

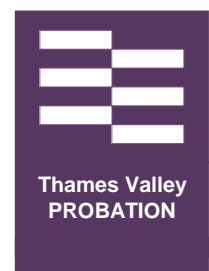
Milton Keynes Safeguarding Adults Multi Agency Practice Guide (July 2016)

Purpose: To provide detailed guidance for Senior Practitioners with responsibility for Safeguarding Adults; Safeguarding Officers and Safeguarding Managers

Approved by	Signed on behalf of the Safeguarding Adults Board by:
Jane Held. Independent Chair Milton Keynes Adult Safeguarding Board. 24 th June 2016	
Safeguarding Adults Board Agencies represented:	Milton Keynes Council – Adult Social Care Services Milton Keynes Clinical Commissioning Group Milton Keynes Hospital NHS Foundation Trust, CNWL – MK (Central & North West London Foundation Trust – Milton Keynes) Thames Valley Police Thames Valley Probation Service NHS England

Effective from:	1 st July 2016
Next Review Date:	No more than 3 years from approval date
Document Owner/Author:	Wendie Hatt. Adult Safeguarding Manager MKC
For use in (service area)	Adult Social Care and Health Services
For use by	Members of the public and all staff who work with vulnerable people including Private and Voluntary Sector Providers
Distribution:	- This policy will be made generally available via Milton Keynes Council website - Board Members are responsible for ensuring that information regarding this update is circulated within their agency.

Change History / Cancellations	Reason for obsolescence
Milton Keynes Safeguarding Adults Practice Guidance. April 2014	Practice guide checked and reissued to ensure that it complies with the updated Statutory Guidance to the Care Act (March 2016), changes have been made in Section 2.4.1 and 2.7 (indicated by green text) it is not a full review and has not changed the safeguarding process.
Milton Keynes Safeguarding Adults Practice Guidance. April 2014	Updated and replaced by April 2015 version N.B. This is an update of the practice guide to ensure that it complies with the Care Act 2014; it is not a full review and has not changed the Safeguarding process.



Contents		Page
Section 1.	Introduction and aim.	2
Section 2.	The Safeguarding Process	3
Section 3.	Preserving Evidence	5
Section 4.	Supporting the Adult at Risk	5
Section 5.	The Strategy Meeting	5
Section 6.	Regulated Provider (Establishment) Strategy Meetings.	6
Section 7.	The Safeguarding Enquiry.	7
Section 8.	The Safeguarding Case Conference	7
Section 9.	The Protection Plan and the Safeguarding Plan	9
Section 10.	Additional Actions and Considerations for Enquiries into allegations against staff who work in regulated care services	10
Section 11.	Arrangements for People Placed In Milton Keynes by another Local Authority (Taken from ADSS Protocol for Inter-Authority Investigation of Vulnerable Adult Abuse)	10
Section 12.	Additional actions and considerations for enquiries into allegations of abuse when one adult at risk of harm abuses another	9
Section 13.	When a Safeguarding Adults Review should be considered	11
Section 14.	Safeguarding Adults Roles and Responsibilities	11
Section 15.	Repeat Allegations of Abuse	11
Section 16.	Serious Incidents	12
Section 17.	Framework for Strategy Meetings and Case Conferences	13

Practice Guidance

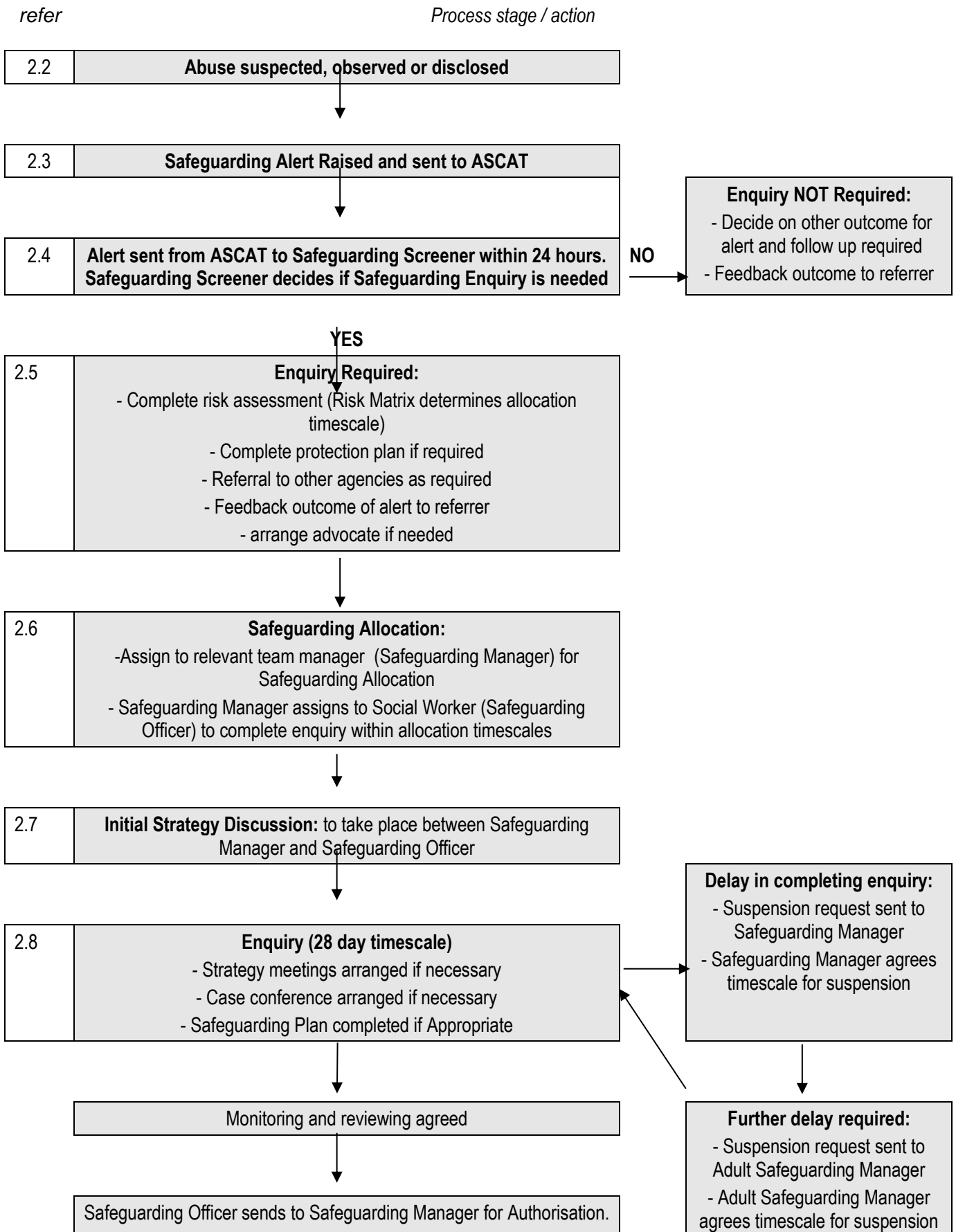
Section 1. Introduction and aim.

