Large Scale Safeguarding Enquiries Practice Guidance

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1. Context and Introduction

Large scale enquiries have an important role in understanding and responding to concerns about organisational abuse or neglect. They provide an opportunity to review a number of individual safeguarding enquiries together, to identify patterns and underlying causes of abuse and neglect, and to identify the learning and measures needed to safeguard people who use that service.

In this way, large scale enquiries can have an important role in helping to prevent the reoccurrence of abuse or neglect, and in supporting people's expectations, that they be safe and feel safe, now and into the future.

This practice guidance sets out when a large scale enquiry should be considered, as well as general practice principles that will need to be applied with professional judgement and proportionality in light of the specific circumstances.

This practice guidance will need to be read alongside the West Midlands multi-agency Policies and Procedures for the protection of adults with care and support needs.

https://www.safeguardingwarwickshire.co.uk/images/downloads/West-Midlands-Policy-and-Procedure/WM_Adult_Safeguarding_PP_v20_Nov_2019.pdf

This practice guidance will need to read alongside Coventry City Council Adult Services Out of City Placements and Review Process.

https://coventrycc.sharepoint.com/Shared%20Documents/Approach%20to%20Out%20of%20City%20Contract%20Monitoring.pdf

This guidance has been developed from exiting guidance produced by Leeds and Bath & North Somerset Adult Safeguarding Boards.

2. Large Scale Enquiries – an Overview

A 'Large Scale Enquiry' is an overarching safeguarding enquiry that should be considered when there are concerns about organisational abuse.

The Care Act Care and Support Statutory Guidance 2020 states; '*Professionals and others should look beyond single incidents or individuals to identify patterns of harm…Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse' (Section 14.18)*.

The Care and Support Statutory Guidance further describes organisational abuse as:
'*Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one-off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation*' *(Section 14.17).*

Where a large scale enquiry is being undertaken, many different forms of abuse or neglect may be evidenced within the individual safeguarding enquiries being undertaken. The

overarching large scale enquiry will be able to consider these individual enquiries together, to identify underlying factors that maintain the risk of abuse and neglect.

The following guidance can inform professional judgements and decision making as to whether organisational abuse is a presenting concern.

As organisational abuse or neglect arises as a result of the structure, policies, processes and practices within an organisation, it may be evidenced by certain characteristics:

- It is **widespread** within the setting (e.g., the abusive/neglectful practice is not confined to the practice of a single staff member).
- It is evidenced by **repeated** instances of abuse or neglect.
- It is generally **accepted** that these things happen.
- It is **sanctioned** – it is encouraged or condoned by line managers.
- The **absence of effective monitoring or management oversight** by managers has allowed the practice to occur.
- There are **environmental factors** (e.g., unsuitable buildings, lack of equipment, many temporary staff) that adversely affect the quality of care.
- It is **systemic** e.g., factors such as a lack of training, poor operational procedures, poor supervision and management all significantly contribute to the development of organisationally abusive practice.

It is not necessary for each of these characteristics to be present. However, the presence of one or more characteristic increases the likelihood that organisational abuse is taking place. Organisational abuse may also be indicated by a number of adversely affected service users. However, it could occur in relation to a single service user.

There is a need for assessment and judgement in determining when poor practice becomes an adult safeguarding issue leading to potential concerns of organisational abuse. Addressing four key questions will support the decision to initiate a large scale investigation;

- Is the incident of the **type** to indicate organisational abuse?
- Is the incident of a **nature** to indicate organisational abuse?
- Is the incident of a **degree** to indicate organisational abuse?
- Relating to these three questions, is there a **pattern and prevalence** of concerns about the Service and/or Organisation?

Further guidance in relation to identifying organisational abuse can be found in Appendix 1.

In the West Midlands a framework for responding to organisational failure or abuse has been developed identifying different levels or types of intervention possible when responding to organisational abuse. This guidance has been developed to support Level 4 ‘Multi agency meetings’.

https://www.coventry.gov.uk/downloads/file/34272/wm-responding-to-organisational-failure-or-abuse

The assessment of possible organisational abuse will need to be based upon professional judgement, with consideration of all the individual circumstances. This should include consideration of the actual or potential impact on the wellbeing of the individuals

concerned, as well as the underlying causes of any abuse and neglect.

A large scale enquiry enables a number of individual safeguarding enquiries to be considered together in a way that helps to identify organisational causes of abuse or neglect, and the measures needed to prevent its reoccurrence.

Where abuse or neglect arises due to underlying reasons, relating to the structure, policies, processes and practices within an organisation it might be considered organisational. Identifying the underlying causes helps to ensure that safeguarding measures are targeted appropriately, to safeguard all those concerned and others in the future.

Where a large scale enquiry is undertaken in relation to an NHS Trust, the Trust should ensure its Chief Executive Officer and the safeguarding lead within the Integrated Care Board are notified and involved/kept informed as requested. Similarly, where a large scale enquiry involves a City Council service, the Director of Adult Social Care must be notified, and involved/kept informed as requested.

When there is a safeguarding concern about an individual, the focus of a safeguarding enquiry will be on what has happened to that person, their safety and wellbeing, on their desired outcomes and what actions will be needed to support that person to be safe.

