



Safeguarding Adults at Risk

Policy, Procedures and Guidance

Policy implemented: March 2019
Last reviewed: January 2021
Next review due: January 2022

1. Summary

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This policy has been introduced to follow the principles of the Care Act 2014 and associated statutory guidance. The purpose of this policy is to provide all staff and volunteers with a framework to prevent and minimise the risk of harm to adults at risk who use Salutem services. All staff and volunteers share this responsibility and must always have safeguarding at the heart of their practice.

Safeguarding and protecting people we support is central to Salutem's work and it is everyone's responsibility irrespective of the role they undertake or whether their role has direct contact or responsibility for people we support or not. The policy has been issued in accordance with the statutory safeguarding adults responsibilities, set out in the Care Act 2014 and the associated Statutory Guidance, Schedules and Regulations.

Effective safeguarding is about 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 including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

Safeguarding responsibilities are taken very seriously and at Salutem we have a zero-tolerance approach to abuse. This Policy and the Adults and Risk Procedures and associated Guidance applies to all adults regardless of their age, ethnicity, disability, religion, gender, gender identity or sexual orientation.

This policy must not be read in isolation, but in conjunction with the Safeguarding Adults at Risk Procedure and associated Guidance and all relevant local multi-agency safeguarding Adults policies and procedures. It is also advisable to read and have access to Salutem's Safeguarding Children and Young People Policy and Procedures, this is to ensure these documents are familiar to staff in line with a 'think family' approach.

1.2 Document Control

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|---|---|
| Initial purpose and scope of the new policy/procedure agreed by: | Gary Laville, Director of Quality and Governance |
| Technical review carried out: | Melissa Asare, Group Head of Policy and Performance |
| Final quality check carried out: | Michael Albero, Group Head of Regulation and Compliance |
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| Date of the next review: | January 2023 |
| Department responsible: | Quality and Governance |
| Job Title of Lead Person: | Michael, Albero Group Head of Regulation and Compliance |
| Author / Main Contact, including their job title (if different from above): | Melissa Asare, Group Head of Policy and Performance |

In addition to this policy, local authorities and other commissioners may have their own policies, procedures and guidance which Services must comply with. These policies should complement this policy.

However, there may be additional requirements put in place by local authorities and other commissioners and these must be adhered to. Changes must not be made to Salutem’s policies and procedures without corporate approval but, where needed, local procedures should be developed to accompany these.

EQUALITY AND DIVERSITY STATEMENT

The Salutem Group is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any such factors and all will be treated with dignity and respect.

Full Policy – [Click Here](#)

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This policy must be brought to the attention of all employees and volunteers

The controlled version of this policy and its associated documents are available on the Blink (intranet) Hub and will be cascaded to staff through regular Blink campaigns. Printed or downloaded copies are uncontrolled and may not be up to date. We will regularly monitor staff compliance in relation to the reading of mandatory policies and procedures.

1.4 Definitions

Adult at Risk- Where a local authority has reasonable cause to suspect that an adult (aged 18 years or older) in its area (whether or not ordinarily resident there) —

- has needs for care and support (whether or not the authority is meeting any of those needs),
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

The local authority of where the person is living must make (or cause to be made) whatever inquiries it thinks necessary to enable it to decide whether any action should be taken in the adult’s case and, if so, what and by whom.

The decision to carry out a safeguarding inquiry does not depend on the person’s eligibility for local authority services but upon the criteria stated above.

An adult at risk may therefore be a person who, for example:

- is an older person who is frail due to ill health, physical disability or cognitive impairment
- has a learning disability
- has a physical disability and/or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol
- is an unpaid carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
- lacks mental capacity to make particular decisions and is in need of care and support

This list is not exhaustive.

In identifying abuse or neglect it is important to not be constrained by a definitive list of categories of abuse. The Care Act statutory guidance identifies the following categories of abuse, not as an exhaustive list but for illustrative purposes:

- Physical abuse
- Sexual abuse
- Financial and material abuse
- Psychological
- Modern slavery / human trafficking
- Neglect
- Self-Neglect
- Discriminatory abuse
- Organisational abuse

Abuse is carried out in different forms, some to be particularly aware of are;

- Domestic violence and abuse
- Honour-based violence
- Extreme radicalisation
- Hate and mate crime

(Please refer to separate guidance in the appendix on [‘Signs and Indicators of Abuse’](#) and [‘How to Respond to Concerns of Self-Neglect’](#)). We also have this in a booklet for staff with copies sent to all services.

