Commission for Social Care Inspection

Safeguarding Adults Protocol and Guidance
1.0 Introduction

1.1 This protocol demonstrates CSCI’s commitment to working with other agencies to ensure that people within regulated services are appropriately safeguarded. It replaces the December 2003 NCSC adult protection protocol and has been formally agreed with the Association of Directors of Social Services (ADSS**1) and Association of Chief Police Officers (ACPO). The protocol has the support of the Department of Health. Any regional or local agreements in place must be compatible with this national protocol.

1.2 This protocol needs to be viewed in the context of the government guidance “No Secrets” and more recent good practice guidance issued by the ADSS, ‘Safeguarding Adults: A national framework of standards for good practice and outcomes in adult protection work.’ We have also taken, into account the Action on Elder Abuse Adult Protection Data Monitoring Project, which has made specific recommendations about data collection for local councils (references to local councils throughout this protocol are to councils with social services responsibilities)

1.3 CSCI has adopted the “safeguarding adults” terminology throughout the protocol. This is the terminology adopted by the ADSS – the Commission supports the reasoning behind this change, which moves away from locating the cause of abuse with the victim and acknowledges that, whilst the statutory framework differs, safeguarding adults work has equal status with safeguarding children.

1.4 This protocol describes the roles and process for safeguarding adults using the terms used within the ADSS “Safeguarding Standards” as representing the ADSS current view of best practice. Although there may be local variations in how these are described in some councils’ current local procedures the functions and processes incorporated in this protocol can generally be applied to CSCI’s engagement in all local safeguarding adults procedures.

1.5 The intended outcome of this protocol is to ensure that our working practices support effective safeguarding and contribute to a reduced risk of abuse for people who use services. This will be achieved by:

**1 From 26/03/2007 the ADDS is replaced by the launch of the ADASS (Association of Directors of Adult Social Services)
a) Establishing a consistent approach within CSCI to the identification, decision-making, recording and management of safeguarding cases within regulated services.

b) Promoting a clear understanding of the role of the regulator within the multi-agency safeguarding procedures that is agreed amongst co-signatories to this protocol.

c) Ensuring that appropriate data is collected about safeguarding adults activity in a way which supports our regulatory role and our performance assessment of local councils.

2.0 Safeguarding Adults : General Principles

2.1 There are a number of general principles that inform our safeguarding adults work:

a) People who use services have a right to live a life free from abuse, neglect and discrimination.

b) CSCI acknowledges that, whilst safeguarding is of concern to whole communities, within regulated services the providers of care services and local authority and NHS commissioners and contractors have a key role in Safeguarding Adults. CSCI and the Healthcare Commission will monitor how these roles are fulfilled through our regulatory and performance assessment functions.

c) CSCI recognises that local councils hold the lead responsibility for establishing and co-ordinating the local interagency framework for safeguarding adults in accordance with the government guidance “No Secrets”. In addition the Director of Adult Social Services is expected to ensure “a clear organisational focus on safeguarding adults in vulnerable situations” (Best Practice Guidance on the Role of the Director of Adult Social Services)

d) CSCI will work in partnership with other agencies to ensure that concerns or allegations of abuse are appropriately referred to and investigated by the most appropriate agency.

e) CSCI will safeguard the welfare of adults in receipt of regulated services through ensuring compliance with
relevant regulations and taking enforcement action where needed.

f) CSCI will ensure that any action we take is objectively assessed, proportionate and reflective of risk presented to people who use services in accordance with our published enforcement policy.

g) Whilst working in partnership with other agencies, CSCI will not suspend its own statutory enforcement responsibilities pending the outcome of another (e.g. criminal) process where to do so would run counter to the safety and well-being of the people who use the service. This is in accordance with lessons highlighted within the ‘Longcare’ inquiry and our statutory duties. In such circumstances we will aim wherever possible to coordinate actions in order to preserve evidence and avoid impeding each other’s investigations or enforcement action.

h) CSCI will seek to continually improve the way in which we work and will engage with partner agencies to consider lessons learnt from individual cases of safeguarding adults and to further develop and enhance the effectiveness of our involvement.

i) CSCI will keep this protocol under review in relation to changing CSCI, government or local interagency policy. We will nominate a safeguarding adults lead amongst our Regional Directors to champion our role in safeguarding and monitor implementation of the protocol.

j) CSCI will use the information gained from both regulatory and performance assessment work to contribute to the overall improvement in the way adults are safeguarded.

