

# City Of London Adult Social Care safeguarding protocol

## 1. Background

The City and Hackney Safeguarding Adults Board has signed up to the London multi-agency policy and procedures. This document is The City of London Adult Social Care local safeguarding protocol which should be read alongside the London adult safeguarding multi-agency policy and procedures. It incorporates some of the London adult safeguarding multi-agency policy and procedures and highlights minor local variations.

<http://londonadass.org.uk/wp-content/uploads/2015/02/LONDON-MULTI-AGENCY-ADULT-SAFEGUARDING-POLICY-AND-PROCEDURES.pdf>

## What is adult safeguarding?

Safeguarding is protecting an adult's right to live in safety, free from any type of abuse and/or neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted. This includes having regard to the person's views, wishes, feelings and beliefs in deciding on any action.

Safeguarding interventions should:

- stop abuse or neglect wherever possible
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- safeguard adults in a way that supports them in making choices and having control about how they want to live
- promote an approach that concentrates on improving life for the adults concerned
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- address what has caused the abuse or neglect.

## **Safeguarding and the Care Act 2014**

The Care Act put safeguarding on a statutory footing for the first time. All local authorities must carry out the statutory duties outlined in the Care Act 2014.

There are six key principles contained in the Care Act:

- **Empowerment** – personalisation and the presumption of person-led decisions and informed consent
- **Prevention** – it is better to take action before harm occurs
- **Proportionality** – proportionate and least intrusive response appropriate to the risk presented
- **Protection** – support and representation for those in greatest need
- **Partnership** – local solutions through services working with their communities
- **Accountability** – accountability and transparency in delivering safeguarding.

The Care Act sets out the statutory framework for adult safeguarding and was implemented in April 2015. The Act outlines a duty to consider the physical, mental and emotional wellbeing of people needing care with an emphasis on prevention. The Care Act brings in stronger regulatory powers, including prosecution where necessary.

### **What is the criteria for an adult safeguarding enquiry?**

Under the Care Act an adult at risk is considered to be someone aged 18 years or over 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.

If these conditions are met then section 42 of the Care Act places a duty on the local authority to ensure that enquiries are made.

## **Categories of safeguarding under the Care Act**

The Care Act statutory guidance identifies different types of abuse of an adult at risk as follows:

- physical abuse
- domestic violence
- sexual abuse
- psychological abuse
- neglect and acts of omission
- self neglect
- financial or material abuse
- modern slavery
- discriminatory abuse
- organisational abuse

In addition adults may be at risk of exploitation by radicalisers who promote violence. The lead agency for co-ordinating enquiry and protection is the local PREVENT partnership: David Mackintosh. Safer City Partnership.

## **Making Safeguarding Personal (MSP)**

**MSP is national guidance that focuses on:**

- developing social work practice to ensure that there is a focus in developing a real understanding of what outcomes people wish to achieve. Agreeing, negotiating and recording their desired outcomes, and working with them (and their representative or advocate, if they lack capacity)
- following up on these discussions throughout the safeguarding process to examine to what extent these desired outcomes have been met or have changed throughout the process
- recording these outcomes so that they can be used to inform practice and improve service delivery.

This is a shift away from the historical practice of focusing on keeping the person physically safe but not asking the person what they wanted and not involving the person themselves in decision making.

However, if there is an assessed significant risk to the person and or others, then the person's wishes may have to be renegotiated with them and possibly overridden. If this is the case then the course of action chosen should be proportionate and the least restrictive possible.

Each situation will need to be dealt with on a case by case basis, there are no hard and fast rules that apply to everyone.

Even if a service user lacks capacity to make decisions about risk it is important to take account of their views and wishes.

Making Safeguarding Personal guidance is provided in the link below.

<http://www.local.gov.uk/documents/10180/5854661/Making+Safeguarding+Personal+--+Guide+2014/4213d016-2732-40d4-bbc0-d0d8639ef0df>

## **2. City and Hackney Safeguarding Adults Board**

The City and Hackney Safeguarding Adults Board (the Board)) is a multi-agency partnership that has a remit to protect adults at risk from abuse, neglect and significant harm. The Board seeks to bring about positive outcomes for adults at risk who live within the area of the City of London and the London Borough of Hackney, or who live outside the borough as a result of a placement made by the City of London, Hackney Council, or the East London Foundation Trust. Under the Care Act 2014, the Board has statutory functions.

The Board has membership from a wide-range of partners and stakeholders including the Metropolitan Police, City & Hackney Clinical Commissioning Group, East London Foundation Trust, London Fire Brigade and the Homerton NHS Foundation Trust.

