

Kent and Medway Multi-Agency Policy, Protocols and Guidance Amendments for Publication 31st July 2012

All sections below in **red**, represent additions/changes to the relevant sections of the document.

- All references to CM32 will now be referred to throughout the documents and checklists as a closure form, following Kent's LEAN process.
- All references to Planning meetings will now be referred to as Planning/Strategy meetings

Contact Details for Medway Adult Social Services

Day time: 01634 334466
Out of Hours: 08457 626777

Protocols Section:

4 Referral

4.8.1 Referral Internal

2nd Paragraph:



Following internal discussion and consultation with the commissioning authority and the local social services agency, it may be agreed that a level 1 response is appropriate. (See guidance section 35, Framework for responding to adult protection concerns). The service provider must explain how they intend to investigate/assess the concerns raised in line with their discussions **the Level 1 Service Provider Report Form should be emailed to the provider by the DSO. The provider should complete and return the report to the DSO in the agreed timescale.**

6 When and How Should We Share Confidential Information?

Whether or not planning a response to an adult protection concern is through informal consultations or a formal meeting you are likely to be sharing information that would normally be considered confidential.

Each agency holds information, which in the normal course of events, is regarded as confidential and will have their own safeguards and procedures for sharing this with other related agencies. Some information will be subject to the Data Protection Act 1998.

Under Section 115 Crime and Disorder Act (1998) a worker has the power (not a duty) to share information if s/he thinks a crime has been or could be committed in the future with personnel within:

- Local Authority
- Health Trusts
- Police
- Probation

This information may be shared at a planning meeting with the appropriate people as listed above. If representatives of other organisations are present, they may be asked to leave the room whilst this information is being shared. It is the responsibility of the chair of the meeting to make a decision to exclude anyone from any part of the meeting if this facilitates effective

communication. It will therefore be important for participants to discuss any concerns they have about sharing information in a multi-disciplinary meeting with the chair, prior to the meeting if at all possible.

9 The Planning/**Strategy** Process

9.2 Formal planning/**strategy** meeting

This meeting forms part of the formal investigation into the allegations received and should be attended by all relevant professionals/agencies **and** any other person who has essential information pertaining to the case provided they are not implicated in the allegations. This may include the vulnerable adult(s), a carer, care worker or advocate.

Where the allegations involve a staff member from any organisation or agency providing services, a senior representative (i.e. manager or service manager) of that organisation should be invited to the meeting, or to part of the meeting. **Exceptions would be where they personally may be implicated in the alleged abuse or where there are good grounds to believe that their presence may impede the sharing of information and/or the investigation. Alternative arrangements to ensure the agency is represented should be made, this may include a representative at Director level or a manager from their Human Resources Department (Personnel).**

10 Proceeding to an Investigation

If an investigation is required then the terms of reference for the investigation/assessment must be jointly agreed.

If the alleged perpetrator is a member of staff, human resource advisors should be consulted to ensure that the investigation is compliant with safeguarding arrangements and employment legislation.

They should be informed of the progress of the investigation and where appropriate could be involved in the investigation, provided their involvement does not compromise any criminal investigation.

If a criminal act is suspected then the police investigation will take precedence. It is however, important to ensure that the protection of the vulnerable adult(s) is not unduly delayed by their investigation. Agreement will be required regarding actions to be taken by others while the police investigation is being carried out. Police action may be supported by care/case management, health or regulatory staff but if this is not the case, liaison over the progress of the police investigation should be carried out by the **DSO or the** investigating officer.

When the police investigation has been completed other investigations may then be required. Where possible, joint interviews with police should be conducted with vulnerable victims and witnesses to avoid delays and duplication of investigative activities.

If the police are not involved then it will be necessary to clarify the terms of reference for the investigation and identify the individuals or departments/agencies to be involved in the investigation/assessment. If an individual vulnerable adult is concerned then it is likely that the social services agency will lead the investigation possibly supported by health professionals.

Two people must be delegated to conduct joint interviews. In criminal cases, one of these will be a police officer; alternatively health, manager of the provider service, contract or human resources staff may be involved. This will ensure accurate recording of any interviews or information received.

10.2 Who is responsible for what?

3 and 4 bullet points:

- Where the alleged abuse has taken place in a regulated service **and formal statements are required under the Health and Social Care Act 2008**. The regulator is responsible **for ensuring that any action** in relation to regulatory concerns is conducted within the requirements of the Act. (This work **may** be carried out in parallel with other investigatory activities).
- Where the alleged abuse has taken place in a non-regulated service but one which is contracted, e.g. supporting people, day care or work opportunity service, the social services agency should take the lead but be supported by other appropriate professionals, **which may include the manager of the service**.