- 1.1 This Practice Guidance has been written to compliment the Milton Keynes Safeguarding Adults Policy and Procedure Document. It is to be used by safeguarding staff who are involved in the managing of Alerts and Referrals and Safeguarding Responses, including enquiries.
- 1.2 This version updates the Milton Keynes Safeguarding Adults Practice Guidance 2014 to reflect changes introduced by the Care Act 2014, to be implemented April 2015.
- 1.3 The Care Act Statutory Guidance (Section 14) gives detailed guidance on the response to a safeguarding alert and in carrying out an enquiry and related actions. The most significant changes are:
 - 1.3.1 **Advocacy** (Section 14.43) The Care Act requires that each local authority must arrange for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them
 - 1.3.2 **Making Safeguarding Personal** (Section 14.14 – 14.15) it should be person-led and outcome-focused. It should engage 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.
 - 1.3.3 **Local Authorities must make enquiries**, or cause others to do so, if they reasonably suspect an adult is at risk of, being abused or neglected (Section 14.63 – 14.69)
 - 1.3.4 The **terminology used** has changed from 'investigation' to 'enquiry', this and the other changes are reflected in updated standard forms:
Safeguarding Adults Board Referral – SABR1
Safeguarding Adults Board Enquiry – SABR2

Section 2. The Safeguarding Process.

2.1 The safeguarding process is summarised in the following flowchart.

2.1.1 The text in section 2 is aimed to be read in conjunction with the flowchart.



- 2.2 **Abuse is Suspected, disclosed or observed** - the relevant actions are set out in the Safeguarding Policy which this Practice guidance relates to.
- 2.3 **Safeguarding Alert Raised and sent to ASCAT:** When the Safeguarding Adult Alert (SABR1) is received this will be inputted onto the client's record by the Customer Liaison Officers in ASCAT.
- 2.3.1 If immediate action is required to safeguard an adult this will be determined on receipt of the alert. Alerts will be inputted on the recording system within 24 hours of the alert being received.
- 2.3.2 Arrangements are in place for the restriction of information concerning Milton Keynes Council and Integrated Health and Social Care staff; requests for restriction of records should be made to the Adult Safeguarding Manager and the FrameWorki Administrator.
- 2.4 **Alert sent from ASCAT to the Safeguarding Screener:** Once the alert is inputted onto FrameWorki this will be sent to the Safeguarding Screener for further information gathering and decision making. There is a 'Safeguarding Screener' folder on FrameWorki specifically for sending this work to.
- 2.4.1 **Safeguarding Screener decides if a Safeguarding Enquiry is needed:** Alerts will be screened by the social worker, senior practitioner or manager in the Safeguarding Team as per the agreed screening rota, using the screening tool in Frameworki. **If a referral does not meet the criteria in Section 42 of the Care Act the Safeguarding Screener can still decide to carry out enquires using local authority powers rather than responding to a statutory duty. Ref Guidance 14.44"**
- 2.4.2 A Safeguarding Screening rota is in place to ensure a 5 day a week service – out of hours concerns will be dealt with by the Emergency Social Work Team.
- 2.4.3 If the alert is screened as an issue that should be dealt with via another response, and a **Safeguarding Enquiry is NOT Required** appropriate arrangements will be made to ensure that these are actioned
- 2.4.4 Actions agreed as a result of the Safeguarding Screening will be recorded on the client's file
- 2.5 **Safeguarding Enquiry Required:** If the alert requires a safeguarding enquiry it will be risk assessed using the Risk Assessment Matrix (in the Safeguarding Referral episode on FrameWorki) and one of the following risk levels will be selected:
- Serious – allocation within 5 days
 - Very Serious – allocation within 3 days
 - Extremely Serious – allocation within 24 hours
- 2.5.1 Where there is a need for a protection plan this should be recorded on the client's record by the Safeguarding Screener and all parties involved in this protection plan must be clear of their roles and responsibilities.
- 2.5.2 The Safeguarding Screener will refer to other agencies – e.g. police – if this is relevant.
- 2.5.3 The Safeguarding Screener will then send the referral to a Team Manager for allocation
- 2.6 **Safeguarding Allocation:** Once the referral is assigned to a manager for allocation, the allocation to a Safeguarding Officer must take place with reference to the Risk Matrix outcomes.
- 2.6.1 It is the manager's responsibility to assign the case to the Safeguarding Officer on FrameWorki and to assign themselves as the Safeguarding Manager.
- 2.6.2 The SABR2 (enquiry report) should be triggered on FrameWorki as soon as the safeguarding referral is allocated to a safeguarding officer.
- 2.7 **Initial Strategy Discussion:** When allocated as a Safeguarding Referral, the Safeguarding Officer and Manager must carry out an initial Strategy Discussion to agree the immediate actions needed and to consider:
- the need for a review of the protection plan if one is in place
 - whether a strategy meeting is required
 - what form the enquiry will take and who will do what
 - **If a police referral should be made Ref Guidance 14.41**
- 2.7.1 The Safeguarding Officer will involve other people in this discussion as necessary which can be face to face, by telephone or secure email.
- 2.7.2 A record of the Strategy Discussion must be made on the client's record on FrameWorki by the Safeguarding Officer.

