

## Oxfordshire Safeguarding Adults Procedures

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## **1: Summary of the Oxfordshire Safeguarding Adults Procedures**

These procedures support the Oxfordshire Safeguarding Adults Board Policy April 23<sup>rd</sup> 2008 (reviewed April 2009)

All providers of health or social care in Oxfordshire must have Safeguarding Adults procedures that are compatible with the requirements of the above policy.

### **All concerns must be taken seriously & reported**

All reports, allegations or concerns that a person aged 18 years old or over may have been harmed or placed at risk of serious harm must be taken seriously. The agency or organisation made aware of the concerns must first consider what, if any, action is required to safeguard the person and any others who may be at risk of harm including notifying the responsible agencies e.g. the police or Oxfordshire Social & Community Services.

All concerns must be reported to Oxfordshire Social & Community Services.

### **Care providers must take action to safeguard service users and investigate**

Where the alleged abuse or concern occurs within the context of care e.g. in a care home, hospital or day service; or the alleged perpetrator is a staff member, volunteer or other individual providing services on behalf of the service provider, the manager of that service must be informed and they in turn must take reasonable action to protect the people to whom the service is provided and undertake an initial investigation into the concerns raised in accordance with the Oxfordshire Safeguarding Adults Procedures. This initial investigation must take no longer than five days.

### **1.1 Procedures for Adult Care Teams with Care Management Responsibility**

All reports, allegations or concerns that a vulnerable person aged 18 years old or over may have been harmed or placed at risk of abuse or neglect must be referred to the team with care management responsibilities for the person concerned.

This may include the local area Social & Community Services assessment team or specialist team e.g. the specialist team for older people (STOP) or physical disability team; the community mental health team (CMHT); learning disability team or; PCT continuing care team. That team will then have responsibility for undertaking initial enquiries and deciding how the case will be coordinated.

Referrals will generally be made through the Social & Community Services Access team tel: 0845 050 7666 or e-mail [access@oxfordshire.gov.uk](mailto:access@oxfordshire.gov.uk)

#### **1.11 Initial Assessment**

In most cases, where it is possible to do so, arrangements will be made for the person at risk to be seen to determine their needs and wishes and undertake an initial assessment of the risk of harm to them arising from abuse or neglect. Following the assessment a manager or senior professional within the team (known as the Safeguarding Manager) will then decide what further action will be required.

## 1.12 The Decision

There are two levels of Safeguarding Adults intervention. The level of intervention is largely determined by the assessment of risk of harm to the person. However, account will also be taken of the persons wishes, where they are able to make decisions; the person's ability to take action to protect him or herself; and any risk to other vulnerable people.

### Safeguarding Adults Level 1 (low – medium risk)

Ordinary Risk Management by practitioners

Generally cases managed at this level will be assessed as presenting a low to medium risk. For example, where the person is believed to have suffered or been placed at risk of harm as a result of abuse or neglect but is felt not to be at serious risk of further harm.

In these cases the responsible agency will ensure that the necessary investigations and assessments are undertaken and that action is taken to inform, liaise and refer to other agencies where the need arises, e.g. where the responsible agency suspects a crime may have been committed.

Where the person is believed to be at further risk of harm a safeguarding plan will be agreed with them.

### Safeguarding Adults Level 2 (multi agency)

Local inter-agency Risk Management involving Manager/Supervisors

Cases managed at Level 2 will require an initial strategy discussion or meeting chaired by an identified Safeguarding Manager with the relevant authorities, including the police, to coordinate any further assessment or enquiries that need to be carried out and identify and agree any initial actions that can be taken to protect the person while this is being done.

Where the person, and/or other vulnerable people, is found to be at serious risk of harm, a safeguarding plan will be drawn up with the agencies involved and agreed where possible with the person at risk.

This plan will be reviewed at regular intervals of no more than six months where the person remains at significant risk of serious harm.

No further action: Where following the initial assessment no evidence of significant risk or serious harm as a result of abuse is identified no further action will be necessary under the Oxfordshire safeguarding adults procedures. However, records relating to the concerns will be retained and may be taken into account when considering any future concerns.

## **1.2 Roles & Responsibilities**

### **1.2.1 Oxfordshire Social & Community Services**

Where concerns are expressed that an adult, covered by this policy, is subject to abuse or neglect whilst they are resident or receiving services in Oxfordshire then Oxfordshire Social & Community Services, or agencies providing care management services on its behalf have overall responsibility for coordinating local safeguarding arrangements.

For individual cases this responsibility lies with adult teams with care management responsibility including: adult assessment teams; specialist teams for older people; learning disability teams; community mental health teams; continuing care team; and physical disability teams.

Responsibilities include:

- Assessing or arranging for an assessment of the persons needs and wishes
- Ensuring that the person has information that is relevant to their situation and is aware of all the options
- Giving advice and assistance in allowing the person determine their own best interests
- Allowing the person, where they are able, to make a decision and providing help and/or advice and guidance, where it is needed, to give effect to that decision
- Making an assessment of the person's legal competence so far as possible
- Acting in accordance with the best interests of the person, as defined within the Mental Capacity Act 2005, where following assessment the person is reasonably believed to lack capacity, and
- Bringing concerns to the attention of the relevant authorities and agencies, where it is appropriate or necessary to do so

#### Commissioning & purchasing

As a provider, commissioner and purchaser of social care services Oxfordshire Social & Community Services must make arrangements to assure itself that services funded or provided on its behalf meet the assessed needs of service users in a manner that provides adequate protection from abuse, neglect or mistreatment.

#### Monitoring

Oxfordshire Social & Community Services retain the responsibility for gathering information and monitoring information about adult protection investigations carried out within the Authority area whether or not the Department takes a leading role in the investigation.

Oxfordshire Social & Community Services will collect and collate referral, assessment, strategy and case conference activity using the Safeguarding Adults Form 1 - Alert/Referral and Form 2 - Review/Closure.

### **1.2.2 Oxfordshire PCT**

Where concerns are expressed that an adult, covered by this policy, is subject to abuse or neglect whilst they are receiving continuing (health) care services arranged by Oxfordshire PCT, Oxfordshire PCT have responsibility for coordinating local safeguarding arrangements.

In addition Oxfordshire PCT have a duty to ensure that all concerns of abuse or neglect arising within their services are thoroughly investigated, and effective action is taken to safeguard the dignity and wellbeing of patients.

#### Commissioning & purchasing

As a provider, commissioner and purchaser of health services Oxfordshire PCT must make arrangements to assure itself that services funded or provided on its behalf meet the assessed needs of service users in a manner that provides adequate protection from abuse, neglect or mistreatment.

#### Monitoring

Oxfordshire PCT will also retain records of their involvement in any abuse case including a central database for evaluation purposes. These records will be collated and retained by the Continuing Care Services Manager and will be reported to the Board annually.

### **1.2.3 Other Statutory Health Services**

All statutory health services have a duty to ensure that all concerns of abuse or neglect arising within their services are reported to Oxfordshire Social & Community Services and thoroughly investigated, with effective action taken to safeguard the dignity and wellbeing of patients in their care.

In addition statutory health services in their role as providers of care in the community have a key role in identifying and reporting abuse to the responsible agencies and working in partnership with other agencies to safeguard people at risk of harm as a result of abuse or neglect in accordance with the Oxfordshire Safeguarding Adults Policy and Procedures.

#### Monitoring

Each of the partner agencies will keep records of their involvement in any abuse case including a central database for evaluation purposes. These will be reported to the Board annually.

### **1.2.4 Social & Health Service Providers**

Where abuse or neglect may have occurred either:

1. Within the context of care e.g. in a care home, hospital or day service; or
2. The alleged perpetrator is a staff member, or other person working on behalf on the care provider e.g. an agency worker or volunteer

The primary responsibility for the welfare of users and patients and ensuring they are kept safe from harm as a result of abuse, neglect or mistreatment rests with the service provider.

As such the service provider is responsible, in the first instance, for bringing all concerns to the attention of Oxfordshire Social and Community Services.

### **1.2.5 The Police**

The police are responsible for investigating any criminal offences of adult abuse.

### **1.2.6 The Care Quality Commission (CQC) - formerly the Commission for Social Care Inspection (CSCI)**

Within regulated services The Care Quality Commission (CQC) have a duty to inspect and assess compliance with regulations and relevant National Minimum Standards and to take relevant and proportionate action to secure compliance with regulations and conditions of registration in accordance with the Care Standards Act 2000.

Where a safeguarding alert suggests a breach of regulations or lack of fitness of a registered person CQC will work in partnership with other agencies and consider what, if any, regulatory action may be needed in addition to the investigation/assessment undertaken by partner agencies or the care provider.

## **1.3 The Oxfordshire Safeguarding Adults Board**

### **Membership**

The Oxfordshire Safeguarding Adults Board is made up of senior representatives from all statutory providers of health and social care in Oxfordshire, including:

- The Police,
- The Care Quality Commission
- Oxfordshire County Council
- Oxfordshire Primary Care Trust
- The John Radcliffe Hospitals NHS Trust
- Oxfordshire & Buckinghamshire Mental Health Care Foundation Trust
- The Nuffield Orthopedic NHS Trust
- The Ridgeway (learning disability) NHS Trust

### **Goals & objectives**

The Board seeks to:

1. Encourage and promote the development of services that recognise the rights of vulnerable people,
2. Enable vulnerable people to live safely and free from abuse and
3. Promote individual's access to mainstream criminal justice and support services for the purpose of alleviating the risk and impact of abuse

The Board also has to:

- Oversee the development and implementation and review of local multi-agency policies and procedures for safeguarding adults in Oxfordshire and
- Ensure that people working with adults at risk of abuse are provided with the support, information and training they require.