If there are concerns that more than one person is experiencing abuse or neglect within the same service or setting, then this process should be followed for each person.

As such, each individual safeguarding enquiry will need to result in its own safeguarding plan and outcome discussion. This is important to ensure that each individual person's needs, desired outcomes, circumstances and personal safety are considered in their own right.

Where there are safeguarding concerns for more than one person within the same service or setting, then a large scale enquiry may be additionally required. However, this will only be appropriate where the nature of the various individual enquiries, when considered together, potentially indicate organisational abuse.

As a large scale enquiry is an additional enquiry, it should only be followed where there is a potential benefit to safeguarding people within that service or setting. The need for a large scale enquiry may be identified at any time, for example, whilst other enquiries are being undertaken or at their conclusion.

The large scale enquiry will need to draw upon the findings of each individual safeguarding enquiry undertaken, and undertake additional enquiries and actions as required in order to respond to the concerns of organisational abuse.

3. Large Scale Enquiry Processes and Approach

The large scale enquiry will require its own meetings to consider the findings and safeguarding arrangements required.

Large scale enquiries will often be complex. This section sets out additional practice considerations that are particularly relevant when a large scale enquiry is being planned

and undertaken.

3.1. Timescales, Planning and Decision Making

Where it is believed that a large scale enquiry may be indicated, because of the potentially very urgent nature of a safeguarding concern, it is vital that an initial risk assessment is carried out at the point of the alert within 2 working days. The process of making the threshold decision will give further guidance as to how quickly a Large Scale Enquiry Planning Meeting is needed and who should be involved. If immediate investigation and/or protection is needed, then convening an urgent meeting with one or two key agencies or holding an initial telephone planning discussion should be undertaken as soon as possible.

In all cases, a Large Scale Enquiry Planning Meeting needs to occur within 5 working days of the concern(s) being raised. In exceptional cases, if key agencies are not able to attend within 5 working days and an initial risk assessment indicates that the person(s) who has been or is at risk of harm is safe then the overarching chair will agree a timeframe for the Large Scale Enquiry Planning Meeting to take place. If the meeting is delayed by the unavailability of agencies, the overarching chair should review the need for that agency to attend and/or ask for a deputy if their attendance is crucial to the purposes of the meeting.

Every large scale enquiry should have an identified Lead or Coordinator to oversee the process. Where there is consideration of a large scale enquiry being needed this should be brought to the attention of the relevant Head of Service who will identify a lead to oversee the process.

Safeguarding concerns specific to individuals will be managed in accordance with the West Midlands multi-agency Policies and Procedures for the protection of adults with care and support needs and associated procedural timescales. The Large Scale Enquiry Planning Meeting will be to determine risks to individuals and service users collectively in conjunction with any wider concerns identified in relation to the management, regulatory and quality assurance arrangements of the service provider.

Due to the often complex nature of large scale enquiry processes, it is acknowledged that it will not always be possible to correlate individual safeguarding timescales with those of the large scale enquiry. Large scale enquiry timescales will be reviewed and agreed by the overarching chair with representatives at each meeting. The intervals between Large Scale Enquiry Review Meetings will be dependent on the Terms of Reference for any enquiry process and timescales agreed as a result of any interim action plan determined at the initial planning meeting. For issues to be considered when determining the Terms of Reference for large scale enquiries see Appendix 2.

The large scale enquiry Lead or Coordinator may need to set times for reporting back during the assessment/investigation period and ensure that action plans are pursued proactively in order to minimise the possibility of delay. The Large Scale Enquiry Planning Meeting will need to formulate and agree an action plan identifying what steps are being taken to address any issues identified.

Large Scale Enquiry Review Meeting intervals should be defined by the nature of the enquiry process (to include feedback from individual cases), the risks identified and the action plan. A review of any large scale enquiry action plan should occur within 6 weeks

of the plan being agreed. It does not need to be a full meeting but will include core member representation as agreed by the overarching chair. Review meeting intervals will be agreed and undertaken until the large scale enquiry procedures can be closed.

The number of these meetings required will be determined by the nature and progress of the enquiry.

3.2. Large Scale Enquiry Planning and Review Meetings

The information presented in the planning meeting is crucial to inform the decision making process and will impact on whether the meeting participants consider it is appropriate or not to continue to a large scale enquiry.

It is each attendee's responsibility to prepare adequately for the meeting and ensure that they bring all relevant information to the meeting in order for evidence based decisions to be made. A suggested agenda can be found in Appendix 4.

The meeting should have full access to the following:

- Information and intelligence relating to the safeguarding concern (alert)
- Any risk assessments undertaken to date
- Overview and outcomes of any individual safeguarding processes which indicate a number of residents are at risk of significant harm or exploitation.
- Regulator activity and outcomes
- Contract Action Plan monitoring details where applicable (this will relate to quality monitoring forms, staff feedback forms and any actions/recommendations identified further to contract reviews)
- Any information relating to recent incident reporting. Where this is a Health Provider, this may include the reporting of a Serious Untoward Incident and subsequent Root Cause Analysis (RCA) investigation
- Recorded evidence where the Service Provider has failed to comply with Health and Social Support review recommendations that resulted in a person(s) being placed at risk of significant harm or exploitation
- Evidence and detail of other recent concerns. This may include whistleblowing alerts
- Business continuity plan and financial details (if available), if there are concerns in relation to market failure

A decision to proceed to a large scale enquiry can only be made if there is agreement at the meeting that this is the most proportionate response to the concern and is based on the evidence presented. Legal advice may be sought where necessary at an early stage. Example scenarios of situations requiring and not requiring large scale enquiries can be found in Appendix 3.

