

Striving to exceed the expectations of others

Safeguarding Adults Policy

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Scope of Policy

This policy sets out the requirements and accountability for Support Elite at Home (SEAH) as an organisation and for individuals employed by the organisation.

This policy should be read in conjunction with the organisations policies and procedures including; Mental Capacity and DoLS, Safeguarding Children, Disciplinary, Restrictive Interventions, Recruitment and Reporting Practice Policies.

This policy recognises the responsibilities set out in the Care Act 2014 specifically but exclusively Sections 42-46. The Care and Support Statutory guidance DoH 2014 replaces the previous 'No Secrets' guidance produced by the Department of Health (DoH).

The purpose of this policy is to ensure that the people we work with are safeguarded from abuse and that their rights by virtue of the Human Rights Act 1998. This will be achieved by promoting a positive culture of honesty and openness, through staff training, supervision and support and ensuring that staff members are aware how to report their concerns. Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

(Care and Support Statutory guidance DoH 2014:231)

What is Safeguarding?

(DoH 2014: 14.7) 'Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.'

What is Abuse and Neglect?

The Care Act 2014 informs that all circumstances of an individual's case should be considered when determining abuse or neglect, however the following are common categories which might be considered:

Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude.

Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational abuse – including 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.

Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Self-neglect – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

What are the six key principles of adult safeguarding?

The Care Act 2014 sets out the following principles that should underpin the safeguarding of adults that all employees should be aware of:

Empowerment- People should be supported and encouraged to make their own decisions and give consent when possible.

Prevention- Action should be taken to prevent harm before it occurs.

Proportionality- All actions and responses should be proportionate to the associated risks.

Protection- Advice, support and representation should be offered to those who use our services.

Partnership- We should work in partnership with those who use our services when determining actions or support options.

Accountability- Our services and responses should be transparent, and we should all take responsibility for safeguarding concerns.

To do this, we will:

- Involve people who need care and support in discussions about their safety.
- Ensure there's a culture of openness and staff are confident that any allegations made would be fully investigated to ensure people are protected.
- Ensure all safeguarding incidents are investigated in an open and transparent way.
- Clearly document evidence of safeguarding incidents, including how they were dealt with, if any agencies were involved and any follow up action or learning.
- Review safeguarding incidents collectively to identify trends.
- Ensure staff and people who need care and support know how to 'blow the whistle' on poor practice without recrimination.
- Make sure everyone knows what to do if they suspect someone is being abused or neglected.
- Include safeguarding in our induction.

- Regularly check staff understand how safeguarding works in practice.
- Have a safeguarding lead and ensure that our staff know who this is and how to contact them.

What is 'Making Safeguarding Personal' (MSP)?

Making Safeguarding Personal (MSP) is a sector led initiative which aims to develop an outcome focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances. Making Safeguarding Personal aims to develop a safeguarding culture that focus' on the outcomes that people who are experiencing abuse or neglect determine.

The work is supported by the LGA with the **Association of Directors of Adult Social Care** (ADASS) and other national partners and seeks to promote this approach and share good practice. SEAH takes great care to recruit appropriate members of staff and to ensure that the staff members we recruit have received adequate background checks.

All new recruits must undergo an **Enhanced Disclosure and Barring Service Check (DBS)**.

In respect of recruitment procedures, SEAH will:

- Comply with legislation and use the Disclosure and Barring Service to ascertain information to assess the suitability of applicants for positions within the organisation.
- Ensure that appropriate references are received prior to the commencement of post for all members of staff.
- Request a 5 year checkable history as part of the recruitment process.
- Ensure that references are received from a reputable source and make further checks or telephone calls to verify the source of the reference if necessary.
- Ensure that an Enhanced DBS check is completed every three years within employment for the organisation.
- Ensure that mandatory training modules are undertaken prior to commencement of employment and that the induction process is followed.

Responding to and Reporting Concerns

Any response should be tailored to the individual or circumstances, however it is important to recognise that the main aim is to ensure the immediate and long-term safety or an individual or group of people.

Members of staff should report any concern with immediate effect or as soon as is practicably possible.

The Organisation's Safeguarding Lead is Operations Manager, Linda Pietrzyk you can contact her; by telephone (Monday-Friday on 0800 246 5307 9am-4pm) or 07939657940 or by email linda.pietrzyk@supporteliteathome.co.uk.

