



Lincolnshire safeguarding adults board multi-agency  
safeguarding adults procedures 2022 – 2025

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## **4.1 Introduction**

The main objective of Lincolnshire Safeguarding Adult Board's multi-agency procedures is to provide guidance and support to organisations in their duty to safeguard adults. It aims to mitigate against the risks to adults from abuse or neglect, ensuring that any outcomes from safeguarding involvement are person-centred, achievable and identify immediate action to be taken where required.

The procedures are a means for staff to combine principles of protection and prevention with individuals' self-determination, respecting their views, wishes and preferences in accordance with Making Safeguarding Personal. They are a framework for managing safeguarding interventions that are fair and just, through strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse and neglect. All organisations who work with or support adults experiencing, or who are at risk of, abuse and neglect may be called upon to make enquiries, participate and/or act in response to a safeguarding concern and need to be prepared to take on this responsibility.

It offers a framework to support practice, recording and reporting, in order to impact positively on outcomes for people of Lincolnshire.

The document is presented in 4 sections reflecting the safeguarding stages: Concerns, Enquiry, Review and Closure. Although set out in this manner it is important to note that safeguarding adults is often not a linear experience and can fluctuate between these stages depending upon information gathering and risk assessment.

## **4.2 The Four Stage process**

The Procedures Chapter has been structured within a Four Stage process:

- Concerns
- Enquiry
- Safeguarding Plan and Review
- Closing the Enquiry

## 4.3 Adult Safeguarding process

### Adult safeguarding process flowchart description

#### Stage 1 – Concern – within 24 hours

**Step 1** – Recognise potential abuse or neglect.

**Step 2** – Decide whether to refer to safeguarding. Consider three statutory criteria.

Consider capacity or consent and other basis for sharing information, gather information, other options, seek advice.

If **yes** and decide to refer go to **Step 3**. If **no**, and a safeguarding referral is not necessary or appropriate go to **Step 4**.

**Step 3** – Make a safeguarding referral to the local authority and go to **Step 5**.

**Step 4** – Consider alternative action.

#### Stage 2 – Enquiry – within three working days of referral

**Step 5** – Enquiries (S.42(1)) – Assess the risk. Confirm that action has been taken to make person safe. Information gathering and actions.

If meets statutory criteria and further enquires are required, go to **Step 6**.

If it does not meet criteria or further enquiries are not required, give proportionate feedback and advice to referrer. Recommend alternatives and NGA or information shared with relevant parties such as commissioners or CQC.

**Step 6** – Progress to S.42(2) and allocate. Go to **Step 7**.

#### Stage 2 – Enquiry – within five working days of decision to progress

**Step 7** – Have a conversation with the adult (if not already held).

**Step 8** – Have an initial strategy meeting or discussion.

**Step 9** – Are enquiries completed? If **yes**, go to **Step 14**. If **no**, go to **Step 10**.

#### Stage 3 – Safeguarding plan and review - within 28 days of decision to progress

**Step 10** – Hold a safeguarding case conference.

**Step 11** – Undertake planned actions and complete protection plan if required.

**Step 12** – Safeguarding officer receives, collates, and considers the information. This includes views of the adult, analysis, and recommendations.

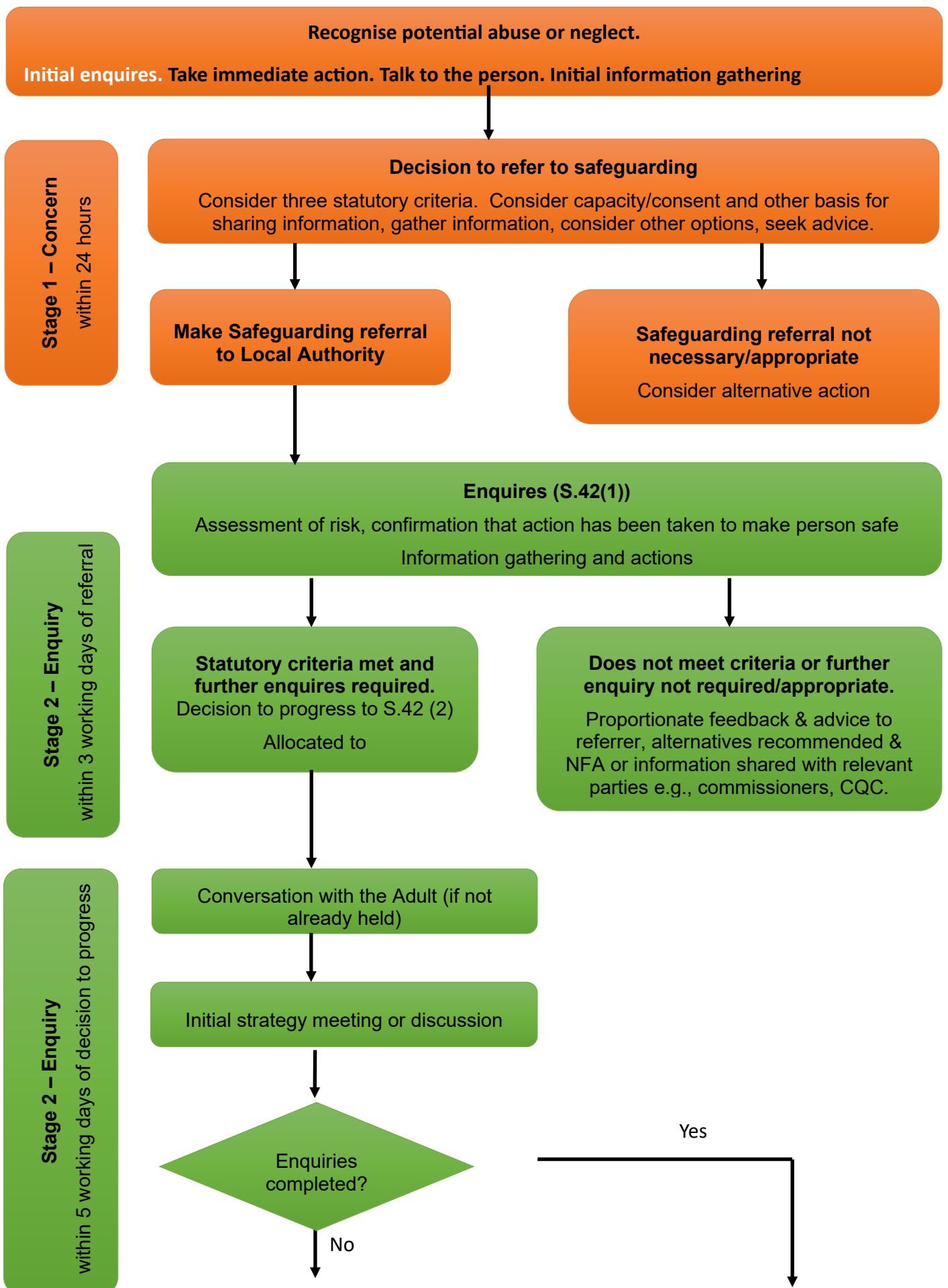
**Step 13** – Safeguarding officer and principal professional case discussion.

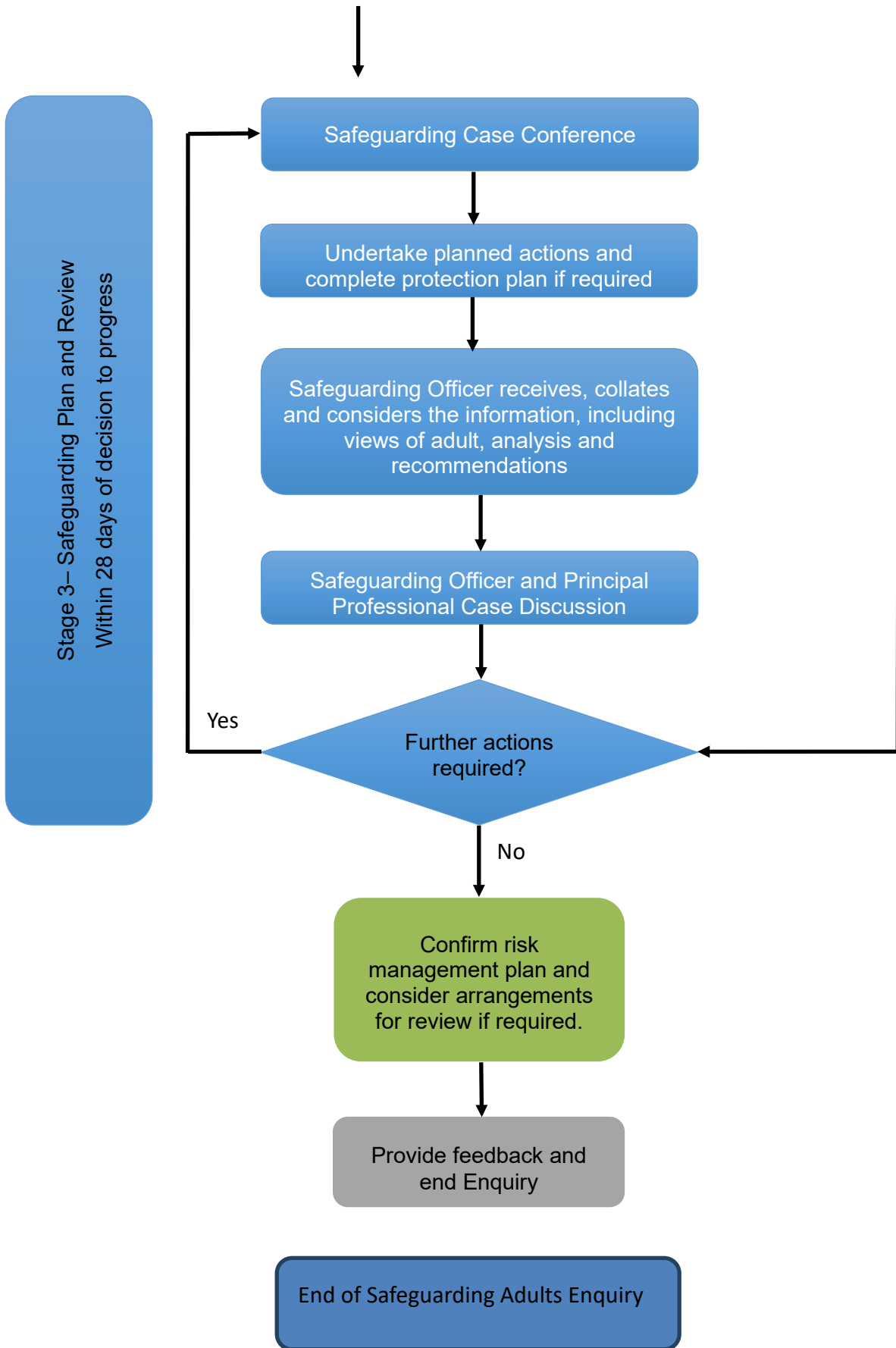
**Step 14** – Are further actions required? If **yes**, go back to **Step 10**.