3.0 Basis and boundary of CSCI role within Safeguarding Adults procedures

3.1 The Care Standards Act 2000 and the Health and Social Care (Community Health and Standards) Act 2003 place specific responsibilities and duties on CSCI and in working to safeguard adults CSCI must work within that legal framework. CSCI can only use its powers to undertake, and fulfil, its own responsibilities.
3.2 CSCI’s function in response to safeguarding adults concerns is primarily as a regulator, contributing our knowledge of the service, regulations and standards to the multi-agency assessment.

Where a safeguarding alert suggests breaches of regulations or lack of fitness of registered persons, we will consider what regulatory action is needed by the commission and undertake that work in partnership with other agencies.

There are three significant levels of engagement for CSCI in response to a safeguarding alert or referral:

- Where a safeguarding alert or subsequent findings suggest serious risk to a person’s life, health or well-being (these are the Care Standards Act grounds that we consider in relation to urgent cancellation of registration) then we will consider what regulatory action is needed in addition to the investigation/assessment undertaken by partner agencies or the care provider. Whilst in practice we will aim to co-ordinate any regulatory action with the police or commissioners of the service, the need to give primary consideration to our own statutory responsibilities follows the key principle which emerged from the ‘Longcare’ Inquiry (described at para 2.1 g).

- Where the safeguarding adults referral received by the local council suggests breaches of regulations and standards and certain criteria are met in relation to the scale of the abuse, the involvement of registered persons and the regulatory history of the service, CSCI may decide to conduct enquiries and/or initiate a Random Inspection as part of the multi-agency strategy. These criteria are described in more detail in paragraph 8.1 f of this document.

- Where there are no indications of serious risk requiring immediate regulatory action, the outcome of any investigation undertaken by partner agencies or the care provider (shared under the safeguarding adults local information sharing protocol) will inform our decision making about further regulatory action.

3.3 More broadly within regulated services we have duties to inspect to assess compliance with regulations and relevant NMS – We have a duty to report our findings through inspection reports.
and to take relevant and proportionate action to secure compliance with regulations and conditions of registration.

3.4 In addition to our regulatory function we are responsible for the performance assessment of local councils’ social care services. Each year, the Commission is responsible for producing the performance assessment rating for local councils’ social care. Effective safeguarding is one of the criteria specified as an outcome of effective service delivery. We have included specific data items relating to safeguarding adults within the performance assessment outcomes framework for adult social care 2007 and this will continue to be an important feature as we develop our performance assessment framework to reflect the outcomes within the government White Paper, “Our Health, Our Care, Our Say”. Evidence collected and discussed at routine monitoring meetings between CSCI and the councils may also be included as “admissible evidence” within the performance assessment framework. We will also use information gained through regulatory work to come to judgements about the quality of a council’s adult safeguarding activity.

4.0 Information sharing

4.1 The success of CSCI’s engagement with partner agencies is based on good and timely information sharing. CSCI’s Guidance “Sharing information gained during regulatory activity supports the sharing of information within the context of multi agency procedures for safeguarding adults: the information shared “should comprise that which is needed to improve social care services, enable an investigation or to protect people from risk”.

Please see our published guidance: CSCI information sharing guidance

Wherever possible, the sharing of information with any particular agency should be in accordance with any protocol currently in operation. Where there is no such protocol, CSCI staff can obtain a model from CSCI’s Access to Information Officer.

Any documents prepared by partner agencies that have come into the possession of CSCI as a result of its involvement in safeguarding adults procedures should be stored only for as long as is necessary, and in accordance with the principles set out in CSCI’s Retention and Disposal Schedules. Documents such as minutes of meetings should be retained until there has been a resolution of the
case in question. If enforcement action or other legal proceedings involving CSCI have resulted, then in line with other records, documents should be stored for 7 years after the conclusion of the last action.

