

Policy Name:

**Access and Partnership
Good Practice Guidance
Adults**

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Contents Page

1) Introduction	4
1.1 Purpose	4
1.2 Background	4
1.3 Scope	4
1.4 Consultation	4
2) Customer First - Customer Service Assistants Steps 1-6	5
3) Customer First and Adult and Community Services – All Practitioners including Hospital Team practitioners Steps 7-14	5
4) Appendices	
Appendix 1 Strategy Meeting.....	9-10
Appendix 2 CQC E-mail template.....	11
Appendix 3 Adult Safeguarding Team Chairing Safeguarding Meetings	12-13

Adult Safeguarding Protocol

1) Introduction

1.1 Purpose

This protocol has been produced for use by practitioners involved in Adult Safeguarding referrals and investigations, to guide and support them through the process.

1.2 Background

This protocol provides a clear process for Adult Safeguarding referrals and ensures a consistent approach across the county. This protocol is in response to issues raised by practitioners regarding lack of clarity of their roles and responsibilities in relation to Adult Safeguarding.

1.3 Scope

Steps 1 – 6 are for use by

- Customer Service Assistants within Customer First

Steps 7 -14 apply to all

- Community Care Practitioners
- Social Workers
- Senior Practitioners
- Team Managers

Within Customer First and Access and Partnership Teams

1.4 Consultation

Adult Safeguarding Team

Team Managers

ICT Board

All staff to whom the protocol applies

Linked/other Useful Policies/Procedures

Suffolk Adult Safeguarding Polices and procedures

[Adult Safeguarding Website](#)

[Adult Safeguarding Administration Procedure](#)

[Responding to Adult Safeguarding \(referrals/allegations made against residential care service\)](#)

2) Customer First

Customer Service Assistants Steps 1-6

Process	Practice Notes
1. Adult Safeguarding Referral Received	Referrals can be received by telephone , e-mail, fax, letter (this list is not exhaustive)
2. Initial Contact Screen completed on CF6 in all cases	Use outcome code Adult Safeguarding Investigation Use initial contact outcome code Screening Initial Assessment Initial Contact Care Assess Form fact sheet
3a. All known Minimum Data Set information must be recorded	This includes date of birth, gender, stat group, and ethnicity. It is the responsibility of all active workers to ensure that Minimum Data Sets completed throughout the process.
3b. Category of Abuse classification must be recorded	Record Psychological/Emotional Abuse if abuse category is not known at this stage
4. Open Safeguarding Strategy Record (Care Assess Form)	
5. Transfer of Safeguarding Referral onto Safeguarding Strategy Record (Care Assess Form)	This is to be recorded under 1.1.1 of the Adult Safeguarding Strategy Record
6. All referrals must then be sent electronically to CRTU, Adult Safeguarding Senior Practitioner and Customer First Senior Practitioner	All referrals relating to a registered care provider (Care Home, Very Sheltered Housing, Domiciliary Care, Supported Housing) must also be sent to enquiries.eastern@cqc.org.uk and also Contracts and Quality Monitoring Team ACS.CareQualityMonitoringTeam@suffolk.gov.uk All practitioners must be aware that e-mails sent to organisations outside of Suffolk County Council containing sensitive and/or identifying information are required to be encrypted. For guidance follow the link Secure email guidance

3) Customer First and Adult and Community Services

All practitioners including Hospital Team practitioners Steps 7-14

Process	Practice Notes
<p>7. Senior Practitioner at Customer First discusses referral with referrer as appropriate. Unless the customer is open to a hospital team in which case please send referral straight to the hospital team and contact the Senior Practitioner to ensure they are aware of it.</p>	<p>This is to acknowledge the referral and gather further information from the referrer. However if it is not possible to speak to the referrer do not delay continuing with action 8. Discussion with referrer will then be completed when able to do so.</p> <p>If at this point all minimum data has not been recorded, ask referrer for this information. It maybe that at this point the Category of Abuse classification will need to be added to or changed.</p>
<p>8. It is the responsibility of the Customer First Senior Practitioner or the allocated Case Responsible Person to complete a strategy discussion within 2 working days. (Action plan formulated)</p>	<p>If there is an allocated worker it is the responsibility of the Senior Practitioner at Customer First to make contact with the Responsible Team Senior Practitioner and ensure that the worker is not on annual leave or sick leave. A discussion will then take place about the appropriateness of a transfer.</p> <p>If it has been agreed that responsibility will be transferred from Customer First to Area Team the Customer First Senior Practitioner will record this in on an activity to the relevant person and if appropriate on the Adult Safeguarding Strategy Record.</p> <p>The Strategy discussion is to ensure steps have been taken to safeguard the vulnerable adult in the immediacy, reach a consensus view about the nature and degree of risk and plan next steps. The Strategy discussion should always take place with the Victim Care Centre supervisor if a crime has taken place. Strategy discussions can also take place with the Team Manager and/or Safeguarding Senior Practitioner or Adult Safeguarding Manager. This list is not exhaustive and can include other agencies as appropriate.</p> <p>If the referral relates to a customer from out of county ensure that the funding authority is informed.</p>
Process	Practice Notes
<p>9. At this point a decision will be made as to whether a safeguarding meeting is required, if so this meeting is required to</p>	<p>Discretion can be given in consultation with Adult Safeguarding Senior Practitioner or Adult Safeguarding Manager and the reason recorded on the Adult Safeguarding Strategy Record</p> <p>Consideration of a referral to advocacy services should be considered as appropriate.</p>