If **no**, confirm risk management plan and consider arrangements for review if required.

**Step 15** – Provide feedback and end enquiry.

# Adult safeguarding process flowchart





Ideally within 24 hours of becoming aware of the concern and or discussing with adult where it is safe to wait.

In an emergency, contact emergency services on 999.

### **Timescales**

The adult safeguarding procedures do not set definitive timescales for each element; however, target timescales are indicated within each section. These timescales should be considered within the ethos of Making Safeguarding Personal. It is important that timely action is taken, whilst respecting the principle that the views of the adult at risk are paramount. It is the responsibility of all agencies to monitor concerns to ensure that drift does not prevent timely action and place people at further risk. Divergence from any target timescales may be justified where:

Adherence to the agreed timescales would jeopardise achieving the outcome that the adult at risk wants;

- It would not be in the best interests of the adult at risk;
- Significant changes in risk are identified that need to be addressed;
- Supported decision making may require an appropriate resource not immediately available;
- Persons' physical, mental and/or emotional wellbeing may be temporarily compromised.

The outcome of the safeguarding enquiry is linked to other enquiries which are not completed.

A period of monitoring and review is required to ensure safeguarding plans are robust and effective.

### **What is an adult safeguarding concern?**

- An adult safeguarding concern is where there is reasonable cause to suspect that an adult with care and support needs, is experiencing or at risk of, abuse or neglect and is unable to protect themselves against this. The adult does not need to be already in receipt of care and support nor in support of any care and support provided by a local authority.
- A concern may be raised by anyone, and can be:
- An active disclosure of abuse by the adult, where the adult tells a member of staff that they are experiencing abuse and/or neglect;
- A passive disclosure of abuse where someone has noticed signs of abuse or neglect, for example clinical staff who notice unexplained injuries;
- An allegation of abuse by a third party, for example a family/friend or neighbour who may have observed abuse or neglect or have been told of it by the adult;
- A complaint or concern raised by an adult or a third party who does not perceive that it is abuse or neglect. Complaint officers should consider whether there are safeguarding matters;
- A concern raised by staff or volunteers, others using the service, a carer or a member of the public;
- An observation of the behaviour of the adult at risk;
- An observation of the behaviour of another;



- Patterns of concerns or risks that emerge through reviews, audits and complaints or regulatory inspections or monitoring visits (CQC etc.).

## **Prevention**

Knowing how to stop abuse and neglect and prevent it happening in the first place should be at the forefront of safeguarding practice. Staff need to be mindful of potential risks and discuss these with people who might be at risk of abuse or neglect at every opportunity, giving them information and support that enables them to make informed choices.

## **Making Safeguarding Personal**

Making Safeguarding Personal (MSP) stresses the importance of keeping the adult at the centre of positive approaches to managing risks to their safety. Making Safeguarding Personal does not sit in isolation but should be at the heart of every contact with and about an adult with care and support needs.

Making Safeguarding Personal is a practice approach to safeguarding adults (regardless of capacity), not a procedure or tick box exercise. It is a professional using the skills of professional curiosity and relationship-based practice to work with people to understand what matters to them and what outcomes the individual wants for their wellbeing and to be safe, at a time and pace of the persons choosing. It should influence how professionals think about safeguarding adults, what they do, and how they do it.

Making Safeguarding Personal is a person-centred approach which means that adults are encouraged to make their own decisions and are provided with support and information to empower them to do so. This approach recognises that adults have a general right to independence, choice and self-determination including control over information about themselves. Staff should ensure that the adult has accessible information so they can make informed choices about safeguarding: what it means and the risks and benefits. Staff will need to clearly define the various options to help support them to decide about their safety.

Making Safeguarding Personal uses strengths-based working which requires practitioners to employ curiosity by assessing the totality of the person's life, covering individual strengths, community and resources. A strengths-based approach builds on individual and community strengths to move the adult from a position of some dependency to one of greater autonomy. Strength-based working support practitioners to think more freely and work collaboratively with individuals by putting them at the heart of their own care and wellbeing (Department of Health, 2017). This is supported by the [Making Safeguarding Personal Toolkit](#) (2020).

## **Initial conversation with the adult**

Unless it is unsafe to do so each concern will start with a conversation with the adult at risk to communicate your concerns with the adult, determine their view on the concerns and what they would like to happen.

Adults with care and support needs who are at risk of, or are experiencing abuse or neglect, should always be involved in every stage of their safeguarding (unless there are exceptional circumstances that would increase the risk of abuse) and this is particularly important at the start. There must be a strong focus on the person concerned, the outcomes they want to achieve and how these may be accomplished. They should be provided all necessary support to be as engaged in the process as they would like; all in line with the Making Safeguarding Personal principles.

You may have been advised that the adult at risk cannot communicate with you or will not be able to give an account of what happened, but this should not stop you from meeting with the person. Meeting the person can enable you to assess the situation for yourself, observe non-verbal communication and assess advocacy needs. You can also observe how people interact with the adult, any marks or bruising or unusual or concerning factors in the environment.

Where it is determined that the adult at risk lacks the capacity to make a decision regarding a safeguarding concern, every effort must be made to establish the adults view and desired outcomes. Carers may reasonably provide professionals with the outcome they consider the adult at risk would want, as they know the persons likes and dislikes, what relationships are important to them and what relationships they may find difficult. Professionals need to consider conflicting views as carers may not want the same outcome as the adult they are supporting.

If a person is temporarily unable to share their account and or wishes and feelings due to illness for example and it is safe to wait every opportunity should be afforded to the person to contribute their wishes before raising safeguarding. If risks are too high to wait this should be evidenced.

There must be a strong focus on the person concerned, the outcomes they want to achieve and how these may be accomplished. This is at the heart of Making Safeguarding Personal. The desired outcome by the adult at risk should be clarified and confirmed at the end of the conversation(s), to:

- Ensure that the outcome is achievable within the parameters of a s.42 enquiry;
- Manage any expectations that the adult at risk may have and;
- Give focus to the enquiry.

A person-centred approach must be taken, ensuring that the adult's communication style is understood, that this is used to make a direct connection with them and that their communication is maximised through the agreed next steps.

Staff should support adults at risk to think in terms of realistic outcomes but should not restrict or unduly influence the outcome that the adult would like. Outcomes should make a difference to risk, and at the same time satisfy the persons' desire for justice and enhance their wellbeing.

Remember: Conversations within this early information gathering stage can themselves make a valuable contribution in informing and empowering people to keep themselves safe, removing the risk or experience of abuse or neglect and therefore, the need for safeguarding intervention. Talking through the concern may result in resolving it, if not, the duties under Section 42 continue.

#### **Good practice guidance – initial conversation**

Speak in a private and safe place.

Does the adult have care and support needs? Are they experiencing or at risk of abuse/neglect?

What are the complicating factors? For example, is the adult experiencing duress, are they being controlled?

What is your perception of risk and level of risk – to the person, children and others? What are the perceptions of the adult or others in this situation?

What actions have been taken so far?

Any relevant historical information

### **Good practice guidance – initial conversation**

Any reasonable adjustments (eg to support effective communication) or additional support/advocacy input that might be needed to enable the adult to understand and be involved in a safeguarding enquiry

What are you concerned about? Why are you referring now? What is the current impact on the adult and/or others in the situation? Including on their wellbeing?

What is working well in supporting the adult's wellbeing, what are the strengths in their life?

What does the adult want to happen?

Accept what the person is saying.

Don't 'interview' the person; but establish the basic facts using professional curiosity, avoiding asking the same questions more than once.

Don't promise the person that you'll keep what they tell you confidential; explain who you will tell and why.

Explain that you will respect their wishes where possible, but that referrals and actions can be taken without their consent. Share with them what action you will be taking and why.

Support the adult to understand what their options are regarding their safety.

Explain how the adult will be involved and kept informed.

Provide information and advice on keeping safe and ensure you both have clarity on what will happen next

Staff need to handle this discussion in a sensitive and skilled way to ensure minimal distress to the adult and where information is already known people should not have to tell their story again, this doesn't prevent clarification being sought where necessary. There is a skill involved in eliciting information and asking the right questions, to ascertain what the concern is, how it impacts on the adult at risk, what action they would find acceptable and the level of associated risk. Whilst it is essential to put the adult at risk at ease, and to build up a rapport, the objectives of an enquiry should focus the conversation.

Points to consider:

- The pace of conversations
- Whether the presenting issue identifies the risk to the adult's safety, or whether there are additional risks to be considered
- Wider understanding and assessment of the adult overall wellbeing

By the end of the conversation the adult should know what action will be taken next including if a safeguarding concern is being raised, what a safeguarding enquiry is, where information may be shared, feel central to all decisions and provided with contact details for key people. By the end of the conversation with the adult, the professional should know the adult's views on their risk, what adult safeguarding means to them and their desired outcomes from an enquiry.

## How to respond when you become aware of a safeguarding concern

Safeguarding is everyone's responsibility. The person who first becomes aware of the concern has a responsibility first and foremost to safeguard the adult at risk. The priority should always be to ensure the safety and well-being of the adult and ascertaining what outcome the adult wants. This may involve immediate escalation within a service to ensure actions can be taken if this is outside of the remit of the person first aware of the concerns.

### Immediate action by the person who first becomes aware of the concern

Make an evaluation of the risk and take steps to ensure that the adult is in no immediate danger;  
Arrange any medical treatment. (Note that offences of a sexual nature will require expert advice from the police);

If a crime is in progress or life is at risk, dial emergency services – 999;

Have an initial conversation with the adult, seek their wishes and views and agree next steps (see 'initial conversation')

Discuss advocacy support with the adult and who this should be if needed (family/friend/independent advocate)

Encourage and support the adult to report the matter to the police if a crime is suspected and not an emergency. Early consultation with the police is vital to support the criminal investigation.

Take steps to preserve any physical evidence (insert link) if a crime may have been committed, and preserve evidence through recording;

Ensure that other people are not in danger;

If you are a paid employee, inform your manager. Report the matter internally through your internal agency reporting procedures (e.g. NHS colleagues may still need to report under clinical governance or serious incident processes, report to HR department if an employee is the source of risk);

Record the information received, risk evaluation and all actions.

### Key Skill - Professional Curiosity

Learning from published Safeguarding Adults Reviews, often highlights that risks were hidden from view and urge Professionals to exercise greater professional curiosity to identify abuse.