Representatives should also consider whether there are issues of poor practices that can be addressed and worked through in partnership with a Service Provider outside of the safeguarding process using a more proportionate approach. Options may include contracts and commissioning or regulatory action via CQC.

If a large scale enquiry is required, representatives at the planning meeting should consider an initial protection risk plan, with indicative timescales and 'ownership' of actions

identified. This may include a request for further information/intelligence. The meeting must also agree the Terms of Reference of the enquiry.

The Terms of Reference for the investigation are essential to ensure that all those participating are clear of the concern, what is being investigated and their roles and responsibilities within the enquiry process. Care must be taken not to initially investigate issues outside the remit of the concern/s and action plan.

It is important to remember that decision making at the end of the large scale enquiry process must be linked to the Terms of Reference for the enquiry. It is the responsibility of all representatives to formulate a robust and effective investigation plan arising from the Terms of Reference. The action plan should clearly determine what (if any) investigation tools are to be used to support the enquiry process. This should also include feedback and outcomes from individual safeguarding concerns.

All representatives and staff who take an active role within the enquiry process should receive a copy of the Terms of Reference and investigation plan to ensure that there is clarity about key issues.

It is important that the large scale enquiry Coordinator maintains an up-to-date chronology of concerns, investigations and outcomes. These will be reviewed at each large scale enquiry meeting.

A suggested agenda for Large Scale Enquiry Meetings can be found in Appendix 5.

Representatives at the Large Scale Enquiry Planning Meeting (and throughout the large scale enquiry process) should also consider the following:

- **The use of resources to support a large scale enquiry**

  Representatives will need to consider and identify the resources to be used to support the large scale enquiry and the impact that this may have on the services involved. This will involve discussions with Senior Commissioning Managers (Council/ICB) so that a proportionate action plan and appropriate resources can be agreed.

- **Managing admissions/new referrals to the service**

  Any decision to bar or restrict admissions should be undertaken in accordance with Council policies and approaches on suspension and restriction of placements in care homes and domiciliary care agencies. Any decisions made will be subject to a separate task group meeting coordinated and chaired by a Senior Commissioning Manager. Options may include:

  - Restriction or ban on admissions to part of the Home offering a particular service (for example, to the Dementia Unit within a Home)
  - Restriction or ban on the grounds of complexity (for example, those meeting CHC funding criteria)
  - Restriction or ban relating to specific care provision (for example, end of life care)
  - The Service Provider may themselves choose to impose a voluntary restriction or ban on admissions
  - Escalation of persistent serious concerns requires that measures that are already put in place are reviewed in the light of new evidence or concerns

Informing the Service Provider and other stakeholders of decisions taken to manage

admissions/referrals will be the responsibility of a designated member of the Social Care Commissioning Team. Where the concerns are in relation to an Acute, Private or Community Hospital or relate to another health setting that is not a Nursing Home or a Nursing Agency Provider, a decision will be made by the ICS following discussion with NHS England.

The imposition of placement restrictions or embargo will be reviewed by Commissioners. This will take into consideration feedback received from large-scale enquiry procedures. Decisions will also need to take account of any statutory action being taken by CQC.

Where an embargo or restrictions are in place, the decision made, the nature of these and when reviews have taken place will be detailed in the minutes of the large scale enquiry meetings.

- **Individual Service User Reviews**
  Which organisation is responsible for ensuring which individual service user reviews are carried out, will be clarified at the Large Scale Enquiry Planning Meeting. A decision will also be made to determine which staff are best placed to carry out the reviews (for example, Social Workers, CHC Assessors, staff known to the service user or not). The response may require an urgent review of the most vulnerable service users or a planned programme of reviews of all service users who are in receipt of a service from the Service Provider.

Throughout the large scale enquiry process, the overarching Chair in conjunction with representatives at the meeting should also consider whether any of the concerns raised meet the criteria for referral to the Local Safeguarding Adults Board for a Safeguarding Adult Review (SAR).

3.3. Who should undertake a Large Scale Enquiry?

The Local Authority will appoint a Lead and Chair for the large scale enquiry and its meetings who will need to determine how the enquiry is undertaken.

As large scale enquiries involve situations where there are serious multiple concerns or repeated instances of abuse or neglect and/or where managers/senior managers may be implicated within the organisation's practices, it will usually be appropriate for this to be undertaken by the Local Authority so as to achieve the safe outcomes required from the large scale enquiry.

Where undertaken by the Local Authority, the large scale enquiry will often involve a senior manager adopting the role of the lead and chair for the large scale enquiry and its meetings.

3.4. Who to involve within Large Scale Enquiries

Involvement at the any meetings should be limited to those who need to know and can contribute to the decision-making process. This may include an appropriate representative of any organisation that has a specific role in;

- undertaking enquiries in relation to abuse or neglect
- assessing the risk
- developing or carrying out the safeguarding plan

- undertaking related enquiries e.g., criminal, regulatory
- taking other actions in relation to the organisation alleged to have caused harm.

