North Somerset Safeguarding Adults Board

Service Level Safeguarding Protocol

NSSAB

This is an approved North Somerset Safeguarding Adults Board document and should not be edited in any way

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Key Messages

1. Services should view service level safeguarding as a process that is engaged in together in partnership.

2. North Somerset Safeguarding Adults Board takes a broad view of relevant services for the purpose of this protocol including those that provide care, support or accommodation to adults who may be considered ‘at risk’.

3. Practitioners should be most concerned when problems are identified across a range of domains of care or service provision.

4. The council and its partners will look beyond single incidents to identify patterns or early indicators of risk.

5. Service level safeguarding responses will be proportionate to the level of risk identified.

Key terms and abbreviations

Care Act 2014	The Care Act 2014 sets out in one place local authorities' duties in relation to assessing people's needs and their eligibility for publicly funded care and support including local authorities' safeguarding adults duties. It sets out a clear legal framework for how local authorities and other parts of the health and social care system should protect adults at risk of abuse or neglect.
Care Quality Commission (CQC)	Care Quality Commission responsible for the regulation of services who provide 'regulated services' as defined in the Health & Social Care Act 2008.
Clinical Commissioning Group (CCG)	Local clinical commissioning groups responsible for the commissioning of health services both to communities and individuals. The local CCG in North Somerset covers the Bristol, North Somerset and South Gloucester (BNSSG).
Commissioner(s)	Commissioners are those organisations that purchase relevant services. It is a term used to cover health and social care commissioning within North Somerset and nationally. It also relates to 'commissioning teams' as those who are responsible for arranging individual placements.
Concern	This term is used to describe all occasions when the council are contacted because there is a concern that an adult may be at risk. This is called a 'safeguarding adults concern'.
Contract Compliance Team	North Somerset Council team responsible for Providers compliance with contractual obligations.

Contracts & Commissioning	North Somerset Council team responsible for commissioning care services and ensuring compliance with contractual obligations.
Customer	This term is used throughout this document in place of ‘resident’, ‘service user’, ‘patient’, ‘tenant’.
Deprivation of Liberty (DoLS) Liberty Protection Safeguards (LPS)	DoLS ensures people who cannot consent to their care arrangements in a care home or hospital are protected if those arrangements deprive them of their liberty. Arrangements are assessed to check they are necessary and in the person's best interests. LPS replaces the Deprivation of Liberty Safeguards (DoLS) with a scheme known as the Liberty Protection Safeguards in 2022.
Enquiry	S.42 of the Care Act places a duty upon local authorities to undertake enquiries when an adult in its area; a) has care and support needs b) is experiencing or at risk of the experience of abuse or neglect and c) is unable to protect themselves. The purpose of a safeguarding adults enquiry is to decide whether or not the council or another organisation, or person, should do something to help and protect the adult(s).
Local Authority/ the council	This document uses the term ‘the council’ to describe North Somerset Council. When quoting from national guidance the term ‘local authority’ is used.
Mental Capacity Act 2005 (MCA)	Sets out a framework for: 1. assessing the decision-making capacity of adults with an impairment of the mind or brain and

	2. ensuring that decisions about or on behalf of a person who lacks capacity are made in the person's best interests.
Provider/Service/Organisation	These terms describe the organisations that provide care, accommodation or support. This protocol uses the term 'service' in this context.
RAP Meeting (Risk Assessment and Planning Meeting)	Meetings convened by the council for the purpose of assessing risk and planning further action in response to service level safeguarding concerns.
Statutory Guidance (The Guidance)	The Care and Support Statutory Guidance in support of the Care Act 2015, last updated June 2020.

Purpose

This protocol is intended to supplement the Joint Multi Agency Safeguarding Adults Policy and North Somerset Safeguarding Adults Multi-Agency Procedures. They outline the multi-agency response when concerns are raised about a service.

The protocol has been reviewed during the covid-19 pandemic which has resulted in a situation of constant change in terms of evolving government guidance around care home and hospital visits and social distancing. While the protocol continues to focus on how agencies will work once restrictions are lifted, safeguarding partners are currently only undertaking essential visits to care services subject to risk assessments. Therefore there is a much greater reliance on remote work and monitoring at this time.

When does this protocol apply?

Examples of when this protocol can apply are:

- A safeguarding concern about the care or support provided by a service to one individual gives rise to concerns that other adults may have been abused or be at risk of abuse
- A whistleblowing referral has been made giving rise to service level safeguarding concerns
- A number of concerns about a provider have been reported via the monitoring systems set up by the council or the commissioning Clinical Commissioning Group (CCG)
- A concern about a service has been raised by CQC Liaison or QSG processes
- A CQC inspection identifies significant concerns about a service
- Partner agencies may raise multiple or repeated concerns about a service

This list is not exhaustive.

Who does this protocol apply to?

Services that this protocol applies to include but are not limited to those who provide regulated services under the Health and Social Care Act 2008. It applies to any company, charity, community interest company or sole trader involved in the provision of care, support or accommodation services to adults with care and support needs.

The nature of these services is wide ranging with each considered equal, consequently this list should not be considered exhaustive. By way of examples, they may be:

- Health Care Providers, Acute Trusts and Community Providers
- Housing Providers
- Support Providers
- Voluntary and charitable organisations
- Regulated Care Providers
- Sole traders

Definition and local terminology

North Somerset Safeguarding Adults Board uses the term ‘Service Level Safeguarding’ to describe responses to concerns around what the Care Act 2014 defines as ‘organisational abuse’. The board believe that the notion of ‘service level safeguarding’ encompasses the partnership approach that is expected when responding to concerns associated with a service as a whole.