Being curious by asking sensitive and respectful questions will allow information to be discovered and enable appropriate support to be provided. It can enable Professionals to identify potential abuse or neglect, or potentially abusive and/or neglectful situations > intervene early and take preventative approaches before a situation deteriorates > make and record defensible decisions > work in a person-centred way.

Professional curiosity is not something that can or should be turned on and off or used at particular times. It is a way of professional practice - so that a curious approach permeates all aspects of Professionals' interactions with families and between professionals.

Professional curiosity is a strengths-based and goal-focused approach to engaging with individuals. A partnership of exploration that can enable the adult to learn as much about themselves as the professional does. Professionally curious professionals are interested to learn the person's story to

fill the information gap and gain a full perspective from the person and others. They will be alerted by tension, uncertainty or repeating patterns in people's situations, recognising this as a signal to push for further information and will have the courage to hold difficult conversations and challenge.

Three suggested questions to enable professional curiosity:

- What is it like to be the adult in this family/community?
- What is my own emotional response to the individual?
- What are other people thinking is going on here? Why might they think differently from me?

Working in partnership enhances the likelihood that professional curiosity will flourish.

### **Advocacy**

Adults must be involved in decision-making and where the adult has 'substantial difficulty' in being involved in a safeguarding enquiry, the support of an appropriate person or independent advocate must be considered at the first contact.

An 'appropriate person' could be for example, an informal carer, relative or trusted friend who is willing and able to represent the adult. This person must be able to understand the adult safeguarding process, so they can support and represent their relative/friend and help their involvement in the processes. They cannot already be providing care and treatment in a professional capacity or on a paid basis. They must not voice or express their own opinions. It is not sufficient for the person to know the adult well; the role is to actively support their participation in the process. If there is no such person, an independent advocate must be offered.

There are times when an independent advocate should be provided even where the adult's family or others are involved. These are:

When it is suspected that the family member or other person is causing the harm;

- Where there is a disagreement between the local authority and the person who is or may facilitate the adult's involvement. In this case, both must agree that an independent advocate would be beneficial.
- It should be remembered that where the adult does not want support from family or friends that their wishes should be respected, and an independent advocate provided.
- Where a need for independent advocacy is identified this should be identified within the safeguarding concern form.

### **How to Work with an Independent Advocate**

Where the Local Authority has arranged for an Independent Advocate under the Care Act it must:

Take into account any representations the Independent Advocate makes on behalf of the person (or carer) in relation to how the Care and Support function is being completed and the impact on the person (or carer);

Take reasonable steps to assist the Independent Advocate to fulfil their role, represent and support the person or carer (for example by referring early, setting a timeframe for assessment or review that allows the advocate time to consult with the person and others beforehand or providing records requested by the advocate);

Keep the Independent Advocate informed of any developments and of the outcome of any assessments carried out; and

Provide the Independent Advocate with a written response to any report they have prepared that raises their concerns about the way the Care and Support function has been completed by the Local Authority.

Where the Local Authority has cause, it may make reasonable requests for information from the Independent Advocate in relation to their performance and the functions they have carried out in relation to a particular person or carer. The Independent Advocate must comply with such requests.

#### Specific Issues for the Independent Advocate to Address in Safeguarding

When supporting a person to maximise their involvement in safeguarding the Independent Advocate should assist the person to:

- Decide the outcomes and/or changes they want;
- Understand the abusive or neglectful behaviour of others;
- Understand the way in which their own actions may have exposed them to the abuse or neglect;
- Understand what actions they can take to safeguard themselves;
- Understand what advice and help they can expect from others, including the police;
- Understand what parts of the process are completely or partially within their control; and
- Explain what help they want from others to avoid further abuse or neglect and recover from their experience.

#### **Carers (Family and Friends)**

The Care Act recognises the key role of carers in relation to safeguarding. Carers may witness or report abuse or neglect; experience intentional or (unintentional harm) from the adult they are trying to support, or a carer may (unintentionally or intentionally) harm or neglect the adult they support.

Carers, relatives and friends are frequently helpful in supporting an adult with care and support needs to participate in the adult safeguarding process when dealing with difficult and distressing issues.

Relatives or friends may have a range of roles depending on the circumstances and the wishes of the adult with care and support needs.

It is important to view the situation holistically and look at the safety and well-being of both carer and adult. The Care Act emphasises the need for agencies to work together to prevent abuse and neglect wherever possible; observant professionals and other staff making early, positive interventions with individuals and families can make a huge difference to their lives, preventing the deterioration of a situation or breakdown of a support network.

In some cases, carers will put barriers in the way of a personalised safeguarding approach promoting wellbeing and independence due to a variety of reasons. This needs to be gently but firmly challenged by the professionals working with the adult.

## Support Networks

The strengths of the adult at risk should always be considered. Mapping out with the adult and identifying their strengths and that of their personal network may reduce risks sufficiently so that people feel safe without the need to take matters further.

## Mental Capacity

Should there be indication that the adult may not have capacity to make a decision regarding sharing of information for the purpose of a safeguarding enquiry then lack of capacity must be established via a [mental capacity assessment](#). The [Mental Capacity Act \(2005\) 'Code of practice' states](#) that: 'The person who assesses an individual's capacity to make a decision will usually be the person who is directly concerned with the individual at the time the decision needs to be made.'

Mental capacity is [time and decision-specific](#). This means that an adult may be able to make some decisions at one point but not at other points in time. Their ability to make a decision may also fluctuate over time. If an adult is subject to coercion or undue influence by another person this may impair their judgement and could impact on their ability to make decisions about their safety.

All decisions taken in the adult safeguarding process must comply with the Mental Capacity Act 2005. For more information on the Mental Capacity Act please see [Introducing the MCA](#)

Where adult safeguarding action is being considered for an adult with care and support needs and that individual is assessed at that moment as lacking capacity to take part or provide a view about their circumstances and wishes, there needs to be reflection about who represents those needs and the possibility of advocacy.

An Independent Mental Capacity Advocate (IMCA) are a legal safeguard for people who lack the capacity to make specific decisions. The IMCA role is to support and represent the person in the decision-making process. An IMCA must be instructed, and then consulted for people lacking capacity who have no-one else to support them, other than paid staff in relation to decisions proposing:

- Serious medical treatment
- Long term change of accommodation or
- In hospital for 28 days or longer.

Where an IMCA or IMHA is already supporting a person with a particular decision or through a particular process and the need for Care Act advocacy is identified the Local Authority may liaise with the advocate already involved to establish whether they are appropriate and able to support the person under the Care Act. This enables a seamless advocacy service for the person and prevents them having to repeat their story to different advocates. For more information on IMCAs, please see [Independent Mental Capacity Advocate \(IMCA\)](#).

Where there are concerns that a Lasting Power of Attorney (LPA) is being misused, please consult with the safeguarding team and this will be assessed on a case-by-case basis.

## Consent

Adults may not give their consent to the sharing of safeguarding information for several reasons. For example, they may be unduly influenced, coerced or intimidated by another person, they may be frightened of reprisals, they may fear losing control, they may not trust social services or other partners, or they may fear that their relationship with the abuser will be damaged. Reassurance and appropriate support may help to change their view on whether it is best to share information. Conversations should seek to understand the underlying reasons for the refusal and ways these might be addressed. Staff should consider the following and:

- Explore the reasons for the adult's objections – what are they worried about?
- Explain the concern and why you think it is important to share the information
- Tell the adult with whom you may be sharing the information with and why
- Explain the benefits, to them or others, of sharing information – could they access better help and support?
- Discuss the consequences of not sharing the information – could someone come to harm?
- Reassure them that the information will not be shared with anyone who does not need to know
- Reassure them that they are not alone, and that support is available to them.

If, after this, the adult refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, in general, their wishes should be respected. However, there are a number of circumstances where staff can reasonably override such a decision, including:

- the person lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the [Mental Capacity Act](#)
- other people are, or may be, at risk, including children
- sharing the information could prevent a crime
- the alleged abuser has care and support needs and may also be at risk
- [a serious crime has been committed](#)
- staff are implicated
- the person has the mental capacity to make that decision, but they are subject to control, coercion and fear which will affect a person's willingness or ability to consent;
- the risk is unreasonably high and meets the criteria for a [multi-agency risk assessment conference referral](#)
- a court order or other legal authority has requested the information.

In such circumstances, it is important to keep a careful record of the decision-making process. Staff should seek advice from managers in line with their organisation's policy before overriding the adult's decision, except in emergency situations. Managers should make decisions based on whether there is an overriding reason which makes it necessary to act without consent and whether doing so is proportionate because there is no less intrusive way of ensuring safety. Legal advice should be sought where appropriate. If the decision is to act without the adult's consent, then



unless it is unsafe to do so, the adult should be informed that this is being done and of the reasons why.

If none of the above apply and the decision is not to share safeguarding information with other safeguarding partners, or not to intervene to safeguard the adult:

- Support the adult to weigh up the risks and benefits of different options
- Ensure they are aware of the level of risk and possible outcomes
- Offer to arrange for them to have an advocate or peer supporter
- Offer support for them to build confidence and self-esteem if necessary
- Agree on and record the level of risk the adult is taking
- Record the reasons for not intervening or sharing information
- Regularly review the situation
- Try to build trust to enable the adult to better protect themselves.

It is important that the risk of sharing information is also considered. In some cases, such as domestic violence or hate crime, it is possible that sharing information could increase the risk to the adult. Safeguarding partners need to work jointly to provide advice, support and protection to the adult in order to minimise the possibility of worsening the relationship or triggering retribution from the abuser.

If there is no duty under S42 to make enquiries, the Professional must still consider how any identified risk will be mitigated and how that will be communicated to the adult concerned and the person accused of causing harm.

### **Risk Assessment**

Risk assessment that includes the assessment of risks of abuse, neglect and exploitation of people should be integral throughout safeguarding the adult. The actions of talking to the adult and gathering information forms part of this risk assessment.

Assessment of risk is dynamic and on-going and a flexible approach to changing circumstances is needed. The primary aim of a safeguarding adults risk assessment is to assess current risks that people face and potential risks that they and other adults may face.

Under MSP the adult is best placed to identify risks, provide details of its impact and whether they find the mitigation acceptable. Working with the adult to lead and manage the level of risk that they identify as acceptable creates a culture where: -

- Adults feel more in control;
- Adults are empowered and have ownership of the risk;
- There is improved effectiveness and resilience in dealing with a situation;
- There are better relationships with professionals;
- Good information sharing to manage risk, involving all the key stakeholders
- Key elements of the person's quality of life and well-being can be safeguarded.

Specific to safeguarding, risk assessments should encompass:

- The views and wishes of the adult on the risk
- What the risk is and to who (physical, financial, domestic abuse etc.), consider not only the adult but others who may live with them e.g. children, other residents
- Where concerns relating to others have been identified, action should be taken to manage immediate risk and appropriate referrals made, including to Children's services where the risk relates to a person under 18.