11

Case Conference

11.4 Who participates in case conferences?

It may be necessary to address the different elements of the case in separate sections of the meeting and to vary those attending for different agenda items. Minutes of the conference should only be distributed to the participants or to those invited. If an individual(s) only participated in or were invited to part(s) of the conference, they should only receive minutes relating to that part(s) of the conference.

The following people may be invited to attend all or part of the meeting:

- a The vulnerable **adult must be invited, however**, if they are unable or unwilling to take part, their representative or advocate should be invited to attend appropriate parts of the conference. Every effort should be made to empower the vulnerable adult to play as active a part in the meeting as possible.
- b It may not be practical for all vulnerable adults to attend, say for example in the case of a case conference which has a focus on a provider service. Where an individual has been identified as a vulnerable victim, the case manager or investigating officer must inform the vulnerable adult about the meeting and if they are unable or unwilling to take part, their representative, or advocate should be informed. The chair of the meeting must gain agreement about how each vulnerable adult or their representative receives feedback. This must be clearly identified for each vulnerable adult. E.g. meeting at service or local office, letter, relative or residents meeting.

11.5 Preparing for the case conference

Where a vulnerable adult or witness is invited to attend all or part of the case conference they should be fully briefed by the chair regarding the arrangements for the meeting and the issues that may well be discussed.

13

Responsibilities

13.1 What are my responsibilities as a designated senior officer (DSO)

- h A formal planning meeting will allow a full discussion of actions already taken and allow for future planning. Where the allegations involve a staff member from any organisation or agency providing services, a senior representative of the service should be invited to the

meeting unless they are **personally** implicated in the abuse allegations. If, in exceptional circumstances, the service provider has not already been made aware of the allegations of abuse, you will need to ensure that a decision is taken, during the meeting, about informing the service provider of the issues that need to be investigated/assessed.

- s** Ensuring that action points from formal meetings are circulated within 2 working days. It is good practice for the full minutes to be circulated within 10 working days unless exceptional circumstances make this impossible.

13.3 What are my responsibilities as a formal or informal carer, a social worker or health professional, a police officer, a volunteer, manager or staff member in a statutory, private or voluntary organisation or a member of the public, if I believe that a vulnerable adult is being abused?

- g** No staff within the service should alert or confront the alleged abuser if to do so would place anyone at risk of harm or risk contamination of evidence.

- j** If an adult protection referral has been made to the social services agency or to the police, if a crime is suspected, **no attempts should be made, by the service, to question the vulnerable adult(s) or other vulnerable witnesses.** This will be done as part of a formal investigation and or assessment of the issues **which will be agreed as part of the adult protection planning process.** The service provider should be involved in the planning and investigative processes and attend meetings unless there are very clear reasons to suspect that their involvement would compromise any stage of the process.

13.6 What are my responsibilities as an employer?

- i** You will be involved in the adult protection planning/**investigation** processes unless there are concerns/allegations that you may be directly implicated or your involvement at the planning stages may impede the investigation/assessment.

- j** In accordance with the Safeguarding Vulnerable Groups Act (2006) you must refer employees and volunteers undertaking **regulated activities** with vulnerable adults (according to the definitions within the Act) to the Independent Safeguarding Authority (ISA), for consideration for inclusion through the Vetting & Barring Scheme, if they pose a risk to vulnerable adults or children. (See guidance section 30).



19

Protocol for Determining Causative Factors of Pressure Ulcers in Adult Protection Investigations

Introduction

This protocol is to support decision making when considering whether or not to raise an adult protection alert for an individual presenting with one or more pressure ulcers. The main issue to consider before raising an alert is, “was the pressure ulcer most likely to have been preventable?”

Incident Reporting

Each provider must have their own procedures for incident and pressure ulcer reporting, which fulfils all local and statutory reporting requirements whilst providing the framework for reporting pressure ulcers as an adult protection alert in line with this multi agency protocol.

Process

Once an adult protection alert regarding the pressure ulcer(s) is reported, the condition of the ulcer(s) must be reviewed within 24 hours. The reviewer must identify, as far as possible whether the pressure ulcer(s) could have been prevented. If in the opinion of the reviewer, the development of the pressure ulcer(s) could have been prevented then the alert should become a referral.

If in the opinion of the reviewer the development of the pressure ulcer(s) was deemed unavoidable the response would be assessed as “not adult protection”, therefore, the concerns must be constantly under review throughout the usual assessment processes.