The advances in technology and the use of mobile phones, the web and social media in everyday life, means a greater risk of abuse and exploitation via this technology and online, unless there are appropriate measures and monitoring in place. ([Guidelines on ‘E-Safety’](#))

The issue of radicalisation is a growing safeguarding concern that can affect vulnerable adults as well as children and young people. The Prevent Strategy (Home Office 2011) recognises that the presence of key vulnerabilities such as Learning Disabilities, autism or Mental ill Health, can increase an individual’s susceptibility towards radicalisation and to be influenced by extremism. Please refer to additional guidelines on [‘preventing radicalisation and extremism’](#) and your own local authority’s policies on this subject. If you have any concerns that someone you come into contact with through your work is being radicalized, this needs to be raised immediately with your Line Manager.

1.5 Principles

Wellbeing principle

The Care Act 2014 introduces a duty to promote wellbeing when carrying out any care and support functions in respect of a person. This is a guiding principle that puts wellbeing at the heart of care and support. This principle must be applied to all safeguarding practice and decisions. “Wellbeing” is a broad concept, and it is described as relating to the following areas in particular:

- personal dignity (including treating people with respect);
- physical and mental health and emotional wellbeing;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including care and support and the way it is provided);
- participation in work, education, training or recreation;
- social and economic wellbeing;
- domestic, family and personal relationships;
- suitability of living accommodation;
- the individual's contribution to society.

Promoting “wellbeing” means actively seeking improvements, for the adult with care and support needs (regardless of whether they have eligible needs or not).

Six principles of adult safeguarding

The following six principles apply to all sectors and settings. They should inform the ways in which professionals and other staff work with adults to safeguard;

- 1. Empowerment** – People being supported and encouraged to make their own decisions and informed consent. “I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”
- 2. Prevention** – It is better to take action before harm occurs. “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”
- 3. Proportionality** – The least intrusive response appropriate to the risk presented. “I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”
- 4. Protection** – Support and representation for those in greatest need. “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”
- 5. Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”
- 6. Accountability** – Accountability and transparency in delivering safeguarding. “I understand the role of everyone involved in my life and so do they.”

Preventing abuse

Prevention of abuse is the primary goal. SaluTem is committed to ensuring it has systems in place that minimise the risk of abuse.

Prevention involves promoting awareness and understanding and supporting people to safeguard themselves from the risk of abuse. This includes helping people to identify and make informed decisions about risks and develop forward plans that keep them safe. This principle must be applied when following this procedure. (Please refer to separate guidance on ['prevention in safeguarding'](#))

Making safeguarding personal

SaluTem is committed to the principles of 'Making Safeguarding Personal', a project developed by the Local Government Association and the Association of Directors of Adults Social Services. The aim of 'Making Safeguarding Personal' is to ensure that safeguarding is person-led and focused on the outcomes that people want to achieve. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them. It is a shift from a process supported by conversations to a series of conversations supported by a process. (Please refer to separate guidance on how to implement principles of ['Making Safeguarding Personal'](#).)

Mental capacity and consent

The law presumes that adults have mental capacity to make their own decisions. However, there will be times and situations in which an individual lacks mental capacity in relation to particular decisions. Issues of mental capacity and the ability to give informed consent are central to decisions and actions within the safeguarding adults procedure. All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take. If an individual refuses intervention to support them with a safeguarding concern or requests that information about them is not shared their wishes should be respected. However, there are a number of circumstances where this consent can be overridden. The separate guidance provides examples of such circumstances. (See separate guidance on [Information Sharing in Safeguarding](#) and Section ['Reporting a safeguarding concern without consent of the adult'](#) in this procedure.

Information sharing

Early sharing of information is key to providing effective support where there are emerging concerns. The wellbeing of adults at risk of abuse is likely to be more important than concerns about sharing information.

No-one should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of an adult at risk of abuse or neglect. If anyone has concerns about an adult's welfare and believes they are suffering abuse or neglect, they should immediately share their concerns with their line manager.