In all cases where the large scale enquiry is being considered involving a regulated service provider, the following must be informed and invited to meetings (and be offered copies of minutes irrespective of attendance);

- Care Quality Commission
- Contracting/Commissioning authorities

3.5. The role of Care Quality Commission (CQC)

The Care Quality Commission (CQC) is the independent regulator of all health and adult social care services in England, including those provided by the NHS, Local Authorities, private companies and voluntary organisations.

The Commission makes sure health and social care services provide people with safe, effective, compassionate, high-quality care and it encourages care services to improve.

The role of the CQC includes;

- Registering and monitoring of care providers
- Inspecting and rating services
- Taking action to protect people who use services

All service providers registered with the CQC are expected to meet fundamental standards, below which care should never fall. These 17 standards include;

- **Safeguarding from abuse:** You must not suffer any form of abuse or improper treatment while receiving care.
- **Duty of Candour:** The provider of your care must be open and transparent with you about your care and treatment. Should something go wrong, they must tell you what has happened, provide support and apologise.

CQC have a range of roles and responsibilities in relation to safeguarding. These include:

- Supporting the local authority's lead role in conducting enquiries or investigations regarding safeguarding children and adults. CQC do this by co-operating with local authorities and sharing information where appropriate from their regulatory and monitoring activity. CQC assist the police in a similar way.

- Holding providers to account by taking regulatory action to ensure that they rectify any shortfalls in their arrangements to safeguard children and adults, and that that they maintain improvements. This includes requiring providers to produce action plans, taking enforcement action to remedy breaches of fundamental standards, and taking action against unregistered providers.

3.6. The role of commissioning authorities

Commissioning authorities will have required standards for services and systems in place for monitoring, inspection and for supporting service providers to achieve improved

standards.

In the event that safeguarding concerns emerge, these roles and responsibilities will be continuous with the safeguarding process, however liaison with the Safeguarding Coordinator will be required to ensure that responses are coordinated, and information shared appropriately.

Depending on the circumstances, commissioning authorities may support the safeguarding enquiry process by:

- Advising on past service performance issues and agreed actions to address concerns
- Advising on expected standards and identifying areas where the service provider has not met their contractual requirements
- Undertaking a review of systems or records
- Obtaining from the service provider all relevant policies and procedures
- Inspecting areas of organisational practice
- Requiring evidence of improved/agreed practice
- Identifying the need for service improvement plans

Service improvements may be required by the commissioning authority to achieve required standards of service provision. The nature of such plans will be determined by the commissioning authority and may continue irrespective of the safeguarding adults' procedures.

The decision to suspend or end any suspension of placements with a service provider will be made by each individual commissioning authority in accordance with the criteria and agreed processes as set out in their own suspension policy. The decision may be informed by the safeguarding process but will be made outside of the multi-agency safeguarding adults' procedures.

3.7. Involvement of adults at risk and their relatives

The person at risk, and their relatives as appropriate, should be fully involved within individual safeguarding enquiries relating to them as set out in the West Midlands multi-agency policies and procedures for the protection of adults with care and support needs.

The focus of the large scale enquiry will however be on the collective issues and themes from a number of individual enquiries. For reasons of privacy and confidentiality, or the need to plan an enquiry, it may often not be appropriate for the person at risk or their relatives to attend a large scale enquiry meeting.

The large scale enquiry however should be informed by the views of those at risk and their representatives. As such the chair will need to consider how the views of the adult at risk and their relatives can be most appropriately included. These will often have already been raised within individual enquiries and some, may wish to offer further views in relation to the large scale enquiry being undertaken.

Those individuals safeguarded through individual safeguarding enquiries should be offered feedback in relation to actions taken and decisions reached within the large scale enquiry. Any implications for the person's own care must be discussed and agreed with the individuals concerned.

3.8. Involvement of the service provider

It is important that the service provider is involved as fully as possible in safeguarding concerns involving their service.

Depending on the size of the organisation and the nature of the concerns, the individuals implicated, the appropriate representative for meetings might be for example, the manager, the owner or the regional/company director. It is important that the representative is appropriately senior to respond on behalf of the organisation to the service level nature of the concerns.

Where the given representative is directly implicated (or attendance may prejudice the planning of an enquiry) it may not be appropriate for them to be present at the meeting. If this is the case, an alternative manager should be provided with an opportunity to attend to represent the service, for example, a regional manager. Communication with and involvement of the organisation must be maintained as fully as is possible.

The service provider's organisation should have the opportunity to respond to any concerns raised by the large scale enquiry, and to be able to review the meeting minutes and comment on any findings.