5.0 Initial response to a notification or alert about a possible safeguarding adult issue

5.1 The ADSS ‘Safeguarding Adults’ standards describe the initial process whereby a partner organisation reports concerns of abuse or neglect as the “alert”. In pursuing our statutory duties the Commission has significant opportunities to identify poor practice and abuse. This may be through the information that is presented to us by others, information that is sought by us as part of our inspection methodologies or through our own direct contact with the service. CSCI will respond to a possible safeguarding adult issue by:

a) CSCI staff who will be receiving concerns about abuse should be familiar with types of abuse (see Appendix A) and consider the good practice advice within the alert standards of the ADSS Safeguarding Adults document [http://www.adss.org.uk/publications/guidance/safeguarding.pdf](http://www.adss.org.uk/publications/guidance/safeguarding.pdf) page 31 para 9.3.7)

b) CSCI’s existing concerns, complaints and allegations methodology will assist staff in separating out safeguarding adults issues from other information that can be pursued outside of the safeguarding adults procedures. Where CSCI receives information about a possible Safeguarding Adults issue or concern (including statutory notifications under the service specific regulations) this must be brought to the immediate attention of the lead regulatory inspector for that service or a duty inspector or equivalent depending on the local operational arrangements. The arrangements must be clear in each CSCI local office so that timescales for responding are not compromised.

c) The regulatory inspector will review the information taking into account other known information about the service. This process also applies to safeguarding adults concerns that emerge from CSCI’s own inspection activity. They must then formulate an initial recommendation for **IMMEDIATE** discussion with a regulation manager to determine what action to take following receipt of this alert.
d) Factors for consideration by the Regulation Manager and regulatory inspector are covered in the accompanying guidance (Guidance: Safeguarding people who use services). The aim is to assess the risk and ensure that appropriate action is prompted without undue delay. Where it is determined that the issue does relate to Safeguarding Adults, CSCI should pass on the “alert” through the referral point agreed within the local procedures (if this has not already occurred). A “Safeguarding adults alert form” has been designed for this purpose. If there is an indication of any criminal activity, there must also be a referral to the local police force; this is imperative, whether or not any urgent or immediate action is contemplated by any of the agencies involved. It is always important to consider the ways in which evidence of any criminal act will be preserved as the response to an incident is co-ordinated, and in some cases, it will be necessary to discuss with a police officer how this will be achieved. This will be particularly important where the criminal act indicated is serious.

5.2 **Timeframe** - the regulatory inspector (or Regulation Manager) dealing with the alert is responsible for ensuring that this occurs the same day as the alert information is received:

a) The local council will provide a clear and accessible referral or signposting point for CSCI and will confirm in each case whether they have decided that the alert is accepted as a referral which will be dealt with within the local procedures. Where the local council has declined to accept it as a referral, the rationale for this is shared with the Commission. Clear agreements about the mechanisms for this will be needed in each local area.

b) Where the source of the information is external, CSCI will send them a letter confirming that we consider this to be an allegation of abuse and that we have referred it to the local council to consider under the local safeguarding procedures of which CSCI is a part.

c) Where the local council’s decision is not to accept the alert as a safeguarding adults referral the local council will inform the original source. The information will be reviewed by a Regulation Manager to determine whether any further action is warranted by CSCI. Further dialogue with the Safeguarding Manager (see below) may be needed to clarify the rationale for the decision.
Note: in this section and elsewhere in this document we have assumed that the local council will act as the “Safeguarding Manager”. The role of the safeguarding manager, as described in the ADSS good practice document, Safeguarding Adults, is to take responsibility for the decision about whether the safeguarding adults procedures are appropriate to address the concern and co-ordinate the safeguarding assessment, plans and reviews. In relation to CSCI regulated services this role is frequently undertaken by someone employed by the local council although it is possible for somebody not employed by the council to fulfil this role.

6.0 Safeguarding assessment strategy (may also be referred to as strategy meetings)

6.1 Where the local council has accepted a safeguarding adults referral the safeguarding manager will develop a multi-agency plan for assessing the risk and addressing any immediate protection needs (the Safeguarding assessment strategy). This could take the form of a telephone discussion rather than a face-to-face meeting – in either case it is convened and chaired under the local safeguarding adults procedures. Key issues for CSCI as a partner agency are as follows:

a) The safeguarding assessment strategy will consider the ongoing risk factors and the implications for the safety and well-being of people who use the service. CSCI has an important information-sharing role in relation to regulated services as described in our information sharing guidance (see link at paragraph 4.1).

b) Where the local council has accepted a safeguarding referral about a regulated service from a source other than CSCI the local council will inform the relevant CSCI local office.

