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Adult Social Care & Commissioning

Organisational Abuse Procedure

21st October 2024

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Introduction

This document provides guidance for a multi-agency approach to responding to provider concerns in relation to the organisational abuse of adults with care and support needs. Its purpose is to help staff give better informed and more effective support to people who need an adult safeguarding response because of organisational abuse.

It applies to all services, whether private, independent or statutory, that work with adults with care and support needs, regardless of who is funding their support or whether they are regulated by the Care Quality Commission (CQC) or not.

The majority of abuse that occurs within services will not be organisational; some incidents between adults or actions by individual members of staff may occur without any failings on the part of the organisation. Organisational abuse refers to those incidents that derive to a significant extent from an organisation's practice and culture (particularly reflected in the behaviour and attitudes of managers and staff) together with the organisation's policies and procedures and how these are used, these are referred to as provider concerns.

The following appendices must be referred to by any professional who is unsure about the scenario they have encountered or who is unfamiliar with this type of abuse and neglect:

- Appendix A: Whistleblowing
- Appendix B: Indicators of Organisational Abuse Checklist

Provider Intelligence Forum

The South Tyneside Provider Intelligence forum acts as an early warning system to triangulate all intelligence (soft and hard) received into the Local Authority (LA), the Care Quality Commission (CQC) and the Integrated Care Board (ICB) to identify opportunities for early intervention to prevent risk of harm to people who draw on care and support who are either in residential/nursing establishments or receive domiciliary care in South Tyneside. The terms of reference for the Provider Intelligence forum can be found in Appendix C.

Deciding if the criteria are met for an Organisational Abuse Enquiry

The Care and Support Statutory Guidance states *"organisational abuse, 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 ongoing ill treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes, and practices within an organisation."*

There is a need for professional assessment and judgement in determining when poor practice becomes organisational abuse. Addressing the following four key questions will

support the decision to initiate an Organisational Abuse Enquiry.

The 4 Key Questions to support decision to initiate an Organisational Abuse Enquiry:

1. **Are the provider concerns of a type to indicate Organisational Abuse?**
    - Do they feature on the Indicators of Concern full checklist? (Appendix B)

2. **Are the concerns of a nature to indicate Organisational Abuse?**
    - Is the behaviour widespread or generally accepted within the setting?
    - Is it sanctioned, accepted, or ignored by management and/or supervisory staff?
    - Does it occur against the wishes of an ineffectual management group?

3. **Are the concerns of a degree to indicate Organisational Abuse?**
    - How long has it been occurring and what is the impact on the adults using the service?
    - Is there a risk of repeated or escalating incidents?

4. **Is there a pattern and prevalence of concerns about the organisation?**
    - Are the same incidents reported over time or by a number of different professionals/agencies?

It is not necessary for all four questions to be answered positively. A one-off serious incident may be enough to trigger consideration regarding whether Organisational Abuse has taken/is taking place.

This will include a review of all the concerns and an evaluation of all current sources of evidence, including making enquiries of an appropriate range of people and services including:

- Concerns raised by adult(s) involved or their family or friends.
- The previous safeguarding history of the provider (including other services operated by the provider)
- Reports by CQC if within the last year – the previous and current status of the service /organisation
- Local Authority and relevant Integrated Care Board (ICB) Contracts/Quality Assurance Teams – previous or current evidence of non-compliance
- Local Authority feedback/complaint's function – history of concerns/ complaints (and positive feedback)
- Police – past or current concerns
- Health professionals who may visit e.g., GPs, district nursing, ambulance service, Care Home Support/Liaison etc. Also, if relevant, the history and pattern of referrals to secondary care or emergency department attendances
- Practitioner views – any feedback arising from reviews or individual safeguarding enquiries

- Feedback from commissioners – any feedback arising from commissioning and contract management processes
- Contact from whistle-blowers and/or family members that allege organisational abuse

Where the service is a provider of NHS-funded care, the role of the NHS commissioner should be considered.

Where organisational abuse has been identified as potentially taking place the Local Authority Principal Social Worker (PSW) and/or the Safeguarding Service Manager will inform the Director of Adult Social Care and Commissioning (DASS). The PSW or other, on behalf of the DASS, will then arrange an Initial Provider Safeguarding meeting if there is sufficient evidence from the Indicators of Concern full checklist that this is required.