If you are in a service that is run by another organisation, please adhere to their policies and procedures for adult safeguarding. Please alert a permanent member of staff or senior within the service in the first instance as soon as you become aware of the concern. If the concerns relate to a member of staff from another service, please contact the person on call on **07538826643** to report the concerns and they will contact a senior member of staff and take the appropriate action to report the concern. You should also alert the Safeguarding Lead for Support Elite at Home of your concerns and any action taken.

Responding to and Reporting Concerns

If you are supporting an individual for whom our organisation is solely responsible for i.e. you are not working indirectly for another organisation, please contact either the on call or safeguarding lead directly. You will be asked to provide a statement, so please ensure that you consider the facts of the circumstances, who may have been present/ witnessed or been aware of the incident, times and what was said and by whom. If you would like to do this in writing, please do so ensuring that the email is secure (i.e. not disclosing any names or personal information if you are using a personal email account).

Once you have raised your concern, the Safeguarding Lead will contact the relevant Local Authority to raise the concerns.

You may also wish to complete a safeguarding referral directly to the relevant Local Authority or contact the Care Quality Commission.

The Operations Manager will also refer any founded instances of abuse to the DBS service for their consideration.

Action in Emergency Situations

If the situation is an emergency and a service user or another person is in immediate danger, members of staff should take urgent action to intervene and call for support as soon as possible. They should give any necessary first aid and contact the appropriate emergency service when required.

Members of staff have the right to avoid placing themselves at risk of harm in any circumstance.

Preventative Measures

SEAH will take the following preventative measures to safeguard those we work with:

- Ensure that there are always appropriate staffing levels to ensure that people's needs are met and that they are safe.
- Ensure that members of staff receive adequate training and that they are appropriately matched in respect of training and experience when supporting others.
- Ensure that staff members know who to contact and what to do in a emergency or if they have concerns.
- Offer an open door policy for staff members to discuss things and share concerns.
- Ensure that any concerns raised are appropriately managed and that members of staff feel positive that if they share their concerns, they will be listened to and appropriate action taken.
- That any instances of behaviours which challenge are investigated and that Team Leaders and Managers are always aware of interventions.
- That 'Incident Analysis' are completed for behaviours which are challenging and increased use of PRN medication and that the actions from these are ensured.
- That Team Leaders and Managers will look for trends or concerns when monitoring MAR sheets and the use of medication or restraint.
- That any PRN medication has an associated protocol for staff members.

Preventative Measures

- That staff members feel valued for their contribution to the organisation.
- That Managers and Team Leader lead by example, setting examples of positive practice in their language and conduct.
- That we will ensure that we carefully select members of staff that demonstrate compassion and an empathic nature.
- That we will continuously monitor and seek to enhance the training and knowledge of all members of staff within the organisation.
- That members of staff will have regular supervision sessions and opportunity to raise or address concerns.
- That we will discuss matters relating to positive and poor practice during supervision and within the course of our day.
- That we will address any issues relating to poor or negative practice and take action to ensure that members of staff are clear as to the expectations of them within their role.
- That we will ensure that we implement Policies and Procedures that support staff to understand their role and the expectations of them.
- To encourage an culture of openness where staff feel able to discuss and therefore prevent the development of abusive situations.

Preventative Measures

- That there is a clear whistleblowing policy which safeguards members of staff who blow the whistle and to ensure that those who disclose abuse are supported.
- To ensure that all members of staff are clear that abusive practice or behaviour will not be tolerated within the organisation and that this will amount to gross misconduct and is grounds for dismissal.
- That any instances of abuse are reported to the Local Authority and or Police and following a conclusion of investigation that the person found to be the perpetrator is referred to the DBS service.
- That all members of staff know the signs of abuse when they occur and that they are able to alert others and make the appropriate recordings in respect of potential abuse.

Mental Capacity and Safeguarding

Everyone working in adult social care should have an awareness of the Mental Capacity Act 2005, and how it impacts their role. Please read this policy in conjunction with the organisations Mental Capacity and DoLS Policy.

The Mental Capacity Act 2005 empowers and protects people who don't have the ability to make all their own decisions, especially for things like finance, social care, medical treatment and living arrangements.

The Mental Capacity Act plays a crucial role in adult safeguarding as it provides a framework for decision making to balance independence and protection.

For example, it can help to determine the ability of a vulnerable adult to make their own lifestyle choices, such as choosing to stay in a situation where they risk abuse, or determine whether a particular act is abusive or consensual.

Training

All members of staff must undertake a Safeguarding Adults training course as a mandatory part of their induction. Any staff members in a more senior role, must ensure that they undertake more in-depth safeguarding training, however this could be part of an NVQ or relevant qualification. All members of staff should be made aware of their role and responsibilities as part of the induction process and this should include what to do and who to contact should they have any safeguarding concerns.