c) There are a few occasions where the issues and concerns are so great that immediate action is required – In these cases there would as a minimum be an immediate strategy discussion with all relevant parties. Where there are indications of possible criminal activity, the police must be directly involved.

d) However in most cases prior to any action being carried out to investigate the concern a Safeguarding Assessment Strategy meeting or discussion (sometimes referred to as a strategy
meeting) is held to agree the investigation strategy, identify who will do what and when and any risk management interventions that may be required.

e) Whilst CSCI should always be made aware of any Safeguarding Adults concern within a regulated service, it is not necessary or appropriate for CSCI to attend all Safeguarding assessment strategies (strategy meetings). However, attendance (or other means of participation such as teleconferences) must occur where one or more of the following criteria are apparent:

I. One or more registered people are directly implicated
II. Urgent or complex regulatory action is indicated
III. If any form of enforcement action has commenced or is under consideration in relation to the service involved.

f) CSCI would generally expect that relevant agencies and other relevant stakeholders such as registered providers and managers, people who use the service and/or their representatives are invited to attend the meeting/participate in the discussion or be otherwise involved in the process. The general assumption is that where registered providers and managers are judged to be fit and not implicated in the alleged abuse then they will be pro-actively involved as partners in tackling the abuse. In some cases, particularly where allegations are made against a registered person, it may not be appropriate for the registered person to be involved - Information supplied by CSCI can assist the Chair in determining whether registered persons are included as a full partner in the strategy discussion.

g) The following must be supplied by CSCI to the chairs of all Safeguarding Assessment strategy meetings convened in relation to regulated services whether CSCI staff will be attending or not:

I. Name, address, telephone number of service
II. Name of registered provider/company (if applicable)
III. Name of registered manager (if applicable)
IV. Type of registration
V. No. of places registered (if applicable)
VI. Category(ies) of registration, with number of places
VII. Conditions of registration
VIII. Enforcement action underway or pending
IX. Complaints investigations underway or pending
X. Most recent inspection report
XI. Quality rating (when implemented)
XII. Any direct information relating to the allegation obtained through our inspection process

6.2 A form has been developed for this purpose – Safeguarding Adults Assessment Strategy Meeting Information form.

6.3 Whether or not CSCI staff attend the Safeguarding Assessment strategy meeting, CSCI must be supplied with copies of the minutes and agreed strategies formally by the chair of the meeting. Records relating to the safeguarding proceedings may be subject to Freedom of information act requests; comments or actions attributed to CSCI should be checked for accuracy. The regulatory inspector is responsible for ensuring appropriate communication liaison is established. Where the inspector is concerned that the proposed response will not effectively safeguard people using the service this should be discussed with the Regulation Manager.

7.0 What should be clarified during a strategy meeting?

7.1 CSCI staff must not chair or function as minute takers for Safeguarding Assessment strategy meetings.

7.2 Where CSCI attends a Safeguarding Assessment strategy meeting it is essential that full notes of discussions and agreements are made which should be checked against the draft minutes of the meeting and amendments proposed where necessary. The aim is to ensure that the final record of the meeting reflects the input and agreed actions of all parties. Information shared at a strategy meeting should only be used for the purpose of safeguarding adults.

7.3 The core business of a strategy meeting includes:

i) Assessing current information regarding risk to people using the service
ii) Developing an Interim safeguarding plan and support for alleged victims whilst risk assessment/investigation takes place
iii) Establishing who will undertake the risk
assessment/investigation and how other activities are co-ordinated with that
iv) Agreeing communication strategy between the relevant agencies during the assessment/investigation (including involvement and communication with the registered provider)
v) Agreeing support for alleged victims, relevant family/carers, staff who are whistle blowers
vi) Agreeing the wider communication strategy where required, including considering whether a media or public relations strategy is needed.

8.0 Safeguarding assessment – Possible investigation strategies

8.1 There are a range of options for investigating Safeguarding Adults referrals and the appropriateness will be dependent on the circumstances of each case. Possible strategies may include one or a combination of some of the following:

a) Police investigation – Into allegations which relate to possible criminal activity and where a criminal prosecution may be indicated – Where this is the prime investigation strategy other agencies must ensure that their input or action does not adversely impact on the integrity of the investigation.

b) Social Services lead investigation – Local social services are the lead authority for co-ordinating Safeguarding Adults procedures but may also be the commissioners of care. Examples of where social services should conduct investigations include where the concerns relate to compliance with service agreements, individual care contracts or other contractual expectations – Their input is also indicated where the care needs of individual service users may have been compromised and that a review or reassessment is necessary- Where one person using the service has abused another an assessment of that person’s care may be needed. People who purchase their own care within regulated services are included within the remit of the safeguarding procedures.