<p>take place within 10 working days of the receipt of referral without any unnecessary delays</p>	<p>Independent Mental Capacity Advocate (IMCA) information</p> <p>For guidance on What is a Strategy Meeting? (See Appendix 1)</p>
<p>10. If a decision is made that the referral is not an appropriate Adult Safeguarding referral, decision is recorded including reasons for decision on the Adult Safeguarding Strategy Record by the person completing the Adult Safeguarding Strategy Form on CF6</p>	<p>Ensure that referrer is updated to decisions made from strategy discussion and record that referrer has been updated.</p> <p>Update to CQC on strategy decision when referral relates to registered care provider; Care Home, Very Sheltered Housing, Domiciliary Care or Supported Housing. (See Appendix 2)</p>
<p>11. If a Safeguarding meeting is required it will be the responsibility of the Customer First Senior Practitioner, the allocated worker at Customer First or the worker from the Responsible Team to convene this.</p>	<p>Senior Practitioner / Social Worker will decide who attends and send invites. Room booking to be completed by Safeguarding Business Support Coordinator.</p> <p>It is vital that the Senior Practitioner ensures that this meeting is convened.</p> <p>It is the responsibility of the Safeguarding Business Support Coordinator to take minutes, and circulate to all attendees and other interested partners, including CQC for registered providers, at safeguarding meetings. If they are unavailable then business support should be approached to complete tasks outlined above. Otherwise it is the social worker's responsibility to record the action points as a minimum.</p> <p>Adult Safeguarding Strategy Meeting Agenda</p> <p>Adult Safeguarding Minutes Template</p> <p>If the Adult Safeguarding Senior Practitioner is not in attendance then ensure minutes are sent to them also.</p> <p>For guidance on when an Adult Safeguarding Senior Practitioner will chair an Adult Safeguarding meeting (See Appendix 3)</p>
<p>Process</p>	<p>Practice Notes</p>
<p>12. If a Safeguarding Meeting has been convened by Customer First Senior Practitioner a representative from the Area Team is invited to attend.</p>	<p>To ensure the effective transfer of work it is Best Practice that a representative from the Area Team is in attendance.</p> <p>An invite will also be sent to the relevant Adult Safeguarding Senior Practitioner.</p>

<p>13. Safeguarding Meeting will dictate the terms of reference for a Safeguarding investigation.</p>	<p>Please refer to Part One of the Adult Safeguarding Policy and Operational Guidance</p> <p>Consideration of a referral to advocacy services should be considered as appropriate independent Mental Capacity Advocate information</p>
<p>14. Safeguarding Review to be completed as appropriate within 28 working days of the original meeting if held or safeguarding decision making.</p>	<p>Safeguarding Review will record actions completed and reason why actions have not been completed. The review will also formulate revised action plan if necessary and arrange further review. Safeguarding Investigation reports should be completed and feedback given at the safeguarding review meeting. Please refer to Part Two of the Adult safeguarding Policy and Operational Guidance</p> <p>Any subsequent referrals in relation to a current investigation linked to a customer to be discussed with Adult Safeguarding Senior Practitioner regarding action to be taken.</p>
<p>15. When no further safeguarding investigation or review is required the Safeguarding Review Form can be completed. Ensure that ADRISK category is closed and all actions have been completed.</p>	<p>Ensure that if the investigation related to a registered care provider that CQC are updated with outcomes. Ensure that the referrer and customer are advised of outcomes and this is recorded. Ensure that outcomes for customer and perpetrator are completed on records. Ensure that paper copies of reports and minutes are on the customer's paper file. Complete a final check that all minimum data set has been recorded. CF6 Factsheets link</p>
<p style="text-align: center;">Process</p>	<p style="text-align: center;">Practice Notes</p>
<p>16. If a police investigation is pending yet all Adult and Community Services involvement relating to the safeguarding investigation is complete then proceed to the end of the form</p>	<p>As you proceed complete all relevant fields.</p> <p>Also complete an activity under Adult protection to the Adult Safeguarding Senior Practitioner for three months time requesting police update</p>
<p>17. E-mail to be sent to relevant Adult Safeguarding Senior Practitioner requesting recording check and form closure.</p>	<p>The request is to be sent via e-mail copying in your supervisor</p>

Appendix 1

Strategy Meetings

What is a strategy meeting?