The Service Provider will:

- Ensure provision of information regarding individual service users supported in respect of;
  - Their name
  - The authority funding their placement or if they are self-funding
  - The service user's representative and/or their next of kin, including DoLS status and current paid advocacy if in place.
- Support/assist in the investigation of any individual safeguarding concerns and actions taken or to be taken as a result. Clear instructions must be given to the service provider regarding timescales of the enquiry and realistic outcomes, including their responsibilities in the enquiry process.
- Assist in the investigation of allegations where appropriate/pertinent to the organisational abuse issues and to provide written reports of their findings and any recommended actions.
- Provide a detailed action plan, including milestones; review dates and lead named responsible managers, setting out how service deficiencies will be remedied (the same action plan may be used to satisfy the requirements of both the Council and CQC by agreement).
- Provide appropriate representation at Large Scale Enquiry Meetings.
- Ensure adherence to any agreement made during the large scale enquiry process including those relating to placement bars or restrictions on admission and responsibilities for ensuring that service users, their representatives and other stakeholders are kept informed of any organisational safeguarding proceedings taking place with regards to the service.
- Have in place and provide a business continuity plan to assist them in working through any period of enquiry processes. Where there are concerns of market failure, this should include details of the support that the Provider is delivering.

3.9. Involvement and responsibilities of non-Coventry placing authorities

Where a person at risk is placed in a service by non-Coventry placing authorities, then those placing authorities should also be invited to meetings.

The ADASS (2016) Out-of-Area Safeguarding Adults Arrangements: Guidance for Inter-Authority Safeguarding Adults Enquiry and Protection Arrangements establishes how authorities should work together in these circumstances.

Sometimes local authorities will need to work together to respond to safeguarding concerns. This is most common when abuse or neglect occurs in one local authority area, but the person receives services funded/commissioned by another.

The ADASS (2016) Out of Area Safeguarding Adults Arrangements highlights the needs for authorities to work together and outlines respective responsibilities.

https://www.adass.org.uk/media/5414/adass-guidance-inter-authority-safeguarding-arrangements-june-2016.pdf

Key general principles are summarised below;

The safeguarding adults' procedures of the host authority (i.e., the local authority in the area where the abuse occurred) will be followed.

This means that, the host authority:

- will fulfil the role of the Safeguarding Coordinator
- will maintain effective communication with the placing authority
- may need to undertake immediate make safe arrangements, but wherever possible this should be in consultation with the placing authority

Placing authorities (the local authority or NHS body responsible for commissioning care and support services for that person):

- will contribute to the safeguarding response as required
- have overall responsibility for assessing and providing for the care and support needs of the person at risk
- will ensure, through contracting arrangements and in-service specifications, that the provider has arrangements in place for protecting adults at risk of harm.

If the person is a self-funder and there is no placing authority involved in commissioning care and support services, the host authority has the duty to act under the multi-agency policy and procedures regardless of the area from which the person originated.

If a person experience's abuse whilst in another local authority area from where they live, for a very short period, for example whilst on holiday, the statutory duty lies with the host authority. However, there may need to be agreement between the host and placing agency as who is the most appropriate to undertake enquiries in relation to the concerns.

3.10. Additional Issues and Considerations

- **Informing wider service users/patients**

There may be circumstances where there is a need to inform wider service user/patients of the nature of the concerns and the actions being taken to respond to these. This will be particularly relevant where there are widespread concerns, and where clear communication will help to reassure wider service users/patients and their representatives of actions being taken. Such communications will usually be undertaken by the service provider, who will be best place to respond to individual concerns of their service users/patients.

- **Wider service user/patient reviews**

As part of undertaking a large scale enquiry it may become apparent that there are service users/patients, who do not require the support of the multi-agency safeguarding procedures, but who nonetheless would benefit from a review of their needs.

The need for such reviews of individual service users/patients' needs and provision may therefore also be required, alongside or subsequent to the large scale enquiry. It is important that the service user/patient, their relatives or representatives are appropriately involved in such reviews.

Where placements are commissioned by non-Coventry Commissioning authorities, the undertaking of reviews will be the responsibility of the relevant commissioning authority.

- **Media Interest**

The large scale enquiry Lead or Chair and as appropriate the Chief Executive Officer (NHS) or Director (Adult Social Care) and the relevant communications/media team must be informed of any media interest as soon as possible. Under no circumstances should those involved in the large scale enquiry or those undertaking enquiries give a comment or interview to the press. Preemptive communication material may be needed to be developed.

- **Police Involvement**

There may be circumstances where the findings from individual enquiries and large scale enquiries, indicate potential offences. Whilst concerns may relate to offences committed by individuals; they may also be committed by services/organisations, by virtue of how their arrangements are managed or organised.
For example:

- Ill treatment and Willful neglect offences
- Corporate Manslaughter and Corporate Homicide Act 2007

Where there are such concerns, the police should be contacted for advice.

4. Closure of large scale enquiries

Large scale enquiry procedures can only be closed when there is agreement within a formal safeguarding meeting.

At the final meeting;

- Consideration should be given to de-briefing sessions to ensure that any relevant learning opportunities are taken forward.
- Lessons learnt and ‘best practice’ identified from the enquiry process should be

made available to all staff and agencies involved in the investigation so that any training issues can be addressed. This may include:

- What was successful in this investigation?
- How can we apply this to future cases?
- What could have been done better?
- Did the protocol help?
- Does the protocol need to be reviewed?

- An on-going Protection Plan for the provider setting may need to be completed and agreement reached around how this will be monitored (this is likely to include CQC and Contracts and Commissioning). This should detail actions to include milestones and review dates, setting out how the service deficiencies will be remedied. It is essential that there is an agreed framework to follow through any actions outside of the large scale enquiry procedures and who will assume responsibility for this.
- A decision will be made around any arrangements for on-going support of the service and who will undertake this. Timescales for on-going involvement should be agreed within safeguarding meetings.
- Any restrictions on the Provider Service will be reviewed by the Senior Commissioning Manager and communicated to the Service Provider.