- 2.8 **Enquiry:** The Safeguarding Officer completes the Safeguarding Enquiry within 28 days and sends to the Safeguarding Manager for authorisation.
- 2.9 **Delay to Enquiry:** Where a Safeguarding Officer is experiencing delay in completing the enquiry within the timescale they should complete a 'suspension request' (on the SABR2 episode on FrameWorki) and send to the Safeguarding Manager for approval.
- 2.9.1 The Safeguarding Manager will make decision on authorising the extension and will also record on FrameWorki how long this has been agreed for.
- 2.9.2 If a further extension is required after the initial extension has ended the Safeguarding Officer will Complete another 'suspension request' and send to the Adult Safeguarding Manager for approval

Section 3. Preserving Evidence

- 3.1 Wherever possible and relevant, it is important that vital evidence is preserved, especially when a criminal offence may have occurred.
- Leave things where they are – do not touch anything, do not clean up.
 - Ensure that documents (notes, letters, bank statements) are kept safe.
 - Leave weapons where they are, unless they are handed to you. If you are handed a weapon be mindful not to destroy fingerprints. Do not wash the weapon or remove fibres or blood. Keep the weapon in a clean dry place until the police take it.
 - Preserve the clothing and footwear of the victim.
 - Record in writing the state of the victim's clothing. If the alleged perpetrator is also present, record the state of his/her clothing.
 - In cases of sexual assault or physical abuse encourage the victim not to wash. If oral sex has been alleged, encourage the victim not to drink or eat anything.
 - Record details of and preserve any obvious evidence such as foot/fingerprints etc.
 - Secure the room and do not allow **ANYONE** to enter until the police arrive.
 - Be aware of cross contamination issues. Do not allow the same person to deal with the victim and the possible offender. Any person who has been at the scene should not deal with the alleged offender and should not travel in the same vehicle as the alleged offender. If possible two separate people should deal with the parties involved.

Section 4. Supporting the Adult at Risk

- 4.1 It is important that the adult at risk understands what is happening and is supported throughout the alert process and any safeguarding enquiry that may occur as a result.
- 4.2 When a person discloses that they are at risk or are being abused you must:
- Reassure the person that their situation will be taken seriously, that they will be supported and kept informed.
 - Listen. Let the person tell you what they are comfortable telling you. **DO NOT** ask leading questions which could jeopardise possible criminal investigation.
 - Repeat back to them, in the words they have used, what they have said and ask them to confirm the information.
 - Tell the person their wishes will be taken into account as far as possible. Do not promise to keep the information a secret.
 - Explain to the person what is happening and what may happen.
- 4.3 In all cases the adult at risk should be spoken to without the alleged perpetrator present, especially important if this is a friend or relative and the conversation should take place in a safe place.
- 4.4 If appropriate a referral should be made for an advocate for the victim of the alleged abuse.

Section 5. The Strategy Meeting

- 5.1 Responsibility for arranging the Safeguarding Adult Strategy Meeting lies with the allocated Safeguarding Officer.