The core membership of the Board already includes all agencies required by the Care Act. The Board meets at least three times a year, and has an Independent Chair, Dr Adi Cooper.

The Board has a focus on preventing abuse as well as a robust response to incidents of abuse. Strong strategic links with other key partners are essential and the board co-ordinates the activities of each agency represented on the Board for the purpose of safeguarding adults in the City and Hackney. It also ensures the effectiveness of what is done by each person or agency in contributing to safeguarding adults in the area.

The Board is responsible for ensuring that the safeguarding agenda focuses on adults of risk staying in as much in control of the decision making as possible, whilst taking reasonable measures to ensure that risks of harm are minimised.

### 3. The City of London Safeguarding Adults Process

Safeguarding Adults enquiries in the City of London are led by the social care service with primary responsibility for assessing and meeting the needs of the adult at risk. Each enquiry is overseen by a Safeguarding Adults Manager (SAM) who is the senior practitioner or team manager with specialist training in this role.

There is a five stage process if the whole safeguarding process is followed. However, it is possible to conclude the safeguarding process at any stage from the SAM decision stage onwards. The decision to conclude the safeguarding process should be made by the SAM in accordance with the Care Act, based on an analysis of risk, protective factors and the principle of proportionality.

#### Timescales

**Concern** - Ensuring the adult at risk's immediate safety is essential. The concern should be raised, completed and sent to the relevant team on the same day.

**SAM decision** - A decision on next steps should be made by the SAM within 24 hours.

**Enquiry** – An initial safeguarding adult enquiry meeting or discussion should be held within five working days as a guideline. However, the timescale should meet the needs of the adult at risk and so may vary on a case by case basis. More time may be required to assist the person to attend and/or prepare for the meeting.

Whilst it is acknowledged that more than five days may be required in complex cases or where the adult at risk has requested/needs a longer time period, safeguarding cases should not be allowed to drift.

Enquiry actions should be completed within twenty working days as a guideline only.

**Protection plan and review** – If required, the protection plan and review should be completed as soon as is feasible after the enquiry and in line with the adult at risk's preferred timescales where possible.

**Conclusion** – The conclusion should be completed as soon as a decision is made to end the safeguarding process (at whatever stage it ends e.g. enquiry stage, protection plan and review stage etc).

#### The five stages

##### Stage one – Concern

An adult safeguarding concern is any worry about an adult who has or appears to have care and support needs, who may be subject to, or may be at risk of, abuse and neglect and may be unable to protect themselves against this.

A concern may be raised by anyone, and can be:

- an active disclosure of abuse by the adult, where the adult tells someone that they are experiencing abuse and/or neglect
- a passive disclosure of abuse where someone has noticed signs of abuse or neglect, for example clinical staff who notice unexplained injuries
- an allegation of abuse by a third party, for example a family/friend or neighbour who have observed abuse or neglect or have been told of it by the adult
- a complaint or concern raised by an adult or a third party who doesn't perceive that it is abuse or neglect. Complaint officers should consider whether there are safeguarding matters
- a concern raised by staff or volunteers, others using the service, a carer or a member of the public
- an observation of the behaviour of the adult at risk
- an observation of the behaviour of another
- patterns of concerns or risks that emerge through reviews, audits and complaints or regulatory inspections or monitoring visits (CQC, Monitor etc).

Concerns can be raised in person, by telephone, email or letter. They may also be raised through specific organisation processes for example London Ambulance Notifications and police Merlin Adult Come to Notice (ACN) reports.

### **Who should receive the concern?**

The Adult Social Care Service is the main point of access for external safeguarding concerns. The Duty telephone number and email address is widely publicised in order to provide a single point of access for members of the public and professionals from other organisations. However, if safeguarding referrals come directly to any of the other professional they are expected to take them themselves, rather than redirect them to the safeguarding team.

Once referrals have been taken they are put onto the adult social care data base (FWI). If immediate action is required to ensure the safety of the person at risk .e.g. the police need to be informed.

### **Stage two - SAM decision**

The SAM will make the decision as to whether or not the concern meets the criteria for a section 42 enquiry under the Care Act 2014 and will decide what the next actions should be. They may ask a Duty Social Worker to carry out initial enquiries if they do not feel that they have sufficient information in the Concern form to base a decision on.

The SAM should inform the referrer of the outcome of the safeguarding concern via email or over the phone.