Each core/statutory member of The Board is committed to the aims, objectives and principles outlined here. To this end each partner agency will:

1. Have a set of internal guidelines and reporting structure, which are consistent with the Oxfordshire Safeguarding Adults Procedures and which set out the responsibilities of all employees

2. Ensure that all staff members and volunteers at all levels have training and information commensurate with their role in relation to the Oxfordshire Safeguarding Adults Procedures
3. Ensure that all safeguarding adults concerns arising within their organisation are systematically logged along with the actions taken and outcomes arising, and
4. Provide an annual report to the Board detailing progress and developments in relation to these responsibilities.

#### **1.4 Resolution of disputes**

Despite the best efforts of all concerned sometimes disagreements may arise in the action taken under the Oxfordshire Safeguarding Adults Procedures.

In the first instance every effort should be made to try to resolve disagreements informally through discussion between those concerned.

As part of the process of resolution a second opinion may be sought in relation to the assessment of capacity or the person's best interests

Alternatively independent advocacy or a mediator may be sought in an attempt to resolve disputes regarding a person's best interests.

Where disputes or complaints arise in relation to the safeguarding adults process that cannot be resolved informally the responsible organisation's complaints procedure should be used.

## **2: The Oxfordshire Safeguarding Adults Procedures – Definitions**

### **2.1 Eligibility**

These procedures cover all situations where a person is:

- aged 18 or over,
- living in Oxfordshire<sup>1</sup>,
- who "has the appearance of need",
- may be "*eligible for community care services*" and is
- "*... unable by reason of mental or other disability, age or illness to take care of him or herself, or protect him or herself against significant harm or exploitation*"
- has suffered or is at risk of serious harm. This includes adults with physical, sensory and mental impairments and learning disabilities, however those impairments may have arisen. This also includes carers: family and friends of those people, who provide personal assistance and care to adults on an unpaid basis.

In determining eligibility for community care services reference should be made to the Oxfordshire County Council "Fair Access to Care Policy 2006 (revised August 2007).

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<sup>1</sup> This includes people paying for their own care and people placed in residential care in Oxfordshire by other local authorities in accordance with the ADASS Protocol for Inter- Authority Investigation of Vulnerable Adult Abuse. Refer to this protocol where the individual lives or otherwise receives services in another local authority area, [www.adss.org.uk](http://www.adss.org.uk)



## **2.2 Harm**

Harm includes not only ill treatment, neglect or other forms of abuse but also, "... the impairment of, or avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development."

### **Harm arising as a result of abuse or neglect**

The procedures cover all concerns of abuse by any other person or persons including another service user, a staff member, a colleague or fellow professional, a carer etc and include institutional abuse.

Abuse is defined as:

"...a violation of an individual's civil or human rights by another person or persons ..."

"... it may consist of single or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a transaction to which he or she has not consented, or cannot consent. Abuse may occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it."

Or:

"... a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress to a vulnerable person."

**Serious harm:** there are no absolute criteria for judging what constitutes serious harm. In each case the following factors must be taken into account when assessing seriousness:

1. the potential impact on the individual and/or others, i.e. the harm that could occur
2. the likelihood of serious harm occurring
3. the vulnerability of the individual and their ability to make decisions and take actions to protect themselves
4. any existing safeguards that are in place to protect the vulnerable person

An initial impact assessment must therefore be undertaken in all cases referred to the safeguarding adults procedures that meet the referral criteria.

### **Types of harm**

**Physical**, includes injuries, such as bruising, lacerations or welts, burns, fractures or dislocations or other forms of avoidable injury or deterioration in the person's physical health.

Physical harm may arise from hitting, slapping, pushing, kicking, misuse of medication, falls, misuse of restraint, or inappropriate sanctions, unsafe practice including misuse of lifting and handling equipment.

**Sexual**, includes rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.

**Psychological**, includes any avoidable emotional distress or deterioration in the person's emotional or mental health. This may arise from threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

**Financial or material**, includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Neglect and acts of omission (including self neglect)**, includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating;

**Discriminatory**, includes racist or sexist remarks or comments based on a person's impairment, disability, age or illness, and other forms of harassment, slurs or similar treatment. This may also include isolation or withdrawal from religious or cultural activity, services or supportive networks; and

**Institutional** involves the collective failure of an organisation to provide an appropriate and professional service to vulnerable people. It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and stereotyping. It includes a failure to ensure the necessary safeguards are in place to protect vulnerable adults and maintain good standards of care in accordance with individual needs, including training of staff, supervision and management, record keeping and liaising with other providers of care.

### **3: Procedures for teams with care management responsibility**

These procedures apply to managers and senior care professionals working for or on behalf of Oxfordshire County Council and strategic partners.

All incidents or concerns that a vulnerable adult may have been harmed or placed at risk of harm as a result of abuse, neglect or mistreatment must be reported to Oxfordshire Social & Community Services.

The operational responsibility for agreeing/coordinating the response to adult protection/safeguarding adults' concerns lies with adult care teams with care management responsibilities e.g. STOP teams, CMHT's, PCT continuing care team and learning disability teams, and specifically with "Safeguarding Managers" in those teams.

However, where that abuse may have occurred within the context of care - e.g. in a care home, hospital or day service; or the alleged perpetrator is a staff member, volunteer or other individual providing services on behalf of the service provider - the primary responsibility for the welfare of users and patients and ensuring they are kept safe from harm as a result of abuse, neglect or mistreatment rests with the service provider.

#### **3.1 Roles and Responsibilities**

**Safeguarding Managers:** Senior practitioners, team/unit managers and service managers for teams with care management responsibility are the identified Social & Community Services 'safeguarding managers'. The safeguarding manager is responsible for:

- overseeing the safeguarding assessment & its outcome including:
- Receiving 'safeguarding adults' referrals

- Arranging for further information to be obtained where necessary to inform decision making
- Deciding whether a 'safeguarding adults' referral should be accepted to the 'safeguarding adults' procedures or what other action may be required
- Coordinating the strategy discussion (level 2)
- Coordinating the safeguarding assessment and the implementation of the safeguarding plan (level 2)
- Agreeing/coordinating Social & Community Services actions as part of safeguarding assessment and implementation of the safeguarding plan (level 2)
- The review & closure of 'safeguarding adults'/adult protection cases
- Supervising the allocated case worker

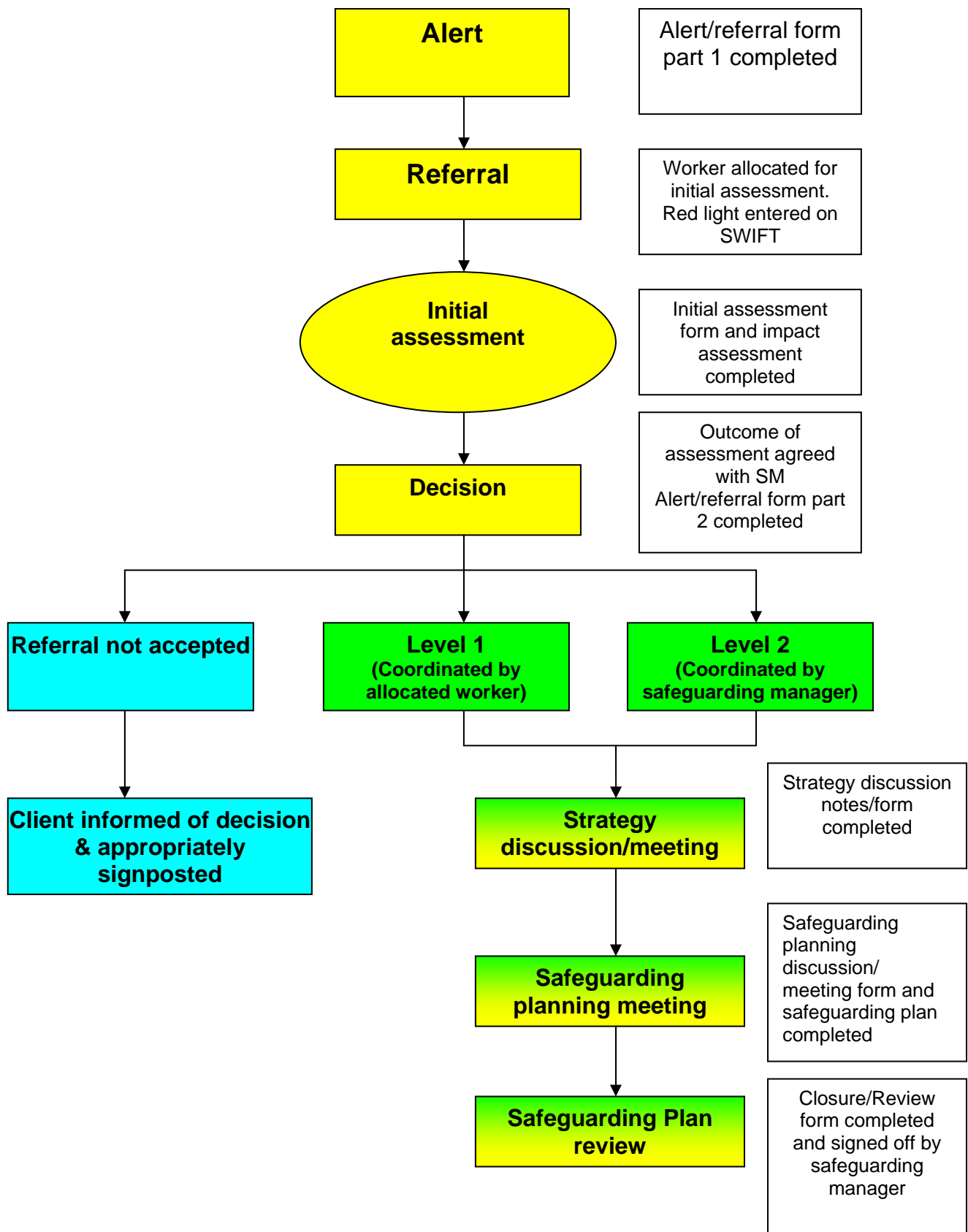
**Allocated Case Workers:** Relevant practitioners from teams with care management responsibility with delegated responsibility for:

- Undertaking the initial assessment
- Coordinating the strategy discussion (level 1)
- Undertaking/coordinating the safeguarding assessment and the implementation of the safeguarding plan
- Agreeing/coordinating Social & Community Services actions as part of safeguarding assessment and implementation of the safeguarding plan
- The review & closure of 'safeguarding adults'/adult protection cases (level 1)
- Where possible the allocated worker should be directly supervised by the safeguarding manager.