Reporting Practice

Please read this policy in conjunction with the organisation's Reporting Practice (Whistleblowing) Policy. Any member of staff raising concerns should be treated fairly and equally and safeguarded from abuse themselves wherever possible.

Any matters reported will be treated with the utmost privacy and professionalism, ensuring the safety of all of those involved.

All members of staff within the organisation have a duty to report any witnessed or alerted instances of abuse. The organisation will take vigorous action regarding anyone who attempts to supress a report of abuse.

Keeping Records

Any reported instances of actual or potential abuse will be escalated to the Safeguarding Lead who will ensure that the incident of abuse is appropriately recorded. This will include ascertaining statements from all actual or potential witnesses. The statements will be written in a clear and accurate way.

The records kept in respect of safeguarding will be kept securely and the organisations policies on Mental Capacity, Whistleblowing, Disciplinary and Confidentiality will be strictly adhered to.

The Safeguarding Lead will always ensure that the appropriate Professionals, Local Authority and or Police are informed and that copies of statements are shared to ensure the safety of the people we work with.

The CQC will also be notified of any instances of abuse or reports from the organisation. The information will include:

- The details of the potential victim
- Unique identification code
- Date of birth
- Gender
- Ethnicity

Keeping Records

- Disability
- Relevant circumstances
- Any actions taken
- The alleged perpetrator of the abuse
- The relevant date, time and witnesses
- Who the abuse has been reported to

The Safeguarding Lead will ensure that the abuse is properly investigated to establish the facts and that relevant legislation and policy is adhered to when undertaking the investigation. Records of the investigation and findings will be kept securely.

The Safeguarding Lead will ensure that there is an appropriate action plan in place when necessary and that any actions from the plan are undertaken and all relevant parties are kept informed when required.

Contact Details

Telford and Wrekin

- Family Connect on 01952 385385 (Monday to Friday from 9am - 5pm)
- Emergency Duty team on 01952 676500 (Monday to Sunday after 5pm)
- West Mercia Police on 0300 333 3000 or 101
- Safeguarding forms should be sent to: <u>familyconnect@telford.gcsx.gov.uk</u>

Shropshire

- First Point of Contact 03456789044
- <u>firstpointofcontact@shropshire.gov.uk</u>
- An online referral can be made at: https://shropshire.gov.uk/forms/safeguarding-concern/

Care Quality Commission

- Tel: 03000 616161
- Safeguarding information can be emailed to <u>safeguarding@cqc.org.uk</u>

If it is a serious matter or an emergency, always ring 999.

Further Information

https://www.adass.org.uk/making-safeguardingpersonal-publications

http://www.telford.gov.uk/info/20086/adult_social_c are/3682/adult_safeguarding/2

https://www.adass.org.uk/making-safeguardingpersonal-publications

https://www.skillsforcare.org.uk/Learningdevelopment/ongoing-learning-anddevelopment/safeguarding/Safeguarding.aspx