The decision-making process should evaluate the issues that are identified under the headings of the seven key themes outlined in Appendix D and should include a recommendation about next steps. This recommendation should be reviewed by the PSW/ Dass or another appropriate member of staff with responsibility on behalf of the Local Authority for deciding whether or not to initiate/open an Organisational Abuse Enquiry under Section 42 of the Care Act (2014) into the allegations and record this decision. Where the service provides NHS funded care the Local Authority may wish to involve the commissioner of the service in the decision-making process. See Appendix F for further information on risk assessment and levels of response.

When there is sufficient evidence to suspect organisational abuse is taking place, an Initial Provider Safeguarding meeting will be held to consider all the information (using the tools/appendices) to decide whether to open an Organisational Abuse enquiry. Where the decision is made not to proceed this must be recorded along with what action will be taken, for example through contractual or quality management processes or a safeguarding process for an individual adult.

Depending on the level of risk and the complexity of the concerns a balance may be needed between ensuring the maximum number of partners are able to participate in the meeting and ensuring people's immediate safety. Where the situation is extremely serious an immediate Initial provider safeguarding meeting may be required. However, it is important to remember that:

- where criminal offences may have been committed it is crucial that consultation takes place with the police, with the involvement of CQC, unless they have confirmed otherwise.

- Where the service also supports people aged under 18 the Local Authority Designated officer (LADO) must also be contacted.

The meeting should be formally minuted using the Initial Provider Safeguarding Meeting template (Appendix F) with actions agreed and allocated to named individuals/organisations. If the service is regulated and CQC are not already involved in the process, then one of the actions must include informing them immediately.

Organisational Safeguarding Enquiries Process

Partnership Working: Key Points

Responding to organisational abuse is likely to require complex co-ordination of different organisations both for information and for direct involvement in the enquiry**.** Drawing upon the knowledge and expertise of the ICB and/or the lead commissioner of the service, CQC and police partners will be an important early step in formulating an effective approach. It is important that everyone involved is aware of their respective roles and responsibilities and their duty to cooperate in the enquiry.

It is important that where a criminal act has potentially been committed that it is clearly communicated to the provider that they should not commence their own investigations, including interviews with staff, without the agreement of the police.

The first step of an Initial Provider Safeguarding Meeting should **always** be to consider if people are safe and, if not, what needs to be done (and who should do it) to ensure they are, and remain so, including removing any members of staff about which there is a concern. Actions should be clearly recorded and circulated to relevant parties without delay. The Initial Provider Safeguarding Meeting Template (Appendix F) and Welfare Checklist for Visiting Professionals should be used (Appendix G)

The relevant senior managers, including the nominated individual of the provider organisation where the organisational abuse is alleged to be happening, must be involved in planning the enquiry unless they are:

- regarded as complicit in the alleged abuse, or
- are suspected of committing a criminal offence or other act which may lead to prosecution with regard to these matters.

In some circumstances a two-part meeting might be convened, with the service provider being invited to the second part, where the terms of reference can be communicated. Each part of the meeting will be separately minuted, with the provider receiving minutes for the parts of the meeting they attend.

The service provider will need to be given the opportunity to give an account of what has been alleged. They should also be given an appropriate and reasonable amount of time to provide a response to allegations. However, in the interim they must be able to commit to a response that ensures the immediate safety of all adults.

If the allegation leads to a criminal investigation led by the police, CQC or any other body with the power to prosecute, the police and CQC must provide guidance on how the provider is to be involved. This guidance must then be followed by all the agencies and organisations involved.

Roles & Contributions of Different Agencies and Leading the Process

Any professional/organisations can raise an organisation abuse concern with the LA. In some specific circumstances they may be required to lead the Initial Provider Safeguarding Meeting although this would usually be the responsibility of the LA. The lead partner will be agreed with the DASS/PSW once the concern has been triaged at the Initial Provider Safeguarding Meeting; in such circumstances attendees must include the Director of Adult Social Care (or their delegate) and/or the Principal Social Worker and the Head of Adult Safeguarding from the Local Authority, who will advise on whether attendance should be agreed jointly between the Local Authority and any agency with a power to prosecute. It is expected that any agency that has concerns about organisational abuse will have taken any immediate steps available to them to address any immediate safety issues. It is also expected that any professional that believes abuse or neglect has taken place will have communicated the concerns to the service as soon as practicably possible, unless doing so could potentially impede a criminal investigation or place people at further risk. **No action, beyond that which is necessary to ensure immediate safety, will be taken until this meeting has taken place.**