The Care and Support Statutory Guidance (DoH:2020) defines organisational abuse as follows:

> *“…neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.”*

The Care Act differentiates between isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems and this can constitute organisational abuse (Appendix 1).

Organisational abuse refers to those incidents that derive to a significant extent from a service’s practice and culture (particularly reflected in the behaviour and attitudes of managers and staff), policies and procedures. NICE (2021:P.50) state that:

> **“***Organisational abuse (also known as institutional abuse) is distinct from other forms of abuse or neglect, because it is not directly caused by individual action or inaction. Instead, it is a cumulative consequence of how services are managed, led and funded. Some aspects of organisational abuse may be hidden (closed cultures), and staff may act differently when visitors are there (disguised compliance). Organisational abuse can affect one person or many residents.”*

However, not all abuse that occurs within services will be organisational; some incidents between customers or actions by individual members of staff may occur without any failings on the part of the service.

North Somerset Safeguarding Adults Board expect that services working with adults with care and support needs will work in partnership with the council and other partner agencies to ensure that people who may be at risk of abuse or neglect are enabled to live as safely and independently as possible, making their own decisions and taking control of their own lives. Such services must understand this duty and take action to ensure their role in this is fulfilled. This will involve internal quality assurance processes, self-disclosure and self-critique.

Both the Care Act Care and Support Statutory Guidance, and North Somerset Safeguarding Adults Board recognise that abuse or neglect may be unintentional and do not automatically equate to blame, fault, incompetence or malevolence. In this context, organisations should view the service level safeguarding process as something that is engaged in together, in partnership and not something that they are subjected to.

The Six Principles of Safeguarding Adults

NICE states that:

> *"Any actions taken in relation to a safeguarding concern should be based on the 6 principles set out in the Care Act statutory guidance. These principles should be known and understood by everyone working in care homes and should be part of their everyday practice."* NICE: 2021

The board works to the six principles of adult safeguarding and expects the same of partner and provider organisations:

- Protection
- Prevention
- Partnership
- Accountability

- Empowerment
- Proportionality

Indicators of potential service level concerns

NICE (2021) differentiate between '**considering**' a safeguarding concern and '**suspecting**' a safeguarding concern:

- To '**consider**' a safeguarding concern means that there may be explanations other than abuse that should be considered alongside the concern so further information gathering may be required.

- To '**suspect**' a safeguarding concern is a more serious matter which requires immediate action to ensure adults at risk are protected and for a safeguarding concern to be raised with the local authority.

Whilst no one indicator is considered to be more significant than another, research from Hull University (2013) found that problems do not occur in isolation. Practitioners should move from **'considering'** to **'suspecting'** abuse when repeated concerns are noted or concerns across a range of the *'consider'* indicators below are identified. If there are multiple indicators, and at least one is a *'suspect'* indicator, practitioners should *suspect* abuse or neglect. All safeguarding enquiries will need to consider whether the alleged abuse indicates that other adults could be at risk.

Table 1: When to *consider* organisational abuse (examples only)

Lack of safeguarding policy, procedure, accountability or governance	Consider organisational abuse when: • safeguarding leadership or governance arrangements are unclear (for example, there is no registered manager or delegated safeguarding lead)

	• managers rarely or never observe their staff at work, or are rarely or never available to speak to customers (or their families and carers), staff, or other professionals
	• managers are overly controlling, constantly interfere when staff are working, and stop staff from trying to improve customer safety or care
	• the care service does not have policies and procedures covering:
	    ○ safeguarding
	    ○ whistleblowing
	    ○ complaints
	• the service has policies and procedures covering safeguarding, whistleblowing and complaints, but does not use them
	• the service's policy and procedure on safeguarding is inconsistent with the Care Act 2014 or this guideline
	• customers, visitors, staff and other people working in or for services do not have access to policies and procedures covering safeguarding, whistleblowing and complaints
	• the service enforces blanket procedures and decisions, regardless of customers' individual needs, wishes and circumstances and which generally conflict with safeguarding policies and procedures
	• the service does not explain the concepts of safeguarding, abuse and neglect to customers the service does not explain the concepts of safeguarding, abuse and neglect to customers
	• customers are not involved in how a care home is run.

Not meeting contractual or regulatory requirements	Consider organisational abuse when services: • do not meet contractual safeguarding requirements

	• do not meet national regulations, including the fundamental standards of quality and safety monitored by the Care Quality Commission • fail to improve or respond to actions or recommendations arising from inspections or audits by professionals, commissioners and regulators (for example clinical commissioning groups, local authorities, the Care Quality Commission and Healthwatch) • fail to sustain improvements • do not monitor the quality of their care using the Care Quality Commission's key lines of enquiry and prompts to ensure that the service is safe, effective, caring, responsive and well led.
Mismanagement of safeguarding concerns and poor record-keeping	Consider organisational abuse when: • safeguarding issues are not always reported • no audits or actions are taken after a disclosure • there is no clear safeguarding policy or information about how to raise a safeguarding concern • serious incidents are not reported (for example, unexplained deaths, serious fires, or infectious disease outbreaks) • there is a lack of safeguarding concerns recorded or referrals made • the service has poor or outdated records • there are inconsistent patterns of safeguarding concerns logged (for example, if all concerns originate from 1 member of staff, then other staff may not be taking enough responsibility for safeguarding) • safeguarding concerns have been reported via complaints procedures rather than through safeguarding procedures

	• the service does not comply with Mental Capacity Act requirements on deprivation of liberty and liberty protection safeguards (when enacted).
Staffing	Consider organisational abuse when: • the service does not have clear, safe recruitment processes (including reference checks and enhanced Disclosure and Barring Service checks) • staff are not properly supervised and supported, or there is no documentation that this is happening • there is no evidence that safeguarding training or induction is taking place • there are high rates of staff absence • staff work excessive hours without enough breaks • staff are working under poor conditions • there is high staff turnover and high dependency on contract or temporary staff.