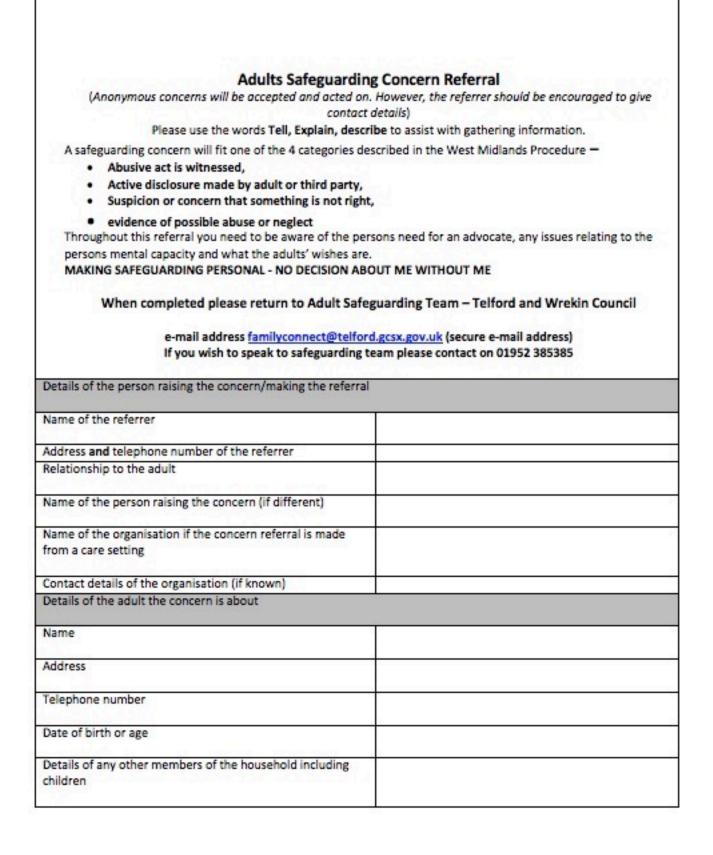


Telford & Wrekin Council Safeguarding Adults Concerns form

This form is for any agency, organisation or individual, to record the details of what information has been given to either Shropshire or Telford & Wrekin Councils regarding safeguarding concerns about the potential abuse of an adult at risk.

To raise a concern contact:

Telford & Wrekin Safeguarding Team Tel: 01952 385385 Concerns can be received by telephone or by completing the electronic Safeguarding Adults Concern form and e-mailing Adults Safeguarding Team familyconnect@telford.gcsx.gov.uk



What kind of need for support does the adult have	Physical Support	Mer	port with mory & nition	Mental Healt Support	h No Support Reason
	Sensory Support	Disa	bility port	Social Suppo	rt
Reported Health condition if known – give specific details if known	Long Term Physical Health condition		Sensory Visually/ impaired	-	Mental Health Condition
	Long Term Neurologi Health condition	cal		; mental or ual Disability	No Relevant Long-Term Reported Health Conditions
Funding authority if relevant e.g., Shropshire Council., CHC or other Council if known	A			000000	
Ethnic origin and religion	White		Asian / A	sian British	Other Ethnic Group
	Mixed / Multiple		Black / A Caribbea British	frican / in / Black	No Data
Gender (including transgender)			·		
Information and Communication Needs					
Do you have a communication need? (If yes, please complete 4 questions below using the drop- down lists.)		Y	es 🗆	No 🔲	
My preferred method of communicating is:	Choose an item.				
I need a communications professional to access information:	Choose an	n item.	80		
I prefer to be contacted by:	Choose an	n item			
I need information in a specific format:	Choose an item.				
Information about the abuse or neglect					
Describe the potential abuse in the persons own words					
What type of abuse is the cause of the concern?	Physical Abuse	Sext Expl	ual loitation	Modern Slavery	Neglect and Acts of Omission

	Domestic Abuse	Psychologica Abuse	Discriminatory Abuse	Self- neglect
	Sexual Abuse	Financial or Material Abuse	Organisational Abuse	
How and when did the concern come to light			Se	200
When did the potential abuse or neglect occur				
Where did the potential abuse or neglect take place	Own Home	e In a cor service		Hospital
	In the communit (excluding communit services)		ome	Other
What impact is this having on the adult		5.94		
Are there any witnesses – if so, give details				
Is there any potential risk to anyone visiting the adult	YES NO) lescribe		
Is a child (under 18) at risk	YES NO If Yes describe			
Is the adult aware this referral is being made?	YES NO If NO explain why not			
Has the adult consented to the referral (do they have mental capacity to make this decision?)	YES NO If NO on what grounds the decision was made to report the concern		as made to	
Does the adult have anyone who normally supports them with decision making?	YES NO If Yes who is this			
Will the adult need an advocate?	YES NO If Yes describe the kind of help they will need		ll need	
Does the person have any difficulty with decision making related to a mental impairment?	YES NO If Yes describe what is known of the persons mental capacity			
Are there any issues gaining access to the person?	YES NO If Yes describe who can be contacted if there are difficulties		f there are	
What are the adult's views about the abuse or neglect?	Record	l their own wo	rds as far as these	e are known
What they want done about it (if this is known at this stage)	-	please record	the outcome the	person

Name and address (if known)	
age,	
gender	
What is their relationship to the adult?	8
Are they the adult's main carer?	
Do they live with the adult?	\$
Are they a member of staff, paid carer or volunteer?	ŝ
Which organisation are they employed by	
What is their role	
Are they directly employed through a Direct Payment?	
Which organisation are they employed by?	9
Are there any other people at risk from the person causing harm?	\$
Any immediate actions that have been taken	
Have emergency services been contacted	YES NO If Yes which
What action was taken	
what is the crime number if a report has been made to the police?	
Details of any immediate plan that has been put in place to protect the adult at risk from further harm	
Have children's services been informed if a child (under 18) is at risk	YES NO If Yes describe

Stage One - Safeguarding Concern

Safeguarding Concern Referral

(Anonymous concerns will be accepted and acted on. However, the referrer should be encouraged to give contact details)

Please use the words Tell, Explain, describe to assist with gathering information.