- 5.2 The Strategy Meeting will normally be held within **5 working days** of receipt of the alert or earlier depending on the level of risk to the adult concerned. The purpose of the meeting is to:
- Bring together all relevant agencies to agree how to proceed with the enquiry.
 - Ensure that the enquiry is coordinated and the response proportionate to the assessed risk.
 - Share relevant information about the adult at risk and his/her situation.
 - Agree any ongoing care planning or protection planning for the adult at risk.
- 5.3 In some instances a strategy meeting may convene and it becomes clear during the course of the meeting that the allegation of abuse has been substantiated. In such instances the Chair may halt the strategy meeting and, with the agreement of attendees, reconvene it as a Case Conference. In such circumstances the Chair needs to be clear that all necessary parties are represented at the meeting, bearing in mind that it may be appropriate for the adult at risk and their family members to be invited to case conferences.
- 5.4 It is usual for the allocated Safeguarding Manger for each case to Chair the Strategy Meeting.
- 5.5 The Safeguarding Officer should **consider** inviting the alleged victim of abuse or their representatives as follows:
- Adults who are at risk and who have mental capacity may be invited to the strategy meeting with the appropriate level of support. Consideration must be given to issues that may prevent their attending the strategy meeting such as risks to their safety, the safety and rights of others or the potential contamination of evidence. Where an adult with mental capacity cannot be included as a full partner in the safeguarding intervention, their views and wishes should form part of the decision-making and safeguarding/protection planning.
 - An alleged perpetrator will only be included in strategy meetings in very exceptional circumstances and with the agreement of the Chairperson of the Strategy Meeting. This must also be with the informed consent of the adult who is at risk, where they have mental capacity. Any such decision and the reasoning behind it must be clearly documented by the Safeguarding Officer on the client's record.
- 5.6 Consideration should be given to the venue of the strategy meeting, particularly if an alleged victim will be attending the meeting.
- 5.7 The Strategy Meeting should decide:
- The scope of the safeguarding enquiry and which agency will be responsible for which parts of the enquiry. The Local Authority will always be the lead agency in safeguarding enquiry enquiries but may delegate aspects of the enquiry to other agencies. An example of this may be if a clinical view is required as part of the enquiry or if a provider.
 - The legal context for any planned intervention
 - A safeguarding plan based on the person's wishes and which ensures their safety and continued well being
 - Any actions needed to ensure the safety of the adult at risk and which agency will be responsible.
 - If a criminal or non criminal enquiry is required and who will be involved in this. In most circumstances this will already have been considered and a referral to the police made upon receipt of the Alert by the person on screening duty, if this has not already been done by the person who made the safeguarding alert.
 - If any other actions are necessary and which agency or individual will carry them out including timescales.
 - Whether a referral is required to the Independent Safeguarding Authority (ISA) and who will make this.
 - Whether the Office of the Public Guardian should be involved in instances of financial abuse or where there are concerns about welfare decisions being made by a Lasting Power Of Attorney.
 - Do commissioners, in Adult Social Care and Health, need to be made aware of the issue?
 - Does the regulatory body need to be involved in, or informed of, the safeguarding enquiry?
 - With whom information should be shared with?
 - These decisions should be based on the levels of risk that have been identified
- 5.8 All Strategy Meetings must be fully documented on the Strategy Meeting Proforma by the minute taker appointed by the Chair of the meeting. Minutes are distributed by the minute taker after being signed off by the Chair of the meeting. This document must be saved on the client's record. Minutes should be distributed within **5 working days**.

Section 6. Provider (Establishment) Strategy Meetings.

- 6.1 If the allegations relate to poor quality of care and/or institutional abuse within a residential care setting or from other providers such as domiciliary care agencies there will be a strategy meeting which focuses on how the safeguarding enquiry will be carried out and how the adults living in the establishment, or receiving care from the provider will be protected and supported.
- 6.2 In some circumstances the people living in the establishment may have been placed there by another local authority or health commissioning body. The Head of Contracts should establish who these placing bodies are, inform them of the safeguarding concerns and invite them to the meeting.
- 6.3 Other parties that consideration should be given to inviting are: the relevant Commissioning and Contracting team, the Police and the Care Quality Commission. It may not be appropriate to invite the provider to attend the establishment strategy meeting – the decision to do so must be taken in conjunction with the chair and the other statutory parties.
- 6.4 Where there are concerns about multiple service users in an establishment or receiving support from a provider who may be at risk of abuse, a SABR1 will need to be completed for each person and entered on their client file. Consideration will be needed if all service users including self-funders need to be offered a formal review or will need advice and support.
- 6.5 SABR2 s may be shared with provider organisations where they have been subject to Establishment Enquiry or where they have been involved in enquiries for allegations of abuse against their staff. This should be done in line with usual data protection guidance
- 6.6 If there have been a number of serious allegations in relation to a provider the Head of Service and Head of Contracts may decide that placements to that provider should be suspended during the enquiry in accordance with the **Quality Concerns Provider Failure and Service Interruptions Policy**.
- 6.7 The Safeguarding Adults Manager or responsible Head of Service should Chair Establishment Meetings

Section 7. The Safeguarding Enquiry

- 7.1 In non-criminal matters a safeguarding enquiry or intervention will be carried out or coordinated, by the Safeguarding Officer. Strategy Discussions or Meetings and Protection Planning must take place in line with the risk identified.
- 7.2 Where a criminal offence has been alleged the Safeguarding Officer will work with the allocated police officer to ensure that the adult/s at risk are safeguarded, this may include agreeing a protection plan, arranging a strategy meeting etc.
- 7.3 Where Safeguarding Interviews are carried out by the allocated safeguarding officer, these should be recorded on the Safeguarding Interview Pro Forma on the client file.
- 7.4 In some cases an employer may need to coordinate their HR responsibilities with a police enquiry and/or the safeguarding enquiry. The Safeguarding Officer must ensure that their intervention is carried out in a timely fashion in order to facilitate any HR actions. The employer needs also to be made aware that a criminal enquiry takes precedence over a HR enquiry and they should liaise with the investigating police officer for advice and guidance.
- 7.5 Records of the safeguarding enquiry should be made on the appropriate section of the client file on FrameWorki.
- 7.6 Following a safeguarding enquiry, one of the following **Outcomes** will be agreed
- Substantiated – this applies to cases where it is possible on the balance of probabilities to prove that abuse occurred
 - Partly Substantiated – this applies in cases where it has been possible to substantiate some but not all of the allegations made on the balance of probabilities
 - Not Substantiated – this applies where it is not possible to substantiate on the balance of probabilities any of the allegations of abuse made
 - Not Determined/Inconclusive – this applies to cases where it is not possible to record an outcome against any of the categories of abuse reported, for example where suspicions remain but there is no clear evidence