Quality of care and service provision	Consider organisational abuse when:
	• there is evidence of poor medicines management (for example, excessive use of 'as needed' medicines)
	• restrictive practice is used:
	  ○ customers are prevented from moving around the home freely or independently
	  ○ staff teams have inflexible and non-negotiable routines that do not take account of what individual customers want or need
	  ○ staff do not help customers live as independently as they can
	• meaningful and structured activities for customers are not available or accessible

	• behaviours of concern are mismanaged (for example, overuse of restrictive practices, including misuse of medication) • care and support plans are changed suddenly, without discussion with customers or others involved with their care • customers do not receive person-centred care, for example care is focused on completing tasks and ignores individual circumstances and preferences (including cultural preferences) • staff routinely make assumptions about customers or their needs, and miss hidden needs or disabilities • staff do not respond to requests from customers, or interfere with customers' preferences and choices • customers are reluctant to ask for changes or to make complaints • certain customers routinely receive preferential treatment over others • there are general inconsistencies in the standard of service provision.
Failure to refer for appropriate care or support	Consider organisational abuse when: • customers miss appointments or are not referred to other professionals or services (such as GPs or dentists) • people who require independent advocacy are denied access to it.

Financial mismanagement and lack of investment	Consider organisational abuse when:
	• there are not enough staff on each shift to meet the needs of customers
	• there are problems with the service's equipment:
	    o it does not meet the needs of customers
	    o it is poorly maintained

	◦ there is not enough equipment for all customers • the service admits or accepts referrals for customers that staff do not have the skills to care for • there is a lack of investment in the service compared with the fees it charges • resources (such as one-to-one support) for customers with assessed needs are not provided, despite funding being allocated for this • customers' money is not adequately protected (for example, they do not have personal allowances).
Physical signs and lack of openness to visitors	Consider organisational abuse when: • the environment is dirty or smelly, or is not compliant with basic infection control (for more information about infection control see the NICE quick guide on helping to prevent infection) • call bells have been removed or deactivated, or are routinely overused • there is a lack of engagement with visitors, or places in a care home that visitors are not allowed to see • the service discourages visitors without justification • there is a lack of engagement with the organisation the service is part of.

Table 2: When to *suspect* organisational abuse or neglect (examples only)

Suspect organisational abuse when:	• incidents of abuse or neglect are not reported, or there is evidence of incidents being deliberately not reported • there is evidence of redacted, falsified, missing or incomplete records • there have been multiple hospital admissions of customers, resulting in safeguarding enquiries

	• there are repeated cases of customers not having access to nursing, medical or dental care • there is frequent, unexplained deterioration in customers' health and wellbeing • customers' money is being misused by the service (for example, to purchase gifts for staff or other customers without permission) • there is a sudden increase in safeguarding concerns in which abuse or neglect has been identified • customers are repeatedly evicted or threatened with eviction after making complaints • repeated instances of customers, families and carers feeling victimised if they raise safeguarding concerns • the service fails to improve or respond to actions or recommendations in local inspections or audit frameworks from clinical commissioning groups or the local authority, or reviews and inspections by the Care Quality Commission or Healthwatch, **and** deteriorates over time.

The following themes have been identified in service level investigations locally:

- A history of concerns that may not have been previously connected to a wider view of the care service/setting
- Poor standards of care
- Rigid routines
- Inadequate staffing
- Poor supervision and training of staff
- Lack of engagement from managers, providers or responsible individuals
- Failure to provide the level of care being commissioned (i.e. 1:1 care or support to access the community)
- Poor recording in care plans, incident logs
- Culture and behaviours suggesting a lack of transparency and openness
- Failure to learn from previous incidents.
- Use of inappropriate language in person or documentation
- Individual safeguarding concerns associated with senior/role model staff
- Lack of reviews from commissioners
- Failure to listen to customers and families

Responding to a service level concern

NICE (2021: Para 1.3.14) state:

> *"Local health, social care and other practitioners working with care homes should use a multi-agency approach to safeguarding, bringing together a wide range of skills and expertise to keep residents safe."*

Where service level concerns have been raised the council will arrange a review of the information and evaluate the evidence, taking into account the guidance above and gathering information from partner agencies including for example:

- The previous safeguarding history of the provider (including other services/institutions run by the provider)
- CQC – previous and current status of the institution/provider
- Compliance rating and history

- Feedback from council contract monitoring or compliance visits and other intelligence from the council's Contracts and Commissioning team
- Feedback from other commissioners for example, CCG or out of area commissioners
- Police – past or current concerns
- NHS – Health Professionals who may visit e.g., GPs, district nursing, dieticians, ambulance services, etc. Enquiries may include the history and pattern of referrals to secondary care of emergency department attendances.
- Practitioner views – any concerns arising from reviews etc.