A safeguarding concern will fit one of the 4 categories described in the West Midlands Procedure -

- Abusive act is witnessed,
- Active disclosure made by adult or third party,
- · Suspicion or concern that something is not right,
- evidence of possible abuse or neglect

Throughout this referral you need to be aware of the persons need for an advocate, any issues relating to the person's mental capacity and what the adults' wishes are.

MAKING SAFEGUARDING PERSONAL - NO DECISION ABOUT ME WITHOUT ME

Details of the person raising the concern/making the referral

Name of the referrer	
Address and telephone	
number of the referrer	
Relationship to the adult	
Name of the person raising	
the concern (if different)	
Name of the organisation if	
the concern referral is made	
from a care setting	
Contact details of the	
organisation (if known)	
Details of the adult	
Name	
address / telephone number	
Date of birth or age	
Details of any other members	
of the household including children	
What kind of need for support	
does the adult have?	
Reported Health condition if	
known	
Funding authority if relevant	
e.g., Shropshire Council, CHC	
or other Council if known	
Ethnic origin and religion	

Gender (including	
transgender)	
Communication needs due to	
sensory or other impairments	
(including dementia) including	
an interpreter or	
communication requirements	
Information about the abuse or	neglect
Describe the potential abuse	
in the persons own words	
What type of abuse is the	
cause of the concern?	
How and when did the	
concern come to light?	
When did the potential abuse	
or neglect occur?	
What impact is this having on	
the adult?	
Are there any witnesses? if	
so, give details	
Is there any potential risk to	
anyone visiting the adult?	
Is a child (under 18) at risk?	
Is the adult aware this referral	
is being made?	
Has the adult consented to the	
referral (do they have mental	
capacity to make this	
decision)?	
Does the adult have anyone	
who normally supports them	
with decision making?	
Will the adult need an	
advocate?	
Does the person have any	
difficulty with decision making	
related to a mental	
impairment?	
Are there any issues gaining	
access to the person?	
What are the adult's views	
about the abuse or neglect?	
What they want done about it	
(if this is known at this stage)?	
Details of the person alleged to h	ave caused harm if known
Name and address (if known)	
Age	
Age	

Gender	
What is their relationship to the adult?	
Are they the adult's main carer?	
Do they live with the adult?	
Are they a member of staff, paid carer or volunteer?	
Which organisation are they employed by?	
What is their role?	
Are they directly employed through a Direct Payment?	
Which organisation are they employed by?	
Are there any other people at risk from the person causing harm?	
Any immediate actions that have	been taken
Have emergency services been contacted?	
What action was taken?	
What is the crime number if a report has been made to the police?	
Details of any immediate plan that has been put in place to protect the adult at risk from further harm	
Have children's services been informed if a child (under 18) is at risk?	

Stage Two – Lateral Checks

LATERAL Checks - The following checks have been carried out in relation to this concern including consideration of the need for advocacy

- Describe below the checks you have made; you should confirm whether
 - Actions have been taken to address immediate safety needs
 - Check with referrer, internal information sources, partner agencies
 - Contact the adult unless doing so would place them or others at risk
 - Is an advocate needed?

Stage Three - Concern decision making – all of the 3 boxes below must be answered Yes this to become a statutory s42 enquiry

The adult has care and support needs

The adult is experiencing or at risk of experiencing abuse or neglect

As a result of their care and support needs, they are unable to protect themselves against abuse or neglect or the risk of it

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Remember: Dealing with historic allegations of abuse or where the adult is no longer at risk.

The duty to make enquiry under the Care Act relates to abuse or neglect, or a risk of abuse or neglect that is current. Concerns relating to historic abuse or neglect where the person is no longer at risk will not be the subject of statutory enquiry under the West Midlands procedures (refer to full guidance document)

Where an adult safeguarding concern is received for an adult who has died the same considerations will apply and an enquiry will only be made where there is a clear belief that other identifiable adults are experiencing, or are at risk of, abuse or neglect.

If an historic concern is made you must consider:

- Is there a potential current risk of harm to other adults?
- Does it require criminal or other enquiry through a parallel process (e.g., complaints, inquests, regulatory, commissioning, health and safety investigations).

