11. Carry out actions agreed at strategy/professionals meetings.	
12. Convene strategy/professionals meetings. Ensure records of meetings are uploaded on the record in liquid logic.	
13. Decision making – final outcomes, can you substantiate the allegation or not? Decisions should be made in safeguarding multi-agency meetings wherever possible.	
14. Record outcomes on the SA module on liquid logic and send for authorisation. Inform the person/referrer of the outcome in writing/face to face meeting. You should ensure that the principles of ‘making safeguarding personal’ are adhered to throughout the process. In terms of outcome – what did the person or their advocate want as an outcome? Address this in your feedback to them. A standard letter template is available in the procedures.	

Appendix 4 – Action plan template

ACTION PLAN

Organisation/provider

Date

Action Number	Area/s for Action	Actions Required	Who		Timescale	Expected Outcomes	Update on Expected Outcomes	Comments
			Accountable	Responsible				