The review and evaluation process will be proportionate to the concerns raised. It may be a 'desktop exercise' or a multi-agency risk assessment and planning meeting at the discretion of the council.

The outcome of the review and how it has been reached will be recorded including, where safeguarding is not to proceed, how issues arising are to be followed up.

Alternatives to a service level safeguarding enquiry may be:

- Monitoring by partner agencies e.g. social care teams or community health
- AMHP/ BIA observations
- Series of risk assessment and planning (RAP) meetings
- CQC Intervention
- Data monitoring by the council
- Compliance visits
- Contract reviews
- Placement reviews
- Named safeguarding officer appointed to deal with all individual concerns
- Improvement plan from the service

Duty to enquire

The duty to undertake safeguarding (S.42(2)) enquiries is defined in the Care Act 2014 S.42(1). It places a duty upon local authorities to undertake whatever enquiries it deems necessary when the statutory criteria are met, i.e.:

> *"…where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):*
>
> > *(a) has needs for care and support (whether or not the authority is meeting any of those needs),*
> > *(b) is experiencing, or is at risk of, abuse or neglect, and*
> > *(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it."*

The Care Act Care and Support Statutory Guidance makes clear that local authorities should not limit their view of what constitutes abuse or neglect and provides a non-exhaustive list ranging from physical and financial abuse to poor professional practice as a result of the structure, policies, processes and practices within an organisation to ignoring medical needs or failing to provide access to appropriate health or support services.

The Guidance at Para:14.18 requires professionals to look beyond single incidents stating that, *"repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse".*

Risk assessment and planning (RAP) meetings

A risk assessment and planning (RAP) meeting is a multi-agency meeting convened by the council in response to service level concerns.
The aim of a risk assessment and planning meeting is to ensure frank information sharing across multiple agencies in order to assess risk, consider involvement of the provider and plan further intervention, including the decision as to whether or not to open a service level safeguarding enquiry. This may be a one-off event or a series of meetings.

RAP meetings are an essential tool in supporting partnership working, prevention of abuse and neglect, accountability, information sharing and proportionality of response.

RAP meetings will often take place in preparation for service level safeguarding meetings; these may be separate to the safeguarding meeting or as 'part one' of the service level safeguarding meeting agenda.

The council aim to be open and fair in all their operations however, in consultation with multi-agency partners they will decide when it is appropriate and proportionate to involve the provider, including whether to inform them that a risk assessment and planning meeting has or will be held. A RAP meeting without provider presence should be considered on every occasion therefore the service must not expect to be party to all meetings held under this protocol. Attendees should be aware that minutes of RAP meetings could be shared with the service if they so request. (wording? The provider is entitled to see the minutes – shall we check this with Mike?)

If there is a service level safeguarding concern a risk assessment should be completed.

Risk Assessment

For the purposes of service level safeguarding decision-making the following risk assessment will be used to support the application of the statutory criteria.

The risk assessment should consider both the likelihood of harm/ abuse *and* the potential impact on people using the service (see Appendix 2).

Table 3: Risk Assessment matrix

	Impact		
Likelihood	**Low**	**Medium**	**High**
Unlikely	Minor	Minor	Moderate
Possible	Minor	Moderate	Major
Almost Certain	Moderate	Major	Major
Persistent	Major	Persisting Major	Persisting Major

Minor

People are generally safe but shortfalls in quality of provision mean that outcomes may not be achieved and that people using the service are potentially at risk if service provision deteriorates further.

Moderate

People remain generally safe but there are specific risks to health and wellbeing. For example:

- There is inconsistency in care given to more than one person and the service's ability to meet complex needs is questionable.
- Appropriate policies and procedures are in place and known to most staff but they are not consistently applied to ensure the prevention of abuse
- Most staff have received training but it is not up to date, comprehensive or reliably put into practice
- Concerns about financial mismanagement

Major

The number and/ or seriousness of the concern(s) indicate that people are not protected against unsafe or inappropriate care. For example:

- An absence of staff training and / or knowledge of appropriate policy and procedure.
- Managerial failure to investigate concerns indicate that processes and actions that would serve to prevent abuse are not embedded with the provider / service
- Non-compliance with both CQC and contract compliance with evidence that people using the service face a high likelihood of harm
- Evidence of financial mismanagement, particularly involving customer's finances and affecting multiple individuals

Persisting major

- Despite intervention this provider persistently fails to improve, or improvements are not sustained leading to persisting serious concerns.
- Includes persistent non-compliance with contract compliance and CQC requirements with evidence that people using the service have come to harm

- Resultant loss of confidence in the provider and their ability to keep people using their service safe
- Evidence of financial mismanagement (particularly of customer's finances) and a lack of engagement from the service in addressing the issue

Service level responses

The responses detailed below are suggested actions according to the outcome of the risk assessment (see Appendix 2).