The person's ability to protect themselves;

- Factors that contribute to the risk, for example, personal, environmental
- The risk of future harm from the same source;
- Identification of the person causing the harm and establishing if the person causing the harm is also someone who needs care and support;
- It may increase risk where information is not shared.

### **Risk management**

Risk management should occur throughout the safeguarding process however at this stage the focus will be on taking steps to ensure the adult's immediate safety and measures that can be put in place to decrease the identified risk/s. All measures (unless life threatening) should be discussed with the adult:

- If the adult is in immediate danger to contact the emergency services
- Where it is suspected that a crime has been committed report to the.
- Referral to MARAC following a DASH risk assessment for domestic abuse
- Referral to Children's Services if a child/ren are identified as at risk

### **Transitions**

Where there are on-going safeguarding issues for a young person and it is anticipated that on reaching 18 years of age, they meet the adult safeguarding criteria, safeguarding arrangements should be discussed as part of transition support planning and protection. There should be robust joint working between Children's and Adults services. Often, staff working in children's services will have built relationships and knowledge about the young person or carer in question over a number of years. As young people and carers prepare for adulthood, children's services and adults' services should work together to pass on this knowledge and build new relationships in advance of transition. Professionals involved should seek assurance that there has been appropriate consultation with the young person by adult social care and invite them to any relevant conference or review.

When a child turns 18 and is identified as being at risk but does not meet the threshold for a safeguarding response, prevention remains key. Agencies signed up to the LSAB and the LSAB prevention strategy recognise the importance of liaison and partnership working when supporting care experienced young adults. The best method for achieving enhanced support to this vulnerable group is to secure their consent and to liaise with the leaving care service and engage in the pathway planning process with the young person and their leaving care worker.

## Reporting within your organisation

All safeguarding concerns are expected to be discussed with the manager/person in charge/safeguarding lead.

The line manager/safeguarding lead within the organisation will usually lead on decision making. Where such support is unavailable, consultation with other more senior staff should take place. If this is not available, seeking advice from the LCC Safeguarding Team should be considered.

Staff should act without the immediate authority of a line manager:

If discussion with the manager would involve delay in an apparently high-risk situation;

If the person has raised concerns with their manager and they have not taken appropriate action (whistleblowing).

If you are concerned that your line manager has abused or neglected an adult with care and support needs, you must inform a senior manager, or another adult safeguarding lead, in your organisation. In exceptional circumstances where you do not feel safe or comfortable reporting the matter within your own organisation, or if you have already raised concerns with your managers but no action has been taken, you can report the concern to the Customer Service Centre.

### Key Skill - Partnership working: information sharing

Within the majority of Lincolnshire Safeguarding Adult Reviews (SARS) it has been found that had information been shared between agencies at an earlier stage, the abuse may have been identified earlier and collective action taken to protect those involved. Analysis of SARs nationally highlights consistent concerns about the way agencies work together to safeguard adults.

Partner organisations of LSAB signed up to the LSAB Information Sharing Agreement which provides a framework to share information between agencies legally.

'Some frontline staff and managers can be over-cautious about sharing personal information, particularly if it is against the wishes of the individual concerned. (See consent section for when it is legal to override an individual's objection to sharing of information). They may also be mistaken about needing hard evidence or consent to share information. The risk of sharing information is often perceived as higher than it actually is. It is important that staff consider the risks of *not* sharing safeguarding information when making decisions.' (SCIE)

Concerns about abuse or neglect of an adult provides sufficient grounds to warrant sharing information on a 'need to know' basis and/or 'in the public interest' and unnecessary delays in sharing that information should be avoided.

Keep a written record of your professional decision and rationale to share or not share information.

Please see the seven golden rules for Information sharing and further guidance that can be found [Safeguarding adults: sharing information](#)

The manager/lead should review action taken, and:

- Clarify that the adult at risk is safe, that their views have been clearly sought and recorded and that they are aware what action will be taken.
- Address any gaps.
- Check that contact has been made with children's services if a child or young person is also at risk.

- Ensure that if the person allegedly causing the harm is also an adult at risk, arrangements have been made for appropriate care, support and advocacy.
- Make sure action has been taken to safeguard other people.
- If the alleged perpetrator is employed by your organisation, in agreement with the police and/or local authority as necessary, take action in line with HR and/or disciplinary procedures.
- If the allegation is against an organisation registered with the Care Quality Commission, and the incident constitutes a notifiable event, ensure this has been actioned by the relevant party.
- If a criminal offence has occurred or may occur, ensure the Police force where the crime has/may occur have been contacted and details of which police station/officer, crime reference number etc.
- Steps have been taken to preserve forensic evidence
- Consider: are there other agencies involved with which this information can be shared?
- Other referrals have been considered and made as appropriate – eg Prevent, DA services, Adult Care and support needs assessment
- Consider if there is a reasonable belief that the three statutory criteria are met.
- Record the information received and all actions and decisions.
- Ensure the concern form contains: Details of the adult at risk including name, address, date of birth
- Referrer's details including organisation and contact number where an appropriately informed person will be available to discuss the concerns within three working days.
- Factual details of the incident or concern including who, what, when and where and how.
- Description of the adult's care and support needs and why these prevent the person from taking steps to safeguard themselves.
- Immediate risks and action taken to address risk;
- Adult's preferred communication method – is an interpreter or other support required?
- Any information about the person alleged to have caused harm.
- Confirmation that the adult has been spoken to and their wishes and views recorded.
- Has professional curiosity been practiced?
- Confirmation that the adult has given consent or if not, on what lawful basis is the information being shared? Confirmation that the adult has been informed.
- Explain any doubts about the adult's capacity to consent to sharing information currently.
- Details of a person identified who is willing and able to support the adult where the adult would have substantial difficulty being involved in an enquiry?
- Any recent history (if known) about previous concerns of a similar nature or concerns raised about the same person, or someone within the same household.

## Recording of a safeguarding concern

As soon as possible on the same day, make a written record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern also makes a written report.

The written record will need to include:

- The date and time when the disclosure was made, or when you were told about / witnessed the incident/s;
- Who was involved, any other witnesses including service-users and other staff;
- Exactly what happened or what you were told, in the person's own words, keeping it factual and not interpreting what you saw or were told;
- The views and wishes of the adult;
- The appearance and behaviour of the adult and/or the person making the disclosure;
- Observations about the scene, eg who is present and in what capacity? Does everyone know their roles? Evidence of food/fluids available? Uprturned furniture or damage? Any documentation completed appropriately? Particular hazards eg trip, fire?
- Any injuries observed; (body map available in appendix)
- Any actions and decisions taken at this point;
- Any other relevant information, e.g., previous incidents that have caused you concern.

Remember to:

- Include as much detail as possible;
- Make sure you have printed your name, role and organisation on the record and that it is signed and dated;
- Keep the record factual as far as possible. However, if it contains your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence. Information from another person should be clearly attributed to them;
- Keep the records confidential, storing them in a safe and secure place until needed.

If asked to share your record, do so in line with your agencies policies and procedures, keep the original copy and clearly record who you have shared with and why.

The Checklist below is a helpful aide memoire when taking action in response to a safeguarding concern.

<b>Concerns checklist</b>
Are you concerned that an adult is at risk of or is experiencing abuse or neglect? What types of abuse or neglect are you concerned about? Have you had a conversation with the adult about the concerns? Have you sought the views and wishes of the adult?

## Concerns checklist

Are there any immediate risks to the adult or others including children?  
Have you been professionally curious?  
Have you shared information?  
Have you discussed and agreed the next steps with the adult?  
Have you provided advice, information or signposted the adult?  
Emergency services contacted and recorded  
Medical treatment sought  
Consent sought  
Advocacy considered  
Mental Capacity considered  
Best Interest Decisions made and recorded  
Public and vital interest considered and recorded  
Police report made  
Evidence preserved  
Referrals to specialist agencies e.g., EDAN Lincs, Prevent, Channel  
Referral to children services if there are children and young people safeguarding matters  
Action taken to remove/reduce risk where possible and recorded  
Recorded clear rationales for decision making  
Reported to line manager

## Person In Position of Trust

If the person who has allegedly abused or neglected the adult is a person in a position of trust, please follow the LSAB [Person in Position of Trust \(PiPoT\) Protocol](#).

Responding to non-recent allegations of abuse or where the adult is no longer at risk.

## Differentiating between poor care and potential safeguarding issues

There is [evidence](#) that many of the issues raised from care providers as safeguarding concerns are rooted in poor practice and poor-quality care which do not meet the safeguarding criteria outlined in this section.

It is important to differentiate between poor care and safeguarding. Poor quality care should be identified and addressed by the service provider. Please follow the [LSAB Provider Generated Quality Concern guidance](#) for care providers to differentiate between poor quality care and safeguarding and what action to take in response to both.

Who can refer a safeguarding concern to the Local Authority?

A member of the public can make a [referral](#) when they have concerns that an adult with care and support needs is experiencing or at risk of abuse or neglect. They may do so either anonymously or by giving their details.

Personal information about the member of the public, including anything that could identify them, should only be disclosed to third parties with their consent. The member of the public should be assured that their concerns relating to the adult will be acted upon. They should also be advised who to contact should they have either further concerns or additional information.

Where a member of the public expresses concern to a Professional about significant harm to an adult with care and support needs, the Professional should support the member of public to make a referral to the Local Authority if appropriate. The Professional should assure the member of the public that confidentiality will be respected wherever possible, but guarantees should not be made.

Any professional making a referral should not expect anonymity. Professionals can express concern that a referral may damage their professional or therapeutic relationship with the adult at risk. Usually, this can be overcome by setting clear boundaries, not making any guarantees about confidentiality and being open and honest from the outset. This allows a professional relationship based on mutual trust and respect.

In exceptional circumstances, where the referrer is likely to be at significant personal risk of retribution should they be identified, agreement will be made to maintain the anonymity of the referrer as much as possible.

#### **Decision to refer:**

If, after having a conversation with the adult and the other available information there remains is a reasonable belief that the following three statutory criteria are met, a referral must be made to the Local Authority.

A Person has care and support needs

And

There is reasonable belief that they are experiencing or at risk of abuse or neglect

And

They are unable to protect themselves from that abuse and neglect because of their care and support needs

#### **How to refer:**

Members of the public wishing to report a safeguarding concern are advised to contact the Customer Service Centre on 01522 782155.