### 3.2 Summary of procedures

	STAGE	ACTION	RESPONSIBLE
1 day	Alert	Worker made aware of concerns. <b>Alert/referral form Part 1</b> completed	Worker/ Access Team
	Referral	Alert/referral form passed to a Safeguarding Manager who agrees initial actions to be taken.	Worker & Safeguarding Manager
7 days	Initial assessment	Safeguarding Adults - <b>Initial Assessment form</b> completed by worker	Allocated Worker
	Decision	Impact Assessment agreed with worker. <b>Alert/referral form part 2 completed</b> (copy to Safeguarding Adults Team (SAT) – case allocated according to outcome.	Safeguarding Manager
28 days	Strategy discussion	Agree further assessments and/or investigations to be carried out and who responsible Initial safeguarding plan	Level 1 cases – Allocated Worker Level 2 cases - Safeguarding Manager
	Safeguarding assessment/ investigation	May include, for example: Overview assessment Carers assessment Capacity assessment Criminal investigation Investigation by service provider Safeguarding adults risk assessment	
	Safeguarding planning meeting	Complete risk assessment and agree safeguarding plan with the client and/or their representative. Where risk of harm substantiated agree options: <ul style="list-style-type: none"> <li>to promote the safety of the Vulnerable Adult/s</li> <li>to prevent repeat harm</li> </ul> Safeguarding adults safeguarding planning discussion/meeting and safeguarding plan (copy to SAT)	Level 1 cases – Allocated Worker Level 2 cases - Safeguarding Manager
3 months	Safeguarding plan review	Review effectiveness of safeguarding plan: <ul style="list-style-type: none"> <li>to promote the safety of the Vulnerable Adult/s</li> <li>to prevent repeat harm</li> </ul> <b>Closure/review form</b> completed (copy to SAT)	Level 1 cases – Allocated Worker (all closures must be agreed by the safeguarding manager) Level 2 cases - Safeguarding Manager

### 3.3 High Level Process



### **3.4 The Alert & Referral, Assessment and decision**

#### **3.4.1 The Alert**

1. An alert occurs when the Access Team or an officer of an Adult Care Team with care management responsibilities is made aware of concerns that a person aged 18 or over who may be “eligible for community care services” or is in receipt of services is believed to have suffered or be at significant risk of serious harm.
2. The ‘alerted officer’ may be a nurse, contact & assessment officer, duty officer, social worker, care manager, occupational (or other) therapist or manager working for Oxfordshire Social & Community Services, Oxfordshire & Buckinghamshire Mental Healthcare NHS Trust, The Ridgeway Partnership NHS Trust, Oxfordshire PCT.
3. The concern may arise from a contact, enquiry or referral from a member of the public, professional colleague, partner agency etc. or may arise from the assessment, experiences or observations of the alerted officer.
4. The concern may be a result of an incident, allegation, disclosure or other signs/indicators that a named or identifiable vulnerable adult(s) has services is believed to have suffered or be at significant risk of serious harm.
5. In some cases the concern may arise over a period of time as a result of an accumulation of signs/indicators identified during contact with the vulnerable adult, discussion with colleagues etc. In these circumstances the alerted officer should report their concerns at the earliest opportunity.
6. On receipt of any contact or concern the receiving/duty officer, CPN, social worker or other team member for the adult team with care management responsibilities must record the details using the Safeguarding Adults – Alert/Referral form.
7. All new concerns or incidents of vulnerable adult abuse must be recorded on a separate Safeguarding Adults – Alert/Referral form.
8. The hazard should be raised as soon as a safeguarding adults alert/referral form has been completed. This will normally be done by the Access team on receipt of a safeguarding adults referral or the responsible care management team. All active safeguarding adults cases must be recorded on the hazard tab as a "safeguarding adults issue". The hazard indicates that the person is at significant risk of serious harm as defined within the safeguarding adults procedure.
9. A copy of the completed Safeguarding Adults – Alert/Referral form should be retained in a clearly identified section within the vulnerable adult’s ESCR file.
10. The alerted officer must:
  - a. Ensure that emergency assistance, where required, is summoned immediately. It is an emergency if the person needs urgent medical assistance, a serious crime has just been or is in the process of being committed or if there is an **immediate** risk of serious harm.

- b. Record details of the person raising the concern and a summary of the concern itself i.e.
  - i) Name of person raising the concern
  - ii) Address and contact telephone number for the person raising the concern
  - iii) Their relationship to the vulnerable adult
  - iv) Name, age or date of birth and address of vulnerable adult
  - v) Summary of concern, including where possible a description of the alleged abuse and or/a summary of signs and/or indicators giving rise to concern, e.g. disclosure/allegation, unexplained injuries etc
- 11. Where a child is at risk a referral must be made to the child protection/safeguarding children procedures by e-mailing or contacting the Oxfordshire Safeguarding Childrens Board (01865 810628 or OSCB@oxfordshire.gov.uk).
- 12. All alerts must be referred to a Safeguarding Manager within one working day. It is the duty of the receiving team to accept the referral in the first instance.

#### **3.4.2 The Referral**

- 13. A safeguarding manager must be informed in person of the concern within one working day. This constitutes a referral to the safeguarding adults' procedures.
- 14. Any new or additional concerns or incidents of abuse must be recorded on a new Safeguarding Adults – Alert/Referral form and discussed with a safeguarding manager even if the case is already open to these procedures.
- 15. On receipt of the referral the safeguarding manager must assure themselves that:
  - a. It is an appropriate referral to these procedures, and
  - b. Where there may be an ongoing and serious risk of harm to any vulnerable person an immediate strategy discussion must take place and the safeguarding manager must make arrangements for the information to be passed to the appropriate person in the organisation(s) best placed to implement the necessary safeguards as soon as possible e.g. the police, employer etc. Where this is necessary this should happen within the same day that the referral is received.

### Example

Peter Thomas, a single man with severe hearing impairment, contacted the Sensory Impairment Team when, on returning home from work, he discovered a group of builders digging up his driveway. Mr Thomas felt frightened and intimidated by the builders who were asking him for £3000 to finish the job saying they would come and collect the money in the morning.

On being seen by a member of the team Mr Thomas said that he remembered being approached by some builders but had not understood what was said. The police and Trading Standards Office were contacted and trading standards officers arranged to be present next morning when the builders returned.

Mr Thomas made no payment and the Trading Standards Office was able to take action against the traders. The team were subsequently able to obtain a grant from a local voluntary organisation to repair the damage that had been done.

Had it not been for the urgent action of the team Mr Thomas would have made a payment to the builders thereby creating a binding contract and he would have been liable for the work done.

16. However, it is essential that you do not jump to conclusions and that all actions taken are done with due consultation and consideration.

### 3.4.3 The Initial & Impact Assessment

17. On being informed of the concern the safeguarding manager must consider the concern in relation to its seriousness and to determine how quickly the safeguarding assessment and interim-safeguarding plan should commence. The time-scales for all subsequent actions must be determined by this decision.

18. Where possible, the safeguarding manager must make arrangements for Safeguarding Adults – Initial & Impact Assessment to be undertaken unless:

- a. No further information is required i.e. all necessary reports and information are contained within the alert/referral and the vulnerable adult has been seen and spoken to by a responsible officer in their home environment, and a decision can be made on the basis of the available information

**or:**

- b. The person and/or others are at immediate risk of serious harm
- c. To do so within the requisite time frame is impractical or would place the adult and/or others at risk of further harm

In these circumstances an urgent strategy discussion must be held and actions agreed to safeguard the person where it is possible to do so

### Example

The duty officer with the Specialist Team for Older People was informed by the domiciliary care agency that Mr & Mrs Patel, a couple in their 80s, had been burgled the previous night by two men who had assaulted and threatened them. Mr & Mrs Patel were reported to be frightened and did not want the police to be contacted.

On consideration the safeguarding manager felt that, despite Mr & Mrs Patel's expressed wishes, a serious crime had been committed and there may be an ongoing serious risk to other vulnerable people.

The safeguarding manager therefore arranged for the police to be informed and a joint visit with the social worker was arranged.