We must work with our safeguarding partners, cooperating and sharing information when there are safeguarding enquiries with our adults and when we know other adults and/or children could also be at

risk. All services need to be fully informed and signed up to their local authority sharing information protocols. (See separate guidance on '[Information Sharing in Adult Safeguarding](#)')

1.6 Areas of Governance

The application of this policy and its associated documents is mandatory for all services staff, volunteers, agency staff and all other Saludem representatives. Staff understanding of this policy and associated documents will be assured through training, assessment of competency and supervision.

All members of staff, volunteers and contractors working for Saludem are responsible for reporting any safeguarding concerns. Staff members have a duty of care, moral and legal obligations to report all incidents where they consider vulnerable adults or colleagues to have been harmed or are at serious risk of being injured or harmed during their work.

Any member of staff who witnesses or suspects abuse by another member of staff should report the matter without delay to their supervisor or manager.

1.7 Learning and Development

Saludem is committed to ensuring that all staff are aware of what is expected of them so that everyone is appropriately supported. This policy, procedures and associated guidance are cascaded through Blink along with ongoing campaigns to ensure it embeds into effective practice. This is a mandatory policy and we will monitor whether it has been accessed by all staff. Learning from the Policy and its application will be reviewed at our Quality Assurance and Risk Management Group and key updates will be endorsed by our Policy and Practice sub-committee.

Staff should speak to their line manager in relation to their learning needs using supervision and the Performance and Development Process (PDP). Safeguarding and Protection of Adults

Within the first 12 weeks of employment (probationary period) all staff must complete the online Safeguarding and Protection of Adults course which will be monitored via our digital learning platform. safeguarding course online. This must be refreshed annually and all staff will receive a prompt after 9 months, providing them with 3 months to complete the training.

Designated Safeguarding Officers (DSO's) are also required to complete face to face DSO training which needs to be refreshed every two years.

2. Safeguarding Procedures

This procedure outlines Saludem's process for reporting, investigating and handling incidences of abuse. It is mandatory that you also understand and have record of your local are safeguarding arrangements

This procedure outlines the following four steps:

- Step 1: Acting on a Concern (All Staff and Volunteers)
- Step 2: Reporting a concern (Service Managers)
- Step 3: The Local Authority Response
- Step 4: Case Closure

Step 1: Acting on a Concern (All Staff and Volunteers)

All staff (paid and volunteers) **have a duty** to act immediately (or on the same working day) and raise concerns to their line manager. A safeguarding concern can be about an individual or a group and the concern itself can be that the individual or group:

- **Is being** abused or neglected; **or**
- **Has been** abused or neglected; **or**
- **Is at risk** of being abused or neglected.

The safeguarding concern can be as a result of:

- What you have **witnessed**
- What you **suspect** (as long as there are reasonable grounds to believe that abuse could be happening)
- What an adult at risk, or a third party (e.g. staff member, member of the public, another external professional) has told you.
- The person who has or may have caused harm to an adult could be any of the following (this is not exhaustive):
 - A paid staff member, at any level of the Organisation
 - A volunteer
 - Another adult or child
 - A member of the public
 - A relative
 - Another professional / external Organisation

Acting in an emergency / taking immediate action

The first priority is making sure that the adult(s) is safe. In a situation where there is immediate risk of harm or need for treatment, all staff must be authorised to call the police and/or ambulance service without seeking permission by a line manager, if not doing so would cause unnecessary delay in safeguarding the adult's health and wellbeing.

Failing to act immediately in such cases may later be construed as negligent or failing in duty of care.

The manager must investigate the incident to find out what has happened.

- The concerns of the **alleged victim** must be listened to, taken seriously and recorded.
- The views of the **alleged perpetrator(s)** must be listened to, taken seriously and recorded.
- Reports from **any witnesses** must be listened to, taken seriously and recorded.
- Reports may also be taken from **other relevant individuals**, such as family, friends or other professionals.

It is very important that we establish a clear means of communication with each person so that they can share how they are feeling. This will include whether they would like to make a complaint and whether they may be the subject of bullying behaviours.

Preserving evidence

In cases where a serious sexual assault or physical assault may have taken place, evidence at the scene will need to be preserved. (See separate guidance on [‘Preserving and Protecting Evidence.’](#))

Responding to an adult that is directly disclosing abuse

Do not make promises about keeping information shared secret. It will need explaining to the adult at risk that you have a duty of care to raise concerns with your manager. (See separate guidance on [‘How to Respond to a Disclosure’](#).)