Professionals can refer any safeguarding concern that meets the three statutory criteria above to the Lincolnshire County Council Customer Service Centre using the Lincolnshire Adult Safeguarding Concern form, and send this via secure email to [ASC@lincolnshire.gov.uk](mailto:ASC@lincolnshire.gov.uk)

In addition:

If a criminal offence has occurred or may occur, contact Lincolnshire Police – 101

If a crime is in progress or life is at risk, dial emergency – 999

You must contact the Children's Services on (01522 782111) if a child is identified as being at risk of harm.

Professionals who make referrals will be notified of the outcome in writing.

### **Decision not to refer**

If the safeguarding criteria are not met or the adult has capacity and declines safeguarding support and there is no reason to refer without consent that is not the end of the matter. If a concern remains, consideration should be given to ways in which the risk to the adult could be managed or mitigated, including through communication and working with partner agencies. Consider the impact of abuse or neglect on the person's wellbeing and the impact on others in the situation and how that will be communicated to the adult. What further support, advice, information or signposting can you offer the adult?

A multi-agency risk management meeting can be convened by any agency (including provided health or social care services, council services, emergency services, housing agencies, third sector organisations, probation services, environmental health) where there are challenges about addressing risk. It is cited in research that sharing information in a multi-agency context is critical to swift prevention of safeguarding individuals.

These are the reasons agencies would share information when the case does not meet the safeguarding criteria under wider safeguarding prevention duties in the Care Act; these include the wellbeing principle, the prevention of the risk of abuse or neglect and under LSAB's preventative duty. The sharing of information between agencies under a preventative approach is cited in LSAB's (ISA). All agencies signed up to this ISA must share information under a preventative duty.

In the circumstance where another agency refuses to share information at this point, [LSAB's Joint Professional Resolution and Escalation Protocol](#) can be utilised.

### **Working with complex cases**

Typically, these cases may feature complex mental health needs, fluctuating capacity, subject to coercive control, alcohol use, drug abuse, autism, learning disabilities and/or self-neglecting behavior. It is often that these cases are well known to one or more agencies and there are challenges for services in keeping the person engaged as they are often unwilling or unable to accept help. There may be no multi-agency plan to manage the presenting needs and risks to the person.

'The multi-agency partnership will not always be able to achieve positive outcomes where individuals are not able or ready to accept help. Nonetheless, such challenging and high-risk situations are when the multi-agency partnerships should be working hard together, exploring every avenue to try and reduce risks.' (Lincolnshire SAR)

The National SAR Analysis found in some cases, there was insufficient persistence – sometimes agencies were noted to take refusal at face value and too quickly cease their attempts.

Professionals should seek to understand the person's lived experience, rather than just focusing on their current presentation, to help understand their current circumstances. The skills of professional curiosity, perseverance, persistence, tenacity, and recognising the time needed to build trust along with a multi-agency approach are noted as playing an important role when people were reluctant to engage.

A multi-agency, collaborative approach is evidenced as the most effective approach to working with these cases; a multi-agency meeting, inclusive of the adult, carer and or family, can be convened by any agency.



Where the case is complex and you are feeling 'stuck', with the permission of your manager please consider discussion of the case with a Team Around the Adult (TAA) co-ordinator. The TAA offers an approach where workers are feeling 'stuck' and/or where individuals are in a 'revolving door referral' to agencies, and who have several inter-related needs. Coordinators can be contacted at [TAA@lincolnshire.gov.uk](mailto:TAA@lincolnshire.gov.uk).

For cases where adults are not attending planned appointments or are not being supported to attend, please see LSAB's ['Did Not Attend or Was Not Supported to Attend'](#) guidance.

### Dealing with repeat allegations

All concerns should be considered on their own merit and recorded individually. An adult who makes repeated allegations that have been investigated and decided to be unfounded should be treated without prejudice. Where there are patterns of similar concerns being raised by the same adult within a short time period, a risk assessment and risk management plan should be developed by the agency initially receiving the concerns, and a local process agreed with the local authority and other relevant partners, for responding to further concerns of the same nature from the same adult. All organisations are responsible for recording and noting where there are such situations and may be asked to contribute to a multi-agency response. Information sharing to assess and analyse data is essential to ensure that adults are safeguarded, and an appropriate response is made. Staff should also be mindful of public interest issues.

In considering how to respond to repeated concerns the following factors need to be considered:

- The safety of the adult who the concern is about;
- Mental capacity and ability of the individual's support networks to raise the concern, or to increase support to meet outcomes of safeguarding concerns;
- Wishes of the adult at risk and impact of the concern on them;
- Level of risk.

## Stage 2 - Enquiry

Once a safeguarding concern is received by the local authority, the referrer's role does not end. Safeguarding is everyone's responsibility. Working in partnership with the person raising the concern, partner agencies as well as the individual themselves, is critical to safeguarding adults. Safeguarding is not just about passing information on and 'passing the buck' but actively and collectively taking responsibility for safeguarding the adult.

### Enquiries (S.42 (1))

Lincolnshire County Council Safeguarding Team will triage the concern received.

The Safeguarding Officer will be responsible for confirming that appropriate action has been taken to make the person safe. Where the information provided does not provide sufficient information to satisfy a reasonable belief that the three criteria are met, the Officer will make proportionate enquiries including speaking to the referrer, adult at risk and any relevant professionals as appropriate, to inform a decision to proceed.

Remember: to follow the advice during the 'concern' section to provide quality information within the concern form to enable Lincolnshire County Council Safeguarding Team to carry out its duty as swiftly as possible.

Once proportionate information gathering has been completed, a decision on whether the criteria are met will be made within 3 working days.

Where the criteria are met, the Local Authority must make or arrange an enquiry under Section 42 of the Care Act 2014. 'The Local Authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.'

Enquiries can range from non-complex single agency interventions to multi-agency complex enquiries. The key questions in choosing the right type of enquiry, is dependent on:

- What outcome does the adult want? – add to this making sure it's the adult's voice
- How can enquiries be assessed as successful in achieving outcomes?
- What prevention measures need to be in place?
- How can risk be reduced?

Identifying the primary source of risk may assist in deciding what the most appropriate and proportionate response to the individual enquiry might be. There are no hard and fast rules and judgement will need to be made about what type of enquiry and actions are right for each situation.

If, based on the information provided, it is clear that the criteria is not met, the Safeguarding Officer will close the enquiry with no further action. The safeguarding team may propose an alternative response such as S9 assessment, S10 carers assessment, quality of care concern complaint, Multi-Agency Risk Assessment Conference (MARAC), referral to a Vulnerable Adult Panel (VAP), signposted for advice or No Further Action. Where the circumstances are not such as to trigger the Section 42 safeguarding duty, the Local Authority may choose to carry out proportionate safeguarding enquiries, to promote the adult's well-being and to support preventative action.

### **Feedback**

Keeping the person who raised the concern and the adult (who the concern is about) informed on next steps is an essential requirement under these policies and procedures. Feedback provides assurance that action has been taken whether under adult safeguarding or not.

If the referral does not meet the criteria for S.42 Enquiry feedback will be provided to the referrer including rationale for decision making, feedback on the quality of referral, whether any further information was needed to make a decision and proposals for next steps or further action.

If the referrer does not agree that a safeguarding enquiry is not taking place, please refer to the LSAB [Escalation Protocol](#) to challenge the decision.

Feedback to the wider community needs to take account of confidentiality and requirements of data protection legislation.

The referrer may choose to submit a new referral if the situation changes, or they have received new information which is likely to change the outcome.

### **Role of the Local Authority**

The degree of involvement of LCC will vary from case-to-case, but at a minimum will involve decision making about whether the criteria for a S.42 enquiry is met, how the enquiry will be carried out, oversight of the enquiry, calling and chairing safeguarding meetings, decision making

about when to end an enquiry, agreeing arrangements for next actions and monitoring, and quality assurance of the enquiry that has been undertaken.

Lincolnshire Safeguarding Team will decide who is the best person/organisation to undertake the enquiry. LCC retains the lead and is responsible for ensuring that the enquiry is referred to the right place and is acted upon. Where appropriate, a safeguarding lead within an organisation other than LCC may be requested to undertake the enquiry. In other cases, for example, where the provider has allegedly caused the abuse or neglect it would be inappropriate for the provider to undertake the enquiry. If LCC has asked someone else to make enquiries, it is able to challenge the organisation/individual making the enquiry if it considers that the process and/or outcome is unsatisfactory. In exceptional cases, LCC may undertake additional enquiries, for example, if the original fails to address significant issues.

If an organisation is refusing to share information, the organisation conducting an enquiry can escalate to the Safeguarding Adults Board (SAB) to consider using Section 45, Care Act 2014 powers, which puts an obligation on organisations to comply with a request for information in order that the SAB can perform its duties. The LSAB Escalation Protocol is to be used by agencies in circumstances where there is multi-agency disagreement.

### **Safeguarding strategy discussion/meeting**

Note: The first initial discussion held under a section 42 enquiry is referred to as a Strategy Discussion/Meeting. Any meetings held thereafter are referred to as a Safeguarding Case Conference.

Initial strategy discussions where it is a simple enquiry or a single agency enquiry can be undertaken as a series of telephone conversations. Where there are multiple agencies involved or the enquiry is complicated and requires several actions that may be taken by others to support the outcome, a safeguarding multi-agency strategy meeting will be the most effective method of ensuring that information is shared with all relevant parties. A meeting will always be required in the following circumstances:

- Where the level of risk to the adult or others remains significant despite actions having been put in place;
- Where concerns have been raised by several agencies
- Where a coordinated response is required from multiple agencies, for e.g., because there are concerns of cuckooing or modern slavery.

### **Where concerns have complex interdependencies**

The urgency of the response should be proportionate to the seriousness of the concerns raised, and the level of risk. An initial strategy meeting or discussion should be held within 5 working days of a decision to progress to a S.42(2) Safeguarding enquiry. As much notice will be given to attendees as possible. The focus of safeguarding strategy discussions and meetings will always be the adult at risk and should be person, not process driven.

The purpose of the discussion/meeting is to:

- Share relevant information regarding the abuse or neglect
- Share the views, wishes and desired outcomes of the adult at risk and ensure these are central to the process

- Undertake an initial assessment of risk
- Consider capacity and advocacy if required
- Agree who should be involved/informed
- Agree role and responsibilities
- Agree what action needs to be taken and by who to reduce the abuse or neglect
- Agree to continue or end enquiries under S.42 Care Act 2014
- Agree timescales for completion of actions and review/next meeting

Meetings will be led and coordinated by a Safeguarding Officer as responsible lead for the enquiry who will determine the relevant agencies to be involved and in consideration of the views and wishes of the adult at risk.

The adult should be involved in the planning of safeguarding meetings and be supported to attend, if they wish. Action, however, should not be 'on hold' until a meeting can be convened. If the adult prefers or does not have the capacity to be involved in the enquiry, then an advocate should represent their views.