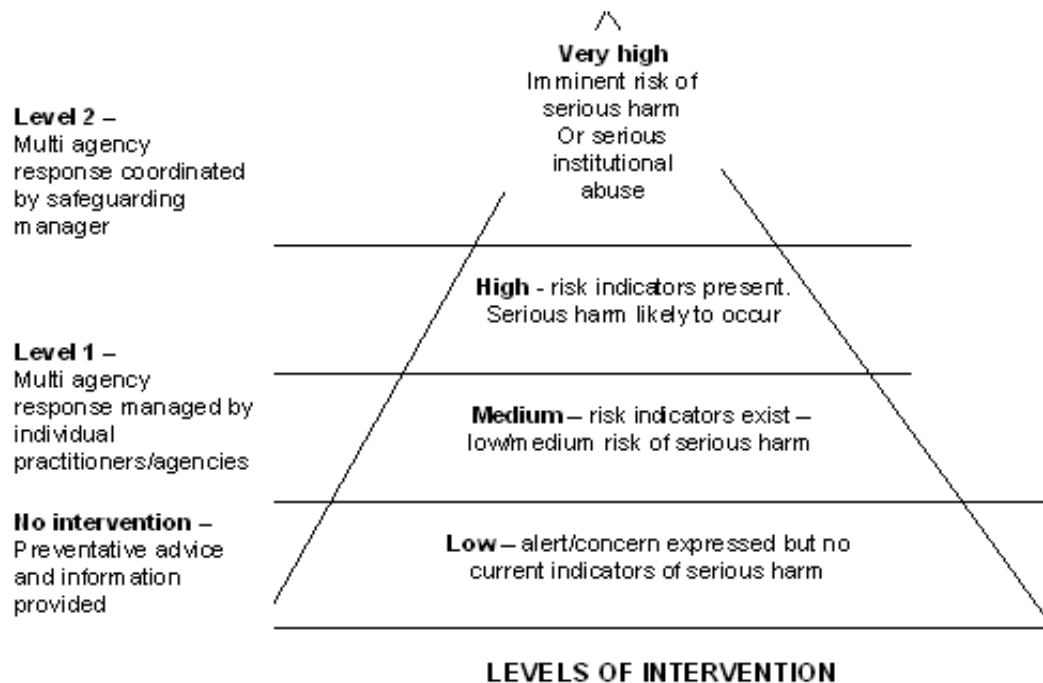
19. The purpose of the initial assessment/investigation is to establish as far as possible:
  - a. Whether the person may be eligible for community care services.
  - b. The capacity and wishes of the vulnerable adult.
  - c. Whether there are reasonable grounds to believe that the vulnerable adult and/or others has suffered or been placed at risk of harm as a result of abuse or neglect.
  - d. Interim safeguarding plan
20. Where there is believed to be significant risk of further harm the initial assessment must be completed within 24 hours. For other reports of abuse, the initial assessment must be completed within five working days.
21. Where deemed appropriate the safeguarding manager may make arrangements for the initial assessment/investigation to be undertaken jointly e.g. with the police or care provider [ref. Oxfordshire Safeguarding Adults/Adult Protection Procedures: Abuse and Neglect in Care Services].
22. In all cases where a registered care provider is implicated e.g. the alleged abuser is a care worker or otherwise employed by a care provider, the alleged abuse occurred on the premises of the care provider or institutional abuse is alleged checks must be made with the appropriate contracting or commissioning team and the Care Quality Commission (CQC) where it is a registered provider of care provider [ref. Oxfordshire Safeguarding Adults/Adult Protection Procedures: Abuse and Neglect in Care Services].
23. If at any time during the initial assessment/investigation the vulnerable person and/or others are believed to be at immediate risk of serious/significant harm the police must be informed.
24. The initial assessment/investigation should include:
  - a. Contact with the person raising the concern
  - b. The Assessment Visit/Interview (The Assessment Visit/Interview: Wherever possible the vulnerable person must be seen and, where possible, spoken to in their home environment (the assessment interview) unless to do so would place the person at additional risk of harm or alert a potential abuser to the concern.
  - c. Discussion with key agencies/people
  - d. Risk/Indicators Assessment [ref: [www.oxonsafeguardingadults.org.uk](http://www.oxonsafeguardingadults.org.uk)].
  - e. Initial safeguarding plan
25. The assessment visit/interview with the vulnerable person is a key element of the initial assessment/investigation and must be carried out unless:
  - a. The person is at immediate risk of serious harm
  - b. To do so within the requisite time frame is impractical or would place the adult and/or others at risk of further harm

26. In some cases more than one assessment interview/visit may be necessary.
27. The completed initial assessment must be forwarded to the safeguarding manager within one working day of the interview.
28. Where there is reason to believe the vulnerable person may lack capacity this must also be reported to the safeguarding officer with any evidence where it is available.
29. On receipt of the initial assessment the Safeguarding Manager must liaise with all relevant agencies before agreeing the outcome of the referral.
30. In all cases where there is good reason to believe that a serious crime, e.g. physical or sexual assault, may have been committed a discussion must take place with the police.

#### **3.4.4 The Decision**

31. In the case of all new referrals the safeguarding manager must first determine whether the Safeguarding Adults eligibility criteria are satisfied.
32. Following receipt of completed Safeguarding Adults Alert/Referral form the safeguarding manager must make a decision as to whether the referral should be accepted to the Safeguarding Adults Procedure within 5 working days of the initial referral.
33. On completion of the initial assessment the safeguarding adults impact assessment must be completed and agreed by the safeguarding manager as a guide in determining the decision.
34. This decision will be based on the initial assessment/investigation and safeguarding plan, including outcome of discussion with other relevant agencies, including the police and checking available records.
35. **Safeguarding Adults eligibility criteria**
  - a. The person has the “appearance of need” and may be “eligible for community care services” in accordance with the “Fair Access to Care Policy 2006 (revised August 2007), and
  - b. Is unable by reason of mental or other disability, age or illness to take care of him or herself, or protect him or herself against significant harm or exploitation, and
  - c. Is at significant risk of serious harm
36. In deciding whether the eligibility criteria are met the safeguarding manager should take full account of:
  - a. the potential impact on the individual and/or others i.e. the harm that could occur
  - b. the likelihood of serious harm occurring

- c. the vulnerability of the individual and their ability to make decisions and take actions to protect themselves
  - d. any existing safeguards that are in place to protect the vulnerable person
37. Providing the eligibility criteria are met the referral should be accepted to Safeguarding Adults Procedures
38. **Levels of intervention.** There are two levels of Safeguarding Adults management and intervention. The level at which a case is managed is largely dependent upon the nature and extent of the risk and how it can be managed. However, account will also be taken of the persons wishes, where they are able to make decisions; the person's ability to take action to protect him or herself; and any risk to other vulnerable people.



39. **Safeguarding Adults Level 1 - Ordinary Risk Management** by practitioners. Generally cases managed at this level will be assessed as presenting a low to medium risk.
40. The case may be referred to the Level 1 Safeguarding Adults Procedure where, following the initial assessment/investigation, there are reasonable grounds for believing that a vulnerable adult or adults has suffered or is at significant risk of serious harm providing either:

- a. The vulnerable adult and/or others are not at critical or substantial risk of harm and/or
  - b. An interim safeguarding plan has been implemented by the responsible agency such that no vulnerable person remains at risk of serious harm while the safeguarding assessment/investigation is being carried out, e.g. an alleged perpetrator has been suspended from work or moved to a non-care position
41. The level 1 procedure involves allocation of the case to an identified case worker who has responsibility for coordinating necessary assessments, including specialist assessments, and working with the vulnerable adult to establish their needs, wishes, best interests and capacity in relation to the provision of care and support, including referral to the police, victim support, money management, advocacy, PALs or other specialist support/preventative services.
42. In these cases the responsible agency will ensure that the necessary investigations and assessments are undertaken and that action is taken to inform and liaise and refer to other agencies where the need arises, e.g. where the responsible agency suspects a crime may have been committed.
43. Where the person is believed to be at further risk of harm a safeguarding plan will be agreed with them.
44. **Safeguarding Adults Level 2 - Local inter-agency Risk Management involving Manager/Supervisors.**
45. A referral must be accepted to the Level 2 Safeguarding Adults Procedure where either:
- a. Following the initial/contact assessment/investigation there are reasonable grounds for believing that a vulnerable adult or adults is at critical or substantial risk of harm or there is a critical or substantial risk to independence as a result of abuse or neglect [reference: Fair Access to Care Services Eligibility criteria] or
  - b. It has not been possible within a reasonable period to make arrangements to see and speak to the vulnerable adult in their home environment and there are reasonable grounds for believing the vulnerable person may be at risk of serious harm as a result of abuse.
46. Cases managed at Level 2 will require an initial strategy discussion or meeting chaired by an identified Safeguarding Manager with the relevant authorities, including the police, to coordinate any further assessment or enquiries that need to be carried out and identify and agree any initial actions that can be taken to protect the person while this is being done.
47. Where the person, and/or other vulnerable people, is found to be at serious risk of harm, a safeguarding plan will be drawn up with the agencies involved and agreed where possible with the person at risk.

48. This plan will be reviewed at regular intervals of no more than six months where the person remains at significant risk of serious harm.

#### Example

A local day centre contacted the specialist older person's team with concerns about John Smith. Mr Smith had recently moved from a care home to live with his daughter and son-in-law in their second floor flat. The day centre reported that Mr Smith was often inappropriately dressed, had dried faeces on his body and clothing, and frequently appeared to be very hungry.

A home visit was arranged as part of the initial assessment. The social worker noted that Mr Smith appeared inappropriately dressed, wearing just a vest and pants, his fingernails were overgrown and dirty, he was withdrawn and appeared frail and underweight. The conditions in the flat were cramped and dirty, and the bath looked as though it hadn't been used for some time. She observed some bruising to Mr Smith's arms. Whilst Mr Smith was able to communicate to a limited extent the social worker felt that his capacity appeared to be significantly impaired and it was unlikely that he would be able to make decisions about his welfare.

On receiving the social workers report the safeguarding manager took the view that Mr Smith may be at serious risk of harm as a result of neglect and possibly physical abuse. She agreed that the case should be referred to the level 2 safeguarding adults procedure and an urgent strategy meeting was arranged with the police and PCT.

As a result of the strategy meeting Mr Smith had a medical examination at the day centre, a care management assessment was undertaken, the police agreed to investigate the concerns of neglect and a referral was made to the IMCA service.

