



**Partners in  
preventing  
abuse and  
neglect**

**Managing Large Scale Enquiries**

Procedures and further guidance to assist managers undertaking enquiries, primarily in care homes

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## Introduction

The term 'safeguarding adults' covers everything that assists an adult at risk to live a life that is free from abuse and neglect and which enables them to retain independence, well-being, dignity and choice. It is about preventing abuse and neglect, as well as promoting good practice for responding to concerns on a multi-agency basis.

An adult at risk is a person aged 18 or over who has needs for care and support (whether or not the local authority is meeting any of those care and support needs), and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. This includes adults with physical, sensory and mental impairments and learning disabilities. It also includes carers, those family and friends who provide personal care and assistance to adults.

The responsibility for coordinating safeguarding adults arrangements lies with councils with social care responsibilities. However, the operation of the procedures is a collaborative responsibility and all agencies are accountable.

Most enquiries involve the following agencies:

- Kirklees Well-being and Integration (WBI)
- NHS Kirklees
- Care Quality Commission (CQC)
- Kirklees Community Health Care Services (known as Locala from 1st October 2011)
- Kirklees Contracts and Monitoring Unit
- Independent Mental Capacity Advocate Service
- West Yorkshire Police (should always be consulted but may not attend if no crime has been committed)
- Kirklees Safeguarding Partnership Team

Effective responses to large scale concerns about care providers must be based on a multi-agency approach. Individual alerts still need to be addressed via the individual safeguarding process but a wider enquiry may be required to ensure the safety of others. In each case decisions need to be made about which organisation needs to be involved in the safeguarding enquiry; and who is the most appropriate person to undertake the roles within the safeguarding process.

The Kirklees Safeguarding Adults Board is committed to developing a skilled and well trained workforce to safeguard adults at risk in Kirklees. The [Joint Multi-Agency Safeguarding Adults Policy and Procedures](#) describes the procedures for carrying out a large scale enquiry. This further guidance is designed to further assist senior managers undertake such enquiries, primarily in care homes, but also in other care settings which could involve the abuse of more than one victim. It has been developed in partnership with colleagues from Health and other partner agencies.

## Are we listening?

### Governing principles of safeguarding work

Adults at risk are listened to and what they have to say is taken seriously and acted upon in an appropriate manner.

Individuals have a right to privacy; to be treated with dignity and to be enabled to live an independent life.

Everyone's circumstances are different. Individuals should be able to exercise choice about how they lead their lives and have their rights upheld, regardless of ethnic origin, gender, sexuality, disability, age, religious or cultural background and beliefs.

Intervention should be proportionate to the harm, or real possibility of future harm, and which has the overall effect (outcome) of improving the life of the adult, including their safety, and happiness.

Each stage of the safeguarding process should consider an outcome which supports or offers the opportunity to develop or to maintain, a private life which includes those people with whom the adult wishes to establish, develop or continue a relationship and a right to make an informed choice.

In accordance with the Mental Capacity Act 2005 there is a presumption of mental capacity unless an assessment of capacity shows otherwise.

It is the right of adults who have capacity to make their own choices irrespective of how unwise their decision is construed.

However, where:

- a crime is suspected or
- allegations involve a member of staff, parent, carer or volunteer or
- there is a risk of serious harm to that person or any other adult at risk, then relevant agencies should be informed and allegations must be investigated whether the alleged victim is willing to take an active part in the process or not.

Where adults lack the capacity to safeguard themselves, other people will need to make those decisions. In doing so they will act as decision maker and will make "best interest decisions" on their behalf as described in the Mental Capacity Act Code of Practice.

For further information on the Multi-agency policy see Kirklees Safeguarding Adults Board [Joint Multi-Agency Safeguarding Adults Policy and Procedures](#).

## LARGE SCALE ENQUIRIES (LSE) PROCESS

### Triggers for Large Scale Enquiry alert

Anonymous Alert  
Agreed action from Contract Liaison Meeting  
Complaints about general care practices  
Information received by Safeguarding Partnership Team  
A number of individual safeguarding alerts received all at once or over a period of time  
Care home going into administration N.B. Separate guidance available

Document Required: AS01/2 Alert/ Decision tool

### Alert and Decision Making

Designated Pathway and Portfolio Manager completes decision tool following the gathering of basic information.  
Rationale and decisions to **Proceed to Large Enquiry Strategy Meeting or Exit**  
The Safeguarding Partnership Team is made aware of alert and decision.