NICE: 2021 state:

> *"There is no one size fits all approach for managing and responding to organisational abuse. This is because of the huge range of actions and inactions that may contribute to organisational abuse, at all managerial and financial levels within organisations. Organisational abuse can also be caused by a single act of neglect or omission."*

Level of concern	**Minor**
Example circumstances	Provider has a history of recent difficulties (poor care / complaints) or An individual safeguarding alert may indicate a wider concern around care provision within the service. Or Whilst unlikely, there would be a medium impact on people if concerns applied widely across the service or The manager is complacent / not proactive in identifying issues and working to ensure preventions
Safeguarding Adults actions	Individual safeguarding meeting; consider partners: health commissioners and providers, CQC Outcomes and action plan may lead to service level safeguarding meeting being called or provide evidence to be incorporated into service level safeguarding meeting

	RAP meetings may be appropriate
North Somerset Contract Compliance Team Actions	Monitor feedback from individual enquiries and poor practice notifications. May seek assurance/evidence from provider around specific issues; this may involve visits Consider what practical support may be required from the council to enable service improvement
North Somerset Contracts & Commissioning Team actions	May seek assurance/evidence from provider around specific issues; this may involve visits Consider what practical support may be required from the council to enable service improvements
Commissioners Actions (E.g. Health, Adult Social Care Teams and Other local authorities)	Feed quality and performance concerns to NSC via monitoring forms and raise safeguarding concerns via care connect
Communications	SA Team will consider if correspondence with the provider at a ‘service level’ is appropriate or not at this stage.

Level of concern	**Moderate**
Example circumstances	A number of safeguarding alerts Or Multiple low impact service shortfalls are almost certainly taking place and medium impact shortfalls are possible Or There is a failure at a systems level to deliver customers outcomes across a range of needs with a low level harm resulting Or The manager/provider/ nominated individual is failing to identify and act on concerns
Safeguarding adults actions	RAP meetings may be held if appropriate and proportionate Work with the provider to develop improvement plan Monitor progress to inform further safeguarding decisions Monitor safeguarding activity Multi-agency consideration of a ‘place with caution’ status or; Provider places voluntary restrictions on placements Proposals for placing restrictions on placements will be subject to ratification by the director of adult social services either via email or ‘extraordinary’ meetings when proportionate to the concern.
North Somerset Contract Compliance Team Actions	Compliance visits Work with provider to develop and monitor improvement plan Consider what practical support may be required from the council to enable service improvements
North Somerset Contracts & Commissioning Team Actions	Work with provider to develop and monitor improvement plan Consider what practical support may be required from the council to enable service improvements
Commissioners Actions (E.g. Health, Adult Social Care	Commissioners consider placement reviews Feed quality and performance concerns to NSC via monitoring forms and raise safeguarding concerns via care connect

Teams and Other local authorities)			
Communications	Action	Responsibility	Timescale
	Confirm placement status with the provider in writing	Compliance	Within two working days of decision
	Inform brokerage of any change in placement status	Compliance	Within one working day of decision
	The council will ensure other commissioning authorities are informed if considered appropriate and proportionate	Compliance / service (The council will assure itself that this is appropriately completed through working in partnership with services)	Within 5 working days of decision
	Inform health commissioners if appropriate and proportionate	CCG/Host commissioner/Compliance The local CCG has a host commissioner role in specific circumstances which carry a responsibility to share information with other health commissioners. This will be established on a case by case basis.	Within 5 working days of decision
	Inform council service leaders for relevant service areas	Safeguarding team	Within one working day of decision
	Add to CQC Liaison agenda	Safeguarding team	

<table>
<tr><td>Level of concern</td><td colspan="3">Major</td></tr>
<tr><td>Example circumstances</td><td colspan="3">Abuse / neglect or the risk thereof is evident
Safeguarding Team/ Commissioners lack confidence in manager/provider/nominated individual to deliver appropriate care and prevent abuse</td></tr>
<tr><td>Safeguarding adults actions</td><td colspan="3">Service level safeguarding enquiry opened and meeting held

May hold a series of RAP meetings

Improvement plan required from the service

A lead worker will be established to oversee the service level enquiry

Safeguarding plan developed at safeguarding meeting and distributed to stakeholders within 48 hours

All safeguarding concerns directed through the safeguarding adults team

Consider request for review of all users of the service

Initiate multi-agency review of placement status through safeguarding meetings. Outcomes may include ‘Place with caution’ status, voluntary suspension imposed by the provider or a formal placement suspension.

Proposals for placing restrictions on placements will be subject to ratification by the director of adult social services either via email or ‘extraordinary’ meetings when proportionate to the concern.</td></tr>
<tr><td>North Somerset Contract Compliance Team Actions</td><td colspan="3">Contract Compliance engage with provider prior to meetings and subsequently
Offer of appropriate and necessary practical support from the council to enable service improvements</td></tr>
<tr><td>North Somerset Contracts & Commissioning Team Actions</td><td colspan="3">Consider invoking contract clauses such as defaults or breach notification
Review continued contracting arrangements
Offer of appropriate and necessary practical support from the council to enable service improvements</td></tr>
<tr><td>Commissioners Actions (E.g. Health, Adult Social Care Teams and Other local authorities)</td><td colspan="3">Consider placement reviews

Feed quality and performance concerns to NSC via monitoring forms and raise safeguarding concerns via care connect</td></tr>
<tr><td>Communications</td><td>Action</td><td>Responsibility</td><td>Timescale</td></tr>
</table>

	Inform provider of placement status in writing	Compliance	Within two working days of decision
	Inform brokerage of any change in placement status	Compliance	Within one working day of decision
	The council will ensure other commissioning authorities are informed if considered appropriate and proportionate	Compliance / service (The council will assure itself that this is appropriately completed through working in partnership with services)	Within 5 working days of decision
	Inform health commissioners if appropriate and proportionate	CCG/Host commissioner/Compliance The local CCG has a host commissioner role in specific circumstances which carry a responsibility to share information with other health commissioners. This will be established on a case by case basis.	Within 5 working days of decision
	Inform Service leader for relevant service area	Safeguarding Team	Within one working day of decision
	Add to CCG Liaison agenda	Safeguarding team	
	Liaise with NSC Comms team	Safeguarding Adults Team/Contracts - decided on a case by case basis	Within two working days of decision