Where the service includes people placed out of area the host authority will normally manage the safeguarding procedures (in accordance with the ADSS cross boundary protocol)
c) Healthcare organisations - In certain circumstances healthcare organisations may complete an investigation into safeguarding issues. This should be part of the local multi-agency procedures so that the local council can co-ordinate and quality assure the investigation strategy and outcome.

If local councils are concerned about the quality or robustness of work undertaken by healthcare organisations either to investigate or to address safeguarding concerns they should raise this with the appropriate executive lead (for NHS trusts) or responsible individual (for independent healthcare providers). If the local council's concerns are not resolved, they should inform the strategic health authority (for NHS patients only) and send a copy of their concerns to the Healthcare Commission's regional team; for independent healthcare patients they should directly inform the Healthcare Commission’s regional team, who will consider what further action might be needed.

d) Healthcare Commission – The Healthcare Commission may complete an investigation into safeguarding issues that affect NHS patients in accordance with their published criteria:

Healthcare Commission NHS investigations criteria

The Healthcare Commission may also conduct enquiries or initiate an inspection where the allegation suggests breaches of regulations and standards and take appropriate regulatory action.

e) Registered Provider / Manager – The relevant agencies will decide at the beginning of the strategy process whether it would be appropriate for the registered provider or manager to conduct an investigation. Factors that should be considered include:

I. Current CSCI service quality rating including judgements about the management of the service

II. Previous history of effective concerns & complaint investigation

III. Implications for the registered person in terms of the focus of the allegation, investigation required and possible outcome

IV. Agreement of all agencies
Where it is agreed that the registered provider/manager should investigate the concern this will often be in partnership with other agencies. For example an investigation of a concern relating to the conduct of staff employed within the service and where the findings may lead to disciplinary action by the employer.

f) Where the allegation suggests breaches of regulations and standards, CSCI may conduct enquiries using our existing methodologies and/or initiate a Random Inspection and take appropriate regulatory action. (A ‘random inspection’ in this context is an unannounced inspection focused on the regulatory issues within the safeguarding referral). Some illustrative examples are included as Appendix B.

The following criteria will be used to inform the decision:

I. Allegations directly implicate one or more registered person
II. Current service quality rating and rationale, plus any links to risk for service users accommodated
III. Enforcement action has commenced in relation to the conduct of this service or one or more registered person in relation to risk for people who use the service
IV. The allegations if proven, indicate that urgent or immediate regulatory action may be necessary
V. Where the allegations relate to complex and serious conduct issues particularly those indicating possible institutional or cultural abusive or neglectful practice

N.B. Where the above criteria do not apply and the allegation is investigated by another person/agency the Commission will consider what regulatory activity (if any) needs to follow once the investigation has been concluded and the outcome shared with CSCI (under the local Safeguarding adults info sharing protocol).

8.2 If concurrent investigations (from more than one agency) are taking place any reports must be provided to the Safeguarding Manager for the case. The safety and welfare of the people who use the service is paramount. Any decision by CSCI to take regulatory action - as a result of an inspection or other information received - should not be unnecessarily delayed; however the safeguarding manager should be informed of any such decision and this should be discussed with the organisation leading the safeguarding assessment. For example, if this is the police it is important that
any actions by CSCI do not adversely affect the gathering of evidence as part of a criminal investigation. The timing of feedback from regulatory action must be agreed with the relevant Regulation Manager or duty Regulation Manager in line with CSCI media protocol, but all efforts should be made for this to be coordinated with the actions of partner agencies.

8.3 Regulation Managers must ensure that workload management strategies ensure that all fieldwork inspections relating to Safeguarding Adults issues are completed as a matter of priority and in accordance with current methodologies.