Document Required: AS01/2 Alert/ Decision tool

### Strategy

Designated Pathway and Portfolio Manager: Convenes a LSI strategy meeting:  
At the meeting a decision is made to proceed or exit the LSI based on the information gathered at the meeting.  
E.g the concerns can be dealt by contract monitoring therefore exit.  
The Risk escalation doc is completed and sent to Head of Service  
Investigation to take place with clear terms of reference  
Protection plan completed where required

**Head of Service to chair Strategy Meeting if the risk is identified as high. Strategic Investigation Management Group to be set up if risk is identified as medium or high.**

Document Required: AS03 Strategy Response meeting and Safeguarding Plan

### Enquiry

Enquiry takes place.

Document Required: AS04 Enquiry report

### Outcomes meeting

Action plan/Safeguarding plan to be drawn up from the meeting.  
**Service Manager to chair Safeguarding Response Meeting if the risk is identified as high.**  
**Consider appropriate review arrangements.**

Document Required: AS05 Outcomes and Safeguarding Plan

**Consider appropriate review**

Document Required: AS06 Review

### Concluding report completed

Sent to Head of Service and Safeguarding Partnership Team (for the Safeguarding Adults Board)

Document Required: LSE Summary Report.

## Large Scale Enquiry - Risk analysis

The following actions must be undertaken following the completion of the escalation document.

### GREEN-Risk low

Enquiry proceeds and concludes satisfactorily in line with Multi-Agency Procedures or risks indicate no escalation required.

Senior Managers within relevant agencies informed.

### AMBER- Medium risk

Strategic Investigation Management (SIM) Group convened, chaired by Senior Manager with senior representation from relevant partner agencies.

LSE process monitored and representatives from SIM Group report to their relevant directors/Heads of Service.

Risk status reviewed at each meeting.

### RED - High risk

Immediate action and decisions required from Directors/Heads of Service – this may require joint agency decision making.

Multi agency Strategic Investigation Management Group Convened, as required, to coordinate action.

Risk status reviewed at each meeting.

## The alert and decision

A large scale enquiry alert is made when there are concerns about a particular service provider for adults at risk. It is not a replacement for individual safeguarding alerts which must follow the multi-agency procedures and progress through in their own right, but an additional multi agency response to ensure the safety of others and that any issues with the care provider are addressed

An alert can be made by a member of the public or by a professional, but the decision whether to take the alert to a strategy meeting is made by a senior manager in Well-being and Integration

Triggers for a large scale enquiry alert include:

- Receipt of an anonymous alert. (This is where an alert is received about poor standards of care, a care setting, where no individual victims are named).
- Collective safeguarding alerts (this is where several alerts are received at the same time, or over a period of time, naming individual victims in the care setting).
- An individual safeguarding alert or enquiry where questions are then asked about the care of others in the same service. These individual alerts still need to be addressed via the individual safeguarding process but a wider enquiry may be required to ensure the safety of others.
- A provider going into administration (NB this may not always require a large scale enquiry response)

A large scale enquiry alert could also be made following a decision made at the multi-agency contract liaison meeting or because of information received by the Safeguarding Partnership team.

This principles and approach stated in this guidance may also be used in situations where there may be multiple victims and one perpetrator, (for example if it came to light a staff member had abused residents over long period of time), the guidance may need to be adapted to suit the particular circumstances of such a case

A designated Pathway and Portfolio Manager is made aware of the alert and, after gathering more information, completes decision tool paperwork. The decision would be either to take it to a large scale enquiry strategy meeting, or to exit at this stage.

## The large scale enquiry strategy meeting

Records of individual service users must be used during such an enquiry. Best interests decisions and outcomes for each allegation concerning individuals must be clearly recorded. It is also important to record the outcome of the enquiry into each individual allegation of abuse.

Recording **must** ensure therefore, in addition to the wider issues arising from the enquiry, the individual safeguarding enquiries and outcomes are recorded on CareAssess under their own Carefirst identification number.

The task and function of the strategy group may vary from case to case. However, the main purpose is to ensure that all agencies are working together effectively and that the expectations of the role within the strategy group are clarified.

Rules and responsibilities in an enquiry can overlap. It is important to be clear as to who is doing what.