A strategy review meeting was held one week later at which it was agreed that there was clear evidence of neglect. An urgent case conference was called at which it was agreed that in Mrs Smith's best interests he should return to the care home. Consideration was given to an application to the Court of Protection. However, as the daughter did not object Mr Smith was immediately moved to the care home where he quickly settled.

49. In all cases of alleged or suspected abuse in a service or by a member of staff the employer must be informed and required to investigate as appropriate [reference: Abuse & Neglect in Care Services].
50. In all cases where there is good reason to believe that a serious crime has been committed the police must be informed by the responsible agency.
51. The vulnerable adult must be informed of all actions taken.
52. Where the Safeguarding Adults eligibility criteria do not apply the safeguarding manager must make arrangements, where appropriate and possible:
- To inform the vulnerable adult of the outcome
  - To signpost the person towards the appropriate services, including providing information and contact details

53. In addition, where appropriate and possible, the 'safeguarding manager' should make arrangements to inform the person who initially raised the concern of the outcome of the referral.
54. The 'safeguarding manager's' decision must be recorded on part 2 of the Safeguarding Adults Alert/Referral Form, a copy of which must be retained in the client's ESCR file and a copy forwarded to the Safeguarding Adults Team (safeguarding.adults@oxfordshire.gov.uk).

#### Example

The care agency notified the specialist older persons team of their concerns for Pat Thomas, a very frail 85-year-old lady. They stated that on a number of occasions carers had reported observing Mrs Thomas' husband being verbally abusive towards her.

A home visit was arranged as part of the initial assessment. The visiting officer observed that Mrs Thomas appeared unharmed and generally well cared for. However, he also noted that Mr Thomas, also 85, seemed distracted and appeared to have little insight into his wife's needs.

The safeguarding manager accepted the case as a level 1 referral to the safeguarding adults procedures. Care managers were allocated for both Mr and Mrs Smith and following a quick assessment involving the couple's daughter it was agreed that both Mr and Mrs Smith needed further care including day care. Mr Smith was also referred for a psycho-geriatric assessment, which indicated he may be experiencing the onset of dementia.

Following intervention the care agency were asked to remain vigilant but no further concerns were expressed.

#### **3.4.5 The Strategy Discussion/Meeting and Safeguarding Assessment/ Investigation**

55. In most cases a number of key agencies/individuals will need to be involved in working with the vulnerable person and the development of the safeguarding plan. This is the strategy group.
56. The strategy discussion is a generally a professional only forum with the purpose of:
  - a. Formally sharing information giving rise to the concern and arising from the initial information gathering
  - b. Agreeing what investigations and assessments will/need to be undertaken as part of the safeguarding assessment and how these are to be coordinated e.g. risk assessment. An assessment of the vulnerable person's capacity to make decisions and take actions to protect themselves must be undertaken in all cases.
  - c. Considering the need for a referral to an Independent Mental Capacity Advocate (IMCA) in accordance with the Oxfordshire IMCA and Safeguarding Adults Policy

- d. Arranging and coordinating practical/emotional support to the vulnerable person and the alleged perpetrator where appropriate while the assessment/investigation is being carried out
  - e. Identifying, agreeing and coordinating the safeguarding plan including:
    - i) Actions that may be taken to promote the safety of the Vulnerable Adult/s,
    - ii) Actions to be taken to prevent repeat abuse or neglect by a perpetrator/s
57. The strategy discussion may comprise one or more strategy meetings, a series of phone calls or e-mails where appropriate.
58. The initial strategy discussion will often comprise a series of face-to-face discussions (e.g. with the workers line manager) and/or telephone calls.
59. In more serious/complex cases a formal strategy meeting is generally required.
60. All strategy discussions must be recorded clearly using the safeguarding adults paperwork, or otherwise clearly marked as "safeguarding strategy" within the case notes.
61. All actions agreed within the strategy discussion must be clearly stated with an agreed date for completion and review date.

## Practice Guide

### Who should be involved in the strategy group?

<p><b>Type of Harm?</b></p> <p>Is there reason to believe that a criminal offence may have been committed? Anti-social behaviour (e.g. harassment and nuisance by neighbours)</p> <p>Other specialist assessment/investigation. E.g. health assessment, financial circumstances</p>	<p><b>Involve</b> Police</p> <p><b>Consider:</b> Anti-social behaviour team Responsible Housing Association/ Landlord</p> <p><b>Consider:</b> Appropriate professional in field e.g. occupational therapist, nurse, psychologist, income and assessment team manager</p>
<p><b>Needs of vulnerable person/s</b></p>	<p><b>Consider:</b> Specialist team e.g. specialist services for people who are deaf, hard of hearing or who are visually impaired. Community Development Team</p>
<p><b>Location</b></p> <p>Residential or nursing home The persons own home</p>	<p>Responsible Housing Association/ Landlord Domestic Violence Team Local Housing Authority e.g. district council</p>
<p><b>Person alleged responsible</b></p> <p>Does the concern relate to an employee, or other person providing services on behalf of a care provider or agency? <i>(Where concern does not relate to the provider manager or include concerns of institutional abuse?)</i></p> <p>Does the concern relate to an employee, or other person providing services on behalf of a care provider or agency? <i>(Where concern does relate to the provider manager or includes concerns of institutional abuse?)</i></p>	<p><b>Involve</b> Registered Provider Manager <b>Inform</b> &amp; Invite CQC Inspector in case of registered care provider. <b>Inform</b> &amp; Invite contract team manager in case of contracted provider</p> <p><b>Involve</b> CQC in case of registered care provider. <b>Involve</b> contract team manager in case of contracted provider <b>Inform</b> Vulnerable Adult Protection Worker or Lead. <b>Consider</b> in conjunction with CQC contract team manager who should be involved from provider service and at what stage.</p>

62. The safeguarding assessment will include:

- a. **Investigation:** criminal investigation by the police or other regulatory/statutory bodies e.g. Care Quality Commission, Health & Safety Executive, Trading Standards; Complaints or Serious Untoward Incident investigations undertaken in accordance with other statutory procedures undertaken by the employing or responsible agency
- b. **Assessment:** assessment by the social services department, care provider, PCT or other body with the purpose of identifying risk and need, establishing the persons wishes/capacity and best interest and identifying



options to safeguard the person in future including the involvement of family, friends etc.

- c. **Safeguarding activities:** environmental safeguards e.g. changes to locks or key pads, emergency respite, provision of information and advice, fitting or provision of alarms
63. In some cases elements of the safeguarding plan may be agreed by the strategy group. These may include any safeguards not directly affecting the vulnerable person or safeguards necessary to protect others, e.g.:
64. Environmental safeguards in a care home
- a. Criminal investigation/prosecution
  - b. Disciplinary procedures by an employer
  - c. Referral to the POVA list by the employer
  - d. Investigation or action by the Trading Standards team or other agency e.g. Care Quality Commission, Health & Safety Executive etc
65. However, all people have the right to make decisions regarding how they wish to live their lives. All actions that directly affect the vulnerable adult must only be implemented with the knowledge and consent of the person or must be referred to the safeguarding planning meeting.
66. Investigatory/assessment activities should be planned wherever possible to avoid the need for duplication e.g. interviews should be undertaken jointly or information from police interviews or medical examinations undertaken with the vulnerable adult should be shared with the consent of the vulnerable person where possible for the purpose of disciplinary tribunals etc.
67. Where the police agree to undertake a criminal investigation they are the lead agency with responsibility for the collation of information/evidence and will take precedence over other forms of investigation e.g. by an employer. In addition this may apply where other regulatory/statutory bodies e.g. Care Quality Commission, Health & Safety Executive etc are involved
68. However, this does not preclude action being taken to safeguard the vulnerable person/s, nor does it preclude disciplinary action being taken by an employer.
69. Arrangements must be made for informing the alleged victim and/or their representative of the time-scale in which the assessment will take place. In addition arrangements for supporting the alleged victim during this process must be considered. This may include advocacy or victim support services.
70. Where an alleged perpetrator is aware that concerns or allegations have been made against them, particularly where there is a duty of care to that person e.g. they are a vulnerable person, a carer or a member of staff, arrangements must be made for informing them and/or their representative of the time-scale in which the assessment will take place. They must be given the opportunity to respond to the concerns expressed/allegations made at the appropriate time

during the assessment process. In addition arrangements for supporting the alleged perpetrator during this process must be considered.

71. A responsible individual must be identified and a timescale must be agreed for each action agreed as part of the safeguarding assessment
72. Where, following the safeguarding assessment/ investigation there are reasonable grounds for believing that a vulnerable adult or adults has been/is at continuing and significant risk of serious harm, a safeguarding planning meeting must be held.

#### **3.4.6 The Safeguarding Planning Meeting**

73. The safeguarding planning meeting is a risk assessment and risk management meeting which must involve the vulnerable person
74. The safeguarding planning meeting/discussion is the meeting at which the action plan for addressing the abuse is finalised. This must take place within 28 days of the initial alert.
75. All agencies having a role in the safeguarding investigation/assessment must provide a written report of their work for the safeguarding planning meeting.
76. Where possible the vulnerable person and/or their representative e.g. Independent Mental Capacity Advocate (IMCA), must be invited to the safeguarding planning meeting or case conference.
77. However, where the person and/or their representative is unable or does not wish to attend arrangements must be made to see and agree the safeguarding plan with the person and/or their representative where possible
78. Where the person does not agree to elements of the safeguarding plan or elements of the plan cannot be implemented this must be clearly recorded and all members of the strategy group informed.
79. Where the vulnerable person is assessed as not having capacity to make decisions and take action to protect themselves the strategy discussion will comprise a best interest meeting in accordance with the Mental Capacity Act Codes of Practice.
80. In a limited number of circumstances, e.g. where they have an ongoing role in the care and support of the person, the person/agency alleged responsible for abuse or neglect may be involved in the safeguarding planning meeting or case conference with the agreement of the vulnerable person and or their representative.
81. At the end of or immediately following the Safeguarding Planning Meeting an Adults Review/Closure/Transfer must be completed. The form should be retained in the clients file and a copy forwarded to the Safeguarding Adults Team.