4.1. Recording of Meetings and Collation of Documentation and Evidence

Throughout the process, minutes of each Large Scale Enquiry Meeting will be taken by a member of the Councils Administrative Team.

Minutes approved by the overarching chair will be circulated to representatives by the Large Scale Enquiry Coordinator within 10 working days with a request that any amendments are forwarded within 5 working days of that date.

Recording relating to Large Scale Enquiry referrals, decision making and meetings is stored on the client recording system. Where individual safeguarding procedures have been carried out, copies of minutes and enquiry reports will be held electronically on the client recording system for the individual.

5. Guidance Review

This guidance will be reviewed two years following ratification or sooner if the necessity arises.

Appendix 1 - Identifying Organisational Abuse

A definition of organisational abuse encompasses all types of abuse – neglect, emotional abuse, sexual abuse, physical abuse, financial abuse and discrimination.

Organisational abuse within a care environment will involve repeated incidents of poor care, ill treatment, neglect or unsatisfactory professional practices. The persistence of abuse over time or the potential for this to develop is consequently a key characteristic. Poor management, an absence of policy and procedure [or their reliable use of] and poor practice by a significant number of staff are also likely to be present.

Indicators of organisational abuse

The 'type' of incident:

- Inappropriate or poor care that leads to
  - Malnutrition
  - Dehydration
  - Skin damage / pressure ulcers
  - Unmanaged continence
  - Falls / fractures
  - Unexplained injuries
- Restricted access to appropriate medical or social care
- Misuse or inappropriate use of medication
- Neglect of service user(s)
- Poor risk assessment and/or management
- Absent or inadequate policies and procedures
- Evidence that policies and procedures have not been followed
- Poor or lack of training to staff
- Misuse of restraint or inappropriate restraint methods (physical, chemical)
- Unauthorised Deprivation of Liberty
- Non-adherence to the Mental Capacity Act
- Sensory deprivation (denial of hearing aids, glasses)
- Restricted mobility (denial of access to mobility aids)
- Restricted access to toilet/bathing facilities
- High number of complaints, accidents or incidents [NB: this requires a considered response as positive reporting should be seen as a means for organisational reflection and change]
- Care regime exhibits lack of choice, flexibility and control (for example, early morning rising, removal of call bells)
- Care regime impersonal and lacks respect for dignity
- Lack of personal clothing and possessions
- Denial of visitors or phone calls

The 'nature' of the incident:

- Is the behaviour widespread within the setting?
- Is it evidenced as repeated instances?
- Is it generally accepted within the setting?
- Is it sanctioned by supervisory and management staff?
- Is there an absence of effective management monitoring and oversight?
- Are there resourcing or environmental factors that adversely affect the quality of care?

- Are there systematic deficits embedded in the care setting (this may include sub groups within the setting)?

The 'degree' evidenced by the incident:

- The vulnerability of the service users
- The nature and extent of the abuse
- The length of time that it has been occurring
- The impact (or potential impact) on service users
- The risk (or potential risk) of repeated or escalated incidents

The pattern and prevalence of incidents:

- Are the same incidents reported over time?
- Is there a frequency of concerns (which may encompass previous safeguarding concerns, complaints, whistle blowing, CQC outcomes, contract monitoring reports, staff feedback etc.)?

In summary, common themes in organisational abuse are:

- A history of concerns that may not have been previously connected to a wider view of the care service/setting
- Poor standards of care
- Rigid routines
- Inadequate staffing, high staff turnover (to include the manager)
- Poor supervision and training of staff
- Lack of or non-adherence to policies and procedures
- Poor recording in care documentation, incident logs
- Culture and behaviours suggesting a lack of transparency and openness

Occasionally, there may be members of staff who plan to exploit these environments. In these cases, patterns of theft, sexual assault or physical assault may emerge.

Appendix 2 - Terms of Reference for large scale enquiries

Issues to be considered when determining the Terms of Reference for large scale enquiries

Planning Issues

- Joint response and decision making between agencies
- Clarify the issues to be investigated and agree Terms of Reference
- Agree roles and responsibilities for each agency (for example; Local Authority, Police, CQC, NHS/IB Commissioners and Providers/Health Trusts and other provider settings to include GP's)
- Agree timing of enquiry actions (including complaints, whistle blowing alerts and any disciplinary action, where appropriate, as well as coordinating/maintaining oversight of other processes for example; Serious Incident Reports and Root Cause Analysis (RCA) Investigations)
- Identify all people affected by the enquiry process (staff and service users)
- Ensure any intervention does not compromise possible Police investigation (unless there are over riding safety needs)
- Obtain background information
- If not already done so, consider whether concerns warrant a recommendation for suspension of local authority placements or service contracts. Service Providers may also need to consider suspension of staff if indicated.
- Maintain a chronology of all incidents related to the enquiry
- Keep a record of all policy decisions related to the enquiry
- Obtain legal advice where appropriate
- Preservation of evidence and preparation for medical examinations where indicated
- Multi-agency response to risk assessment and management
- Ensure that service users and their representatives are supported by the Provider/LA via the safeguarding process to the extent to which they want, are able to, or to which the process allows, and are kept informed of progress.
- The Service Provider should be informed of timescales in relation to the enquiry process, to include realistic targets and when they can pick up enquiry processes themselves.
- The Provider must have a business continuity plan in place to assist them in working through any period of enquiry