The first priority is to give attention to individuals who may have been subjected to abuse, including the requirement to:

- Identify any necessary action to safeguard other vulnerable adult(s)
- make or confirm a decision on suspending placements and inform Care Quality Commission
- Minimise disruption to any establishment or care
- Provide adult(s) at risk with access to independent advocacy
- Work in partnership with relevant agencies to assess what is required
- Investigate the allegations to see if they are substantiated

Where the concerns are about poor care of services users a number of actions may need to be taken including;

- Interviewing service users and/or family/carers
- Health examinations/assessments
- Liaising with other professionals who have access to the service
- Liaising with other sponsoring authorities
- Reviewing individual cases

Most enquiries involve the following agencies:

- Kirklees WBI (reviewing cases, interviewing service users and family/carers)
- NHS Kirklees (investigating/specialist health advice)
- CQC (compliance with National Care Standards)
- Kirklees Community Health Care Services (Locala from 1st October 2011) (Reviewing cases/investigating/specialist health advice)
- Kirklees Contracts and Monitoring Unit (compliance with contracting arrangements)



- Independent Mental Capacity Advocate Service
- West Yorkshire Police (should always be consulted but may not attend if no crime has been committed)
- Kirklees Safeguarding Partnership Team

## **Who attends the strategy meeting?**

The following should attend:

- A senior manager from Well-being and Integration responsible for managing large scale enquiries (Chair)
- A manager and/or a deputy team manager from the investigating team
- CQC inspector (if a registered care home or domiciliary care services)
- Contracts officer from the Contracts Monitoring Unit (if a contracted service)
- Locala. This would usually be an Adult Services Manager who manages the relevant geographical area
- Locala Named Nurse Adult Protection
- Kirklees Safeguarding Partnership Team

The following may also be involved:

- Other professionals
- Legal department
- The service provider
- Human Resources department
- Coroners Officers

The strategy meeting should be chaired by the Senior Manager from Well-being and Integration.

The strategy meeting may need to reconvene during the process of the enquiry to monitor progress and determine further work as required.

## **The strategy: When to consult the Police**

As with all safeguarding alerts the police should be consulted if a crime has occurred. In addition, Section 44 of the Mental Capacity Act 2005 creates certain offences in connection with the ill-treatment or neglect of a person who lacks capacity. The law itself is set about for acts where somebody has deliberately set out to be neglectful.

Some sort of criminal act must have been carried out in order to commit the offence under and of the areas listed below.

The offence was brought about to protect vulnerable people, especially those who are usually living in care settings.

The law itself gives various examples of where and what might construct neglectful treatment. Again, these are listed below:

1. Financial:
  - Theft
  - Fraud
  - Undue pressure
  - Misuse of property, possessions or benefits
  - Dishonest gain of property, possessions or benefits.
2. Physical:
  - Slapping, pushing, kicking or other forms of violence
  - Misuse of medication (for example increasing dosage to make someone drowsy)
  - Inappropriate punishments (for example not giving someone a meal because they have been 'bad').
3. Sexual:
  - Rape
  - Sexual assault
  - Sexual acts without consent (this includes if a person is not able to give consent or the abuser applied pressure.
4. Psychological:
  - Emotional abuse
  - Threats of harm, restraint or abandonment
  - Refusing to contact other people
  - Intimidation
  - Threats to restrict someone's liberty.
5. Neglect and acts of omission:
  - Ignoring the person's medical or physical care needs
  - Failing to get health or social care
  - Withholding medication, food or heating.

## The strategy

It is important to remain in contact with the same staff through the investigative process

This section aims to provide a checklist or 'aide memoir' that should be considered at strategy but is helpful to check periodic reviews while the enquiry is being conducted.

- Evidence of joint response and decision making
- Consider the timing of investigative actions; is the care setting swamped with too many professionals? Are there other large scale enquiries which may impact on this one?
- Is another establishment or unit involved, in which case who else needs to know?
- Plans of building/accommodation – would this help establish patterns or themes?
- Informing relatives of concerns – is there a continuous and coordinated approach if more than one commissioning agency is involved?
- How will the information collated from any individual enquiries be presented to the case conference?
- Is support for referrers required?
- Is any funding and resourcing for the enquiry required?
- Use of IMCA/advocates?
- Implications of any ethnic/religious differences?
- Clarify language and communications considerations
- Is there a help-line facility?
- Are there legal advice arrangements?
- Liaise with press offices – who is responsible for this and who do you need to liaise with?
- How to ensure confidentiality of personal details – both staff and clients/patients, is there an agreed media strategy in place? When was it last reviewed?
- Consider other local and central government agencies who may not normally be involved.
- Is briefing for Senior Managers from each agency required?
- Staff and welfare issues considered such as counselling/debriefing?
- Debriefing at conclusion of enquiry required?
- What plans for security of records?
- What other policies and procedures may need to be considered in relation to staff management such as disciplinary procedures/suspension from duty, fitness to practice, termination of employment, professional registration and ISA referrals. Who is responsible for doing what in relation to these?
- Does the escalation process need to be used?