- 7.7 The Enquiry may be substantiated within the civil law test of balance of probabilities but not within the criminal test of beyond reasonable doubt. This means that whilst there may not be enough evidence to pursue a criminal justice outcome, there may be evidence to suggest that abuse did occur on the balance of probabilities and civil remedies can be sought.
- 7.8 Where a criminal prosecution is in progress the Safeguarding Officer should record the outcome as Substantiated if the abuse is proven on the balance of probabilities and ensure a safeguarding plan is in place with regular reviews being carried out. The Safeguarding Officer should consider with their Safeguarding Manager if the safeguarding intervention should be closed at this point and if any necessary reviews should be carried out as part of ongoing case management.
- 7.9 Following an enquiry the Safeguarding Officer and the Safeguarding Manager will decide if a case conference needs to be held.
- 7.10 A Case Conference may not be necessary where the case concerns a non-complex issue or only one agency is involved or the actions to be taken are straightforward and non-contentious.
- 7.11 When it has been confirmed that abuse has taken place and where a vulnerable person/s remain at risk and a multi-agency response is required to ensure their safety a case conference should be held, within **10 days** of the enquiry being completed.
- 7.12 If a safeguarding enquiry remains open longer than **27 days**, the Safeguarding Officer should discuss this with their manager to ensure safeguarding is still appropriate and required or if the case should be passed to a long term team for care management intervention. If the Safeguarding Enquiry is still needed but will take longer than the timescale of 27 days, the Safeguarding Officer should complete a Suspension Request on FrameWorki and send this to the Safeguarding Manager for approval.

Section 8. The Safeguarding Case Conference

- 8.1 The purpose of the Case Conference is to offer the opportunity to share and evaluate information from the enquiry, ensuring that all the agencies involved with the adult at risk, or relevant to the issues raised through the enquiry, are part of any risk assessment and safeguarding planning that is carried out. Case Conferences are only required where the outcome of the enquiry is substantiated and there are ongoing risks or points of learning for organisations.
- 8.2 The Safeguarding Officer has responsibility for arranging the case conference with the assistance of their team administrator and upon advice from the Chairperson.
- 8.3 The Case Conference Chairperson should be a Safeguarding Manager (a manager or senior practitioner who has attended the Safeguarding Manager training). Consideration should be given to which service the chairperson is from e.g. it may not be appropriate if it is their service that has been implicated in the abuse. In some circumstances, where a case is particularly complex or consequences may have a significant impact on a number of adults at risk, it may be appropriate for a Head of Service to chair the case conference.
- 8.4 The chairperson should **consider** inviting individuals or representatives as follows:
- The adult at risk and/or their advocate.
 - Informal Carers.
 - Organisations providing services to the vulnerable adult.
 - Adult's GP.
 - Health Service provider or commissioner.
 - Care Quality Commission.
 - Thames Valley Police.
 - Legal Department
 - Commissioning
 - Contracts officers
 - Other staff that have direct knowledge of the adult at risk where appropriate.
 - Original referrer of the safeguarding adult concern where appropriate.
- 8.5 Anyone invited to attend a case conference should check with the Safeguarding Officer about their role within the meeting and any information they may need to supply to the meeting. If confidential information relating to the adult is to be shared at the meeting then permission should be sought from the person to do so, or alternatively authorisation from a manager within

- the representative's service should be sought.
- 8.6 Anyone who is unable to attend the case conference should be invited by the chairperson to submit a written report. This report should include details of his/her knowledge of the individual and their circumstances and express his/her opinion on any possible action.
- 8.7 Where confidential reports have been shared in the case conference the chairperson should ensure these are collected at the end of the meeting.
- 8.8 The case conference should clarify, discuss and agree:
- The legal context for any planned intervention
 - A safeguarding plan based on the person's wishes and which ensures their safety and continued well being
 - Future roles and responsibilities should be discussed and agreed, including where appropriate, the allocating of a key worker from one agency.
- 8.9 Actions pertaining to alleged perpetrators of abuse must be coordinated and planned in a way that minimises risk to victims, witnesses and "whistle-blowers".
- 8.10 The case conference must be recorded on the appropriate pro forma, actions and recommendations must be agreed and included in the minutes. All case conference outcomes should be recorded on the SABR2 by the allocated safeguarding officer.
- 8.11 The case conference must agree a time frame for reviewing the safeguarding plan if one is required and who will be responsible for carrying out this review.
- 8.12 Case conference recommendations will be agreed by consensus and agencies are expected to implement recommendations wherever possible except where there is a statutory requirement to act.
- 8.13 The case conference needs to agree if a referral to the Independent Safeguarding Authority is required and who will be responsible for carrying this out.
- 8.14 Should any agency decide not to follow case conference recommendations, a senior manager within the agency should always inform the chair of the case conference and all the other agencies within **5 working days**.