Management issues

- Identify key managers from all appropriate agencies
- Clarify operational procedures and whether Police Major Incident procedures apply
- Agree staffing commitment and location of enquiry
- Ensure that staff involved do not, or are not seen to have any nonprofessional interest in the service or other elements to be investigated
- Prepare for interview of vulnerable witnesses – are specialist staff and interview facilities required
- Liaise with press officer and prepare/agree joint press release statements where appropriate

- Alert other placing/commissioning authorities if not already done so
- Consult on management action and share information on issues relating to disciplinary action and suspension, where appropriate

Professional issues

- Identify differing agency priorities
- Regular briefing and information sharing for relevant staff and managers, which may need to be daily for some cases/wider concerns
- Support/protection for referrers/whistle blowers
- Care arrangements for adults at risk, including therapeutic support
- Consideration of individual needs in relation to race, culture, age, gender, sexuality, religion and disability
- Language and communication needs
- Consent and information sharing
- Advocacy services; including IMCA, Independent Advocacy (Care Act), IMHA
- Identified point of contact for queries
- Identify where actions are required in relation to referrals to the DBS or other professional bodies

Appendix 3 - Example Scenarios

Large scale enquiry required

During April and May, there were 4 safeguarding concerns raised for residents in X, a small Care Home in Coventry.

In April, Mrs. A's daughter reported an incident when her mother fell whilst being supported to dress herself, causing an injury to her hand. The service provider was asked to undertake an enquiry, who found that the care plan was not being followed. The safeguarding plan recognised the need for the new member of staff in question to be given more training.

Later in April, the Care Home X reported that a member of staff reported a colleague under stress shouting at a resident Mrs. B. The service provider was asked to undertake an enquiry, who found that the staff member was very apologetic. The resident was given support and Care Home X recognised the need for the new member of staff in question to be given more training and support to understand their role.

In May, Mr. C experienced an injury whilst being hoisted. There was enquiry determined that Mr. C's care plans were regularly not being followed. Care Home X reviewed the care plan and put in place regular checks to make sure this was being followed.

Later in May, a safeguarding concern was raised for Mrs. D by a District Nurse in relation to her pressure ulcers. The nurse was concerned that advice provided and care plans were not being followed. An enquiry was undertaken for Mrs. D in relation to her safety and wellbeing.

As a result of these concerns, a planning meeting was convened to consider the need for a large scale enquiry. There were repeated concerns around neglect, care planning and training within a short space of time. Those attending the planning meeting felt the concerns potentially indicated organisational abuse, in that each incident appeared to be caused by wider organisational issues.

The large scale enquiry considered the issue of organisational abuse. The findings of the enquiries for Mrs. A, Mrs. B, Mr. C and Mrs. D were collated. Further information was sought from the service provider and others about care planning, induction, supervision and training.

The meetings for the large scale enquiry included the service provider, and the Commissioning/Contracts Team. Those present felt that the lack of management oversight, care planning, and training issues were resulting in the various incidents of abuse. The large scale enquiry identified measures to improve these issues for all residents, the relevant commissioning teams agreed to monitor these improvements through their own performance and contracting frameworks.

Mrs. A, Mrs. B, Mr. C and Mrs. D were provided with feedback on the conclusions of the large scale enquiry and the actions being taken.

There was an individual safeguarding enquiry about the individual circumstances of Mrs. A, Mrs. B, Mr. C and Mrs. D. Each safeguarding enquiry resulted in its own outcome discussion/meeting. Each individual person's desired outcome and safeguarding planning needs were considered.

Large scale enquiry not required

Example One - Single Enquiry, with service wide concerns

Mr. E receives care support from domiciliary care service Y.
A safeguarding concern was raised for Mr. E following an injury sustained whilst being hoisted at home by a paid carer. An enquiry was undertaken, during which it was identified that his care plan was not adequate, and that training and record keeping was poor. There were no other safeguarding concerns raised in relation to this service provider, however similar practices were being followed for other clients.

The service provider agreed to review all of Mr. E's care plans, and those of any other person using these kinds of hoists, provided specific training to staff and introduced new measures to monitor effective recording.

A large scale enquiry is not required. There were service wide concerns, but a large scale enquiry would only be required where necessary to bring together more than one individual enquiry, to consider organisational abuse concerns.

Example Two - Multiple Enquiries, without service wide concerns

Between April and May, in day service Z, there were 3 safeguarding concerns raised for service users.

During April, the day service reported that Mrs. F had complained that a male service user with dementia had made sexual comments and touched her chest and was distressed by her experience. An enquiry was undertaken by the service provider which supported her account of events. This behaviour was not a previously known risk. Support was provided to Mrs. F and the care plans for the male resident were reviewed to prevent the risk of reoccurrence.

