



Croydon Multi-Agency  
**SAFEGUARDING**  
ADULTS BOARD

# **Safeguarding Enquiry: Provider Led Enquiry Report**

**January 2017 – VERSION 0.1**

## **Introduction:**

This report is carried out to assist in a Section 42 Safeguarding Adult Enquiry. Under the Care Act of 2014 the Local Authority has a responsibility to complete an Enquiry into every report of concern/ allegation of abuse for Adults with Care and Support Needs.

On occasion the provider of services is best placed to lead on parts of the Enquiry due to factors such as access to information, an established relationship with the client and a need to find out what has happened to prevent it happening again. Note, the provider report is not the Section 42 Enquiry but rather forms a major part of the Section 42 enquiry and will often lead on the fact finding aspects of the enquiry.

The Local Authority retains overall responsibility for the Section 42 enquiry and will help the provider determine a terms of reference (See Section11) for each Provider led enquiry as well as provide guidance and oversight into the finished report. Where required the report may receive a degree of scrutiny and requests can be made for further information.

Reports should be completed within a reasonable timeframe as agreed with the Social Work Manager overseeing the case. Case drift should always be avoided. The Care Act contains a duty of candour to ensure that full disclosure of all appropriate and relevant information is carried out. All Section 42 Enquiries should be carried out in a spirit of joint working as professional partner agencies and not in an adversarial, defensive or punitive manner.

The ultimate goal is the safety of the service users and preventing harm from occurring again to others. Each safeguarding case contains opportunities to learn and improve practice. It is asked that those involved in safeguarding cases are open to such learnings, operate in a non-defensive manner and accept the role that partner agencies can play as critical friends.

## **When Provider led enquiry may not be considered:**

- **There is a history of previous similar safeguarding**
- **The incident is a part of escalating concerns**
- **There is a crime/ suspicion of a crime**
- **There is a clear intent to harm/ exploit the client**

## **See:**

- The Care Act (2014) & London Multi Agency Adult Safeguarding Policy & Procedures (2015) [DUTY of CANDOUR: page 91]
- Department of Health Care Act Guidance (Final version- October 2014), Chapter 14
- Croydon Safeguarding Adults Board- Pressure Ulcer Protocol

### **Social Workers Terms of Reference/ Requested lines of Enquiry:**

The terms of reference are essentially requested lines of enquiry that the social worker will ask the provider to consider when completing this report. They may not be the full extent of the enquiry but they are aspects of the enquiry that the social worker has felt pertinent when asking the provider to complete this report.

Thus the following is the only part of the form completed by the Enquiring Social Worker:

Lines of Enquiry that the provider is being asked to consider:

- 1)
- 2)
- 3)
- 4)
- 5)

(Expand as required)

## **Provider Led Enquiry Report**

**(Note: Type to expand sections as required as per each report)**

### **Part A: Client Details**

**Name of the Adult:**

**1) D.O.B:**

**2) Address of client:**

**3) Communication:** Does the client have communication or sensory needs? (If yes, please outline how these were accommodated during the safeguarding process):

**4) Mental Capacity:** Are there capacity considerations? (If yes please explain in relation to a specific decision at a specific time, if the client lacks capacity have previous wishes and feeling been taken into account, has a Best interest meeting taken place, has a reasonable network of involved loved ones and professionals been consulted for any Best interest decisions? Does an IMCA or informal advocate need to be considered):

**5) Diagnosis/ Disability:**

**6) Consent:** Has the client consented to the safeguarding process, if not please explain (e.g. the client lacks capacity and the safeguarding is being carried out in their best interest & the wider public interest):

**7) Funding Agency:** Which Local Authority, CCG, CHC or private individual is funding the placement/ service? Please outline any joint funding agreements:

**8) Background to the client's use of your service:** How long has the client been using your service, how did they come to use the service, what support is provided and how, by whom (multiple staff, a key worker etc), are there any issues in the delivery of this care that is pertinent to this enquiry? Please comment on the client/staff relationship and any previous issues that are relevant?

## **Part B: The Enquiry Record**

**The interview with the client (if appropriate):**

**9) What are the Adults views and desired outcomes:** Do you have their consent to interview them? Consider a capacity assessment about their involvement in the process. Discuss information sharing and confidentiality. Please outline these in terms of what does the client want as an ideal outcome, what does being safe entail for them, how would they like this achieved? What do they want professionals to do for them/ or not do? What changes would they want made? What do they feel the ongoing risks are? Do we need to consider safety words/ phrases and safe times/ methods of contact?

