



Safeguarding Adults Local Protocol

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Introduction

The protection of adults who may be at risk of abuse has remained at the heart of government policy.

“I want people to be as outraged by the abuse of an older person as they are by the abuse of a child. Sadly we are nowhere near that as a society but that culture has to change”

Ivan Lewis MP, Care Services Minister

Cited in, Raising Voices, Views on Safeguarding Adults, Commission for Social Care Inspection, April 2008

Abuse is a hidden and often ignored problem. It is fundamental in any civilised society that the most vulnerable people are protected from abuse and neglect. People should be protected when they are unable to protect themselves. This should not be at the cost of people’s right to make decisions about how they live their lives.

A Vision for Adult social Care: Capable Communities and Active Citizens November 2010

Since Kingston’s original multi-agency policy was published in 2000, the practice and the policy which underpins local procedures has continued to develop. The Safeguarding Adults Partnership completed a revised policy in June 2009 with the intention of updating during 2010. This has been superseded by the development of *Protecting adults at risk: London multi-agency and procedure to safeguard adults from abuse* which was launched in January 2011.

While the borough continues to hold the legal responsibility for leading and coordinating adult safeguarding, partner agencies have continued to develop internal practices and governance processes.

Good communication, shared understandings of partner agencies roles and use of resources are essential to identifying and responding to abuse. The adults at the centre of these efforts must be confident that they are listened too and that their views will be respected.

Local Procedure

London multi-agency policy and procedure to safeguard adults from abuse invites Local Adult Safeguarding Partnership Boards to provide local guidance to embedded adult safeguarding into local processes. The following guide is designed to be a summary of the steps that a team receiving and investigating an allegation of abuse should take. It incorporates the differences between London multi-agency policy and procedure to safeguard adults from abuse and local procedure.

The following roles are defined on page XII of the London Multi-agency Policy and Procedure to safeguard adults from abuse. In Kingston they mean -

Safeguarding Adults Coordinator

The **Principal Manager for Adult Safeguarding** is responsible for supporting the Safeguarding Adults Partnership Board, policy development and issues relating the multi agency partnership.

The **Safeguarding Adults and Mental Capacity Act Coordinator** is responsible for managing the

- Referral point (adult.safeguarding@rbk.kingston.gov.uk) for all alerts raised.
- Safeguarding Adults and Mental Capacity Act Team who
 - Risk rate and monitor the allocation of all new alerts
 - Support ongoing investigations
 - Deliver training and briefing within the multi agency partnership
 - Lead complex and sensitive investigations where agreed between the **Safeguarding Adults Lead** in the partner organisation and the **Safeguarding Adults and Mental Capacity Act Coordinator** or where necessary **Principal Manager for Adult Safeguarding**.
 - Lead investigations relating to services offered by registered providers (Home Care/domiciliary care, Nursing and Residential care where the risk rating is above Moderate (8-25) or above or where there is an established partner of alerts which require a consistent approach
 - Support teams investigating allegations with a risk rating of 15 or more at alert.

Safeguarding Adults Lead

Each partner organisation has a **Safeguarding Adults lead** in Kingston, these are

- Metropolitan Police – The Detective Inspector responsible for the Community Safety Unit
- Kingston Hospital NHS Trust – Clinical Nurse Specialist for Older Adults
- South West London & St.Georges Community Mental Health NHS Trusts – Lead Mental Health Social Worker
- Royal Borough of Kingston – the appropriate Service Manager
- Your Health Care – Board Lead Clinical Services (Long Term Care)
- NHS Kingston/GP consortia –

Safeguarding Adults Manager (SAM) is the manager responsible for the team conducting the investigation. The SAM may ask for a member of the Safeguarding Adults and Mental

Capacity Act Team to chair a case conference in complex or sensitive situations. This should be agreed with the **Safeguarding Adults and Mental Capacity Act Coordinator**. The SAM will remain responsible for all other aspects of the investigation.

Local principles

- The SAM will determine what information they need at each stage of the process in order to make a clear decision to ensure that this procedure is proportionate.
- Where an adult at risk is eligible for support by community care services (as defined on Page 4 of London multi-agency policy and procedure to safeguard adults from abuse) and the police or other agency has lead responsibility for investigating the allegation of abuse, this process will be responsible for coordinating the ongoing protection plan.