## **The strategy: When to involve the service provider**

It is usually necessary to meet initially without the service provider to:

- Share information
- Discuss concerns
- Agree a plan of action
- Determine roles

At some stage it will be necessary to meet with the service provider so that concerns can be addressed. The strategy needs to decide when and how this should take place.

### **Who should be invited from the service provider?**

Depending on the size of the service provider, the nature of the allegations and the individual circumstances of each large scale enquiry, consideration need to be given as to whether to involve the manager, the owner, or the company director concerned.

#### **Serious and/or high profile cases**

Where the cases are serious and/or high profile staff must inform senior management within their agencies.

Where there is media interest there should be contact with the communications unit through the appropriate channels. **Under no circumstances should staff deal with any enquiries from the media.** The complaints unit must be kept informed in case they receive complaints related to the large scale enquiry.

## **The strategy: The role of the 'host' authority**

**The authority where the abuse happened is defined as the host authority. The host authority:**

- Takes the initial lead on responding to the referral and coordinating any enquiry.
- Coordinates initial information gathering, background checks and ensuring prompt notification to the placing (funding) authority and other relevant agencies.
- Appoints a lead person who will be responsible for the overall conduct of the enquiry and ensuring that all relevant agencies are informed and involved.

#### **Other placing authorities**

Where it is known that other authorities have clients living in the provider setting it is important to ensure that they are informed of the concerns. The placing authority is responsible for providing support to the vulnerable adult and their authority should nominate a link person for liaison purposes during the enquiry.

They will be invited to attend any Strategy Meeting and/or may be required to submit a written report.

The placing authority must satisfy themselves that:

- Representation has been provided at strategy meetings.
- The continued placement is safe, meeting the needs of the individual and is in their best interests.
- The relatives or advocates of the individual have been kept informed of the enquiry.

### **Health partners**

Whilst Well-being and Integration would take the lead role in coordinating the enquiry, Health Commissioners are expected to actively contribute as they retain responsibility for those services they commission and would be required to negotiate any changes that are required to the client's care and treatment package as a result of the enquiry.

Similarly they would retain responsibility for liaison with families and carers etc and may be best placed to carry out some investigatory aspects as determined at the strategy meeting. In fully funded nursing cases, they have the expertise to evaluate evidence of a medical nature which may be pertinent to the enquiry.

If the enquiry involves or affects South West Yorkshire Partnership NHS Foundation Trust (SWYPFT), The Mid Yorkshire Hospitals NHS Trust or Calderdale and Huddersfield NHS Foundation Trust, their safeguarding and commissioning leads should be informed at the onset. There is a Memorandum of Understanding that informs the approach health partners take if there is a police or Health and Safety Executive investigation.

Each agency will identify at this stage specific roles and reporting processes, along with relationships to other procedures (e.g. Serious Incident Procedures).

### **Themes and patterns of abuse**

All agencies receiving safeguarding alerts need to consider the possibility of more than one vulnerable adult being at risk. In some cases, for example, a care home, this may be relatively obvious. In other cases, the overall picture may not be so clear.

Information search activity (e.g. database checks, consultation with other agencies etc) should always try to identify information of any previous enquiries and allegations involving any named individuals.

### **Thinking about moving residents from a care home:**

The consideration of whether to move clients from a residential or nursing home should be taken on the basis of an analysis of known risks.

Residents should only be moved with their agreement following careful discussion and where necessary involving relatives and IMCAs (Independent Mental Capacity Advocates).

### **Suspending admissions:**

Decisions to continue or suspend admissions should be taken on the basis of an analysis of known risks. Any decisions of this kind must be taken in close consultation with the contracts departments and legal services is necessary. If more than one agency is involved in commissioning a joint approach to suspending admissions should be discussed.

### **The enquiry: ongoing support for victims and witnesses**

Support for victims will have been considered at the strategy meeting and this will need to be during the course of the enquiry. Support will be required from the outset of the enquiry through the enquiry and beyond. Minimum periods for contact should be established. It is clear from experience many victims and families feel strongly that it is important to remain in contact with the same staff throughout the investigative process.

## **The enquiry**

Each enquiry will be different in nature but during the course of it is the responsibility of the chair to ensure that individual allegations are investigated, best interest decisions and outcomes for each allegation must be recorded care practices are being addressed, and monitoring and the coordinating of a substantial amount of information is required. Allowing time for careful planning and analysis of information received is crucial.

### **Staff support**

Support of the members of the investigative team is the responsibility of the strategy group. Clear arrangements should be in place from the outset for all staff. These should include debriefing for all staff on the operation.

Existing difficulties in inter-agency cooperation may be inflamed by the stress associated with enquiry into complex abuse. Issues such as the boundaries of confidentiality, resource scarcity and differences of professional judgement may heighten these difficulties. Careful consideration should be given to a situation when operational staff may have to investigate a colleague.