**NOTE:**

**In the case of a crime Police will led the investigation so if criminal matters are uncovered during the provider led enquiry then take advice from the Social Worker and Police about how to proceed.**

**Keep a note of your interview with the client and others.**

**If domestic abuse is uncovered then inform the social worker.**

**If child abuse is feared or reported, then report this to Croydon Council's Children's MASH team: Via telephone (0208 726 6000) or by completing the online referral:**

**[https://my.croydon.gov.uk/\\_layouts/LBC.SharePoint.ChildReferrals/refer.aspx](https://my.croydon.gov.uk/_layouts/LBC.SharePoint.ChildReferrals/refer.aspx)**

**Email: [child.referral@croydon.gov.uk](mailto:child.referral@croydon.gov.uk)**

**Provider Summary Section:**

**10) Allegation of abuse/ report of concern:** What is the allegation? Who is making it and when was it made? Cover the who, when, how, where, why aspects of the concern, If multiple allegations the break these down chronologically. What was the impact/ severity of the incident? Were others at risk?

**11) Enquiry Activities:** Consider and Terms of Reference given by the Social Worker. (EXPAND THIS TABLE AS REQUIRED)

<b>Activity (interview, review of paper work, CCTV, etc)</b>	<b>Supporting Documentary Evidence (records &amp; charts, witness statements)</b>	<b>Date of activity</b>

**12) Summary of Findings:** Consider the original report/ allegation and all the enquiry evidence that you have established, consider what you are aware that you do not know (gaps in knowledge), explain clearly whether or not you feel the abuse has occurred or not and why you reach this conclusion (repeat if multiple allegations are made) and substantiate your views using the evidence and professional opinion.

**13) Recommendations and future plans:** How are you going to help keep the person safe in future, free from neglect and abuse, does staff training and organisation practice need to improve or be altered? Do we need the assistance of other partners (i.e. specialist health professionals, equipment, 3rd sector agencies, etc), are these recommendations in line with or in disagreement with the clients stated desired outcomes? Was a disciplinary process required? (Consider complaints, HR activity, DBS referrals in the response) Describe what action has been taken? Has feedback been given to the client? Has there been learning for the Provider? Could this be avoided again? Have risk assessments been updated for clients and the provider, Were next of kin contacted and what were their views? Have support/ care plans been update as required?

This document is confidential when completed so only send & store securely

## **Addendum:**

### **Duty of Candour Statement**

#### **Introduction:**

Under the Care Act of 2014 the Local Authority has a responsibility to complete an Enquiry into every report of concern/ allegation of abuse for Adults with Care and Support Needs. The Local Authority is unable to do so, in many cases, without the help of partner agencies and informal networks around the clients.

#### **Background to why the Duty of Candour is required:**

#### **Legislation:**

It is fair to say that the Local Authority requires a cooperative network around the client to help ensure that all safeguarding enquires are completed as quickly and as holistically as possible. Secondly, accurate and timely information is required to keep people safe.

The Duty of Candour was first introduced in the Health and Social Care Act of 2008 (see below for a full version of Section 20).

The Health and Social Care Act of 2008 contains a *duty of candour* to ensure that full disclosure of all appropriate and relevant information is carried out by relevant parties. Thus all Section 42 Safeguarding Enquiries should be carried out in a spirit of joint working as professional partner agencies and not in an adversarial, defensive or punitive manner.

#### **Agreed Policy:**

The London Multi Agency Policy and Procedures 2015 (“*Pan London*”) makes several references to Information Sharing. When referencing the Care Act of 2014 the *Pan London* document notes that Section 6 of the Care Act notes the general duty to co-operate (including within the Council’s departments).

Section 7 of the Care Act outlines a new ability to request cooperation in relation to a case. If an agency does not cooperate with information sharing then the safeguarding enquiry can escalate the matter to the Croydon Safeguarding Adults Board under Section 45 which obliges agencies to comply with Safeguarding tasks in order to allow the SAB to operate.

#### **Purpose:**

The ultimate goal is the safety of the service users and preventing harm from occurring again to others. Each safeguarding case contains opportunities to learn and improve practice. It is asked that those involved in safeguarding cases are open to such learnings, operate in a non-defensive manner and accept the role that partner agencies can play as critical friends.