Section 9. The Protection Plan and the Safeguarding Plan:

- 9.1 Where abuse is suspected and an alert has been made, a protection plan should be agreed and put in place immediately if required. Responsibility for protection planning will usually rest with the service provider, if there is one, and with the person screening the alert if there is no service provider involved. Where the safeguarding enquiry identifies an ongoing risk of abuse, a safeguarding plan should be agreed, the purpose of which is to prevent further abuse or decrease the risk of further abuse. A protection plan pro form is available on FrameWorki.
- 9.2 Where ongoing risks have been identified, a safeguarding plan must be drawn up by the allocated Safeguarding Officer to ensure the ongoing safety of the adult at risk. It must include a review date and clearly identify who will be responsible for carrying out this review. The time frames for the reviews should be agreed with the Safeguarding Manager. The initial review should be carried out by the allocated Safeguarding Officer but in some circumstances responsibility for this can be passed to another team. Subsequent reviews can be part of the scheduled review cycle for the adult.
- 9.3 Where the safeguarding plan is to form part of a new support plan which is the responsibility of a social care team, the allocated Safeguarding Officer is responsible for ensuring the relevant team manager is aware of the need for the safeguarding plan to be reviewed.
- 9.4 The Safeguarding Plan Review should be carried out in the normal way for health and community based services.

Section 10. Additional Actions And Considerations For Enquiries Into Allegations Against Staff Who Work In Care Services

- 10.1 If the alleged perpetrator is a member of staff, human resource advisors should be consulted by the employer and the Safeguarding Officer. The Head of Service for the responsible work area and the Operational Lead for Adult Safeguarding should be informed immediately. The responsible service area should be informed of the progress of the enquiry and where appropriate should be involved in the enquiry, provided their involvement does not compromise any criminal enquiry. So for example, in order to prevent the need for duplicating interviews, the benefits of joint investigative interviews with HR could be considered.
- 10.2 In general when abuse has been reported by a staff member from any organisation, there is an expectation that this will be referred under the local multi agency safeguarding adult's procedures for enquiry. As previously stated, prior to this referral being made, the member of staff making the referral should consult with their supervisor or line manager and all services should have a clearly understood process for emergency communication and support from senior managers. Whatever the organisation's procedures however, reporting of allegations or suspicions of abuse to statutory agencies must not be delayed and must be made within 24 hours at the latest.
- 10.3 If a personal assistant employed via a direct payment suspects that their employer is at risk of abuse they should make a referral to ASCAT in the normal way. In emergency situations the appropriate emergency service should be contacted
- 10.4 If an employer of a personal assistant believes that they are at risk of, or are being abused by that person, they can make a referral to ASCAT or if they have an allocated social care or health worker they can raise the concern with them for referral to safeguarding adults. In emergency situations the appropriate emergency service should be contacted.

Section 11. Arrangements for People Placed In Milton Keynes by another Local Authority (Taken from [ADSS Protocol for Inter-Authority Investigation of Vulnerable Adult Abuse](#))

- 11.1 The authority (host) where the abuse occurred should always take the initial lead on referral. This may include taking immediate action to protect the adult, if appropriate, and arranging an early discussion with the police if a criminal offence may have been committed.
- 11.2 The host authority will also co-ordinate initial information gathering, background checks and ensure a prompt notification to the placing authority and other relevant agencies.
- 11.3 It is the responsibility of the host authority to co-ordinate any enquiry of institutional abuse. If the alleged abuse took place in a residential or nursing home, other people could potentially be at risk and enquiries should be carried out with this in mind.
- 11.4 The Care Quality Commission should always be included in enquiries involving regulated care providers and enquiries should make reference to national guidance regarding arrangements for the protection of vulnerable adults.
- 11.5 There will be instances where allegations relate to one individual only and in these cases it may be appropriate to negotiate with the placing authority their undertaking certain aspects of the enquiry. However, the host authority should retain the overall co-coordinating role throughout the enquiry.
- 11.6 The placing authority will be responsible for providing support to the vulnerable adult and planning their future care needs
- 11.7 The placing authority should nominate a link person for liaison purposes during the enquiry. They will be invited to attend any Safeguarding Strategy meeting and/or may be required to submit a written report.
- 11.8 Provider agencies should have in place suitable safeguarding vulnerable adult procedures to prevent and respond to abuse which link with the local multi-agency policy and procedures set out by the host authority.
- 11.9 Providers should ensure that any allegation or complaint about abuse is brought promptly to the attention of Adult Social Care, the Police, the Care Quality Commission in accordance with Milton Keynes Policy and Procedures.
- 11.10 Provider agencies have responsibilities under the Care Standards Act 2000 to notify their local Care Quality Commission (CQC) area office of any allegations of abuse or any other significant incidents.

- 11.11 Provider agencies that have services registered in more than one local authority area will defer to the CQC area office relevant to the area in which the abuse took place.

Section 12. Additional Actions And Considerations For Enquiries Into Allegations Of Abuse When One Adult At Risk Of Harm Abuses Another

- 12.1 Where an incident between one adult at risk of harm against another has taken place – to determine whether or not an abusive act has occurred and a Safeguarding Adult Alert should be made under the safeguarding procedure.
- 12.2 Where the Safeguarding Referral concerns an alleged perpetrator who is also an adult at risk of harm, the Safeguarding Officer should consider the needs of this person as part of the enquiry and safeguarding planning process. This may include inviting their allocated case/social worker to any strategy meetings/case conferences that are held.