During April, the day service reported concerns that a new member of staff had made racist comments to a service user. This staff member had been suspended. A safeguarding enquiry was undertaken, and the day service is in the process of following their disciplinary process.

During May, the day service raises a safeguarding concern, that a service user is being financially abused by a relative. A Safeguarding Enquiry was undertaken, and day service and local authority worked together to put safeguards in place.

A large scale enquiry is not required. Although there have been several safeguarding concerns involving the same service, there is no indication that organisational abuse is an underlying cause. The risk to each individual has been addressed through their individual safeguarding plans.

Appendix 4 - Large Scale Enquiry Planning Meeting

Suggested Agenda

- Welcome, introduction, apologies and role of attendees
- Purpose of meeting
- Background information of Service to include:
  - Registration status
  - Occupancy
  - Staffing / Registered Manager
- Previous safeguarding history and current concerns/issues to include:
  - CQC status
  - Contracts and Commissioning status
  - Police view if appropriate
  - Concerns identified by other health and social care professionals (arising from engagement, involvement or reviews)
  - History of complaints / positive aspects of the service
  - Business continuity if there are concerns around market failure or service closure
- Service User overview
  - Funded placements
  - Out of area placements
  - Self-funders
  - FNC/CHC
- Any other information sharing by professionals
- Assess and agree whether the concerns meet the criteria for Large Scale Enquiry Procedures
- Communication to Provider to advise of outcome if Large Scale Enquiry Procedures are to be implemented
- Date for Large Scale Enquiry Meeting
- Any other Business

Appendix 5 - Large Scale Enquiry (LSE) Meeting

Suggested Agenda

- Welcome, introductions, apologies and role of attendees
  - Identify who has been invited and why
  - Who has attended
  - Who has sent apologies
  - Who has not attended
  - Who has been excluded and why (if appropriate)
  - Clarify with participants their role in the meeting

- Housekeeping, ground rules and confidentiality
  - Share and agree ground rules
  - Inform attendees that if any information needs to be shared, this should first be checked with the Overarching Chair
  - Inform attendees minutes of the meeting will be circulated to all attendees and those who have given apologies.
  - Identify if there is anyone else that requires a copy of the minutes
  - Remind participants that the minutes of the meeting can be requested for the purposes of any criminal proceedings, Disclosure and Barring Service enquiries and / or Coroner enquiries.

- Purpose of the Large-Scale Enquiry Planning Meeting
  - To share the concerns and allegations
  - To agree whether the concerns meet the criteria for an on-going LSE, and if so to agree the scope / terms of reference for the enquiry process.

- Information sharing from relevant people/organisations
  - Summary overview of care setting/provider
  - Safeguarding referrals:
    - Details of allegations (previous history and current concerns)
    - Investigative actions and outcomes so far.
    - Discussions of concerns and issues to be addressed.
  - Reports/feedback can be sought from the following people so that the situation can be considered in context and fully assessed;
    - Social Workers (host and placing authorities)
    - Contracts and Commissioning (host and placing authorities / health and social care)
    - Health representatives (FNC / CHC / GP's / Hospital staff)
    - The Provider (if attending the meeting)
    - CQC or other regulatory body
    - Police
    - Feedback of any information from service users/family and/or advocates

- Information regarding service users
  - Service Users placed and funded by Coventry City Council
  - Out of Area placements
  - FNC / CHC

- Self-funders

- Risk Assessment
  Assess the immediate risk of harm to current users of the service and determine if any immediate actions are required which will include:
  - Individual protection plan actions
  - Actions for the provider

- Safety of the service
  - Business continuity and contingency plans should the situation deteriorate; for example – sourcing alternative placement/service

- Do the concerns meet the criteria for an on-going LSE?
  If no – agree the following
  - Which agency will lead on following through the concerns?
  - How will the outcomes of the LSE Planning Meeting be fed back to the owner/provider?

- Planning the Enquiry
  Could include:
  - Immediate or further action required to safeguard service users
  - Safeguarding considerations of any referrals so far
  - How complaints and whistle-blowing incidents are dealt with
  - Assessment of service users
  - Planning any further enquiries – roles and responsibilities
  - Involvement of other agencies, for example; Police, CQC, Contracts and Commissioning.
  - Proposed timescale for enquiry process

- Communication strategy
  Agree a communications strategy which should include communication with:
  - All service users or their representatives, family, carers and advocacy services
  - Service Provider if not present at the meeting
  - Person(s) alleged to have caused harm
  - Identify designated person who will be the single point of contact for their organisation
  - Agree how other placing authorities (for example; of individuals not identified as alleged adults at risk) will be informed of the concerns raised and who will do this
  - Agree how commissioners of the service – including specialist commissioners will be informed of the concerns and who will do this
  - Consideration needs to be given about media interest and briefing
  - Communications Team and relevant senior managers and legal representatives
  - Consideration needs to be given to informing risk and insurance if necessary
  - The communication strategy must be reviewed regularly

- Confirmation of agreed actions
  Clarify the agreed actions from the meeting – record any disagreements, unresolved areas and unmet needs

- Restate the scope of the enquiry process
- Confirm responsibilities for actions
- Timescales
- Check with the minute taker that they have all the information that they need to write up the minutes

- Date of next meeting
  Date, time and venue of subsequent meetings.