Level of concern	Persisting Major
Example circumstances	Loss of confidence in the service Series of action plans relating to safeguarding concerns over a period of time but improvements not sustained Customers are at constant risk Persistent non-compliance with contractual and CQC requirements with evidence that people using the service have come to harm

<table>
<tr><td>Safeguarding adults actions</td><td colspan="3">Service level safeguarding enquiry opened
Safeguarding meetings at 4 – 6 week intervals
Meetings attended by seniors form the service
Improvement Plan required from the service
Safeguarding plan developed at safeguarding meeting and distributed to stakeholders within 48 hours
Coordinate all individual enquiries
A lead worker will be established
Request reviews of all users of the service
Consider whether commissioners should remove people from the service
Suspension of new placements: Proposals for removing people or placing restrictions on placements will be subject to ratification by the director of adult social services either via email or ‘extraordinary’ meetings when proportionate to the concern.

If the concerns are of a very serious nature the Safeguarding Adults Manager will consult and reach agreement about a chairperson of appropriate seniority. When it becomes evident that the degree and severity of safeguarding concerns are of a very serious nature the council will initiate a strategic management group. (ADASS: 2016)</td></tr>
<tr><td>North Somerset Contract Compliance Team Actions</td><td colspan="3">Compliance officer engagement at frequent intervals
Offer of appropriate and necessary practical support from the council to enable service improvements</td></tr>
<tr><td>North Somerset Contracts & Commissioning Team Actions</td><td colspan="3">Consider invoking contract clauses
Review continued contracting arrangements
Offer of appropriate and necessary practical support from the council to enable service improvements</td></tr>
<tr><td>Commissioners Actions (E.g. Health, Adult Social Care Teams and Other local authorities)</td><td colspan="3">Reviews of placements</td></tr>
<tr><td rowspan="4">Communications</td><td><u>Action</u></td><td><u>Responsibility</u></td><td><u>Timescales</u></td></tr>
<tr><td>Inform provider of placement status in writing</td><td>Compliance</td><td>Within two working days of decision</td></tr>
<tr><td>Inform brokerage of any change in placement status</td><td>Compliance</td><td>Within one working day of decision</td></tr>
<tr><td>The council will ensure other commissioning</td><td>Compliance / service</td><td>Within 5 working</td></tr>
</table>

	authorities are informed if considered appropriate and proportionate	(The council will assure itself that this is appropriately completed through working in partnership with services)	days of decision
	Inform health commissioners if appropriate and proportionate	CCG/Host commissioner/Compliance The local CCG has a host commissioner role in specific circumstances which carry a responsibility to share information with other health commissioners. This will be established on a case by case basis.	Within 5 working days of decision
	Inform Service leader for relevant service area	Safeguarding Team	Within one working day of decision
	Add to CQC Liaison agenda	Safeguarding Adults Team	
	Inform service leader for relevant service area	Safeguarding Adults Team	
	Liaise with NSC Comms team	Safeguarding Adults Team/Contracts - decided on a case by case basis	Within two working days of decision

Very serious concerns

When it becomes evident that the degree and severity of safeguarding concerns are of a very serious nature the council will initiate a strategic management group. This group will invite placing authorities to identify the most appropriate senior manager to represent their organisation and take responsibility for any required actions, setting up a sequence of meetings to aid communication and wider strategic decision making.

Partnership Working

Responding to service level safeguarding concerns is likely to require a complex coordination of different organisations both for information and for direct involvement in the enquiry. Drawing upon the knowledge and expertise of Clinical Commissioning Group, CQC, Police and other partners will be an important early step in formulating an effective approach. It is important that everyone involved is aware of their respective roles and responsibilities and their duty to cooperate in the investigation.

When an investigation involves a number of people who have experienced abuse, or are at risk of abuse, the issues are often complex; involving standards of service as well as a series of individual investigations.

A service level enquiry may require a series of individual safeguarding adults enquiries to address allegations of abuse specific to each individual. Under the Care Act 2014, the council has lead responsibility for adult safeguarding enquiries however it can delegate responsibility for enquiries to appropriate agencies. In carrying out this responsibility the council will co-ordinate the overall investigation and ensure that all relevant agencies are involved.

In undertaking enquiries or causing others to do so the council, through a multi-agency approach, will decide which actions should be disclosed to the provider and which remain confidential such as undertaking unannounced visits, asking others to undertake unannounced visits or to increase 'routine' visits and provide feedback. These actions are essential in forming an understanding as to the level of risk in a service and will be considered in line with other matters such as the level of engagement and transparency from the provider.

The purpose of any safeguarding adults enquiry is to decide whether or not the council or another organisation, or person, should do something to help and protect the adult(s). If the council decides that another organisation should make the enquiry, for example a care provider, then the council should be clear about timescales, the need to know the outcomes of the enquiry and what action will follow if this is not done.

The Care and Support Statutory Guidance states that the local authority's duty to make whatever enquiries it sees fit remains regardless of any duty on an employer [service] to correct matters and protect adult(s) from harm. It also makes clear that local authorities must still satisfy themselves that an employer's [service's] response has been sufficient to deal with the safeguarding issue and, if not, to undertake its own enquiry and follow-up action.