On occasions the safety of the investigating team must also be given consideration. Particular caution will need to be exercised in approaching individuals who are alleged to have been perpetrators. Visits should not be made alone and protocols for staff safety and handling violence should be agreed and observed.

## **Alleged abuser**

The protection of the adult at risk identified as being at risk of harm remains paramount, but the sharing of information and confidentiality issues should be treated with due consideration for the alleged abuser.

Agencies should take appropriate practicable steps to minimise the potential disruption and damage to the alleged offender's private and professional life caused by a protracted enquiry.

Where allegations are subsequently found to be unfounded, or it can be proven that false or malicious allegations have been made, the needs of the alleged offender should be treated with sensitivity.

## **Referrer/whistleblower**

Consideration should be given to how the person making the initial referral is involved in the enquiry. Clearly this will vary depending on the circumstances of the case. However, in all cases, the strategy group should ensure that the referrer is as far as possible, having regard for confidentiality, kept up to date with development and informed of the final outcomes of the enquiry.

## **Media handling**

No agency should underestimate the level of media interest in complex abuse enquiries. The main task of handling the media should be assigned to a senior manager/safeguarding lead who should liaise with communications officers. A clear multi agency communications strategy should be in place and reviewed regularly. Under no circumstances should staff deal with any inquiries from the media.

## **The review and monitoring of protection plan arrangements**

It is obviously good practice to arrange a review of any case conference decisions, but because the nature and level of risk of large scale enquiry can vary it will be the responsibility of the chair of the case conference to decide what the most appropriate review arrangements are, and to record this decision.

## The escalation process

During the process of the enquiry an ongoing risk assessment must take place and if necessary the situation should be escalated by notifying Heads of Service in Well-being and Integration, and Personalisation and Commissioning

Reasons for escalation could include: -

- Where there have been a series of significant incidents where the management response within the establishment has been unsatisfactory.
- Where an unplanned incident poses a serious threat to the running of the establishment and its ability to meet the needs of the residents/service users.
- Where the organisation may not have sufficient resources to meet the requirements of the clientele, thus exposing them to potential risk.
- Where the organisation has consistently failed to meet the national minimum standards (for care homes as outlined in legislation).
- Where partner agencies fail to reach an agreement over further action.

This list is not exhaustive.

- **The Heads of Services in Well-being and Integration and Personalisation and Commissioning will notify senior managers, if relevant, in:**
- NHS Kirklees
- Locala
- South West Yorkshire Partnership NHS Foundation Trust
- West Yorkshire Police
- The Mid Yorkshire Hospitals NHS Trust
- Calderdale and Huddersfield NHS Foundation Trust

The senior managers should ensure that communication leads should liaise if necessary with relevant communications teams in partner organisations.

## The case conference

The purpose of the case conference is to reach a conclusion on any allegations, ensure a protection plan is in place and record any actions required by each agency. Records of individual service users must be used during such an enquiry. Best interests decisions and outcomes for each allegation concerning individuals must be clearly recorded. It is also important to record the outcome of the enquiry into each individual allegation of abuse

Recording **must** ensure therefore, in addition to the wider issues that have arisen during the enquiry, the individual safeguarding enquiries and outcomes are recorded on CareAssess under their own Carefirst identification number.

There should be records kept to show how the concerns will be addressed.



The details of records will vary in content but should identify:

- What is to be improved
- By whom
- By when (timescale with a date)
- Evidence of decisions made and the reasons why

Referrals to ISA (Care Providers have the responsibility to refer employees to the ISA list) (visit <http://www.isa-gov.org.uk> and click referrals tab for more information and guidance)

Areas to be improved can include:

- Care plans
- Health plans
- Managerial support
- Staff training and professional development
- Staff support and supervision
- Closer monitoring by sponsoring authorities, Contracts and Monitoring along with the Care Quality Commission
- Liaison with service users and families

One protection plan for the provider setting may also need to be completed. Minutes of meetings and action plans should be filed centrally by each agency's Safeguarding Lead Officer.

Reports and findings of large scale enquiries will be monitored by the Kirklees Safeguarding Adults Board.

A summary report should be sent to the Safeguarding Partnership Team and Heads of Service.

The report should include: -

- Date of incident
- Agencies involved
- Outline of concern(s)
- Outcome of the allegations for each individual (initials only). The outcomes and any actions taken should also be recorded on each individual's case file.
- Summary and outcomes of enquiry.

## **Appendix 1 - Strategy meeting ground rules**

NB: Mobile phones, pagers and beepers.