When abuse is witnessed

Take care when intervening to stop abuse; you are not required to take certain actions that if by doing so you are placing yourself or the adult at further risk of harm. When the abuse has stopped follow the above steps **‘acting in an emergency / taking immediate action’** and **‘preserving evidence’**. Do not approach or question the person who has allegedly harmed the adult(s).

What are the desired outcomes / wishes of the adult(s) at risk?

When abuse has been witnessed or an adult directly discloses to you, whenever possible find out what the adult at risk wants to happen, and what support they want to stop the abuse and how to keep themselves safe. (See separate guidance on [Making Safeguarding Personal](#))

When you suspect abuse?

If you suspect abuse, there must be grounds for and substance to this. Think about the reasons why you suspect abuse; is this because of something you have seen, something you have been told? Are there a series of signs and indicators that you are concerned about? (See separate guidance on [‘Signs and Indicators of Abuse’](#).)

Raising concerns with your line manager and record keeping

Report your concerns immediately; **do not** share or discuss your concerns with anyone else. Write a record of your concern as soon as possible after the incident / disclosure and provide to your line manager. Written records must be written on Saludem headed paper and be as detailed as possible, including what you saw, what you heard, and who was present. (See separate guidance on [‘Writing a Record and Record Keeping.’](#))

Whistleblowing

Whistleblowing is when you raise concerns about unsafe or illegal practice, which can include concerns about abuse and neglect. Your line manager should be your first port of call but if you feel unable to share information with them because you believe they are implicated or involved then you need to be able to speak to someone else instead. You should be able to raise your concern with your manager’s line manager. Or you can follow Saludem’s [Whistleblowing Procedures](#), which will guide you on what steps to take and, in accordance with the Public Disclosure Act 1998, provide some protection from victimization if you have raised concerns about malpractice, in good faith.

If you have grounds to believe that managers in SaluTem are ignoring your concerns and not taking appropriate action then you have the right to go directly to your Local Authority and/or regulator. Your manager must make sure that these numbers are available to you and displayed somewhere you can access them.

Confidentiality

You must respect and adhere to confidentiality at all times during a safeguarding process. Your line manager will provide feedback to you on what actions are being taken to respond to the concern, but this information must be treated confidentially. Any discussion with other team members will be dealt with as a disciplinary offence.

If, however the adult at risk chooses to discuss their concern further with you do not stop them, but do not probe or ask questions; write a record of what the adult at risk told you and tell your line manager immediately after.

Step 2: Reporting a concern (Service Managers)

Information gathering

It may be necessary to gather more information before deciding if there is reasonable cause to believe that abuse may have occurred. This could include checking rotas, daily records, and on occasion may require some very broad discussion with staff or adults. (See separate guidance on [‘What is Information Gathering’](#)). Ensure the staff member who raised the concern has written a formal record, and that body maps for bruising have been filled in. (see appendix 4 for body maps)

Low Risk Reporting (Single Agency Response)

If the concern has been assessed as low risk and will therefore be handled within the service, this must be recorded as a safeguarding incident on our reporting system by the next working day.

Medium to High Risk Reporting (Multi-agency Response)

When you are certain (or in any doubt) that there is an allegation of abuse and you had assessed it as medium to high risk, you must report it internally via our reporting system and your Local Authority social work services no later than the next working day **using their referral procedures**. Ensure to alert your Regional Director as well as your Quality Manager by email. You need to follow your local area reporting procedures ensuring that the correct information is submitted in the right way. Much of the content that they require would already be available having already completing the internal safeguarding incident form on our reporting platform.

At this point the incident will become an open safeguarding case within SaluTem and will be monitored by the Operational Senior Management Team. They will support you with the Local Authority decisions, subsequent investigations if required and any actions that your service, staff or the SaluTem Group will take as a result. There may also be an internal investigation depending on Local Authority recommendations.

When to report the concern to the police

When a serious crime or robbery has just taken place then there is a duty to call the Police via 999, as an emergency situation.

With non-emergency situations, where a safeguarding concern involves a possible crime, the number 101 should be used to contact the police. When an allegation of abuse is also a criminal act then the wishes and consent of the adult must be respected however this will be overridden when

- the person alleged to have caused harm is a Saludem employee or volunteer.
- a serious physical assault or sexual assault has been committed
- we have reasonable cause to believe other vulnerable adults and children are at risk

If the situation is no longer an emergency and the concern we are reporting to the Local Authority is about another organisation / external professional the Local Authority will advise who is best placed to contact the Police.