Who Leads?

The council will lead service level enquiries within North Somerset. The Safeguarding Adults Manager or a delegated adult social care professional within the council will

chair all service level safeguarding meetings. Multi-agency knowledge, skills and information sharing remain essential for best practice, sound decision making and securing positive investigation outcomes for customers.

If the concerns are of a very serious nature the Safeguarding Adults Manager will consult with the strategic service leader and reach agreement about a chairperson of appropriate seniority.

Each participating organisation will nominate a lead to support the investigation. These will need to be confirmed for each individual enquiry/investigation.

If the police are involved the council will liaise carefully to ensure the balance between preserving evidence and enabling the police to pursue their investigation and ensuring that all residents are safe within the setting is ensured.

Any partner organisation may take a primary role in the enquiry, for example, the police in criminal cases, the Care Quality Commission in cases of breaches of regulation, or health partners in cases that involve medical treatment or healthcare. The agency with the primary role will feed back their findings to the council. The council must satisfy itself that the response has been sufficient to deal with the safeguarding issue and will do so through coordinated multi-agency oversight of the investigation, findings, and recommendations.

Where there is concern that specific individuals have experienced abuse or neglect, an individual safeguarding concern must be raised.

Informing other organisations or teams

The council works to guidance from ADASS (2016):

"The following decisions about a service provider …should be shared with all placing authorities, if the decisions relate to relevant safeguarding adults matters:

- *Suspension of placements*
- *Application of contracting sanctions*
- *Implementation of a service improvement action plan"*

and NICE (2021):

"Local authorities should share the outcomes of safeguarding enquiries with commissioners, so that they can incorporate the findings into their own decisions (for example, whether to lift a placement embargo)."

North Somerset accommodates a high proportion of placements from authorities on its borders. These are referred to as neighbouring authorities. When the multi-agency group considers there is a likelihood that neighbouring authorities *may* make placements in a service that is engaged in a service level enquiry the council will inform them in the circumstances above.

Role of the service provider

Active and co-operative behaviour by the service is expected and essential. Depending on the type of concerns and the level of staff involved it may or may not be appropriate for the service themselves to actively make enquiries. This will need to be decided in each situation. It will be important to understand the service's own mechanisms for example, disciplinary procedures, and how any intention to deploy these relates to the safeguarding concern and aligns to the safeguarding plan. It is key that the service takes responsibility for the abuse and the impact of it. Where their internal procedures are likely to have set/allowed a culture where abuse can take place it is essential that this becomes part of the investigation.

Where providers are undertaking enquiries it is essential that arrangements for what these should cover, timescales and how they will be fed back are clear. Where these are not adhered to consideration must be given to how to escalate the concerns to ensure they are managed.

Service Level Safeguarding Meetings

The following people must attend a service level safeguarding meeting or arrange a delegate:

- Safeguarding Adults Manager or Senior Safeguarding Adults Officer

- Head of Contracts and Commissioning or delegated representative
- Health Commissioner (if commissioning placements)
- Brokerage
- Safeguarding Lead – CCG
- CCG Host commissioner (In relevant cases)
- Safeguarding Lead Sirona care and health CiC (if relevant)
- Contract compliance manager
- CQC views should be represented
- Coordinators of any key individual enquiries

The following should also be considered:

- Strategic Service Leader for Safeguarding Adults
- Police
- Representatives from other Placing Authorities
- Any professional whose involvement is central to the concerns
- Legal representative depending on the nature of the concerns
- HR representative depending on the nature of the concerns

Circumstances may dictate that it is not appropriate to involve all agencies at all times. For example CQC may not wish to be part of full safeguarding meetings in order to maintain boundaries around their role.

Involving the Service Provider

Involvement of the provider must be appropriate and proportionate to the individual circumstances. Frank information sharing may be required without the presence of the provider. A RAP meeting without provider presence should be considered on every occasion.

The involvement of the Provider at as early stage of a service level safeguarding enquiry as possible is important to ensure an immediate safeguarding plan can be agreed however it may be necessary to progress without them if for example;

- The services' manager and nominated individual are under investigation
- There is a possibility that the provider may tamper with evidence, or;
- Specific advice is given by the Police or CQC.

Service Level Safeguarding Meeting Agenda

A standard agenda format is attached at Appendix 3 below. It is recommended that this is individualised and distributed prior to any service level safeguarding meeting in order to capture the specifics of each case.

Meeting minutes and action plans

The council will distribute a SMART action plan within 1 working day of a service safeguarding or RAP meeting.

Chair approved minutes will be circulated for comment within 8 working days of a service level safeguarding or RAP meeting.

Attendees are expected to provide comment within 5 working days of receipt, after which time the minutes will be considered final unless changes are required.