Section 13. When a Safeguarding Adults Review should be considered

- 13.1 When a person who was at risk of abuse dies (including death by suicide) and abuse is known or suspected to be a factor in their death.
- 13.2 Where an adult at risk of abuse has sustained a potentially life threatening injury through abuse or neglect.
- 13.3 When serious abuses take place in an institution or multiple abusers are involved.
- 13.4 For further information refer to Milton Keynes Safeguarding Adults Board Safeguarding Adults Review Policy.

Section 14: Safeguarding Adults Roles and Responsibilities

- 14.1 **The Safeguarding Manager is responsible for:**
- 14.1.1 Case management responsibility for the allocated Safeguarding Officer, providing support, supervision and advice and ensuring that the safeguarding enquiry is carried out in a thorough and timely manner and that an agreed safeguarding plan is in place with a review date.
- 14.1.2 Directing, managing and monitoring the safeguarding enquiry
- 14.2 **The Safeguarding Manager for each enquiry must ensure that:**
- 14.2.1 The safeguarding referral is allocated to a Safeguarding Officer, within the time scale that is linked to the risk assessment. If there are any reasons why this cannot be done the Safeguarding Manager should consult with other Safeguarding Managers to ensure that the referral is allocated to a Safeguarding Officer within another team. This needs to be done within the timescale linked to the risk assessment.
- 14.2.2 Initial checks are carried out to ascertain if the adult remains at risk of significant harm and whether or not there are any other adults or children who are at risk. Immediate actions are made to safeguard individuals as required.
- 14.2.3 The police are contacted if there is the possibility that a criminal offence has occurred.
- 14.2.4 Information is shared appropriately and in line with policy and confidentiality.
- 14.2.5 In the event of the death of an adult where safeguarding concerns already exist or are raised around the time of death, the coroner's office is informed of the safeguarding concerns as a matter of urgency, if the police have not already done so.
- 14.2.6 If a member of staff is implicated in the safeguarding concern, it will be necessary to consider if action needs to be taken to manage the risk that this person may present to vulnerable people and to also protect the member of staff from further allegations being made against them.
- 14.2.7 A strategy meeting or discussion occurs which determines the scope of action to be taken and assigns responsibility for those actions to specific persons/agencies.
- 14.2.8 Liaison takes place with placing authorities where the alleged victim/s are placed by another authority.
- Liaison takes place with the local relevant contract and commissioning team.
 - The Care Quality Commission is informed of the safeguarding issue where it relates to a regulated service. The alert screener may have already carried this out.

- 14.2.9 All recording pertaining to the safeguarding referral and subsequent enquiry is up to date and recorded on FrameWorki. The safeguarding report, SABR2 is completed to a good standard and authorised by them on FrameWorki. A Safeguarding Plan, if required, is in place with a relevant review date.
- 14.3 **The Safeguarding Officer for each enquiry is responsible for:**
- 14.3.1 Coordinating the safeguarding enquiry
- 14.3.2 Carries out a safeguarding enquiry, with other agencies where appropriate, which explores all areas of concern including additional safeguarding concerns that might arise as part of the enquiry.
- 14.3.3 Arranging a strategy discussion/meeting as appropriate and prepare any reports for such a meeting.
- 14.3.4 Making a referral to the Independent Mental Capacity Advocate (IMCA) Officer where appropriate and any decisions taken to safeguard the person where he/she does not have capacity are made in their best interests and conform to the principles of the Mental Capacity Act 2005.
- 14.3.5 Developing a safeguarding plan for the ongoing management of risk to the vulnerable person
- 14.4 **The Safeguarding Officer for each enquiry must ensure that:**
- 14.4.1 The person at risk is empowered to make informed decisions and choices about the situation they are in.
- 14.4.2 All data relating to the safeguarding enquiry must be entered onto the client record on FrameWorki.
- 14.4.3 The officer must ensure the safety of the adult/s at risk in consultation with their Safeguarding Manager.
- 14.4.4 All relevant parties are made aware of the safeguarding enquiry such as contracts and commissioning, the Care Quality Commission, placing authorities for the vulnerable person/s etc.
- 14.4.5 Where the adult at risk is funding their care; the Safeguarding Officer must consider contacting friends or family, with the person's permission or in their best interests if they do not have capacity to consent to this.
- 14.4.6 the safeguarding officer should arrange a case conference where abuse has been substantiated and a case conference is deemed necessary because of the complexity of the case and ongoing safeguarding concerns that need to be addressed

Section 15. Repeat Allegations of Abuse

- 15.1 Where an individual who receives Adult Social Care services or services from integrated services has made repeated safeguarding abuse allegations which have each been investigated and found to be unsubstantiated, there may be scope for agreeing how these could be managed. This agreement should be multi-agency/disciplinary and be subject to regular review and risk management.
- 15.2 If a new allegation is made and presents the same issues as before and as specified in the risk management plan, then the allegation should be dealt with and recorded as agreed in the risk management plan. However where the allegation differs from that specified in the risk management plan, then it should be reported as a new allegation.
- 15.3 Where there are repeat allegations of abuse made against a regulated service provider, consideration needs to be given by the Alert Screener as to whether an Establishment Meeting is required.

Section 16. Serious Incidents

- 16.1 A Serious Incident is defined by the National Patient Safety Agency (NPSA) as an incident that occurred in relation to NHS-funded services and care resulting in:
- Unexpected or avoidable death
 - Serious harm
 - A provider organisation's inability to continue to deliver healthcare services
 - Allegations of abuse
 - Adverse media coverage and/or
 - One of the core set of Never Events
- For further information please refer to the [Milton Keynes Clinical Commissioning Group Serious Incident Reporting Policy 2013](#)
- 16.2 It may be agreed that where a Serious Incident and a Safeguarding Adults Enquiry is required, one enquiry is carried out. In these circumstances, terms of reference should be agreed for the Serious Incident and multi-agency safeguarding adults processes.
- 16.3 The serious incident lead professional in the organisation where the incident is alleged to have occurred, and the Safeguarding Officer will agree which agency will take the lead in investigating.