#### **Attendance at safeguarding meetings**

Attendance at safeguarding strategy meetings is mandatory and all organisations should be committed to attend when invited providing a suitably informed representative who is able to commit actions and resources on behalf of the organisation. Action should never be put on hold, due to the logistics of arranging meetings. Proportionality should be the guiding principle.

Attendees at safeguarding strategy meetings should ensure that they share relevant, necessary and proportionate information about the adult, in order to support the objectives of the safeguarding enquiry.

Agreed actions along with who is responsible for them should be monitored and taken forward. Agencies are responsible for carrying out the actions which might be included in future safeguarding plans

Following the initial safeguarding strategy meeting, it may be necessary to convene further meetings – case conferences to review the enquiry and agree next steps or if there are significant changes or developments and it is necessary to review risk or amend agreed actions. The purpose of a safeguarding case conference is to:

Review details of the concerns

Update as to the views, wishes and outcomes of the adult at risk and assurance that the adult is involved to the extent that they wish.

- Re-affirm the intended outcome/s of the enquiry
- Update as to the views of other relevant parties
- Feedback from other agencies on enquiries/actions undertaken
- Confirm and challenge
- Review the risk assessment and consider current level of risk

- Review the degree to which the actions undertaken have mitigated the risk and met the intended outcome/s
- Agree protection plan if necessary
- Agree role and responsibilities
- Agree what other action needs to be taken and by who.
- Agree timescales for completion of actions and review
- Agree to continue or end enquiries under S.42 Care Act 2014
- Agree date for next meeting/discussion or confirm monitoring arrangements

As with a safeguarding strategy meeting, a safeguarding case conference will be co-ordinated and chaired by a Safeguarding Officer or manager of the LCC Safeguarding Adults team with consideration of the views and wishes of the adult. Attendance will be required by those agencies that were determined as necessary following the initial strategy discussion or meeting. A key focus for the case conference will be consideration of on-going risk, efficacy of actions in place to mitigate risk and to what extent the desired outcomes of the adult at risk are being met.

Attendees at safeguarding case conferences should continue to ensure that they share relevant, necessary and proportionate information about the adult, in order to support the objectives of the safeguarding enquiry.

If someone is removed from their role providing regulated activity following a safeguarding incident the regulated activity provider (or if the person has been provided by an agency or personnel supplier, the legal duty sits with them) has a legal duty to refer to the Disclosure and Barring Service (DBS). The legal duty to refer to the DBS also applies where a person leaves their role before a disciplinary hearing has taken place following a safeguarding incident and the employer/volunteer organisation feels they would or might have dismissed the person based on the information they hold.

Where it is considered that a referral should be made to the DBS careful consideration should be given to the type of information needed. This is particularly pertinent for people in a position of trust. Where appropriate, employers should report workers to the statutory and other bodies responsible for professional regulation such as the General Medical Council the Nursing and Midwifery Council and the Health & Care Professions Council and Social Work England. The legal duty to refer to the Disclosure and Barring Service may apply regardless of a referral to other bodies.

Where there is an on-going risk of that person in a position of trust causing harm to other vulnerable adults or children consideration should be given within the safeguarding enquiry to:

- Sharing information with the employer and other partner agencies
- The Local Authority and/or ICB issuing an improvement notice under their contract with the provider requiring the concerns to be resolved and risks to be managed
- Increasing the number of visits by quality control officers
- The Local Authority and/or ICB suspending placements with the provider and seeking a voluntary undertaking not to admit self-funders until the concerns are resolved and risks managed

## Actions and decisions under section 42 enquiries

What	Outcome	Those involved
Actions	<p>Plan the Enquiry</p> <p>Identify enquiry lead/officer</p> <p>Clarify desired outcomes</p> <p>Identify links to other procedures in progress</p> <p>Undertake agreed action</p> <p>Update safeguarding plan</p> <p>Agree communication</p> <p>Agree outcomes for person(s) alleged to have caused harm</p> <p>Make referrals as agreed in relation to the person alleged to have caused harm</p> <p>Make referrals in relation to the adult</p> <p>Evaluation by the adult/advocate</p> <p>Explore recovery and resilience</p>	<p>Adult /advocate</p> <p>LCC Safeguarding Officer or delegate/partner agencies, LCC Principal Professional/Area Manager</p>
Decisions	<p>What type of enquiry is appropriate and proportionate?</p> <p>Who should undertake enquiries and who should contribute?</p> <p>Does the report meet standards?</p> <p>Necessary for the enquiry to be taken over by the Local Authority?</p> <p>Whether to close the enquiry down or take forward for review</p> <p>Actions for the adult</p> <p>Actions for the person alleged to have caused harm</p>	<p>LCC Safeguarding Officer/Principal Professional/Area manager</p>

### Good practice guide: involving adults in safeguarding meetings

Effective involvement of adults and/or their representatives in safeguarding meetings requires professionals to be creative and to think in a person-centred way;

- How should the adult be involved?
- Where is the best place to hold the meeting?
- How long should the meeting last?

- Timing of the meeting?
- Agenda
- Preparation with the adult
- Agreement by all parties to equality
- If the adult does not/ cannot attend, how do you ensure their views are heard during the meetings?
- Support for people who are alleged to have caused harm

In order to conduct a fair and balanced enquiry it is important to ensure that a discussion takes place with the alleged person posing a risk to put the concerns or allegations to them. This is particularly important if the information gathered as part of the enquiry will be shared for statutory purposes e.g., a criminal investigation, Coroner inquest or at the Court of Protection. Without discussion with the alleged person posing a risk the enquiry cannot be deemed to be robust as it will be one-sided and may mean that important information is missing. It is also important as a matter of natural justice that the alleged person posing a risk is afforded the opportunity to respond to the concerns. This should be considered as part of the initial strategy discussion/meeting.

In the first instance, consent to discuss the allegations with the person posing a risk should be sought from the adult who is at risk of abuse or neglect. If the adult refuses, consideration will be given to whether this should be overridden because of the risk of significant harm, risk of harm to others, where a crime has been committed, or if there are concerns of control and coercive behaviour. If a decision is made to override the wishes of the adult, they should be informed and the decision clearly documented. Where the adult is assessed as lacking capacity to give consent, a best interest's decision will be made. This should include consideration of the previous wishes and feelings of the adult at risk, and any potential risk to the adult following disclosure to the alleged person posing a risk. Consideration will need to be given to the timing of this discussion and the safety of the adult concerned once this information is shared with the alleged person posing a risk. The individual's safety must be paramount.

The timing of any such discussion will also need to be agreed with other agencies. For example, if there are initial concerns that a criminal offence has been committed, the police investigation will take priority to ensure that evidence is preserved and that the police have had an opportunity to put any allegations to the alleged person posing a risk. Equally, a provider may wish to take witness statements before the alleged person posing a risk is made aware of the details of the concerns. The risk to staff should be evaluated and recorded when planning a discussion with the alleged person posing a risk. Consideration should be given to who should interview/provide information to the alleged person posing a risk and when and how this should happen, in order to avoid duplication of work and unnecessary anxiety for the alleged person posing a risk. A joint visit with the safeguarding officer or with other professionals, such as the Police, should be considered. If not undertaking the discussion themselves, the safeguarding officer should be provided with a summary of the discussion and should be satisfied that the discussion was conducted fairly, concerns were explained to the alleged person posing a risk, and that they had the opportunity to respond. Where the information gathered will be shared with other agencies, for example to assist in Court proceedings, the person posing a risk should be informed at the earliest opportunity prior to it being shared.

In exceptional circumstances, it may not be considered appropriate to discuss the allegations with the alleged person posing a risk to the adult. This may be because the adult at risk did not give consent and there is no valid reason to override this decision, because doing so would create a significant risk to the service user, staff or others, or at the request of police due to risk of interference with an on-going police action. This decision will be made in agreement with the LCC Safeguarding Team manager and the reasons for the decision clearly recorded.

Where the alleged abuser is also an adult who has care and support needs, organisations should consider what support and actions may help them not to abuse others. For example, enquiries may indicate that abuse was caused because the adult's needs were not met and therefore a review of their needs should be made.

Where the person alleged to have caused harm is a carer, consideration should be given to whether they are themselves in need of care and support.

Checks might be made whether staff were provided with the right training, supervision and support. Whilst this does not condone deliberate intentions of abuse, prevention strategies to reduce the risk of it occurring again to the adult or other people should be considered.

People who are known perpetrators of domestic violence may benefit from [Domestic Violence Prevention Programmes](#).

When considering action for people who abuse, prevention duties and action to safeguard adults should work in tandem.

### **Large scale enquiries**

Large Scale s42 Enquiries are those involving multiple concerns of abuse in provider services e.g., care homes, health establishments and domiciliary care agencies. These can be complex and require a great deal of co-ordination and planning. The Safeguarding Adults Team will lead on these enquiries and liaise with relevant professionals in Health and Social Care, Police Commissioners, Quality Assurance teams and the CQC when the service is registered with them under the Health and Social Care Act 2008.

Where concerns relate to the provision of care provided, safeguarding activity alone is unlikely to address the concerns in the long-term and therefore, close cooperation with regulators and commissioners will be required. In such circumstances, the Safeguarding team will liaise closely with LCC Commercial team and will agree how to best support the required quality improvements which will prevent further abuse and neglect. This coordination may include jointly chaired meetings which ensure a coordinated response and a single action plan, to avoid duplication and supporting best use of available resources.

It may be tempting to hold a large safeguarding meeting to discuss a number of safeguarding concerns relating to different individuals simultaneously, particularly where there are concerns about a care provider. However, consideration should be given to how this can be effectively achieved whilst maintaining the principles of making safeguarding personal and duties around confidentiality. It is important not to lose sight of the individual, or objectives of the enquiry where there are multiple concerns; it may be more appropriate for over-arching concerns to be considered in an alternative multi-agency forum which is attended by the Safeguarding Officer but where individuals are not identified.



## **Cross-boundary and inter-authority adult safeguarding enquiries**

Risks may be increased by complicated cross-boundary arrangements, and it may be dangerous and unproductive for organisations to delay action due to disagreements over responsibilities. The rule for managing safeguarding enquiries is that the Local Authority for the area where the abuse occurred or is likely to occur has the responsibility to carry out the duties under Section 42 Care Act 2014, but there should be close liaison with the placing authority.

## **Linking different types of enquiries**

There are several different types of enquiries. It is important to ensure that where there is more than one enquiry that information is dovetailed to avoid delays, interviewing staff more than once or making people repeat their story.