## **Stage three - Enquiry**

When City of London Adult Social Care becomes aware of a situation that meets the safeguarding criteria outlined in the Care Act 2014 criteria it **must** make or arrange an enquiry under Section 42 of the Care Act 2014. An enquiry should establish whether and what action needs to be taken to prevent or stop abuse or neglect.

Adult Social Care should decide very early on in the process who is the best person/organisation to lead on the enquiry. The Local Authority retains the responsibility for ensuring that the enquiry is referred to the right place and is acted upon.

If the Local Authority has asked someone else to make enquiries, it is able to challenge the organisation/individual making the enquiry if it considers that the process and/or outcome is unsatisfactory. In exceptional cases, the Local Authority may undertake an additional enquiry, for example, if the original fails to address significant issues.

The information in some referrals may be sufficiently comprehensive that it is clear that immediate risks are being managed, and that the criteria are met for a formal Section 42 enquiry.

In other cases some additional information gathering may be needed to fully establish that the safeguarding criteria is met. Decisions need to take into account all relevant information through a multi-agency approach wherever possible, including the views of the adult taking into consideration mental capacity and consent.

The degree of involvement of the Local Authority will vary from case-to-case, but at a minimum must involve decision making about how the enquiry will be carried out, oversight of the enquiry, decision making at the conclusion of the enquiry about what actions are required, ensuring data collection is carried out, and quality assurance of the enquiry has been undertaken.

This decision on how the enquiry is progressed is made by the SAM.

Information from enquiry meetings should be recorded within the enquiry form on FWI. There is no need for a separate set of minutes.

## **Level of enquiry**

Enquiries can range from non-complex single agency interventions to multi-agency complex enquiries. The key questions in choosing the right type of enquiry, is dependent on:

- what outcome does the adult want?
- how can enquiries be assessed as successful in achieving outcomes?
- what prevention measures need to be in place?

- what is the level of risk and how can risk be reduced?

Identifying the primary source of risk may assist in deciding what the most appropriate and proportionate response to the individual enquiry might be. There are no hard and fast rules and judgement will need to be made about what type of enquiry and actions are right for each particular situation.

All enquiries need to be planned and co-ordinated and key people identified. No agency should undertake an enquiry prior to a planning discussion, unless it is necessary for the protection of the adult at risk or others.

An enquiry should be proportionate to the level of risk identified. For straightforward, low risk situations an enquiry may consist of several phone calls only. Enquiries should be outcome focused, and best suit the particular circumstances to achieve the outcomes for the adult.

Consideration should be made at an early stage as to which agencies/services/professionals need to be involved in the safeguarding enquiry. A multi-agency approach is often the most effective way to ensure that risks are assessed and managed and that any interventions are well co-ordinated.

One or more enquiry meetings may be required in more complex, high risk safeguarding cases. If several enquiry meetings take place, these can be recorded on MOSAIC under one enquiry workflow.

#### **Objectives of the enquiry:**

- establish the facts
- ascertain the adult's views and wishes and preferred outcomes
- assess the needs of the adult for protection, support and redress and how these might be met
- protect the person from the abuse and neglect, in accordance with the wishes of the adult where possible
- enable the adult to achieve resolution where possible.

#### **Desired outcomes identified by the adult**

The desired outcome by the adult at risk should be clarified and confirmed at the end of the conversation(s) to:

- ensure that the outcome is achievable
- manage any expectations that the adult at risk may have and
- give focus to the enquiry.



## **Enquiry planning**

When planning an enquiry consideration should be made of:

- the adult's mental capacity to understand the type of enquiry, the outcomes and the effect on their safety now and in the future
- whether consent has been sought
- whether an advocate or other support is needed
- the level and impact of risk of abuse and neglect
- the adult's desired outcomes
- the adult's own strengths and support networks
- Whether any other adult's or children may be at risk and whether other agencies should also make enquiries into these risks (e.g. Commissioning)

Effective involvement of adults and/or their representatives in safeguarding meetings requires professionals to be creative and to think in a person-centred way.

Information sharing should be timely, co-operation between organisations to achieve outcomes essential and action co-ordinated keeping the safety of the adult as paramount. Information sharing should comply with all legislative requirements.

The strengths of the adult at risk should always be considered. Mapping out with the adult, and identifying their strengths and that of their personal network may reduce risks sufficiently so that people feel safe without the need to take matters further.

Risk should be assessed and managed at the beginning of the enquiry and reviewed throughout. A multi-agency approach to risk should aim to:

- prevent further abuse or neglect
- keep the risk of abuse or neglect at a level that is acceptable to the person and
- support the individual to continue in the risky situation if that is their choice and they have the capacity to make that decision.