### **3.4.7 Closure/Review**

82. Closure to the Safeguarding Adults procedure can be agreed at any point where:
  - a. In the view of all agencies involved it is agreed that the person is not at significant risk of serious harm and there is no risk to other vulnerable people
  - b. Arrangements have been made to inform the person and where appropriate the alleged perpetrator of this decision
  - c. All outstanding allocations/referrals have been actioned
83. Closure to the Safeguarding Adults procedure can be agreed at the safeguarding planning meeting or the subsequent safeguarding review meeting where:
  - a. In the view of all agencies involved it is agreed that the person is not at significant risk of serious harm and there is no risk to other vulnerable people
  - b. Arrangements have been made to inform the person and where appropriate the alleged perpetrator of this decision
  - c. All outstanding allocations/referrals have been actioned
84. The decision to close a case to the safeguarding adults procedures must be agreed by a safeguarding adults manager and clearly recorded using a Safeguarding Adults Form 2: Safeguarding Adults Review/Closure/Transfer. The form should be retained in the clients file and a copy forwarded to the Safeguarding Adults Team.
85. Where it is agreed that the person remains at significant risk of serious harm the case must not be closed: monitoring arrangements must be established where possible and safeguarding plan review meeting must be held within 3 months of the initial referral being received or sooner.

#### **The safeguarding plan review**

86. The safeguarding manager/allocated worker is responsible for coordinating the review of the safeguarding plan
87. The review should include the vulnerable adult where they have capacity or their representative and all agencies playing a role in the implementation of the safeguarding plan.
88. The review should consider and agree whether:
  - a. The vulnerable person is no longer at risk of serious harm, or
  - b. The vulnerable adult remains at risk of serious harm

89. If it is agreed that the vulnerable person is no longer at significant risk of serious harm the case may be closed to the safeguarding adults procedure.
90. If it is agreed that the vulnerable adult remains at risk of serious harm the case must remain open to the safeguarding adults procedure.
91. In these circumstances the review must consider and agree:
  - a. Any further actions to be taken to reduce the risk of harm
  - b. The timescale for future reviews (no longer than 6 months).
92. The safeguarding manager/allocated worker is responsible for ensuring that the outcomes of the safeguarding plan review meetings are recorded and circulated to the vulnerable adult where they have capacity or their representative and all agencies playing a role in the implementation of the safeguarding plan.
93. At the end of or immediately following each safeguarding plan review a Safeguarding Adults Review/Closure/Transfer form must be completed. The form should be retained in the clients file and a copy forwarded to the Safeguarding Adults Team.

### **Case Transfers**

94. In some instances cases may have to be transferred between teams e.g. between a short-term adult assessment team and a long-term specialist teams.
95. Where a case is accepted to the level 1 procedures it must be clearly marked and the Safeguarding Manager must ensure that the receiving team manager is made aware of the cases status under the safeguarding Adults procedures.
96. Where a case has been accepted under the level 2 procedures the transfer may only be made following formal discussion with the receiving team manager. A Safeguarding Manager must be identified from the receiving team and the Safeguarding Adults Manager must be notified of the change in Safeguarding Manager using the Form 2: Safeguarding Adults Review/Closure/Transfer.
97. Unless this is done responsibility for the case will remain with the initial Safeguarding Manager.

### **3.5 Recording standards**

98. Wherever possible the agreed safeguarding adults documentation must be used.
99. Where entries are recorded in diary notes these must be clearly marked "safeguarding". In SWIFT the note type of "Safeguarding Adults Issues" must be used.
100. Other documents must be clearly marked "safeguarding" and where they are held in Electronic Social Care Records (ESCR) must be marked as "safeguarding" in the key words field.
101. All reports must be clearly signed and dated

102. All documentation must be clear and factual. Opinion/views may be given providing these are clearly sourced and evidenced
103. All decisions must have a clear recorded rationale
104. All decisions to refer a case to the safeguarding adults procedures and to close a case to the safeguarding adults procedures must be agreed by a safeguarding manager and clearly recorded
105. At the time of closure all Safeguarding related documentation in ESCR must be completed and transitioned/filed.

### **3.6 SWIFT recording of Safeguarding Adults cases**

106. All active safeguarding adults cases must be recorded on the hazard tab as a "safeguarding adults issues" hazard. The hazard indicates that the person is at significant risk of serious harm as defined within the safeguarding adults procedure. See the [Adult Recording Guidance](#) for more information on recording Hazards in SWIFT
107. A Hazard is represented by a red traffic light in SWIFT Frontdesk
108. All Hazards must have a Start Date and the name of the person/team authorising the recording of the hazard.
109. The hazard should be raised as soon as a safeguarding adults alert/referral form has been completed. This will normally be done by the Access team or the responsible care management team on receipt of a safeguarding adults referral.
110. Hazards should be reviewed regularly throughout the case and closed when no longer appropriate. The hazard is closed by completing the end date field at the time the case is closed to the safeguarding adults procedures. This can be done at any stage with the agreement of the safeguarding manager providing the person is no longer at significant risk of serious harm. E.g.:
  - Following the initial assessment
  - Following agreement and implementation of the safeguarding plan
  - Following the review of the safeguarding plan
111. The safeguarding adults team (safeguarding.adults@oxfordshire.gov.uk) must also be notified of all closures.
112. Any case with an open "safeguarding adults issues" hazard must have an active involvement recorded.
113. The critical nature of this information, its validity, sensitivity, and need for updating cannot be overstated. Staff must be able to have trust in what is shown and clients have the right to challenge statements. If in doubt about recording a hazard then clarification should be sought from your Line Manager.
114. Teams not using SWIFT must use their own recording systems (e.g. PCIS) and must advise the Social & Community Services Access team of any changes required to SWIFT.

#### **4: Abuse and Neglect in Care Services**

This procedure applies to Safeguarding Managers, including Service and Operations Managers for teams with care management responsibilities e.g. STOP, PD, CMHT's and LD teams.

Where abuse or neglect may have occurred within the context of care excluding statutory health care - e.g. in a care home or day service; or the alleged perpetrator is a staff member, volunteer or other individual providing services on behalf of the service provider - the primary responsibility for the welfare of users and patients and ensuring they are kept safe from harm as a result of abuse, neglect or mistreatment rests with the service provider.

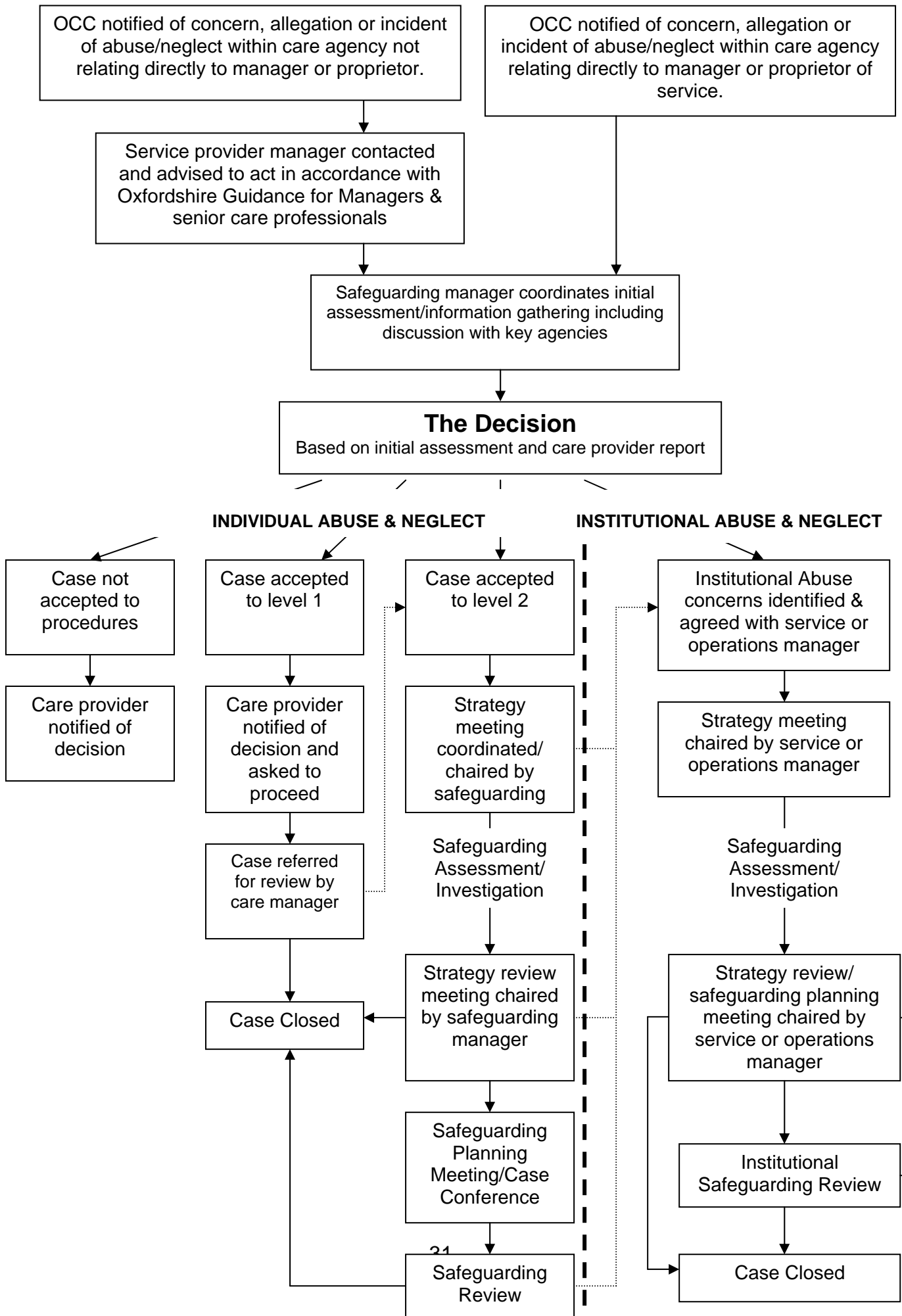
However, where it comes to the attention of the local authority or other agency acting on its behalf that an agency providing care or support to vulnerable adults in Oxfordshire is failing to meet the needs of those people to whom it provides a service or is failing in its duty to ensure that vulnerable people are kept safe from harm as a result of abuse, neglect or mistreatment the local authority is responsible for coordinating appropriate actions to investigate and safeguard those at risk of harm, including bringing its concerns to the attention of the responsible agencies/individuals.