9.0 The safeguarding plan

9.1 Agencies who have been involved in the investigation/safeguarding assessment will share information in accordance with any information sharing protocols in place to arrive at a conclusion about whether abuse took place. The outcome of the safeguarding assessment (including investigation reports where appropriate) must be shared with CSCI where it relates to a regulated service. Where the abuse is deemed to have taken place a multi-agency meeting will typically consider the current risk, consider what actions need to take place to prevent a repeat of the abuse by an individual or organisation and consider what further actions are necessary to safeguard the person (or people) using the service. The person (or people) using the service should be involved where they have the capacity to do so and to the extent to which they wish to be involved.

The principles and provisions of the Mental Capacity Act (to be implemented April 2007) will need to be considered where appropriate. For example, Lasting Power of Attorneys or Court Appointed Deputies with powers to make welfare decisions may need to be involved in the safeguarding plan and local councils will have the discretion to extend the services of their Independent Mental Capacity Advocacy schemes to safeguarding adults cases.

9.2 Whilst other agencies will have greater influence over the safeguarding plan for the individual person using the service, CSCI within its regulatory role will have an influence in ensuring adherence to parts of the safeguarding plan that relate to service compliance with regulations and standards. Where we have already undertaken some inspection activity as part of the multi–agency response to the concerns, we will have considered whether any enforcement action was needed based on our findings. Our
enforcement policy includes an overview of our enforcement powers and is available at the following link:

CSCI enforcement policy

Where we have not yet undertaken any regulatory activity connected with the initial alert and the outcome of the investigation by partner agencies is substantiated and indicates breaches of regulations and standards we will evaluate this information and consider whether any further regulatory activity is required. CSCI management review meetings may be convened where appropriate. Any decisions to take such action will be communicated to the Safeguarding Manager.

9.3 One of the potential recommendations that may emerge from a safeguarding plan meeting to reduce the risk of recurrence of the abuse is to refer the perpetrator to the Protection of Vulnerable Adults (POVA) list (or it successor, the new vetting and barring scheme) and/or the relevant professional body such as the General Medical Council (GMC), Nursing and Midwifery Council (NMC) and General Social Care Council (GSCC). Whilst the responsibility for making the referral usually rests with the employer, CSCI does have the power to make such referrals where the registered person is the subject of the referral or where they have failed to make the appropriate referral. Where a registered provider fails to fulfil their statutory duty to make referrals to the POVA list this may call into question their fitness.

10.0 Collection of data about the level of Safeguarding Adults activity

10.1 CSCI data collection will be incorporated in the supporting methodology that underpins this protocol and will include the following elements:

- Information to support our engagement in local safeguarding procedures within the terms of this protocol
- Information that will contribute to national reporting
- Information that can assist with performance assessment of how well councils are fulfilling responsibilities for safeguarding adults

It is important to note that CSCI’s data collection in this area is not a substitute for local councils’ own data collection and monitoring in order to quality assure and evidence the effectiveness of the local
safeguarding procedures which they have established. The Action on Elder Abuse Adult Protection Data monitoring report contained specific recommendations for local councils which were accepted in principle by the Department of Health. Action on Elder Abuse Data monitoring Report

11.0 Safeguarding adults partnership boards (also known as Adult Protection Committees)

11.1 CSCI will continue its involvement in safeguarding adults partnership boards where these are in place. These are strategic bodies comprising the key partners that have a role in ensuring that the safeguarding adults procedures are effectively implemented within the local area.

11.2 CSCI will participate as active members within these boards - for example, in clarifying the role of the regulator, sharing relevant information and promoting joint working with relevant agencies. However CSCI do not have a decision-making role in relation to the local councils’ implementing their lead responsibility for establishing and co-ordinating the multi-agency procedures. This is because we need to assess councils’ performance of their safeguarding adults responsibilities as part of our wider performance assessment role.

11.3 It will normally be Regulation Managers rather than Business Relationship Managers (BRMs) who are CSCI representatives within the boards as it is the BRMs that are the regular interface with councils in the performance assessment role. In circumstances where the Regulation Manager needs to give feedback to the BRM about an aspect where a council is failing to fulfil its safeguarding responsibilities then this will be shared with the chair of the safeguarding board and any judgement that stemmed from this would be agreed as part of the evidence set.