Proportionate response to allegations of abuse

In considering whether a response is proportionate to an allegation of abuse, the SAM should taking the following into account

- The wishes of the adult at risk of abuse
- The mental capacity of the adult at risk of abuse
- Consensus amongst the multi-agency team
- The legal basis for the action that is proposed
- Any relevant public interest considerations

Recorded using	Stage	Activity	Responsibility	Timescale	Day
	Stage One Raising an alert	<ul style="list-style-type: none"> • Act to protect adult at risk • Deal with immediate needs • Report to SAM • If emergency contact police or emergency services on 999 • Record on SA1 	Everyone with a duty of care	Immediate if emergency <i>Or</i> Within same day (this should be completed with 4 hours)	1
	Decision	<ul style="list-style-type: none"> • SAM to take immediate action to identify and address risk • SAM to decide if alert to proceed to investigation (referral) • If NHS organisation decide whether to report as a Serious Incident • Consulted with adult at risk of abuse and relative, carer or friend as appropriate 	SAM Team member if appropriate	Immediate or within 1 day	2

Recorded using	Stage	Activity	Responsibility	Timescale	Day
	Stage Two	Investigating team lead by SAM	Adult at risk of		

	<p>Making a referral</p>	<ul style="list-style-type: none"> • Send SA1 to adult.safeguarding@rbk.kingston.gov.uk (referral point) • Notify CQC if registered provider indentified in alert • Gather information & clarify facts • Arrange strategy discussion if needed <p>Safeguarding Adults and Mental Capacity Act Team</p> <ul style="list-style-type: none"> • Complete risk rating • Identify any similar alerts • To forward SA1 to Police if police investigation/advice needed. • Return completed SA1 to SAM 	<p>abuse</p> <p>SAM</p> <p>Safeguarding Adults and Mental Capacity Act Team</p> <p>Police</p>		
	<p>Decision</p>	<p>Investigating team</p> <ul style="list-style-type: none"> • SAM to decide whether safeguarding adults procedures apply • Assess risk and agree interim protection plan if required • To consider the mental capacity of the adult at risk of abuse and whether a referral for an IMCA should be made <p>Police</p> <ul style="list-style-type: none"> • To determine whether police involvement required, Complete SA1 back page and send to adult.safeguarding@rbk.kingston.gov.uk 			

Recorded using	Stage	Activity	Responsibility	Timescale	Day
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Complete Safeguarding Adults form 2 (SA2) in all cases	Stage Three Strategy Discussion or meeting	<ul style="list-style-type: none"> • In all cases a strategy discussion should be completed within 5 days of decision to proceed (referral) • Determine whether strategy meeting is required • Identify investigating professional • All agencies to allocate resources • Agree interim protection plan • Agree date for case conference to be completed with 35 days of alert being raised • SA2 to be distributed within 5 days of discussion 	Coordinated by SAM in consultation with partner agencies and adult risk, family members (or carers, friends and others) as appropriate.	Immediate or within 5 days from decision to proceed (referral)	7
	Decision	<ul style="list-style-type: none"> • To review whether safeguarding adults procedures apply • To review assessment of risk • To consider the mental capacity of the adult at risk of abuse and whether a referral for an IMCA should be made • Decide who will contact the adult at risk of abuse 			