Other processes, including police investigations, can continue alongside the safeguarding adult's enquiry. Where there are HR processes to consider, it is important to ensure an open and transparent approach with staff, and that they are provided with the appropriate support, including trade union representation. The remit and authority of organisations need to be clear when considering how different types of investigations might support Section 42 enquiries. Where possible, other processes should align with the safeguarding enquiry to avoid duplication of tasks, for example, by agreeing terms of reference, timescales and how findings will be reported into the safeguarding process.

## **Referral to professional bodies**

Where the conduct of a person registered with a professional body has been the subject of an enquiry, a referral to that professional body should be considered. Professional bodies could include:

Health and Care Professions Council (HCPC) - [Employer referral | \(hcpc-uk.org\)](https://www.hcpc-uk.org/employer-referral)

Nursing and Midwifery Council (NMC) - [How to make a referral - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/how-to-make-a-referral)

General Medical Council (GMC) - [Fitness to Practise referral form \(gmc-uk.org\)](https://www.gmc-uk.org/fitness-to-practise-referral-form)

Notification of a professional body is the responsibility of the employer. Where this action has been agreed as part of a safeguarding enquiry being led by the local authority, confirmation should be provided to the local authority that the action has been completed. As the responsible authority for adult safeguarding, the local authority may make a referral where the relevant criteria are met and should do so where it is necessary to ensure an appropriate referral has been made.

Professional bodies will follow their own investigation procedures and it is their decision regarding whether any action will be taken in relation to the person's professional registration. Professional bodies have a range of options where appropriate; these usually include suspending the person from practice, de-registering them or imposing conditions of practice that the person must work under.

Professional bodies will contact the person directly to inform them that they have received a referral and will share all information provided to them with the person, along with any other information they may have received from other sources as part of their decision-making process.

### **Stage 3: Safeguarding plan and review**

In most cases there will be a natural transition between deciding what actions are needed and the end of the enquiry, into formalising what these actions are and who needs to be responsible for each action- this is the adult safeguarding plan. A safeguarding plan will not always be necessary, and this should be considered on a case-by-case basis.

An adult safeguarding plan is not a care and support plan, and it will focus on care provision only in relation to the aspects that safeguard against abuse or neglect, or which offer a therapeutic or recovery-based resolution. In many cases the provision of care and support may be important in addressing the risk of abuse or neglect, but where this is the intention, the adult safeguarding plan must be specific as to how this intervention will achieve this outcome.

The Safeguarding Plan should set out:

- What steps are to be taken to reduce the risk of the abuse or neglect recurring;
- The provision of any support, treatment or therapy, including on-going advocacy;
- Any modifications needed in the way services are provided (e.g., same gender care or placement; appointment of an OPG deputy);
- How best to support the adult through any action they may want to take to seek justice or redress;
- Any on-going risk management strategy as appropriate.
- Who is responsible for reviewing the plan?
- How the adult at risk will be kept informed in relation to any other processes which are ongoing.

The plan should outline the roles and responsibilities of all individuals and agencies involved and should identify the lead professional who will monitor and review the plan, and when this will happen. Adult safeguarding plans should be person-centred and outcome focused. Safeguarding plans should be made with the full participation of the adult at risk. In some circumstances it may be appropriate for safeguarding plans to be monitored through on-going care and support management activities. In other situations, a specific safeguarding review may be required.

#### **Risk management prior to review of the plan**

The focus must be on the management of risks not just a description of risks. Employers need to take responsibility for the management of risk within their own organisation and share information responsibly where others may be at risk from the same source. The Local Authority may be ultimately accountable for the quality of Section 42 enquiries, but all organisations are responsible for supporting holistic risk management, with the adult and in partnership with other agencies.

It is the collective responsibility of all organisations to share relevant information, make decisions and plan intervention with the adult. A plan to manage the identified risk and put in place safeguarding measures includes:

- What immediate action must be taken to safeguard the adult and/others;
- Who else needs to contribute and support decisions and actions;
- What the adult sees as proportionate and acceptable;

- What options there are to address risks;
- When action needs to be taken and by whom;
- What the strengths, resilience and resources of the adult are;
- What needs to be put in place to meet the on-going support needs of the adult;
- What the contingency arrangements are;
- How will the plan be monitored?

Positive risk management needs to be underpinned by widely shared and updated contingency planning for any anticipated adverse eventualities. This includes warning signs that indicate risks are increasing and the point at which they become unacceptable and therefore trigger a review.

Effective risk management requires exploration with the adult using a person-centred approach, asking the right questions to build up a full picture. Not all risks will be immediately apparent; therefore, risk assessments need to be regularly updated as part of the safeguarding process and possibly beyond.

### **Reviewing risk**

Individual need will determine how frequently risk assessments are reviewed and wherever possible there should be multi-agency input. These should always be in consultation with the adult at risk.

### **Risk disputes**

Throughout these policies and procedures risk assessment and risk management is carried out in partnership with the adult, wider support network and others. The decision to involve others or not is in itself a decision which may give rise to risk, and the individual may need support to make this decision.

The professional views of risk may differ from the views of the adult. Perceived risks have implications for the safety and the independence of the individual, but they also have implications for the accountability of professionals. This highlights the importance of training and/or regular practice in making independent decisions by adults. Accessible knowledge through information and advice, assertiveness through the right kind of advocacy and support may be appropriate.

Professionals need to embrace and support positive risk taking by finding out why the person wishes to make a particular choice, what this will bring to their life, and how their life may be adversely affected if they are not supported in their choice. The promotion of choice and control, of more creative and positive risk-taking, implies greater responsibility on the part of the adult and greater emphasis on keeping them at the centre of decision making.

It may not be possible to reach agreement, but professionals need to evidence that all attempts to reach agreement were taken. Where there are concerns about people making unwise decisions, or there is high risk that requires wider collaboration; Community Multi-Agency Risk Panel sometimes referred to as Vulnerable Adult Panels, is one model used to support safeguarding adults' processes.

### **Review of the plan**

When a plan is completed, it may be appropriate to review. A Safeguarding Officer will may review the plan before it is closed. The purpose of the review is to:

- Evaluate the effectiveness of the adult safeguarding plan;

- Evaluate whether the plan is meeting/achieving outcomes;
- Evaluate risk.
- Reviews of adult safeguarding plans, and decisions about plans should be communicated and agreed with the adult at risk. Following the review process, it may be determined that:
  - The adult safeguarding plan is no longer required; or
  - The adult safeguarding plan needs to continue.

Any changes or revisions to the plan should be made, new review timescales set (if needed) and agreement reached regarding the lead professional who will continue monitoring and reviewing; or, it may also be agreed, if needed, to instigate a new adult safeguarding Section 42 Enquiry. New safeguarding enquiries will only be needed when the Local Authority determines it is necessary. If the decision is that further enquiries would be a disproportionate response to new or changed risks, further review and monitoring may continue.

#### **Stage 4: closing the enquiry**

A Safeguarding enquiry can be closed at any stage with the agreement of a manager within the LCC Safeguarding Adults Team. Individuals should be advised on how and who to contact with agreement on how matters will be followed up with the adult at risk if there are further concerns.

It is good practice where a care management assessment, Care Programme Approach (CPA), reassessment of care and support, health review, placement review or any other pre-booked review is due to take place following the safeguarding enquiry, for a standard check to be made that there has been no reoccurrence of concerns.

Closure records should note the reason for this decision and the views of the adult at risk to the proposed closure. The Safeguarding Officer responsible should ensure that all actions have been taken prior to seeking authorisation for closure from a Principal Professional, building in any personalised actions:

- Views of the adult at risk on closure
- Onward referrals as agreed
- Advice and Information provided
- All organisations involved in the enquiry updated and informed
- Proportionate feedback has been provided to the referrer
- Action taken with the person alleged to have caused harm
- Action taken to support other service users
- Referral to children's services made (if necessary)
- Outcomes noted and evaluated by adult at risk
- Consideration for a SAR
- Any lessons to be learnt
- Recovery and resilience

Adults who have experienced abuse and neglect may need support to build up their resilience to move on from the incident. This support should enable people to use their own strengths and abilities to overcome what has happened, learn from the experience and develop an awareness that may prevent a reoccurrence. As a minimum it should enable people to recognise the signs and risks of abuse and neglect and know how to contact support if required.

Resilience is supported by recovery actions, which includes adults identifying actions that they would like to see to prevent the same situation arising. The process of resilience is evidenced by:

- The ability to make realistic plans and being capable of taking the steps necessary to follow through with them
- A positive perception of the situation and confidence in the adult at risks own strengths and abilities
- Increasing their communication and problem-solving skills.

Resilience processes that either promote well-being or protect against risk factors, benefits individuals and increases their capacity for recovery. This can be done through individual coping strategies assisted by:

- Strong personal networks and communities
- Social policies that make resilience more likely to occur
- Handovers/referrals to other services for example care management, or psychological services to assist building up resilience

### **Restorative practice**

If no further safeguarding action is required and there are alternative ways of supporting adults where they may be needed, then the adult safeguarding process can be closed.

Prevention should be discussed at every stage of the safeguarding process and is especially important at the closure stage (which can happen at any time) when working with adults on resilience and recovery. Discussions between staff and adults, their personal network and the wider community (if appropriate) help build resilience as part of the recovery process. Where support is needed to prevent abuse, this needs to be identified as part of assessment and care planning.

### **Closing enquiries down when other processes continue**

The adult safeguarding process may be closed but other processes may continue, for example, a disciplinary or professional body investigation. These processes may take some time. Consideration may need to be given to the impact of these on the adult and how this will be monitored. Agreement will need to be reached on how the outcome will be communicated to the adult.

Where there are outstanding criminal investigations and pending court actions, the adult safeguarding process can also be closed providing that the adult is safeguarded. Each case must be assessed on a case-by-case basis, if the safeguarding enquiry has been closed and there remains concern that the adult remains at risk, these must be escalated.

In all cases, consideration must be given to whether risks to the adult increase once formal processes have ceased, for example because restrictions on working practices or contact with the adult cease. Where current actions to mitigate risk are conditional on other processes, it may be necessary to retain the enquiry until such time as appropriate actions can be put in place to safeguarding the adult after such processes end.

All closures, no matter at what stage, are subject to an evaluation of outcomes by the adult at risk. If the adult at risk disagrees with the decision to close safeguarding involvement, their reasons should be fully explored and alternatives offered.

At the close of each enquiry there should be evidence of:

- The adult has had an opportunity to discuss the outcomes they want at the start of safeguarding activity
- Follow-up discussions with people at the end of safeguarding activity to see to what extent their desired outcomes have been met
- Recording the results in a way that can be used to inform practice and provide aggregated outcomes information to support identification of themes and patterns, to support contextual safeguarding intervention and to support the Lincolnshire Safeguarding Adults Board in the execution of its duties.
- The adult knows what to do should they be subject to abuse or neglect again.