Oxfordshire County Council must make arrangements to assure itself that services funded or provided on its behalf meet the assessed needs of the service user/s in a manner that provides appropriate protection from abuse, neglect or mistreatment. In addition where it is brought to the attention of Oxfordshire County Council that any person in Oxfordshire, who is or may be eligible for community care services, may be at risk of harm as a result of abuse or neglect the council must make arrangements to ensure that the necessary investigations/assessments are undertaken and the necessary authorities informed.

In cases complicated by cross boundary considerations e.g. where funding/commissioning responsibility lies with one authority and where concerns about potential abuse and/or exploitation subsequently arise in another, i.e. out-of-county placements, full consideration must be given to the ADASS (Association of Directors of Adult Social Services) Protocol for Inter-Authority Investigation of Vulnerable Adult Abuse.

The Oxfordshire Safeguarding Adults Manager will remain the first point of contact for the Care Quality Commission and the police and may coordinate the initial response to serious concerns arising through these routes.

## 4.1 Abuse and Neglect in Care Services flow chart



## **4.2 The Alert & Referral**

1. An alert occurs when an officer of an Adult Care Team with care management responsibilities is made aware of concerns that a person aged 18 or over who may be “eligible for community care services” or is in receipt of services has suffered or been placed at risk of **harm** as a result of **abuse or neglect**.
2. All concern or alerts in relation to abuse and neglect within care services must be documented and referred to a Safeguarding Manager using Form 1: ‘Safeguarding adults’ Alert/Referral. This constitutes a referral to the adult protection/safeguarding adults’ procedures.
3. On receipt of the referral the safeguarding manager must assure him or herself that it is an appropriate referral to the procedures and establish and consider whether the abuse occurred within the context of care i.e. whether the primary responsibility for safeguarding the person/s lies with the care agency.

## **4.3 The Initial Assessment / Investigation**

4. Following receipt of an appropriate referral in relation to possible abuse or neglect within the context of care the safeguarding manager must arrange for the following actions to be undertaken:
  - a. Where the service provider makes the initial alert the service provider must be contacted to ensure that they are aware of and acting in accordance with the Oxfordshire Guidance for Managers and Senior Care Professionals in Services for Adults at Risk.
  - b. Where the alert/referral is received from another source e.g. a member of the public, team member etc, providing it is evident that the concern does not relate to the registered/ provider manager or proprietor, the safeguarding manager should request verbally and in writing that the care provider or agency carries out an internal investigation in accordance with the Oxfordshire Guidance for Managers and Senior Care Professionals in Services for Adults at Risk of Abuse.
  - c. The service provider should be asked to provide a report in relation to the findings of their initial investigation and risk management plan (interim safeguarding plan) within five working days.
  - d. In all cases the vulnerable person must be seen and, where possible, an assessment interview with a team member must take place within 5 working days of the referral.
  - e. Where following the assessment interview it is evident that a criminal offence may have been committed or serious injury has been sustained without obvious cause the care provider should be advised to contact the police (Thames Valley Police Enquiry Centre (PEC) 0845 8 505 505), if they have not already done so, and the police adult protection coordinator should be informed.
5. Any concerns/allegations relating to serious misconduct, abuse or neglect, or a failure to effectively safeguard service users by the manager or proprietor of a service must be referred to the multi-agency procedures and a strategy meeting must be called with immediate effect.



6. Any concern or allegation amounting to serious criminal negligence must be referred to the multi-agency procedures and a strategy meeting must be called with immediate effect.
7. A discussion must take place with the applicable contract team and, where appropriate, the Care Quality Commission to establish:
  - a. Any previous or existing concerns, complaints or allegations of abuse or neglect arising (including current traffic light status)
  - b. The outcome of recent service inspections or reviews
8. Where there is believed to be an immediate or ongoing risk of serious harm e.g. neglect as a result of missed visits, and the service provider is unable/has failed to safeguard the service user/s a Service Manager must be informed and alternative care arrangements considered.

#### **4.4 The Decision**

9. The Decision as to whether the referral should be accepted to the adult protection/safeguarding adults procedures and at what level should be made within 5 working days of the referral being received.
10. This decision should be based upon the outcome of the initial assessment and any investigation undertaken by the service provider.

#### **Referral not accepted to procedures**

11. A decision may be made not to accept the case to the procedures where, on the basis of the initial assessment/investigation, there is no evidence of harm or risk of harm occurring as a result of abuse or neglect.

#### **Level 1**

12. The case may be referred to the Single-Agency Safeguarding Adults Procedure where, following the initial assessment/investigation, there are reasonable grounds for believing that a vulnerable adult or adults has suffered or been placed at risk of harm as a result of abuse or neglect providing either:
  - a. The vulnerable adult and/or others are not at critical or substantial risk of harm and/or
  - b. An interim safeguarding plan has been implemented by the responsible agency such that no vulnerable person remains at risk of serious harm while the safeguarding assessment/investigation is being carried out, e.g. an alleged perpetrator has been suspended from work or moved to a non-care position
13. The care provider manager should be informed of the decision and asked to proceed in accordance with the Oxfordshire Guidance for Managers and Senior Care Professionals in Services for Adults at Risk of Abuse.
14. The case should be allocated to an identified case worker to undertake a review with the service user and/or their representatives within 28 days. The purpose of this review is, as far as possible, to ensure that the service user/s is appropriately safeguarded

15. Where, in the view of the safeguarding manager, the outcome of the review is unsatisfactory and there has been a failure to adequately safeguard service users the case must be re-referred to the multi-agency adult protection procedures and a strategy meeting arranged.
16. Following a satisfactory review the case may be closed.

## **Level 2**

17. The case must be referred to the multi-agency procedures in the following circumstances:
  - a. Where concerns amount to serious misconduct, abuse or neglect, or a failure to effectively safeguard service users involving the manager or proprietor of a service
  - b. Where, following the initial assessment/investigation the service user is reasonably believed to have suffered serious/significant harm as a result of abuse or neglect.
  - c. Where the service provider has failed to take reasonable action to safeguard service users such that there is believed to be an ongoing risk of serious harm
18. In all cases involving a referral to the multi agency procedures the safeguarding manager must discuss the concern with a service or operations manager to determine whether there is a risk to other/all service users arising from institutional abuse or neglect.
19. Where following the initial assessment there is believed to be an ongoing/immediate risk of harm the provision of alternative care arrangements must be considered.
20. The individual procedures should run concurrently with any action being taken in regard to institutional abuse.

## **4.5 Institutional Abuse**

1. Institutional abuse amounts to an organisational failure to effectively safeguard service users for whom it is responsible thereby placing service users at serious risk of physical, emotional or psychological harm as a result of abuse or neglect.
2. All concerns of institutional abuse or neglect must be reported to a service or operations manager. The Safeguarding Manager in cases of institutional abuse should be a service or operations manager due to significant resource implications in terms of care management and services.
3. Where following discussions with a service manager it is agreed that there is a serious risk of institutional abuse occurring an urgent strategy meeting must be called with the relevant contracting/commissioning, regulatory and enforcement bodies e.g. CQC, PCT (e.g. Continuing Care), Police, Contracting/Commissioning Team, local team manager for team with care management responsibilities.

#### **4.6 The strategy meeting**

4. The strategy discussion/meeting is a professional only forum with the purpose of:
  - a. Formally sharing information giving rise to the concern and arising from the initial information gathering
  - b. Identifying, agreeing and coordinating an initial safeguarding plan where required
  - c. Agreeing what investigations and assessments will/need to be undertaken as part of the safeguarding assessment/investigation and how these are to be coordinated
  - d. Considering the need for a referral to an Independent Mental Capacity Advocate (IMCA) in accordance with the Oxfordshire IMCA and Safeguarding Adults Policy
5. All agencies contributing to the safeguarding assessment/investigation must be required to prepare a report summarising the outcome of their assessment/investigation.
6. The Safeguarding Manager must be informed of all developments arising during the safeguarding assessment period. At any point where the Safeguarding Manager considers there to be an immediate and serious risk of harm to service users an emergency meeting must be coordinated.
7. Following the initial strategy meeting, unless there are good reasons for not doing so e.g. the proprietor is believed to be the perpetrator, the Senior management team/registered provider(s)/company must be advised of the concerns and required to take immediate action to ensure the wellbeing of service users and notify the local authority immediately where they unable to do so. They should also be invited to attend the strategy review meeting.