## **Conversations with the adult (including appropriate support)**

In the majority of cases, unless it is unsafe to do so each enquiry will start with a conversation with the adult at risk. The SAM should ensure that conversations have taken place. The adult and/or their advocate should not have to repeat their story. In many cases staff/organisation who already know the adult well maybe best placed to

lead on the enquiry. They may be a housing support worker, a GP or other health worker such as a district nurse or a social worker.

While many enquiries will require significant input from a social worker, there will be aspects that should and can be undertaken by other professionals.

Points to consider:

- the pace of conversations
- whether the presenting issue identifies the risk to the adult's safety, or whether there are additional risks to be considered
- the adult at risk desired outcomes
- wider understanding and assessment of the adult's overall wellbeing
- the adult should be aware at the end of the meeting, what action will be taken and provided with contact details for key people.

### **Criminal investigations**

Although the Local Authority has the lead role in making enquiries or requesting others to do so, where criminal activity is suspected, early involvement of the police is essential. Police investigations should be coordinated with the Local Authority who may support other actions, but should always be police led.

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

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

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

Sections 20 to 25 of the Criminal Justice and Courts Act 2015 relate to offences by care workers and care providers.

### **Stage 4 – Protection plan and review**

The safeguarding protection plan should set out:

- what steps are to be taken to assure the future safety of the adult at risk
- how adults at risk are going to minimise risks

- the provision of any support, treatment or therapy, including on-going advocacy
- any modifications needed in the way services are provided (e.g. same gender care or placement; appointment of an OPG deputy)
- how best to support the adult through any action they may want to take to seek justice or redress
- any on-going risk management strategy as appropriate
- whether the desired outcomes of the adult at risk have been met.

The plan should outline the roles and responsibilities of all individuals and agencies involved, and should identify the lead professional who will monitor and review the plan, and when this will happen. Adult safeguarding plans should be person-centred and outcome-focused.

Safeguarding plans should be made with the full participation of the adult at risk. In some circumstances it may be appropriate for safeguarding plans to be monitored through on-going care management responsibilities. In other situations a specific safeguarding review may be required.

The identified lead should monitor the plan on an on-going basis, within agreed timescales. The purpose of the review is to:

- evaluate the effectiveness of the adult safeguarding plan
- evaluate whether the plan is meeting/achieving outcomes
- evaluate risk.

Reviews of adult safeguarding plans, and decisions about plans should be communicated and agreed with the adult at risk. Following the review process, it may be determined that:

- the adult safeguarding plan is no longer required  
or
- the adult safeguarding plan needs to continue.

New safeguarding enquiries will only be needed when the Local Authority determines it is necessary. If the decision is that further enquiries would be a disproportionate response to new or changed risks, further review and monitoring may continue.

The individual or agency who raised the initial concern will often be involved in the Safeguarding enquiry. If for any reason they are not, the SAM should ensure that they receive appropriate feedback on the outcome. This will have to take account of the relevant information sharing requirements.

## **Stage 5 – Conclusion**

The conclusion should be completed at whatever point the safeguarding process is ending. It summarises actions taken and outcomes.

### **4. Safeguarding Adults Review (SAR)**

#### **What is a Safeguarding Adults Review (SAR)?**

A SAR is a multi-agency learning process with the purpose of promoting effective learning and improvement action to prevent future deaths or serious harm occurring again. It is held when an adult at risk of abuse dies or has experienced serious neglect or abuse and there is concern that partner agencies could have worked more effectively to protect the person.

The SAR brings together and analyses the findings from individual agencies involved with the person in order to make recommendations for future practice where this is necessary. It can also explore examples of good practice where this is likely to identify lessons that can be applied to future cases. It does not investigate how a person died or look to hold any individual or organisation to account. Other processes exist for that purpose, including Coroner's inquests, criminal proceedings, disciplinary procedures, employment law and provider and professional regulations.

#### **When is a SAR required?**

The CHSAB has a statutory duty under the Care Act 2014 to arrange a SAR when:

- there is reasonable cause for concern about how the CHSAB, members of it, or other local professionals and/or services worked together to safeguard an adult with care and support needs (regardless of whether the local authority was meeting any of those needs) who:
- has died (including from suicide) and the CHSAB knows or suspects that the death resulted from abuse or neglect (regardless of whether or not it knew or suspected the abuse or neglect before the person died) *OR*
- Is still alive, and the CHSAB knows or suspects that the adult has experienced serious abuse or neglect.