12.0 Serious case reviews

12.1 Councils are urged within the ADSS good practice standards (Safeguarding Adults) to develop an agreed multi-agency protocol for the commissioning and undertaking of a safeguarding adults serious case review. Whilst there is no statutory requirement for CSCI to be notified of serious case reviews (unlike for children’s serious case reviews) it is accepted as part of this agreed protocol that CSCI be formally made aware of both the instigation of any adults serious case review and its outcome. These are important in
contributing to our judgements about how councils serve their population and subsequently put into practice any lessons learned. It is also an important component of developing an overall picture of the state of social care.

12.2 Where the serious case review relates to a regulated service and CSCI has been part of the multi-agency response, we may be a participant in the serious case review.

13.0 Quality assurance

13.1 It is important that staff operating within this protocol are fully aware of what is expected within their role. This section aims to highlight some of the key responsibilities arising from the protocol but excluding the wider range of regulatory activity that contributes to safeguarding that will be part of the day to day role of CSCI staff e.g. inspection against regulations and standards (such as standards relating to complaints and “protection”). Similarly our published enforcement guidance already specifies the expectations within various CSCI roles in relation to enforcement activity.

In relation to this protocol:

13.2 All CSCI staff are responsible for:

- Ensuring that they respond, sensitively and professionally to contacts with us which are reporting alleged abuse
- Ensuring that they are familiar with types of abuse as described in ‘No Secrets’

13.3 Business Services staff are responsible for:

- Providing necessary administrative support to ensure that the CSCI procedures that underpin this protocol are undertaken within the timescales
- Maintaining an overview of the various process steps from receiving an alert onwards including the ICT processes involved

13.4 Inspectors are responsible for:

- Ensuring that they are familiar with the local safeguarding adults procedures
- Reviewing information received which includes a safeguarding adults concern in the light of other information that we hold
and making a recommendation about further action (e.g. to supply as an alert to the local council)

- Ensuring that safeguarding alerts are passed on to the nominated officer within the local council and the police (where appropriate) on the same day as the alert information is received
- Ensuring that the relevant information listed in the protocol is supplied to inform the safeguarding assessment strategy (strategy meetings)
- Following up on the progress of safeguarding referrals and ensuring that we receive information about the outcome
- Planning and undertaking any regulatory activity needed in relation to the safeguarding alert whether as part of the multi-agency procedures or following their conclusion

13.5 Regulation Managers are responsible for:

- Ensuring that they are familiar with the local safeguarding adults procedures
- Ensuring that new staff are made aware of the CSCI national protocol and of the local multi-agency procedures (including the referral route)
- Formulating a decision about what action should follow receipt of a safeguarding adults concern including an assessment of immediate risk
- Reviewing any decision by the local council not to accept an alert from CSCI as a referral under the local procedures and considering whether any further action should follow
- Ensuring that within workload management strategies all fieldwork inspections relating to safeguarding adults issues are completed as a matter of priority
- Representing CSCI at Safeguarding Adults Partnership boards (Adult Protection Committees)
- Providing managerial oversight, support and guidance to inspectors in relation to safeguarding adults activity

13.6 Business Relationship Managers are responsible for:

- Ensuring that judgements about effective safeguarding by local councils take into account available relevant information from regulated services, CSCI engagement with local Safeguarding Adults Partnership Boards and any serious case reviews.
- Providing managerial oversight, support and guidance to Regulation Managers in relation to safeguarding adults activity
13.7 Regional Director safeguarding national lead is responsible for:

- identifying operational difficulties
- ensuring regional consistency of application
- monitoring and reviewing the operation of the protocol and its impact on regulation and inspection activity
Appendix A - Definitions and types of abuse

It is important that CSCI staff are familiar with generally agreed definitions of types of abuse so that appropriate decisions are made about whether information received constitutes abuse.

No Secrets (para 2.5) defines abuse in the following terms:

a) “Abuse is a violation of an individual’s human and civil rights by other person or persons. Abuse may consist of single or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm, or exploitation of, the person subjected to it”.

Of particular relevance are the following descriptions of the forms that abuse may take:

a) **physical abuse**, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions;

b) **sexual abuse**, including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting;

c) **psychological abuse**, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks;

d) **financial or material abuse**, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;

e) **neglect and acts of omission**, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating; and
f) **discriminatory abuse**, including racist, sexist, that based on a person’s disability, and other forms of harassment, slurs or similar treatment.

(No Secrets, para 2.7)

These are the six categories which CSCI will use in classifying abuse when making a referral and in collecting data.