Recorded using	Stage	Activity	Responsibility	Timescale	Day
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Complete Safeguarding Adults form 3 (SA3) in all cases	Stage Four Investigation	<ul style="list-style-type: none"> • Conduct investigation • Re-evaluate risk • Collate evidence and share with involved organisations • Produce and distribute report 	Coordinated by SAM and investigating professional in consultation with partner agencies.	Investigation to be completed within 20 days of strategy discussion	27
	Stage Five Case Conference and protection plan	<ul style="list-style-type: none"> • Receive Investigation evidence • Evaluate risk • Agree outcome • SAM to complete risk rating • SAM to confirm recording standards have been met • SA3 to be distributed within 5 days <p>As appropriate</p> <ul style="list-style-type: none"> • Close or proceed to review as necessary • Agree review date as necessary 	SAM and investigating professional in consultation with partner agencies.	SAM to ensure Case Conference completed within 8 days of receiving the investigation report	35
<p>Decision</p> <ul style="list-style-type: none"> • Determine how the adult at risk, their carer, family or friends should be involved in the case conference. Where possible this should be done in consultation with the adult at risk of abuse. • If the SAM determines that it will not be possible to agree an outcome at the case conference they will complete a telephone case conference to ensure an appropriate protection is in place and set a new case conference date within a further 35 days. If they need a second extension the SAM will consult their Safeguarding Adults lead and inform the Safeguarding Adults and Mental Capacity Act Coordinator. <p>If investigations (police enquiries for example) relevant to the original alert(s) are outstanding at case conference further reviews should be conducted with the adult safeguarding procedure. If all investigations are complete the SAM (case conference chair) should decide whether to review within this process or other appropriate process which might include Care Program Approach, Care Management or commissioning process provided the SAM continues to monitor the protection plan/and further alerts are raised as necessary.</p>					

Recorded using	Stage	Activity	Responsibility	Timescale	Day
Complete Safeguarding Adults form 4 (SA4) in all cases	Stage Six Review of the protection plan	<ul style="list-style-type: none"> To review the protection plan Evaluate risk Decide whether further review is required using this procedure and whether the safeguarding process should be closed 	Coordinated by SAM in consultation with partner agencies and adult risk, family members (or carers, friends and others) as appropriate.		3 months or as agreed at case conference but no more than 6 months
	Stage 7	London multi-agency policy and procedure to safeguard adults from abuse identifies a closing stage which is included in the local procedures outlined above			

Replaces pages 53 and 54, Protecting adults at risk: London multi-agency policy and procedure to safeguard adults from abuse.

Which Team should investigate

Abuse should always be reported where it occurs. When abuse takes place within the borough, the Royal Borough of Kingston Safeguarding Team will always take responsibility for coordinating the Safeguarding Adults Process, even if the service user is funded by another, placing authority. This should include presentations to the Accident Emergency Department at Kingston Hospital, people in police custody and any other situation where a person may be in transit through the borough.

The Safeguarding Adults and Mental Capacity Act Team

- Lead complex and sensitive investigations where agreed between the **Safeguarding Adults Lead** in the partner organisation and the **Safeguarding Adults and Mental Capacity Act Coordinator** or where necessary **Principal Manager for Adult Safeguarding**.
- Lead investigations relating to services offered by registered providers (Home Care/domiciliary care, Nursing and Residential care where the risk rating is above Moderate (8-25) or above or where there is an established partner of alerts which require a consistent approach
- Support teams investigating allegations with a risk rating of 15 or more at alert.

All alerts received by any partner agency relating allegations of abuse that take place within the Royal Borough of Kingston should be copied to the adult.safeguarding@rbk.kingston.gov.uk. Agencies who provide a service for people who

may have been subject to abuse in other local authority areas (this will include Kingston Hospital, primary care services provided at Tolworth Hospital and the Metropolitan Police) should contact the safeguarding service in the areas in which the abuse took place.

The Customer Contact Centre will complete an alert form (SA1) whenever they suspect abuse and send it to adult.safeguarding@rbk.kingston.gov.uk. The Safeguarding Adults and Mental Capacity Act Team will forward the alert to the appropriate service. The Customer Contact Centre will receive all facsimiles from the London Ambulance Service and direct them to the appropriate service. Where an adult safeguarding concern is identified they will forward the original facsimile to adult.safeguarding@rbk.kingston.gov.uk

The SAM leading an investigation should not come from the team about whom an alert has been raised. The Safeguarding Adults lead may need to discuss how an alert raised about their service is led with the Safeguarding Adults and Mental Capacity Act Coordinator. In some cases it may be appropriate for the Safeguarding Adults and Mental Capacity Act Coordinator to be the SAM for that investigation.

- **Long term conditions**

Alerts relating to older people or people living with physical disabilities should be managed within Health and Social Care Teams managed by Your Health Care and the borough's Social Care Services.

If the adult at risk of abuse is not currently in contact with services, the alert will be managed within the adult social care services short term team. As part of the strategy discussion the team manager (SAM) will determine (where necessary, in consultation with the manager of the team providing health care) if the focus of the alert relates to health or social care issues.