#### **4.7 The strategy review/safeguarding planning meeting**

21. The purpose of the strategy review meeting is to consider the outcome of the actions agreed at the strategy meeting and agree:
  - a. On the balance of probabilities, were the concerns/allegations of abuse found to be: substantiated; not substantiated; or not determined/inconclusive
  - b. Type(s) of abuse substantiated
  - c. Actions that may be taken to promote the safety of service users, i.e. included in the Protection Plan
  - d. Actions to be taken to prevent repeat abuse or neglect by a perpetrator(s).
  - e. Monitoring & review arrangements
22. Where there is believed to be a serious risk of harm this may include urgent assessment/review of service users and where necessary the re-provision of care services – in this instance the senior Social & Community Services Management Team must be informed.

23. Any individual safeguarding adults concern arising prior to or during this process must be referred to the appropriate care management team safeguarding manager.
24. In some cases where a large number of referrals are required alternative arrangements may have to be made to facilitate safeguarding assessments being undertaken.
25. Where it is agreed at the strategy review meeting (or subsequent review meetings) that service users remain at risk of harm as a result of abuse or neglect the case may not be closed: monitoring arrangements must be established where possible and safeguarding review meeting must be held within 6 months of the initial referral being received or sooner.

#### **4.8 Closure**

26. Closure to the Safeguarding Adults procedure can be agreed at any point where:
  - a. In the view of all agencies involved it is agreed that there is no risk of harm to service users as a result of institutional abuse or neglect
  - b. Arrangements have been made to inform the person and where appropriate the alleged perpetrator of this decision
  - c. All outstanding allocations/referrals have been actioned
27. Closure to the Safeguarding Adults procedure can be agreed at the strategy review meeting or subsequent safeguarding review meeting where:
  - a. In the view of all agencies involved it is agreed that the person is no longer at risk of serious/significant harm as a result of abuse or neglect and there is no risk to other vulnerable people
  - b. Arrangements have been made to inform the person and where appropriate the alleged perpetrator of this decision
  - c. All outstanding allocations/referrals have been actioned

## **5: ADASS Protocol for Inter-Authority Investigation of Vulnerable Adult Abuse**

This agreement was ratified by the ADASS on 20th February, 2004 and is intended for adoption by all Local Authorities and Adult Protection Committees

### **5.1 Introduction**

These arrangements recognise the increased risk to vulnerable adults whose care arrangements are complicated by cross boundary considerations. These may arise, for instance, where funding/commissioning responsibility lies with one authority and where concerns about potential abuse and/ or exploitation subsequently arise in another. This would apply where the individual lives or otherwise receives services in another local authority area

### **5.2 Aims**

This protocol aims to clarify the responsibilities and actions to be taken by local authorities with respect to people who live in one area, but for whom some responsibility remains with the area from which they originated.

This protocol should be read in conjunction with Section 3.8 of 'No Secrets' (DoH 2000) and LAC (93) 7 *Ordinary Residence*- Which identifies these responsibilities in terms of:

- The authority where the abuse occurred in respect of the monitoring and review of services and overall responsibility for adult protection;
- The registering body in fulfilling its regulatory function with regard to regulated establishments; and
- The placing authority's continuing duty of care to the abused person.

### **5.3 Principles**

- The authority where the abuse occurs will have overall responsibility for co-ordinating the adult protection arrangements (and, for the purposes of this protocol, be referred to as the host authority)
- The placing authority (i.e. the authority with funding/ commissioning responsibility) will have a continuing duty of care to the vulnerable adult.
- The placing authority should ensure that the provider, in service specifications, has arrangements in place for protecting vulnerable adults and for managing concerns, which in turn link

with local policy and procedures set out by the host authority.

- The placing authority will provide any necessary support and information to the host authority in order for a prompt and thorough investigation to take place.
- The host authority will make provision in service contracts, which refer to this protocol, outlining the responsibilities of the provider to notify the host authority of any adult protection concern.

#### **5.4 Responsibilities of Host Authorities**

- 5.4.1 The authority where the abuse occurred should always take the initial lead on referral. This may include taking immediate action to protect the adult, if appropriate, and arranging an early discussion with the police if a criminal offence may have been committed.
- 5.4.2 The host authority will also co-ordinate initial information gathering, background checks and ensure a prompt notification to the placing authority and other relevant agencies.
- 5.4.3 It is the responsibility of the host authority to co-ordinate any investigation of institutional abuse. If the alleged abuse took place in a residential or nursing home, other people could potentially be at risk and enquiries should be carried out with this in mind.
- 5.4.4 The Care Quality Commission should always be included in investigations involving regulated care providers and enquiries should make reference to national guidance regarding arrangements for the protection of vulnerable adults.
- 5.4.5 There will be instances where allegations relate to one individual only and in these cases it may be appropriate to negotiate with the placing authority their undertaking certain aspects of the investigation. However, the host authority should retain the overall co-ordinating role throughout the investigation.

#### **5.5 Responsibilities of Placing Authorities**

- 5.5.1 The placing authority will be responsible for providing support to the vulnerable adult and planning their future care needs.
- 5.5.2 The placing authority should nominate a link person for liaison purposes during the investigation. They will be invited to attend any Adult Protection strategy meeting and/ or may be required to submit a written report.

#### **5.6 Responsibilities of Provider Agencies**

- 5.6.1 Provider agencies should have in place suitable adult protection procedures to prevent and respond to abuse which link with the local inter-agency policy and procedures set out by the host authority.
- 5.6.2 Providers should ensure that any allegation or complaint about abuse is brought promptly to the attention of Social Services, the Police, and/

or the Care Quality Commission in accordance with local inter-agency policy and procedures.

5.6.3 Provider agencies will have responsibilities under the Care Standards Act 2000 to notify their local CQC area office of any allegations of abuse or any other significant incidents.

5.6.4 Provider agencies who have services registered in more than one local authority area will defer to the CQC area office relevant to the area in which the abuse took place.

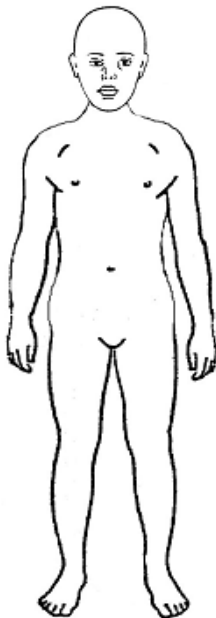
## BODY MAP

Name of Vulnerable Adult \_\_\_\_\_

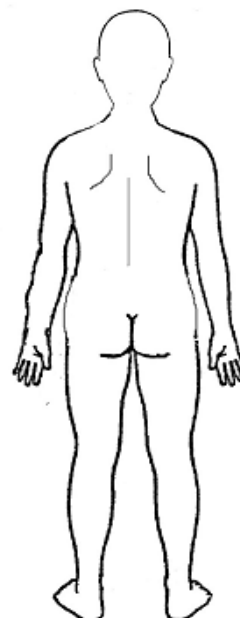
Name of person completing this form \_\_\_\_\_

These diagrams are designed for the recording of any observable bodily injuries that may appear on the person. Where bruises, burns, cuts, or other injuries occur, shade and label them clearly on the diagram. Label any internal injuries that have been identified through medical examination. Visible injuries apparent in soft-tissue parts of the body, including the neck, under-arms, stomach, genitals or inner thighs, are unlikely to manifest as a result of a fall or other accidents of this nature.

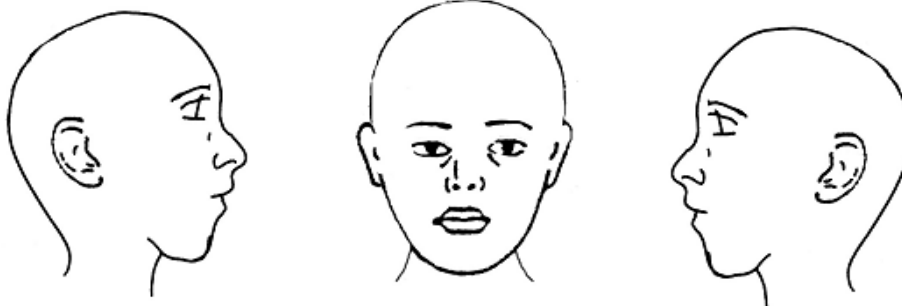
**Front**



**Back**



**Face**





## **7: REPORTING YOUR CONCERNS**

**If you need care or support and you are unhappy or frightened because of something that is happening to you, or you know someone who is please report it.**

### **Reporting to the police**

Abuse is often a crime.

If you need urgent help or a crime has been committed you should contact the police.

If it is an emergency you should call 999.

It is an emergency if:

- Someone is in immediate danger or need of medical attention,
- A serious crime is in the process of being committed e.g. theft / rape / serious physical assault or
- A serious crime has just been committed or the perpetrator is still nearby or others are at immediate risk of harm

Otherwise you should call the Thames Valley Police Public Enquiry Centre on **0845 8 505 505**.

### **Reporting to Oxfordshire Social & Community Services**

Oxfordshire Social & Community Services have procedures for looking into cases of adult abuse. Social services work together with other agencies e.g. the police, the Care Quality Commission and Trading Standards Office to protect people who have been or are being abused.

You can contact Oxfordshire Social & Community Services by ringing **0845 050 666**, or you can e-mail <mailto:access@oxfordshire.gov.uk> or use the [online contact form](#).

## **8: Safeguarding Adults Forms**

All Safeguarding Adults forms mentioned in these procedures are available on ESCR forms creator. Word versions of the forms are also available by following the links below:

[Safeguarding Adults - Initial & ImpactAssessments.doc](#)

[Safeguarding Adults - Alert/Referral.doc](#)

[Safeguarding Adults - Review/Closure.doc](#)

[Safeguarding Adults - Risk Assessment Tool.doc](#)

[Safeguarding Adults - Strategy Discussion.doc](#)