**It is important to note that certain acts or omissions incorporated within the above descriptions may also be criminal offences that need to be drawn to the attention of the police.**

Whilst still encompassed within the above forms of abuse, the following issues may also be of relevance:

a) **Institutional abuse** – the term ‘Institutional Abuse’ is sometimes used to describe a type of abuse, which pervades a particular establishment. Institutional abuse may take the form of repeated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to widespread and persistent ill treatment or gross misconduct at the other. There may be a variety of underlying factors in relation to poor care standards which could include, for example, inadequate staffing, an insufficient knowledge base within the service, lack of essential equipment, rigid routines or a controlling management regime. (See also para 2.9 of No Secrets).

b) **Restraint** – The inappropriate use of restraint is considered a form of physical abuse and could also give rise to criminal charges. The Department of Health July 2002 statutory guidance **(Guidance for Restrictive Physical Interventions. How to Provide Safe Services For People With Learning Disability And Autistic Spectrum Disorder)** describes good practice in this area and is available via:

[Guidance for restrictive physical intervention](#)
Appendix B Safeguarding adults : Example scenarios

These scenarios are illustrative of various means by which CSCI has engaged in regulatory activity as part of the multi-agency response to a safeguarding adults concern. They draw from real cases but are simplified versions which are not a direct representation of those cases.

Care home for people with learning disabilities

An allegation is received regarding the registered manager of a care service, which included theft or misappropriation of money belonging to people who use the service and poor staff recruitment practices in relation to obtaining the required Criminal Records Bureau checks and POVAfirst checks before employment commences. An alert is made to social services and the Police are informed. CSCI considers all known issues about the service and takes into account the fact that staff recruitment practices have been raised as an issue with the providers in the recent past and that the registered person is directly implicated in the allegations. A strategy meeting is held: the Police agree to investigate the allegations of theft, social services agree to complete an audit of service users’ finances and CSCI agree to undertake an inspection in relation to compliance with the regulations concerning staff recruitment practices.

A statutory requirement notice is issued by CSCI in relation to non-compliance with the regulations concerning recruitment checks. Further enforcement action with regard to the registered person will be considered dependent upon the outcome of the criminal investigation into theft.

Care home for older people with dementia

An allegation is received from a former staff member that medication prescribed to former or deceased residents is retained by the registered manager and used to sedate residents who wander or are difficult to manage. The care home has a history of poor compliance with regulations and standards and statutory requirement notices have been issued in the past in relation to particular breaches of regulations. An alert is made to social services and the police are informed.

Following a multi-agency strategy meeting, CSCI conducts an unannounced inspection incorporating a specialist pharmacy inspector. The inspection includes interviews with staff members.
about medication practices and pharmacist inspection of all medication stocks and records to look at a complete audit trail for medication. The allegation is corroborated by inspection findings: several staff report instances of being instructed by the registered manager to give medication over and above the prescribed dosage including medication not prescribed for the residents concerned, medication belonging to people who were deceased or had left the home is found in a ‘second’ medication cupboard. Regulations regarding the safe storage, administration and disposal of medication are found to have been breached.

Immediate requirements are set in relation to the breaches of regulations. Processes for cancelling the registration of the manager are instigated as this finding coupled with the manager’s previous history of failures to operate the home in line with the regulations and standards entail that the manager is judged to be no longer ‘fit’ to manage the service. The inspection findings are shared within the multi-agency framework: Police launch a criminal investigation in relation to “administering noxious substances”. Further “random inspections” are planned by CSCI to check on compliance.

**Care home for older people**

CSCI receives a Regulation 37 notification from the manager of the care home stating that an allegation has been made that a member of staff has slapped a resident. The notification indicates that the manager has suspended the member of staff pending investigation and has also informed the appropriate referral point within the local council’s multi-agency procedures.

CSCI supplies information to the strategy meeting about the operation of the care home, which has consistently performed well in terms of the regulations and standards including those standards related to management of the home, recruitment of staff and “protection”. The registered manager and proprietor are included as active participants in the strategy meeting. The police investigate and give the go-ahead for the manager to investigate in line with the home’s disciplinary procedures. The manager informs CSCI and other partners of the outcome: The staff member is dismissed following investigation and the care manager refers the staff member to be considered for inclusion on the POVA list with the supporting evidence gathered during the investigation.