### **1. Confidentiality**

The content of the meeting is strictly confidential and can only be shared on a need to know basis.

### **2. Staying for the whole meeting**

It is the intention that the meeting should not last for more than 1.5 hours. It is important for all members to contribute to the development of the protection or action plan and come prepared to share prepared reports. Every effort should be made to stay until the end of the meeting.

### **3. Responsibility to speakout**

Everyone needs to be open and honest in their contribution to the meeting.

### **4. Respect for each other's views**

It is everyone's responsibility to actively listen to the views of others and not interrupt. Everyone will be given the opportunity to speak.

### **5. Outcomes**

Professionals should record any actions for themselves pending arrival of conference minutes that will be circulated as soon as possible.

### **6. Minutes**

Minutes should be sent out within 5 working days of the meeting and if sent electronically should be either sent by secure email or posted.

They will not be reproduced without the express permission of the chair. Ensuring the accuracy of the minutes is everyone's responsibility. Send any important omissions or corrections to the Chair of the conference within 5 working days of receipt.

## Appendix 2 - Strategy meeting suggested agenda structure

1. **Introduction and Ground Rules - see attached.**  
Include roles in Safeguarding enquiry so far.
2. **Purpose of meeting**
3. **Terms of reference for the enquiry: -**  
Could include:-
  - Immediate or further action required to safeguard residents.
  - Safeguarding considerations of any referrals so far.
  - Planning any further enquiries – clarifying roles and responsibilities
  - The need to undertake reassessment of needs for all residents – based on the evidence provided.
4. **Report on issues raised so far**  
Include any actions taken so far  
Could include: -
  - Safeguarding alerts – details and enquiry actions so far and any outcome
  - Information from contracts
  - Information from other agencies e.g. NHS Kirklees, SWYPFT
5. **Information regarding all residents in the provider setting**  
Could include:-
  - Those placed and funded by KMC
  - Those placed and funded by NHS Kirklees
  - Out of area placements
  - Self funded – not known
6. **Decision regarding full scale enquiry**  
Could include:-
  - Decide on how to proceed.
  - Proposed timescale for enquiry.
7. **Action – who is responsible for each action? And timescales for achieving them.**  
Could include:-
  - Identification of who is to undertake enquiry – resource issue.
  - Clarification of NHS Kirklees staff in the enquiry process.
  - Responsibility for out of area placements and fully funded continuing care residents
  - Contact with any out of area local authorities as necessary. This could include Social Work Teams, Contracts Teams, and Safeguarding Units. (Standard letter available, see appendix 6).
  - Level of support available to residents and relatives.
  - Information to be sent to relatives (Standard letter available see appendix 5).

- Role of Contracts Unit.
- Keeping Care Quality Commission informed.
- Anyone else needed to be involved in Management of the Enquiry.
- Any potential press/media issues.
- Any legal advice required.
- What type of contact is required with the Home/manager? How this fits in with any contact heads of Commissioning may have/have had already.
- Dates for future meetings.

Document under review

## Appendix 3 - Strategy meeting checklist

### Issues to consider:

- Clarity of purpose of the group.
- Current issues for enquiry.
- Frequency and length of meetings.
- Agree if 'virtual' meetings may be an option.
- Clarification of roles within the Strategy Group.
- Is legal advice necessary?
- Is a media strategy required?
- Is a joint communication strategy with family members and the organisation under enquiry required?

### Membership:

- Is there appropriate representation from relevant agencies/organisations – are there others that should be invited to join?
- Who is responsible for note taking/minutes and disseminating information?
- Will the care provider concerned be invited to join group? At what stage?

### The nature of the concern/abuse:

- What is the description of the issues involved?
- Have they arisen as a result of the accumulation of indicators and/or signs of abuse?
- Have they arisen as a result of a disclosure or allegation?
- Are there witnesses?
- Have clear unambiguous statements been made?
- Is the organisation or abuser aware of the concerns?
- Do other authorities/commissioners of care need to be informed of the concern?

### The Adult at Risk:

- Have the adult(s) at risk indicated what they would like to happen?
- Are there concerns that their decision reflects an unacceptable degree of exploitation, intimidation, or coercion?
- Have other people been, or likely to be, put at risk?
- Are assessments of capacity required for the adult(s) at risk? If so, what arrangements have been put in place to ensure these are completed?
- Are the adult(s) at risk aware of their rights? Adults at risk are entitled to the same protection as any citizen in relation to the criminal law and they have the same ability to use and enforce the civil rights they have.
- Are the adult(s) at risk aware of the concern(s) that are held about them? If not, are there plans to share this information?
- What part can and should the adult(s) at risk involved play in the enquiry? And what support will they need (i.e. advocacy) to do so?
- Are there any cultural and/or religious factors that may need to be taken into account?
- Are there any specific language/communication issues that may need to be taken into account?