Factors to Aid Decision-making

Consider the following factors to aid your decision-making to determine whether the pressure ulcer was preventable:

- Lack of risk and or assessments to identify care required
- Lack of robust care plans/care plan review and evaluation
- Lack of compliance with MCA legislation
- Lack of appropriate equipment
- Failure to access specialist advice
- Failure to identify and respond to deterioration in general condition
- Failure to act by others
- An omission to act
- Failure of commissioned care provider to recognise own limitations
- Failure of commissioned care provider to act to expectations of role
- Failure of commissioned care provider to adhere to Policy
- The concordance of the patient with the assessed treatment plan

You may find the information below, taken from Safeguarding Adults: The Role of Health Service Practitioners – Department of Health 2011 (page 51), in addition to the above, helpful in determining whether or not to raise an adult protection alert. This information below is an aid to weigh up all the factors in the round to help reach and record a considered and defensible decision.

Safeguarding Adults: The Role of Health Service Practitioners Clinical Governance and Safeguarding Adults Decision Making Framework	
Factors to consider when deciding whether an incident or event should or should not be referred through the multi-agency Safeguarding Adults procedures	Factors considered– <i>Note – no single factor will determine that a referral should <i>not</i> be made.</i>
The Patient(s)	
Did the person experience harm?	
Are others at risk of harm?	
Was the person’s vulnerability likely to be relevant or was it coincidental to the concern?	
Was the impact of the incident likely to be greater because of the person’s vulnerability?	
What is the person’s capacity, support needs and ability to advocate for themselves?	
What are the patient’s wishes about how the concern should be dealt with? Is there a duty to act?	
Is cooperation needed from other agencies to keep the person safe?	
Alleged Incident	
What was the degree or nature of harm?	
May other agencies have relevant information that could affect this judgement?	
Is there divergence from acceptable standards without good rationale and did this lead to harm?	
Where this is a low level concern, is the cumulative affect leading to harm?	
What is the likelihood of recurrence?	
Environment – the worker and the service	
Are there themes and trends – is this a recurring pattern for the worker and/or the service?	
Is there suspicion or evidence of negligence, incompetence or recklessness?	
Is there suspicion or evidence of, lack of integrity or malicious intent?	
Is there an allegation of misconduct by a member of staff to a ‘vulnerable adult’? If so refer to Local Safeguarding Adults Service	
Could this be a criminal offence? If so refer to police and Local Safeguarding Adults Service	
Outcome of decision	
Decisions to refer/ not refer through local safeguarding adults procedures and reasons	
What other processes/systems are being used to address the problem? Do they adequately address the incident or would something be missed?	

For more information please use the following link:
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_125233.pdf

The identified factors determining events leading up to the pressure ulcer development would then provide information for the adult protection investigation process.

You should consult with your line manager and if appropriate the local authority to aid decision making.

Guidance Section:

5

The Line Managers Responsibility when Advised of an Initial Disclosure of Possible Abuse

The last paragraph:

If you require advice or have doubts contact the social services agency or ring the police and ask for the **combined safeguarding unit** covering your location.

13

Whistleblowing (Public Interest Disclosure Act 1998)

- 6 In the case of a serious crime being reported, the referrer will be informed that the matter needs to be reported to the police.
- 7 If the person 'blowing the whistle' chooses to go through an intermediary, that person has a duty to report the abuse of a vulnerable adult to the duty officer of the social services agency, or to the police if they consider that a criminal offence may have been committed.

From 1 January 2012, the Government-funded whistleblowing helpline became a free-phone service provided by the Royal Mencap Society, to provide free, independent and confidential whistleblowing advice.

The helpline will operate weekdays between 08:00-18:00 with an out of hours answering service available weekends and public holidays and is available to all health and social care staff. A web-based service is also being developed

If you have concerns but are unsure how to raise them or simply want advice on best practice, from 1 January 2012 you can call free on: **08000 724 725**.

14

Staff Disciplinary Procedures

- 4 The employer should report their adult protection concerns to the local social services office/mental health trust office and advise what actions they have taken to protect vulnerable adults/children from the risk of abuse.
- 5 If it appears that an investigation is necessary then police or the social services agency should co- ordinate the response.
- 6 The employer should ensure that they comply with employment legislation at all times.
- 7 The employer may await the outcome of any external investigation before taking any disciplinary action. They may however carry out their own internal inquiry into the issues raised provided this does not interfere with any criminal investigation.

- 8 If the matter is being dealt with as a formal police or social services led adult protection investigation, the employer should be advised not to interview **vulnerable victims/witnesses** until the formal investigation has been completed.

19 Supporting People

The Kent Supporting People Team is based at County Hall, Maidstone. The Medway Team is based at **Gun Wharf, Chatham**. They act as a payment and contracting function. Approximately 30,000 service users in Kent and Medway receive support under this programme.