The wishes and desired outcomes of the adult / gaining consent

When an adult has capacity to make decisions about support following a safeguarding concern, then, unless by doing so it would cause further distress to that person, it is imperative that we try to establish with them what are their desired outcomes and wishes in respect of the safeguarding concern, what do they want to happen, and what support do they want to stop the abuse and how to keep themselves safe. This includes gaining consent from the adult in reporting this to the Local Authority. ([Making Safeguarding Personal](#)).

Reporting a safeguarding concern without consent of the adult

If an adult refuses consent to report the concern to the Local Authority this must be respected however there are times when this has to be overridden:

- When the concern is about the actions of a staff member; this means other adults could be at risk
- When a serious crime has been committed
- When the allegation is about serious physical abuse or sexual abuse
- When we know other vulnerable adults and children could be at risk of harm from the person who is alleged to have caused harm.

Reporting a safeguarding concern for an adult that lacks capacity to consent / would have difficulty contributing to the safeguarding process

We have the duty of care to act in the best interests of any adult that lacks capacity to consent to a safeguarding concern being reported. Where we have reasonable cause to believe that the adult is being or is at risk of abuse then we must report this to the Local Authority in accordance with LA Multi-Agency Safeguarding Adults Procedures.

2.3.7. The Local Authority will need to be made aware if the adult lacks capacity or will have 'substantial difficulty' in being involved in the process, and they have no one other than those acting in a professional capacity to support them, so they can consider if there is a 'particular benefit' to providing them with an independent advocate.

Managing allegations against staff, considering suspension or redeployment

In accordance with Saludem's Disciplinary Procedure and Suspension Procedure, all safeguarding concerns in which a Saludem employee is alleged to have caused harm must be referred to and discussed with a Human Resources Manager or Consultant. A decision must be made as to whether

suspension without prejudice is required in order to safeguard the adult at risk and other adults from risk of harm. It may be appropriate to redeploy an employee if this measure eliminates risk.

At the point of suspension the employee can be informed in broad terms and what the nature of the concern is, but not specific details. This is particularly important if the allegations are a possible crime, which may lead to a full police investigation. (See separate guidance on the '[Assessment of the Need for Suspension](#)', and Salutes's Disciplinary Procedure and Suspension Procedure for guidelines on how to support staff)

Notifications to regulators

Any allegation of abuse that occurs in an adult and domiciliary regulated care setting must be notified in England to CQC in accordance with Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The CQC notification can be completed on C360.

In Wales Regulation 33(1) the Children's Homes (Wales) Regulation 2002 and Schedule 6 'Matters to be monitored and reviewed by the Registered Person, need to be reported to CIW.'

Who else needs to be notified?

- **The placing authority**, if different to the host authority will also need to be notified of the concern, and of the actions that have been taken.
- The relevant **Clinical Commissioning Group** will need to be notified if Health funds the adult at risk's placement.
- **Deputies under Court of Protection / Person with lasting power of attorney**- Where a person is identified as a Deputy for Health and Welfare under Court of Protection, or having lasting power of attorney for Health and Welfare (or Finances in cases of alleged financial abuse) in accordance with Mental Capacity Act then this person must be informed of the concern. The LA will then ensure that this person is consulted and involved in the process, on behalf of the adult.
- **The adult at risk's circle of support / informal network**- The adult may express a wish for people important to them, e.g. friends, relatives, other key professionals, to be notified of the concern. This wish should be respected and support given where appropriate. If an adult does not have capacity to consent or be involved in the process then a best interest decision needs to be made on who else should be notified of the concern.

When a concern is a whole-service concern (an allegation of organisational abuse)

Before a whole-service concern is reported to the Local Authority all relevant Senior and Executive Managers need to be made fully aware of the concern and that there is a need to report externally to the relevant Local Authority.

Providing support and keeping the adult central to the process

In the event that an adult has or has not consented to the concern being reported with the Local Authority, it is important that, unless by doing so causes distress, it is explained to the adult what actions have been taken so far. The adult should be advised who they can approach if they have a question or need some form of support.