Prevention, information sharing and service monitoring

Care and support statutory guidance states:

> "…*professionals and others should look beyond single incidents or individuals to identify patterns of harm, just as the CCG, [sic] as the regulator of service quality, does when it looks at the quality of care in health and care services."*
> (para 14.18)

In North Somerset, formal monitoring and information sharing procedures are in place:

Table 4: Monitoring and Information Sharing procedures

Meeting	Purpose	Frequency	Cohort
Bi-monthly provider monitoring meeting	Analysis of care provider data to feed into organisational safeguarding update meeting and CQC liaison meeting. Feeds into areas of focus for contract compliance and identifies early risk indicators.	Bi-Monthly	Senior business intelligence officer or delegate. Safeguarding adults manager or delegate
Organisational safeguarding update meeting	Three-way information sharing from care management teams, contracts & compliance and safeguarding. Enables early risk identification and risk management.	Monthly	Safeguarding adults team Contracts & compliance team Manager/senior/safeguarding lead representatives from all adult care teams
CQC Liaison meetings	Operates to a terms of reference. Tracks activity around providers from a broad range of partner agencies	Bi-monthly	Police CQC CCG Sirona Care and Health CIC Safeguarding Adults Team NS Contracts and commissioning Brokerage Ambulance Trust
Quality Surveillance Group	Sharing high level information across a wide regional area	Monthly	Senior representatives of health and social care partners

Day to day case discussions also take place as and when required between the contracts and commissioning team, safeguarding team and partner agencies.

Service Level Safeguarding Closure

Where a service level safeguarding enquiry has been undertaken it is important that the decision to close the case is reached through multi-agency agreement. It is therefore essential that key agencies remain involved in the safeguarding process. The enquiry will need to be satisfied that:

- all required safeguarding actions have been undertaken
- there is evidenced reduction in risk
- victims/involved customers have received feedback
- any necessary notifications to regulatory bodies e.g. Disclosure and Barring Agency, Nursing and Midwifery Council, have been undertaken
- any remaining concerns can and will be managed through contract monitoring, care management processes etc.

All placing commissioning bodies and CQC should be notified of the safeguarding closure once confirmed.

Appendices

Appendix 1 - Contacts

Safeguarding Adults Team (North Somerset Council)

Role	Contact
Safeguarding Adults Manager	01275 885222
Senior Safeguarding Adults Officers	

Contracts and Commissioning Team (North Somerset Council)

Role/Specialism	Contact
Contract Compliance Manager x 1	01934 427611
Contract compliance officers x 4	

Contracts and Commissioning Team (North Somerset Council)

Role/Specialism	Contact
Head of Service Contracts and Commissioning	
Contracts and Commissioning Manager	
ICES Partnership Manager	
Contracts and Commissioning Officers x 4	01934 427611

Appendix 2 - Risk assessment

This risk assessment combines both the likelihood (How likely it is that harm will (Re)occur) and the potential impact (the potential severity of that harm) to achieve an overall risk rating ranging from Minor to Persisting Major.

Likelihood criteria

Unlikely: This is unlikely to happen or recur due to control measures and processes in place

Possible: This may happen but is not a persistent issue

Almost certain: Far more likely than not that this will happen / recur.

Impact criteria

Low: No or minimal impact on people using the service

Medium: Moderate impact but limited provided remedial action is taken with no long-term effect on people's health or well-being

High: Significant impact on safety of people which may have a long-term effect on people's health or wellbeing.

A combination of the assessed impact and likelihood will determine the level of concern as follows:

	Impact		
Likelihood	Low	Medium	High
Unlikely	Minor	Minor	Moderate
Possible	Minor	Moderate	Major
Almost Certain	Moderate	Major	Major
Persistent	Major	Persisting Major	Persisting Major

Appendix 3 – Service Level Safeguarding Meeting Agenda

Service Level Safeguarding Meeting Agenda

A service level safeguarding meeting will take three parts in order to ensure that the care provider is appropriately involved in discussions and also that information can be shared frankly.

Part 1 Professionals Only:

1.1 Introductions
1.2 Feedback and discussion from stakeholders
1.3 Any other business for agenda
1.4 Confirm who may access the minutes

Part 2 Main Agenda:

2.1 Introduce care provider to the meeting
2.2 General introductions
2.3 Confidentiality
2.4 Agree previous 'Provider meeting' minutes

2.5 Context:
2.5.1 Description of the service
2.5.2 Concerns under consideration/what has prompted the service level safeguarding enquiry?

2.6 Data:
2.6.1 Numbers
2.6.2 Themes
2.6.3 Outcomes / findings from significant individual enquiries

2.7 Evidence based feedback from stakeholders:
2.7.1 CQC
2.7.2 Feedback from contract/compliance manager NSC

2.7.3 Feedback from SA leads in Health

2.7.4 Leads from other commissioners

2.7.5 Feedback from other relevant professionals

2.8 Safeguarding plan review

2.9 Review of provider's improvement plan

2.10 Review and update safeguarding action plan (Some actions may not be shared with the provider (i.e. unannounced visits)

2.11 Previous meeting:

2.11.1 Agree minutes

2.11.2 Matters arising not covered above

2.11.3 Review communication plan for:

Alleged adults at risk

Family / relatives

Commissioners

Neighbouring Authorities/South West Region

Provider leaves

(Consideration given to how feedback from Part 3 will be given)

Part 3: Confidential Conversation

3.1 Review of risks

	Impact		
Likelihood	Low	Medium	High
Unlikely	Minor	Minor	Moderate
Possible	Minor	Moderate	Major
Almost Certain	Moderate	Major	Major
Persistent	Major	Persisting Major	Persisting Major

3.2 Placement status

3.3 Review risk of media attention and agree any necessary action

3.4 Confidential actions

3.5 Confirm whether case can be closed or whether needs to remain open

If decision to close safeguarding organizational abuse enquiry gain consent from all and clearly document with follow up plans

3.6 Feedback to provider

3.7 Date of next meeting (if required)