**The alleged perpetrator(s):**

- What is known about the alleged perpetrator(s)?
- Are there any cultural and/or religious factors that may need to be taken into account?
- What is the alleged perpetrator's relationship with the vulnerable adult?
- Is the alleged perpetrator employed by this or any other organisation responsible for the care and support of vulnerable people?
- Is the alleged perpetrator also a vulnerable adult?
- Is there sufficient evidence to make a provisional referral to the Independent Safeguarding Authority?
- How will any inter-relationship between Safeguarding, disciplinary and criminal processes be managed?

**Risk:**

- Are the adult(s) at risk at continuing risk?
- Have reviews/risk assessments been undertaken of all those at risk?
- What is the extent of the risk?
- Are there any secondary/potential risks that need to be considered?

**Next steps:**

- Who needs to be involved at the next step?
- Is more information required before going ahead? If so, what?
- What would be the best way of obtaining this information?
- Programming dates for future meetings
- Agree specific actions required and individual responsibilities required, including timescales for completion.

Consider the need to meet with relatives and carers of adult(s) at risk involved, to keep them fully informed as to the steps being taken by the relevant agencies and the support available to them.

Consider the impact of stress on front line workers from any agency and to ensure that supervision and support is offered appropriately.

## Strategy - Appendix 4

This letter should be sent out in a senior manager's name. If a joint agency approach is required and the letter is going out in both agencies' name then advice should be taken in each agency as to which senior manager this should be.

(Title) (First Name) (Last Name)  
Address Line 1  
Address Line 2  
Address Line 3  
Town  
Postcode

Dear *(Title) (Last Name)*

RE: *(Name of Care Provider)*

I am writing to inform you that due to a number of concerns relating to care provided at the *(Name of Care Provider)*, Kirklees Well-being and Integration have stopped making any further placements there.

Kirklees Council and the Care Quality Commission are monitoring the situation and plans are in place to assess each resident placed in the home to ensure that their individual care needs are being appropriately met.

If you have any questions relating to the above or to someone who is placed at the *(Name of Provider)*, please contact *(First Name) (Last Name)*, *(Position)*, *(Section)* on *(telephone number)* or if the issue is a contractual one *(First Name) (Surname)* on *(telephone)*.

Please be assured we are working hard to improve the services at *(Name of provider)*.

Yours sincerely

*(FirstName) (LastName)*  
*(Position)*

KAS Department
Full Postal address
DirectLine:
Fax:
Email:
Our Ref:
Date:

## Strategy - Appendix 5

This letter should go out in the senior manager's name  
(Title) (First Name)(Last Name)

Address Line 1

Address Line 2

Address Line 3

Town

Postcode

Dear *(Title) (Last Name)*

RE: (First Name) (LastName)

We are currently undertaking a Safeguarding Enquiry in relation to allegations of abuse against a number of residents placed in (Name of Provider), of which (First Name) (Last Name) is one.

We are fulfilling our obligations in relation to Safeguarding Adults as the 'host' authority.

Our role is defined as:

- Take the initial lead on responding to the referral
- Co-ordinate initial information gathering, background checks and ensure a prompt notification to the 'placing authority' and other relevant agencies
- Co-ordinate any enquiry

The placing authority is responsible for providing support to the vulnerable adult and planning their future care needs, either as an alleged victim or alleged perpetrator. The placing authority should nominate a link person for liaison purposes during the enquiry. They will be invited to attend any Safeguarding Adults Strategy meeting and/or may be required to submit a written report.

I am writing to suggest that you satisfy yourself that:

- Representation has been provided at strategy meetings.
- The continued placement is safe, meeting the needs of the individual and is in their best interests.
- The relatives or advocates of the individual have been kept informed of the enquiry and the process your staff have put in place to inform them of the outcome.

The ongoing placement for (First Name) (Last Name) is a matter for your Commissioning Manager to decide and not something we, as the 'host' authority can decide or advise upon.

KAS Department
Full Postal address
DirectLine:
Fax:
Email:
Our Ref:



I hope you find this letter helpful in clarifying the current position.

Yours sincerely

*(FirstName)(LastName)*  
*(Position)*

Document under review

## Appendix 6

**Kirklees Safeguarding Adults Board**  
**Managing Large Scale Enquiries - Escalation process**

This should be used to determine what actions needs to be taken in relation to serious concerns and should be signed by the Chair of whichever meeting takes the decision to escalate action. This would usually be the Chair of the Large Scale Enquiry meeting or of the strategic investigation management group.