### **Outcome to the enquiry**

All enquiries should have established outcomes that determine the effectiveness of interventions.

The outcome and recommendations of the enquiry should be discussed with the adult at risk and or their advocate, who may have a view about whether it has been completed to a satisfactory standard.

Overall, the Local Authority will decide if the enquiry is completed to a satisfactory standard. In reaching this decision, the Local Authority may wish to consult partner organisations involved in the enquiry. If another organisation has undertaken parts, or all of, the enquiry, the Local Authority may decide that further enquiries are necessary to ensure a robust and person-centred enquiry. The exception to this is where there is a criminal investigation, and, in this case, the Local Authority should consider what action is necessary to safeguard the adult whilst the enquiry is on-going and ensure that an appropriate plan is in place to consider changes in risk, as police investigations progress, for example, if restrictions on the alleged perpetrator are lifted. Any action will be carefully coordinated with the police in order to avoid compromising the criminal investigation.

The evaluation is that of the adult, or their advocate and not of other parties. Whilst staff may consider that enquiry and actions already taken have made the adult safe, and that their outcomes were met, the important factor is how actions have impacted on the adult. This should be clarified when assessing the performance of safeguarding.

### **Outcome for the person(s) alleged to have caused harm**

To ensure the safety and wellbeing of other people, it may be necessary to take action against the person/organisation alleged to have caused harm. Where this may involve a prosecution, the police and the Crown Prosecution Service lead sharing information within statutory guidance.

### **Feedback**

The adult at risk, or their representative will have been involved throughout the enquiry and will have been provided with the opportunity to express their views on the conclusion and outcome of the enquiry.

It is also important to ensure that all other agencies involved are notified that the enquiry has concluded and where relevant, the outcome of the enquiry. This will ensure that all agencies are

able to monitor risk and identify themes as patterns, as well as ensuring that all records agencies' records are up to date and accurate.

The referrer will have been advised at the beginning of the process whether they will be provided with any further information and it may not be appropriate to notify all parties of the details of the findings of the enquiries and resulting actions. However, as a minimum, all agencies involved should be notified that the enquiry has been concluded and where relevant, what actions have been taken to mitigate risk.

### **Feedback to people alleged to have caused harm**

The principles of natural justice must be applied, consistently with the overriding aim of safety and the requirements of the GDPR.

An evaluation should be carried out as to whether it is safe to share information about the complaint with the person allegedly responsible. If the adult at risk has capacity, their informed consent should be sought before sharing information with the person allegedly responsible. However, where the sharing of information to prevent harm is necessary, lack of consent to information sharing can be overridden. It may be a necessary part of a safeguarding enquiry to put information to the person allegedly responsible, where it has not been possible to obtain consent to this.

Providing information on the nature and outcomes of concerns to people alleged to have caused harm also needs to be seen in the wider context of prevention; for example, information can be used to support people to change or modify their behaviour. The person/organisation that is alleged to be responsible for abuse and/or neglect should be provided with sufficient information to enable them to understand what it is that they are alleged to have done or threatened to do that is wrong and to allow their view to be heard and considered. Whilst the safety of the adult remains paramount the right of reply should be offered where it is safe to do so. Decision making should take into consideration:

- The possibility that the referral may be malicious
- The right to challenge and natural justice
- Whether there are underlying issues for example employment disputes
- Family conflict
- Relationship dynamics
- Whether it is safe to disclose particularly where there is domestic abuse
- Compliance with the Mental Capacity Act 2005.

Feedback should be provided in a way that will not exacerbate the situation or breach the GDPR.

If the matter is subject to police involvement, the police should always be consulted so criminal investigations are not compromised.

The Local Government Ombudsman<sup>i</sup> and the Parliamentary and Health Ombudsman are both useful sources to explore case examples. The Information Commissioner provides advice on sharing information.

# Appendix 1

## Preserving physical evidence

In cases where there may be physical evidence of crimes (e.g. physical or sexual assault), contact the Police immediately. Ask their advice about what to do to preserve evidence.

As a guide:

- Where possible leave things as and where they are. If anything must be handled, keep this to an absolute minimum;
- Do not clean up. Do not touch anything you do not have to. Do not throw anything away which could be evidence;
- Do not wash anything or in any way remove fibres, blood etc.;
- Preserve the clothing and footwear of the victim;
- Preserve anything used to comfort or warm the victim, e.g. a blanket;
- Note in writing the state of the clothing of both the victim and person alleged to have caused the harm. Note injuries in writing. As soon as possible, make full written notes on the conditions and attitudes of the people involved in the incident;
- Take steps to secure the room or area where the incident took place. Do not allow anyone to enter until the Police arrive.

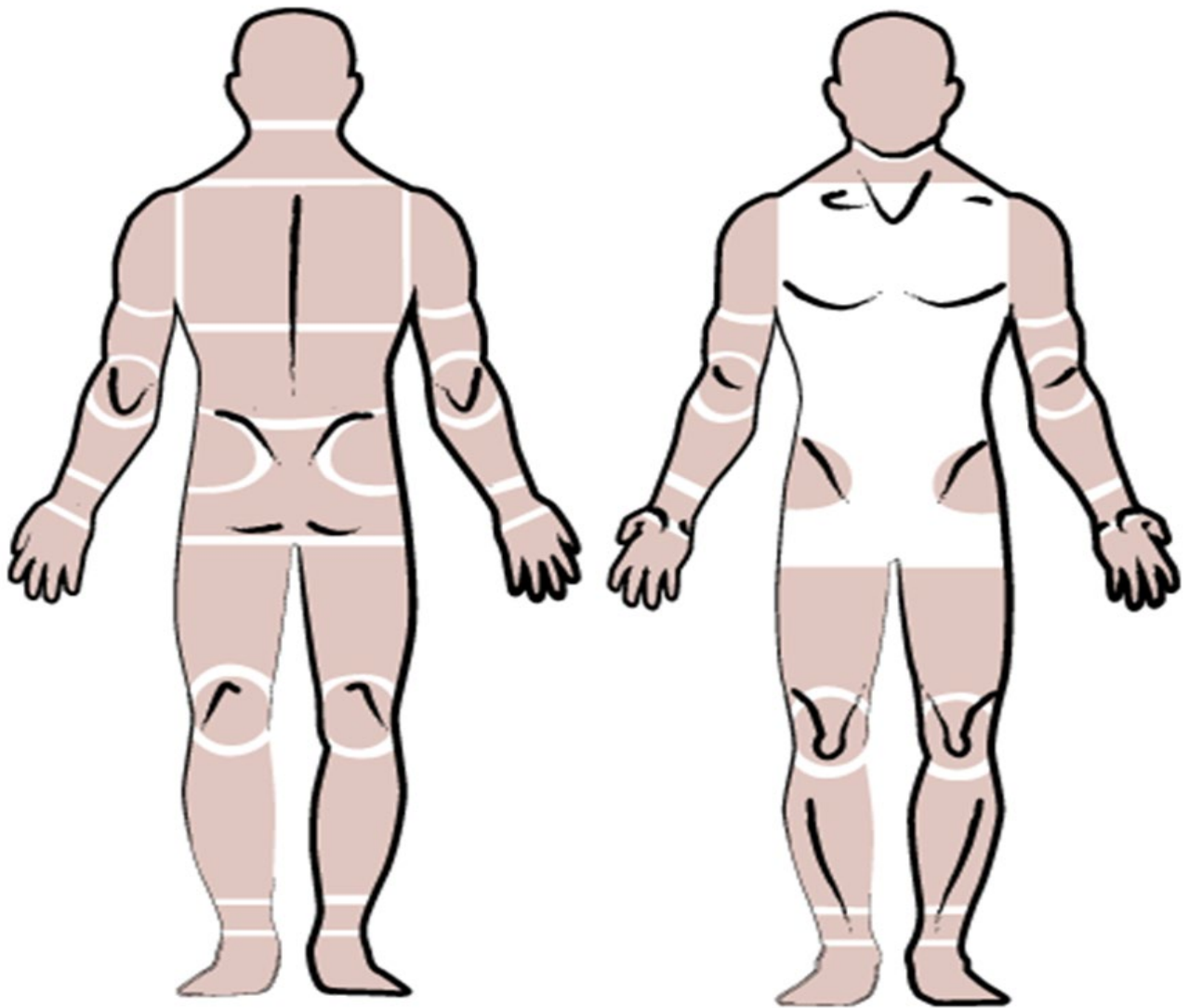
In addition, in cases of sexual assault:

- Preserve bedding and clothing where appropriate, do not wash;
- Try not to have any personal or physical contact with either the victim or the person alleged to have caused the harm. Offer reassurance and comfort as needed, but be aware that anyone touching the victim or source of risk can cross contaminate evidence



## Appendix 2

### Body map



## Appendix 3

### Other processes which support safeguarding

Concerns	Process undertaken by:
Criminal (including assault, theft, fraud, hate crime, domestic violence and abuse or wilful neglect.	Police
Domestic abuse (serious risk of harm)	Via MARAC process, supported by the MARAC Chair, coordinator and IDVAS
Anti-social behaviour (eg harassment, nuisance by neighbours)	Community Safety Partnership/local Policing
Breach of tenancy agreement (eg harassment, nuisance by neighbours)	Landlord/District Council
Bogus callers or rogue traders	Trading Standards/Police
Complaint regarding failure of service provision (including neglect of provision of care and failure to protect one service user from the actions of another)	Manager/proprietor of service/complaints department/Commissioning authorities Ombudsman (if unresolved through complaints procedure)
Breach of contract to provide care and support	Service commissioner (e.g. Local Authority, NHS ICB)
Fitness of registered service provider	CQC
Serious Incident (SI) in NHS settings	Root cause analysis investigation by relevant NHS Provider
Unresolved serious complaint in health care setting	CQC, Health Service Ombudsman
Breach of rights of person detained under the MCA 2007 Deprivation of Liberty Safeguards (DoLS)	CQC, Local Authority, OPG/Court of Protection
Breach of terms of employment/disciplinary procedures	Employer
Concerns about suitability to work with vulnerable groups	Disclosure and Barring Service
Breach of professional code of conduct	Professional regulatory body

<b>Concerns</b>	<b>Process undertaken by:</b>
Breach of health and safety legislation and regulations	HSE/CQC/Local Authority
Misuse of enduring or lasting power of attorney or misconduct of a court-appointed deputy	OPG/Court of Protection/Police
Inappropriate person making decisions about the care and wellbeing of an adult who does not have mental capacity to make decisions about their safety and which are not in their best interests	OPG/Court of Protection
Misuse of Appointeeship or agency	DWP
Fire Fatality Review	Lincolnshire Fire and Rescue
Safeguarding Adults Review (Care Act Section 44)	Lincolnshire Safeguarding Adults Boards

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