Section 17. Framework for Strategy Meetings and Case Conferences

- 17.1 **Preparation:** It is good practice for the minute taker and Chairperson to meet to discuss issues that might arise in the meeting. The Chairperson should agree with the minute taker that if a point needs clarified they can interrupt and seek clarity through the Chairperson.
- 17.2 **Attendance and apologies:** The minute taker attends the meeting in a support capacity and should not be involved in the discussions. His/her name and role should be included in the minutes
- 17.2.1 The minute taker should circulate an attendance list for attendees to record their:
- Name and Name of the Organisation for whom they work
 - Address details
 - Position within the Organisation
- This information and a record of Apologies given should be included on the minutes.
- 17.2.2 The Chairperson should ensure that all attendees introduce themselves at the start of the meeting and explain their role.
- 17.3 **Recording the meeting;** Meetings can be tape recorded or transcribed directly on to a laptop by prior arrangement with the Chairperson. The Chairperson should, if practicable, check this out with participants prior to the meeting; or at commencement of the meeting.
- 17.4 **Confidentiality:** The following Confidentiality Statement should be included at the top of the Agenda and Minutes. If no printed Agenda is used then the Chairperson should state at the beginning of meeting:
- “This strategy meeting/ case conference is held under the Milton Keynes Multi Agency Safeguarding Adults Policy and Protocols. The matters raised are confidential to members of the meeting/conference and the agencies they represent and will only be shared in the best interests of the adult at risk, and with their consent where it is appropriate to obtain it. Minutes of the meeting are distributed on the understanding that they will be kept confidential and in a secure place. In certain circumstances it may be necessary to make minutes of this meeting/conference available to solicitors, the civil and/or criminal courts, the Independent Safeguarding Authority, psychiatrists, professional staff employed by other social service agencies or other professionals involved in the welfare of the vulnerable adult(s).”
- 17.5 **Minutes of the meeting:** should provide a summary of the issues covered and the relevant action points recorded in a way that is non - judgmental. The minute taker should take notes that capture the discussions and any actions that have been agreed and then outside the meeting, agree with the Chairperson what should be included in the minutes.
- 17.5.1 Any information made available after the meeting should not be included in the record of the meeting but it can be added as an addendum.
- 17.5.2 Timescales for producing draft minutes is **3 working days** unless otherwise requested by the meeting Chairperson. Timescale for distribution of Meeting Minutes to all parties is **5 working days**.
- 17.6 **Minute Content:** The minutes should include:

- An outline of reason for the meeting/conference
- A summary of any previous Safeguarding Adult concerns or enquiries
- A summary of current concerns, the assessed needs of the individual and their current care plan.
- For Case Conferences - a summary of the current enquiry

A summary of information exchanged under the following headings. (*Not all headings will be required for every meeting*)

- Adult's Capacity and his/her view of the concerns
- Social Work Information
- Mental Health Status
- CQC Information
- Health Information
- Police Involvement
- Housing Information
- Provider Information
- Other Placing Authority Information
- Is legal advice required?
- Communication and support needs of adult at risk in interview and during the enquiry process
- Risk Management and Protection / Safeguarding Plan
- Communication Plan - who will be responsible for ensuring feedback happens
- A statement saying whether or not "on the balance of probabilities" or "beyond reasonable doubt" abuse has or has not occurred.
- Action Plan:
 - Action Person/Team Responsible
 - Date Action to be Completed
 - Action Review Date
 - Date and Time of Next Meeting
- Minutes Agreed as Correct by : (If no signature to be used then a typed name to be included)
- Position
- Date.

17.7 **Action Plans:** The Chairperson to consider and advise the minute taker on whether any agreed Action Plan should be sent out quickly prior to the minutes being completed and sent out. This should be agreed before the meeting is ended.

17.8 **Review:** Current timescale for review of care plans/action plans is within **6 months and 12 months thereafter**. Chairperson to ensure that the Review date is agreed within the meeting.

17.9 **Final Distribution of Minutes:** Timescales for final distribution of meeting minutes is **5 working days**. This may be subject to change depending on risks involved within the individual case. The timescale for distribution should be agreed with the Chairperson.

17.9.1 Minutes should be sent out in envelopes marked "Confidential" to external attendees and can be e-mailed to Milton Keynes Council employees.

17.9.2 Minutes of the meeting are distributed on the understanding that they will be kept confidential and in a secure place. In certain circumstances it may be necessary to make minutes of this meeting/conference available to solicitors, the civil and/or criminal courts, the Independent Safeguarding Authority, psychiatrists, professional staff employed by other social service agencies or other professionals involved in the welfare of the vulnerable adult(s). All such disclosures must be recorded.

17.9.3 If it is likely that the minutes will need to be used by an employer to make a referral to the Independent Safeguarding Authority it is important that the names of service users and whistle-blowers are anonymised as far as possible. After a request has been made by the employer to the Chairperson of the meeting to share the minutes with the Secretary of State or any other third party and following the request of the Chairperson will instruct the minute taker to carry out this editing.