Step 3: The Local Authority Response (for Service Managers)

There is likely to be four possible responses from the Local Authority once a referral has been made:

'No Action'

Once the Local Authority have undertaken their initial inquiries the Local Authority will feedback how they are going to respond to the concerns. If it is confirmed that there is no further action, then at this point, the referral can be closed. However, an internal investigation may still take place if internal management feel that there is a justified need.

'Issue resolved during initial enquiries'

This refers to those circumstances where there is or has been an issue of abuse or neglect, however no further inquiries are needed to respond to the concerns and no further safeguarding actions are required to safeguard the individual or others. At this stage the Local Authority has satisfied itself that all the necessary safeguards have been or are being put in place

'Risk Management Response'

The Local Authority may decide during its initial enquiries that a risk management response is required. A risk management response is when there is no need for a formal inquiry into the safeguarding concern, but where there are actions needed to safeguard an adult or adults from abuse or neglect. A risk management response is the term used to reflect a broad range of different actions and approaches that may be used to respond to the risk of abuse or neglect.

There is no prescribed list of these actions, they may include:

- Assessment of care and support
- Carers assessment
- Unscheduled review of care and support
- Review of support plan
- Mediation
- Multi-agency risk assessment
- Multi-agency behaviour management plan
- Contracts Enforcement Actions
- Regulatory Action
- Service Quality Assurance actions and processes

The Local Authority will advise on what actions are required and the Service Management are responsible for ensuring that this are updated on our reporting system and executed.

The actions required should reflect the desired outcomes of the adult at risk and be proportionate to the assessed risk to the individual and/or others. The approach taken must respond to the individual needs and circumstances of the adult at risk, alongside any service wide actions.

The Local Authority must be kept informed of progress, and along with key people in Salutem. The Local Authority may wish to convene a review / series of reviews to establish whether appropriate actions have been taken, and that these continue to safeguard the person and any other people that could be at risk.

Once the Local Authority has satisfied itself that all the necessary safeguards have been or are being put in place, and that there is no further risk of harm, and that the adult's wishes and desired outcomes have been addressed the Local Authority will close the case. Service Management are responsible for ensuring that this outcome is recorded on the adult's confidential file, with the detail of when, and who, including their professional title, has advised this. Wherever possible, this confirmation should be obtained in writing.

The adult should be consulted to make sure they are fully aware of this outcome and that they are satisfied with this, or if there are any outstanding wishes or desired outcomes to be met

If the Local Authority are **not** satisfied that there is no longer risk of harm and choose not to close the case, then it is possible that the case will move to Section 42 Formal Enquiries.

When a LA does not have a risk management response to safeguarding?

Some Local Authority procedures may not include a risk management response as part of their safeguarding adults procedure. If this is the case, where key managers believe that abuse has occurred, then this procedure will still be followed internally and the case will remain open until all appropriate actions have been taken.

Section 42 Formal Enquiry

During Initial Enquiries the Local Authority will decide if a formal enquiry is necessary in order to establish fact and gather evidence; to be able to identify and / or provide a basis for the safeguarding actions required. The objectives of a formal enquiry into abuse or neglect are to:

- Establish the facts
- Ascertain the adult's views and wishes
- Assess the needs of the adult for protection, support and redress and how they might be met
- Protect from the abuse and neglect, in accordance with the wishes of the adult
- Make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect
- Enable the adult to achieve resolution and recover

When would a Formal Enquiry be appropriate?

A Formal Enquiry is the most likely course of action, but not limited to, the following circumstances:

- Organisational abuse
- Concerns about the safety of a service
- Allegations of abuse or neglect in relation to a 'person in position of trust'
- Where formal or legal actions could be taken in relation to the person alleged to have caused harm

Step 4: Case Closure (for Service Managers)

This end process can happen at any point during the safeguarding process and can be dictated by the wishes and desired outcomes of the adult. At any point during the process it may be decided there is no longer risk of harm or that risk has been appropriately assessed and managed, or, in cases where the allegation is not about a person in a position of trust the adult may have reasons to want the formal enquiry to discontinue.

Where an adult at risk has suffered harm and abuse, before a case is considered for closure service management must liaise with the Local Authority in identifying ways to help the adult recover and develop resilience. This could be via the individual support plan, or local organisations and support networks.

Once Service Management have confidently established from the Local Authority that they are fully satisfied that all necessary actions have been taken, and that the adult's desired outcomes have been met then the case can be moved to closure.