The below is taken from “CQC.org.uk”:

“The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in

relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

The regulation applies to registered persons when they are carrying on a regulated activity.”

See:

- The Care Act (2014) & London Multi Agency Adult Safeguarding Policy & Procedures (2015) [DUTY of CANDOUR: page 91]
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Website: CQC.org.uk.
- Department of Health Care Act Guidance (Final version- October 2014), Chapter 14

**Regulation 20 (From the Health and Social Care Act 2008)**

**1.Registered persons must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity.**

**2.As soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a registered person must—**

- a.notify the relevant person that the incident has occurred in accordance with paragraph (3), and
- b.provide reasonable support to the relevant person in relation to the incident, including when giving such notification.

**3.The notification to be given under paragraph (2)(a) must—**

- a.be given in person by one or more representatives of the registered person,
- b.provide an account, which to the best of the registered person's knowledge is true, of all the facts the registered person knows about the incident as at the date of the notification,
- c.advise the relevant person what further enquiries into the incident the registered person believes are appropriate,
- d.include an apology, and
- e.be recorded in a written record which is kept securely by the registered person.

**4.The notification given under paragraph (2)(a) must be followed by a written notification given or sent to the relevant person containing—**

- a.the information provided under paragraph (3)(b),
- b.details of any enquiries to be undertaken in accordance with paragraph (3)(c),
- c.the results of any further enquiries into the incident, and
- d.an apology.

**5.But if the relevant person cannot be contacted in person or declines to speak to the representative of the registered person —**

- a.paragraphs (2) to (4) are not to apply, and
- b.a written record is to be kept of attempts to contact or to speak to the relevant person.

**6.The registered provider must keep a copy of all correspondence with the relevant person under paragraph (4).**

**7.In this regulation—**

"apology" means an expression of sorrow or regret in respect of a notifiable safety incident;

"moderate harm" means—

a.harm that requires a moderate increase in treatment, and

b.significant, but not permanent, harm;

"moderate increase in treatment" means an unplanned return to surgery, an unplanned re-admission, a prolonged episode of care, extra time in hospital or as an outpatient, cancelling of treatment, or transfer to another treatment area (such as intensive care);

"notifiable safety incident" has the meaning given in paragraphs (8) and (9);

"prolonged pain" means pain which a service user has experienced, or is likely to experience, for a continuous period of at least 28 days;

"prolonged psychological harm" means psychological harm which a service user has experienced, or is likely to experience, for a continuous period of at least 28 days;

"relevant person" means the service user or, in the following circumstances, a person lawfully acting on their behalf—

a.on the death of the service user,

b.where the service user is under 16 and not competent to make a decision in relation to their care or treatment, or

c.where the service user is 16 or over and lacks capacity in relation to the matter;

"severe harm" means a permanent lessening of bodily, sensory, motor, physiologic or intellectual functions, including removal of the wrong limb or organ or brain damage, that is related directly to the incident and not related to the natural course of the service user's illness or underlying condition.

**8.In relation to a health service body, "notifiable safety incident" means any unintended or unexpected incident that occurred in respect of a service user during the provision of a regulated activity that, in the reasonable opinion of a health care professional, could result in, or appears to have resulted in—**

a.the death of the service user, where the death relates directly to the incident rather than to the natural course of the service user's illness or underlying condition, or

b.severe harm, moderate harm or prolonged psychological harm to the service user.

**9.In relation to any other registered person, "notifiable safety incident" means any unintended or unexpected incident that occurred in respect of a service user during the provision of a regulated activity that, in the reasonable opinion of a health care professional—**

a.appears to have resulted in—

- i.the death of the service user, where the death relates directly to the incident rather than to the natural course of the service user's illness or underlying condition,
  - ii.an impairment of the sensory, motor or intellectual functions of the service user which has lasted, or is likely to last, for a continuous period of at least 28 days,
  - iii.changes to the structure of the service user's body,
  - iv.the service user experiencing prolonged pain or prolonged psychological harm, or
  - v.the shortening of the life expectancy of the service user; or
- b.requires treatment by a health care professional in order to prevent—
- i.the death of the service user, or
  - ii.any injury to the service user which, if left untreated, would lead to one or more of the outcomes mentioned in sub-paragraph (a).