In cases where an adult has died or suffered serious abuse or neglect, and where there is concern that agencies should have worked more effectively to safeguard the adult, there is a statutory requirement for the Safeguarding Adults Board to undertake a Safeguarding Adults Review under section 44 of the Care Act.

Is this going to proceed as a statutory s42 enquiry?

Record your rationale below to demonstrate the decision making

Rationale for decision making - to address each of the above points (Include consideration of whether the alleged abuse/neglect is current as this is the criteria for a s42 enquiry. If the abuse or neglect is historic you must consider whether other adults are at risk currently or whether a criminal investigation is needed. If the person, the concern is about has died you will need to give the same consideration including whether there is a requirement for a Safeguarding Adult Review).

If NO, is making a referral outside of the statutory scheme

If No record what alternative advice and information has been given.

If YES which agency are you referring to?

Stage Four - SAFEGUARDING ENQUIRY (S42 duty) - Planning stage

What is the person's desired outcome at this stage (if known)?

At this stage

- · Gain views consent and desired outcome of the individual
- Duty to refer to advocate
- Gather and share information (report criminal activity to Police, service quality issues to CQC and Commissioners as appropriate)
- Agree what enquiries are needed and consider who will do them
- Risk assess and develop interim safeguarding plan/safety measures whiles enquiries are undertaken

The agency carrying out the Enquiry will be

If the Enquiry is to be carried out by PSP save and exit and reassign to P2P The agency has been provided with all the available information necessary to carry out the

enquiry

The Agency has received a standard template for reporting back.

The date agreed for the agency to conclude the enquiry is

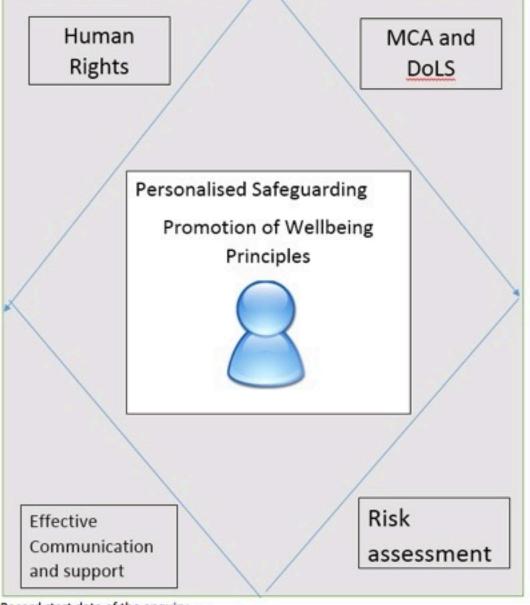
What form will this enquiry take? An enquiry will range from a conversation to a Multi-Disciplinary Meeting. More than one option may be selected.

- Conversation with the person
- Low level meeting with the person and one or two others
- Enquiries to be made in a registered setting, examining records etc.
- · Visiting more than one setting to confirm all details are accurate
- Multi-disciplinary meeting
- · Conversation with the person who has allegedly caused the harm

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Statutory s42 Enquiry

The following model may be useful as a prompt in carrying out an enquiry, it encourages the worker to maintain a balance between the persons Human Rights, the Mental Capacity Act principles including the Deprivation of Liberty Safeguards, effective risk assessment which is risk aware but not risk averse and considers effective communication between yourself and the adult.



Record start date of the enquiry Record below your summary of the enquiry

The objectives of an enquiry into abuse or neglect are to:

establish 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; and

· enable the adult to achieve resolution and recovery.

This will address the actions taken, the people involved, evidence seen, witnesses interviewed, visits made. The level and risk of harm will be identified through risk assessment and whether the allegation is able to be substantiated or not. The person's wishes should be paramount, and the enquiry should endeavour to meet their expected outcomes. A time for completion of the enquiry should be agreed with the person but a guideline is 5 days. An advocate will be involved if the person has substantial difficulty engaging with the process. An IMCA will be instructed if the statutory requirements are met. Other assessments such as Needs assessment or Mental Capacity Assessments will be carried out as necessary. If a mental capacity assessment is carried out it must be provided.

The following sections will be completed by whoever carries out the enquiry, they will later be confirmed in the Evaluation by the SSP.

At this stage confirm what the person states as their desired outcomes - use their own words

At this stage what is the outcome of the enquiry?

Describe the conclusion of the enquiry in relation to the original allegation of abuse or neglect

Did the adult at risk lack mental capacity to make decisions in relation to the safeguarding enquiry?

YES NO If the adult lacked capacity was support provided by an advocate, family member or friend YES NO