Where the primary focus of the alert relates to health care issues the alerts will be passed to the appropriate team managed by Your Health Care who will appoint a SAM and investigating professional. Where the focus of the alert relates to any other issue the alert will be passed to the appropriate Long Term Social Care Team.

Alerts relating to people already in contact with the service will be managed by the receiving team until the Team Managers (SAM's) agree transfer to the team that will lead the investigation.

The parallel Health and Social Care Teams will provide a professional to provide specialist advice or reports when requested by the team leading the investigation.

- **Kingston Hospital NHS Trust**

Alerts raised by or on behalf of an adult at risk of abuse during either inpatient or an outpatient at Kingston Hospital NHS Trust will be managed as follows

- If not currently in contact with any services – adult social care services Short Term Team and passed to the Long term team as necessary
- If the person is already in contact with either health or social care service – adult social care services Short Term Team and passed to the Long term team as necessary unless agreement is reached between the SAM in the Short Term Team and existing team manager that it is more appropriate to manage the investigation within the community already in contact with the person

The SAM will request specialist reports from colleagues within Kingston Hospital NHS Trust or Your Health Care as necessary.

- **Your Health Care Inpatient Services**

Alerts raised by or on behalf of an adult at risk of abuse during inpatient admission to the wards managed by Your Health Care will be managed as follows

- If not currently in contact with any services – adult social care services Short Term Team and passed to the Long term team as necessary
- If the person is already in contact with either health or social care service – adult social care services Short Term Team and passed to the Long term team as necessary unless agreement is reached between the SAM in the Short Term Team and existing team manager that it is more appropriate to manage the investigation within the community already in contact with the person

The SAM will request specialist reports from colleagues within Your Health Care or Kingston Hospital NHS Trust as necessary.

- **Mental Health Services**

Alerts raised by or on behalf of an adult at risk of abuse living in the community will be managed by the community based team receiving the alert unless responsibility is transferred between teams with the agreement of the Safeguarding Adults Lead.

Alerts raised by or on behalf of an adult at risk of abuse living in an inpatient setting managed by the trust will be lead (acting as the SAM) by a senior manager or clinician unconnected with the ward and investigated by a manager or deputy manager from another ward.

- **Community Learning Disability Services**

Alerts raised by or on behalf of an adult at risk of abuse living in the community will be managed by the Community Learning Disability Team.

Alerts raised by or on behalf of an adult at risk of abuse using a service provided by the local learning disability Service will be lead by a SAM unconnected with the service and investigated by a suitable qualified practitioner unconnected with the alleged abuse.

- **The Metropolitan Police**

Police officers will follow the guidance in the Metropolitan Police Services Standard operating procedures. Concerns about an individual's social care should be referred to the Customer Contact Center (0208 547 5005) who will either complete an alert form or pass the enquiry to the appropriate team

The needs of service users, particularly those that fall into the low and moderate Fair Access to Care Services (FACS) bandings (*Department of Health, 2002, Fair Access to Care Services, Policy Guidance, DoH, London*) will often fall outside the criteria of specialist teams. Where abuse is suspected or found to be happening safeguarding needs will automatically fall into the critical or substantial bands.

Disputes - Where a safeguarding issue is referred to any team responsible for conducting investigations, the receiving team will retain responsibility until a new team confirms that they are responsible for coordinating the safeguarding process. This will be determined by the Team Manager and the Adult Safeguarding Coordinator at the Referral Stage. Where a dispute exists it will be referred to the Principal Manager for Safeguarding immediately, who will determine which team is responsible in consultation with the appropriate Safeguarding Adults Lead. If the service wishes to dispute responsibility the team will take immediate responsibility at that point and refer the matter to the Executive Head Adult Care at a later stage. Disputes at this stage should **never** be allowed to delay a safeguarding referral.

Existing agreements and policy about the responsibility and the transfer of care between services should be followed.

Liaison with Metropolitan Police Service - Kingston

Nothing should prevent the police being contacted in an emergency or when a crime is being committed and there is an immediate need for police assistance. This should include advice from the police if there is an *immediate* need to preserve forensic evidence. A number of partner organisations have specific policies describing how to manage sexual or

physical assault. Staff should make reference to the policies within the organisations to whom they are employed, or to whom they are seconded.