A strategy meeting is an initial meeting which takes place following a disclosure or suspicion that abuse has taken place. The meeting should be called within 48 hours of disclosure and held within ten working days, however there may be a need in serious cases to convene a meeting at short notice and in a shorter timeframe to either secure evidence or decide on immediate action to prevent further harm. If the victim is in immediate danger immediate steps must be taken to secure a place of safety and a strategy meeting be convened at the nearest opportunity.

It is likely that a strategy meeting or discussion can take place without a formal referral to the Adult Safeguarding Senior Practitioner (ASSP) and it may be sufficient to hold a strategy discussion with a police Victim Care Centre (VCC) representative and/or the ASSP without the need to convene a full meeting. The need for a 'full' meeting can be discussed during the conversation.

The purpose of the strategy meeting is to formulate a protection plan by way of agencies sharing information and agreeing actions in order to ensure the safety and protection of the vulnerable adult. The meeting will also concur agency responsibilities in that protective plan which will be the agreed tasks for the duration of the investigation process, or no further actions noted.

Procedures for convening the meeting

1. On receipt of a referral the Senior Practitioner or Case Responsible Person and VCC representative will discuss the case and agree the approach, either single or joint agency.
2. The Senior Practitioner or VCC rep may contact the referrer and/or social worker or vice versa. Not all cases require this discussion if the responsible social worker is confident that procedures are being followed and the criteria for the ASSP to chair the meeting is not met.
3. Following discussion with their Senior Practitioner or Team Manager the social worker may use their own discretion to convene a strategy meeting (or not)

4. The Social Worker will take responsibility for inviting the relevant attendees to the meeting
5. The invitee list is the responsibility of the social worker who may consult the ASSP for advice. All those involved in the care and support of the vulnerable adult should be considered, however the meeting must remain a professionals meeting with appropriate feedback given to family members and the vulnerable adult following the meeting.
6. All meetings which are chaired by the ASSP will have minutes taken by an appropriately trained administrator where practicable. In the absence of an administrator for safeguarding meetings the social worker will be required to take minutes (actions points as a minimum)
7. Once the meeting has concluded the minute taker or nominated person will ensure minutes are circulated according to the safeguarding administration guidance.
8. At the end of the meeting there should be an agreement when there will be a review meeting to ensure actions are adhered to

Legal strategy meeting

It may be necessary to convene a legal strategy meeting prior to or after a strategy meeting defined above. In this case the ASSP should be invited or consulted if there is a likelihood of criminal or court proceedings.

Appendix 2

CQC E-mail Template

FAO: named inspector

On: insert date Suffolk county council received a safeguarding referral regarding an allegation of abuse at the following care home: full address

The referral is in relation to the following resident: initials and date of birth

A strategy discussion has been held and the following action has been agreed: outcomes

You are invited to attend a strategy meeting:

Venue:

Date/time:

(If no strategy meeting has been arranged then delete above)

Please let me know if you plan to attend this meeting. If you are unable to attend but have information relevant to this investigation please contact myself on the below number.

Ensure CQC are sent a copy of the strategy meeting minutes.

Following the completion of this safeguarding investigation we will advise you of the final outcomes. Please do not hesitate to ring me if you would like to discuss this case further.

Name

Title

Contact Details

Appendix 3

Adult Safeguarding Team Chairing Safeguarding Meetings

Criteria for the Adult Safeguarding Senior Practitioner (ASSP)

This document is specific in relation to the role of the Adult Safeguarding Senior Practitioner (ASSP) and when operational adult community teams can expect his/her involvement in a Safeguarding Meeting or Best Interests Meeting under the Mental Capacity Act guidance.

The role of the Adult Safeguarding Senior Practitioner (ASSP) as chair is to facilitate an objective and independent forum in a multi-disciplinary meeting which meets the criteria set out below. The ASSP offers specialist knowledge and contribution in matters relating to the protection and safeguarding of vulnerable adults. The ASSP will assist the meeting in ensuring the Adult Safeguarding Boards policy and the safety of the individual being discussed remain the focus during a period when competing agency demands may prevent those objectives being met.

The ASSP can be contacted to provide operational guidance and consultancy in accordance with the Adult Safeguarding Board Policy, however he/she will only chair under the following circumstances:-

- (a) When a serious criminal offence (serious physical assault, rape, sexual assault, financial abuse involving large sums of money) has been committed and there is a likelihood of a criminal investigation.
- (b) In serious cases of domestic violence, where it is considered that the vulnerable adult continues to be at risk.
- (c) In cases of institutional abuse (see policy for definition)
- (d) In complex multi-agency situations where there is serious disagreement in relation to the adult protection plan.
- (e) Due to the severe nature of the abuse and/or the complex vulnerability of the victim.

(f) When an IMCA has been appointed (see guidance on the Mental Capacity Act)

There may be unusual circumstances when it is felt the meeting would benefit from the ASSP being present. In such cases it will be at the discretion of the ASSP and/or the relevant safeguarding manager whether to attend.