23 Aide - Memoire for Adult Protection Meetings

- 6 Summary of information exchanged. It can be useful to identify separate headings for professionals' input:
 - Care management information - history, current status, mental capacity, action undertaken
 - **Local Authority Client Financial Affairs Officers (CFAO) – in cases of alleged financial abuse**
 - Contracts information - monitoring visits, identified concerns regarding quality; open a discussion about whether the contracts database should have an adult protection warning flag placed on it and at what level. (See protocols section 8.1)
- 17 Close the meeting

Post meeting:

The minute taker should send out a record of the agreed action points within 2 working days of the meeting, and a copy of the agreed minutes should be circulated within 10 working days unless exceptional circumstances make this impossible.

24 Investigation/Assessment Checklist

3. Who will support you in the investigation/assessment process? You may carry out some tasks alone (checking through reports or files), but during all interviews and meetings you should have the support of another person. This person may be from: - police, health, **service provider**, voluntary organisation (e.g. Mencap or Age Concern, Racial Equality Council etc), a funding authority representative or a colleague from your own team. Please consider the cultural religious and gender issues and seek appropriate support.

25 Case Conference Checklist

- a Ensure that all-relevant people and professionals involved with the care of the vulnerable adult(s) are represented at the conference.
- b Circulate relevant information to the participants in advance, marked 'highly confidential' where this is feasible and appropriate.

- c Ensure that the status of the case conference and the reasons for it taking place are explained to the vulnerable adult(s) and his/her representative(s) prior to the conference to enable them to make a decision regarding their attendance. **The completed reports from the investigation should be discussed with the victim and/or their representative at this stage.**
- d Ensure that the vulnerable victim is at the centre of the discussions. There should be no decisions made about the post-abuse support needs of the victim without their full involvement or the involvement of their representative(s). Therefore, the Chairperson has authority, in consultation with the vulnerable adult and other representatives, to restrict or exclude attendance of people at the conference. This should be clearly recorded in case conference notes.

30

The Safeguarding Vulnerable Groups Act 2006 and Vetting and Barring Scheme (VBS)

The Safeguarding Vulnerable Groups Act 2006 provides the legislative framework for the new Vetting and Barring Scheme. These new arrangements will be introduced in managed phases from 12th October 2009. The registration process which was due to start on 26 July 2010, has been halted to allow the government to remodel the scheme to what it calls 'common-sense levels'. However, the regulations introduced in October 2009 will still apply. **In June 2012 Her Majesty's Government published a leaflet titled "Changes to disclosure and barring: What you need to know". This leaflet tells you about important changes which the Government will be making to criminal records and barring arrangements this September 2012 and how they affect you. It is aimed at organisations who engage people to work with vulnerable adults and children. For further information please see: www.isa.homeoffice.gov.uk. This section will be updated fully in January 2013 in line with the proposed changes**

33

Good practice guidelines for organising and managing adult protection meetings/case conferences

After the Meeting

- The distribution of minutes should be in line with Guidance Section 18 Managing Confidential Information in Documents, Reports and Minutes of Meetings.
- **The action points from the meeting should be distributed within 2 working days of the meeting and the agreed minutes should be circulated within 10 working days unless exceptional circumstances make this impossible**
- Any matters arising from the minutes should be dealt with by you and not the minute taker.

34

Good practice guidelines for organising and managing adult protection meetings/case conferences

The Meeting

- You may be able to develop your own form of speed writing.
- **It is likely that some action points will be agreed at the meeting.**
- Remember to ask for clarification if you need to. If it does not make sense in the meeting it is unlikely to when you come to write up the minutes.

After The Meeting

- Try to have a short de-brief with the chairperson immediately after the meeting.
- Ensure that no papers related to the meeting are left in the meeting room.
- Aim to produce a record of the action points which need to be agreed with the chairperson and then circulated to the attendees within 2 working days of the meeting.
- Aim to produce a full draft of the minutes as soon as possible after the meeting and pass them to the chairperson for approval. If the chairperson is not your line manager, agree with your line manager a timescale that reflects the urgency and priority that should be awarded to the task.
- If you are distressed by the content of the discussions during the meeting talk through the issues with the chair of the meeting or arrange to meet with your line manager to discuss the issues in confidence.
- The responsibility for the content of the minutes rests with the chair of the meeting and they rely on you to produce the draft and the final version of the minutes as soon as possible after the meeting has concluded. The file copy of the minutes must contain the full names of all professionals and vulnerable people involved.
- The copies of the minutes to be circulated should be adjusted to show only the initials of the victims, vulnerable witnesses and vulnerable perpetrators.
- Ensure that you know exactly who should have the minutes or part of the minutes and any additional papers that may have been agreed.
- The agreed adult protection minutes should be sent out within 10 working days of the meeting unless exceptional circumstances make this impossible. They should be sent either by secure e-mail or fax, or by recorded delivery.
- If another meeting has been discussed ensure that an appropriate meeting room is booked.