In all other cases requests for Police involvement should be outlined on the Safeguarding Adults Form 1 (SA1). The Safeguarding Adults and Mental Capacity Act Team will email the SA1 to the Community Safety Unit (using a secure CJSM e-mail account) where it will be reviewed by a Sergeant within the unit. If the Police believe there is a reasonable chance of achieving a prosecution, the allegation requires further criminal investigation or that they are able to contribute to the protection plan they will name a contact officer within the Community Safety Unit, assign a crime reference number and record their decision on the SA1 which will be emailed back to the adult.safeguarding@rbk.kingston.gov.uk. The Safeguarding Adults and Mental Capacity Act Team will forward the SA1 to the SAM who will then liaise directly with the nominated Police officer.

During the course of any subsequent investigation the SAM will retain lead responsibility for ensuring a protection plan is in place and the Community Safety Unit (or other designated Police department) will be responsible for leading the investigation of the allegation. This will require effective planning at the strategy and case conference stages.

It will not always be possible for Police Officers to attend case conferences but the Safeguarding Adults Lead within the Community Safety Unit will provide a report on the agreed form in all cases.

Delays while a Police investigation is ongoing should be rare. Where the SAM believes this is necessary they should consult with the Safeguarding Adults Lead in their organisation.

Risk Assessment and Risk Rating

Risk assessment is an assessment of the risk faced by an individual adult at risk of abuse and should be assessed using the tool agreed by the Adult Safeguarding Partnership Board (please see website).

The risk rating at strategy and case conference is based on the National Patient Safety tool used in Serious Incident Investigation and is used by the Safeguarding Adults Partnership Board to compare the effectiveness of the procedure across all investigations. It should be determined using the matrix below.

- Risk scoring = consequence x likelihood





	Likelihood				
Likelihood score	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

How to use the Risk Matrix

Identify the most significant risk included in the referral.

- Estimate how likely that risk is using the table above. The table will assign a score to the estimated likelihood.
- Estimate the likely outcome of that risk (catastrophic, major, moderate, minor or negligible). The table will assign a score to the estimated likely hood.
- Multiple the two scores together to give a risk rating

The risk rating should be rated using the following scale:

	1 - 3	Low risk
	4 - 6	Moderate risk
	8 - 12	High risk
	15 - 25	Extreme risk

The Principal Manager for Safeguarding should be informed of any risk rated as high or extreme. The collated risk ratings will be reported in the monthly Adult Safeguarding Return.

The experience of people using the adult safeguarding service

The Care Quality Commission (CQC) requires local authorities administering adult safeguarding services to ask adults at risk, those alleged to have caused harm and carers whether: they felt safe, whether their views were taken into account, whether they felt they were treated fairly.

In order to be assured of the effectiveness of its safeguarding services in line with CQC requirements, and where possible, to improve and develop those services, RBK, in partnership with Kingston University, has developed questionnaires to measure service user satisfaction at the case conference stage in the safeguarding process.

The questionnaires will be introduced at every Safeguarding Case Conference, and will form the basis of a rolling audit to elicit statistical and qualitative data regarding service user satisfaction with safeguarding policy, procedure and services in RBK.

Separate questionnaires have been developed for Adults at Risk, People Alleged to Have Caused Harm and Carers (as defined by the Carers Recognition and Services Act 1995), and are anonymised to protect confidentiality during the analysis stage.

The SAM should introduce the evaluation process at the conclusion of the conference business, and will provide a handout to the relevant service users detailing the next steps. The SAM will be responsible for ensuring that the Adult at Risk, the Carer and the Person Alleged to have Caused Harm are involved in the process by whichever means appropriate. It will be necessary to ascertain at this stage what support the service users might require in order to participate in the evaluation.

The completed questionnaires will be returned to the Adult Safeguarding Promotion Lead for collation and analysis.

Contact details - Safeguarding Adults and Mental Capacity Act

Team

- Telephone 0208 547 4735
- Fax 0208 547 6142
- E-mail adult.safeguarding@rbk.kingston.gov.uk
- Web site http://www.kingston.gov.uk/browse/health/communitycareservices/staying_safe.htm