Service Management must aim to get the Local Authority to confirm closure of case in writing. If not, then a detailed record must be made of who was spoken with, including their professional title, when and exactly what was advised. Service Management must ensure that all documentation relevant to the case, including regulatory notification form, LA referral form (for reporting the concern), meeting minute records, terms of reference, investigation report and completed action plan has been collated and confidentiality saved in the adult's electronic confidential file.

Closure discussion

In cases where the safeguarding response has ended at the Initial Enquiry stage or when Risk Management has occurred the case can be closed by completing 'Closure' step of the reporting system's safeguarding incident report. Actions will need to be evidenced along with outcomes that were achieved.

When the safeguarding response has been considered complex or when a Section 42 enquiry has been required, a teleconference may need to take place with all key people involved e.g. Regional Director, HR Consultant, Quality Manager, Investigating Officer. The Closure Discussion will address the following (but is not limited to):

- Has the adult received feedback and their wishes and desired outcomes been met?
- If not, why not and what further actions are necessary to achieve this?
- If a staff member has been dismissed as a result of the concern, has a DBS referral been completed?
- If measures have been recommended against the staff member, have those measures been put in place?
- Has the action plan into service improvements been completed?
- If not, what is outstanding and how will these improvements be achieved?
- Are there any further risks to the adult at risk and to other adults?
- If so, what further actions are required?

Once this discussion has taken place and all people involved in the Closure Discussion are satisfied that the concern has been appropriately dealt with, the c360 closure section can be completed, summarising the discussion and recording outcomes.

Progress Reports for ongoing open referrals

For an ongoing open referral or a case where there are delays e.g. there has been a criminal investigation and the case is now waiting to go to court or where a disciplinary hearing has resulted in an ongoing appeal situation, it is imperative that the Service Management keeps all other key people informed of any developments, and reasons for any delay in progress. Regular case discussion should take place and where there is little progress monthly case discussion is the required minimum between the local Service Management and the Regional Director. This discussion should include, but not be limited to what actions are outstanding, is the adult at risk aware of the delay, and in the meantime, have any desired outcomes for the adult at risk been achieved?

When a concern has media interest/reputational risk or financial risk

The [protocol for the escalation of serious incidents](#) must be followed in all cases where there is media interest / reputational risk and financial risk.

3. Safeguarding Guidance

- 3.1 Categories of Abuse Sign and Indicators Guidance - [Link](#)
- 3.2 Making Safeguarding Personal - [Link](#)
- 3.3 Responding to an Adult at Risk who is making a Disclosure Guidance - [Link](#)
- 3.4 What is Information Gathering Guidance - [Link](#)
- 3.5 Preserving and Protecting Evidence - [Link](#)
- 3.6 Guidance on Responding to Self-Neglect - [Link](#)
- 3.7 Guidelines on E-Safety - [Link](#)
- 3.8 Preventing Extremism and Radicalisation - [Link](#)
- 3.9 Prevention in Safeguarding
- 3.10 Information sharing in safeguarding
- 3.11 Writing a record and record keeping - [Link](#)
- 3.12 Assessment of the Need for Suspension - [Link](#)
- 3.13 Disciplinary Procedure and Suspension - [Link](#)
- 3.14 Safeguarding and the Law Guidance - [Link](#)
- 3.15 Wales specific Safeguarding - [Law](#)
- 3.16 Salutem Safeguarding Competency Framework (DSO) - [Link](#)
- 3.17 Code of Conduct - [Link](#)
- 3.18 Professional Boundaries - [Link](#)
- 3.19 Disclosure and Barring Service Policy and Positive DBS Process - [Link](#)

References

- Care Act 2014-Statutory Guidance
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006
- Deprivation of Liberty Safeguards
- Disclosure and Barring Service 2013
- Making Safeguarding Personal Guide 2014

- Social Service and Wellbeing Act 2014

2 Version Control

This is a controlled document. As a controlled document, any printed copies of this document, or saved onto local or network drives should be actively monitored to ensure the latest version is always available.

| Version Number | Date | Status | Changes |
|-----------------------|---------------|-----------------|--|
| V1.0 | February 2019 | Final | New policy |
| V1.0 | February 2020 | Reviewed | |
| V2.0 | January 2021 | Updated Version | Brought Policy, Procedure and Guides together and added Code of Conduct, Professional Boundaries, DBS and Competency Framework |
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