Name of Home/CareProvider	
---------------------------	--

1 GREEN	2 AMBER	3 RED
<b>Monitor and record situation via large scale enquiry meeting</b>	<b>Highlight to senior managers* and monitor regularly by convening multi-agency Strategic Investigation Management (SIM) Group who should report to relevant senior managers in each agency</b>	<b>Inform senior managers* in relevant organisations if immediate action/decision required. This may require joint agency decision making. Multi-agency Strategic Investigation Management (SIM) group may need to be convened to co-ordinate any action required.</b>

Escalation Triggers	Risk (Green, Amber, Red)	Impact - provide details	Action Required (1,2,3)	Action Undertaken
<i>Example - sudden closure of care home</i>	<i>RED</i>	<i>All service users need to be removed from the home</i>	<i>3</i>	<i>Service users needs assessed and new care homes found</i>
Sudden closure of care home				
Serious incident causing serious harm or death				
Provider not managing safeguarding incidents appropriately				
CQC take action to begin closure process				
No sustained evidence of training having an impact				
Continued failure to respond to defaults				
Continued failure to respond to regulatory notices from CQC				
Care provider without a manager at short notice				
Negative media coverage				

Current management arrangements not delivering				
Evidence of lack of financial viability at the care home				
Large scale complaints received				
Care provider has not sufficient resources to meet the requirements of the clientele				
An unplanned incident poses a serious threat to the running of the home and its ability to meet the needs of its residents/service users				
Partner agencies fail to reach an agreement over action to take				
Other				

SIGNED ..... CHAIR

DATE .....

## Appendix 7

### Care Providers in financial administration - Links with large scale enquiry procedure

Where a care provider goes into financial administration key actions should be taken to ensure residents and service users are safe.

In these circumstances the home or administrators usually contact the Council Contracts and Monitoring unit to inform them of the financial administration. It is usual for the administrators to appoint a management company to run the home alongside the registered manager or take full operational responsibility. Their role is to ensure the home continues to run safely, take key actions to assess the financial viability of the home and improve standards where necessary.

A multi-agency monitoring group is to be established as soon as possible where key roles are identified to liaise with the home, monitor impact and safety of residents and communicate with residents and families.

#### The monitoring group would consist of the following:

- Senior Manager Well-being and Integration – Chair
- Development Manager Contracts Unit
- Safeguarding Partnership Manager
- Pathway & Portfolio Manager Well-being & Integration
- Key leads NHS Kirklees (dependent on home registration; Locala, NHS Kirklees, SWYFT)

#### Actions to be taken:

- Immediate safety of residents to be ascertained to confirm that the home has continued supplies and services e.g. electricity, gas, food, equipment within 24hours notification.
- Management and staffing levels within the home should be confirmed ensuring there is adequate management cover within 24 hours notification.
- Quality monitoring visit to be carried out as soon as practicable.
- Client financial affairs to be informed of the administration and details of administrators.
- List of residents obtained and safeguarding alerts checked.
- Initial meeting with Head of Personalisation and Commissioning/Head of Safeguarding and Support with home representatives. Identify if there are other homes affected within the company.
- Notification to other neighbouring contracts units.
- Agreement on ongoing liaison with administrators re. Future viability of the home.
- Contingency planning for the event of home closure, individual assessments of residents needs and associated risks of moving.
- Clarify communication from administrators with residents and families.

- Nominate link for residents, families and home management.
- Letter to residents and families from Kirklees Council to inform them of position and communication.
- Core social work group identified to review residents and meet with families if required.

Based on the level of risk, placements may be stopped during this period. It must be noted that financial administration is not a reason for suspending placements but poor care may have resulted from the homes financial difficulties.

In some circumstances the home may not be financially viable to continue and lead to a home closure; during these circumstances the core multi-agency group would oversee the home closure ensuring individual residents needs are met safely during this transition, this will also cover a review period.

If safeguarding concerns are identified these should be addressed under the [Joint Multi-Agency Safeguarding Adults Policy and Procedures](#), where these are on a significant scale then this 'Multi-agency large scale enquiry' procedure should be followed in conjunction with these actions.

#### **Useful contact**

For health and social care information contact Gateway to care

Tel: 01484 414933

Email: [gatewaytocare@kirklees.gov.uk](mailto:gatewaytocare@kirklees.gov.uk)

For more information about Safeguarding go to:

[www.kirklees.gov.uk/safeguarding](http://www.kirklees.gov.uk/safeguarding)