The Local Authority has responsibility for leading and coordinating Organisational Abuse Enquiries. However, multi-agency knowledge, skills and information sharing are essential for best practice, sound decision making and securing positive outcomes for adults. Each participating agency/organisation will therefore nominate a lead to support the enquiry who has sufficient authority to make decisions on its behalf at meetings.

The strength of partnership is manifested in each organisation – in particular, the Local Authority, Police, ICB, key commissioners and CQC have specific roles and functions that dovetail to create an effective safeguarding process. Operationally, this requires careful co-ordination and avoidance of deferenceto, or dominance of, any single organisational perspective or function.

It is key that the service provider takes responsibility for the abuse and the impact of it. Where their internal procedures are likely to have set or allowed a culture where abuse can take place it is essential that this is considered as part of the enquiry.

Active and co-operative behaviour by the service provider is expected and essential. Depending on the type of concerns and the level of staff involved it may or may not be appropriate for the provider to actively make enquiries. This will need to be decided in each situation by the Local Authority (considering conflict of interests and natural justice principles), as the body with overall responsibility for the Organisational Abuse Enquiry, in consultation with any agency with a power to prosecute.

One of the outcomes of the Initial Provider Safeguarding meeting is that a Safety Plan may be implemented, with immediate effect.

It is also important to understand the service provider's own mechanisms, for example disciplinary procedures, and how any intention to deploy these relates to the Organisational

Abuse Enquiry and aligns to the overall Safety Plan for the service and any potential criminal investigation or other prosecutor action. Clear instructions must be given to the provider, and recorded in writing, to manage the risk of any of these processes interfering with the enquiry and/or any potential prosecution. These instructions, and any provider actions agreed, must be regularly reviewed to ensure that they remain appropriate if new information emerges.

It is essential that, where providers are undertaking enquiries, arrangements for what these should cover, timescales and how they will be fed back are clear and are communicated to the provider in a timely way. Where these are not adhered to, consideration must be given as to how to escalate the concerns to ensure they are managed.

When an Organisational Abuse Enquiry involves a number of people who have experienced abuse, or are at risk of abuse, the issues are often complex, involving standards of service as well as a series of individual enquiries. Regardless of the breadth of the overall enquires and who is carrying them out it is essential that all individual enquiries are, without exception, founded on the principles of Making Safeguarding Personal and that the views and wishes of those people affected are considered at every stage of the process.

An Organisational Abuse Enquiry that involves a large service or multiple services operated by the same provider, may require a series of individual safeguarding adult enquiries to address allegations of different types of abuse and/or neglect specific to each individual adult. While, under the Care Act (2014), the Local Authority has lead responsibility for adult safeguarding, it can cause enquiries to be made by other organisations and agencies as appropriate to the circumstances of each individual. In carrying out this responsibility the Chair of the Organisational Abuse Enquiry meetings (see section 4) will co-ordinate the overall Enquiry and ensure the coordination of activity and information between it and the individual enquiries being conducted for specific adults.

Key Partners

- **Police** – required when the safeguarding concerns are a potential criminal matter. The Chair should liaise with the police as appropriate.

- **Care Quality Commission** must be informed of any concerns relating to a regulated service.

- **Local Authority Commissioning and Provider Quality Assurance** must be informed of safeguarding concerns relating to any provider, irrespective of whether services are commissioned.

- **NHS Host commissioners** whenever the service of concern provides NHS care, the Integrated Care Board (ICB) in which the service is located will be invited as the responsible/host commissioner.

- **Other NHS Commissioners, organisations, and services** applicable where services are commissioned by any ICB or NHS body. When some or all of the people affected

receive any care funded by the NHS, the funding ICB must be invited. This includes, for example, Continuing Health Care (CHC), packages of care funded under section 117 of the Mental Health Act (1983) and Funded Nursing Care (FNC). When the service is commissioned by the NHS or provider collaborative, then the relevant team must be invited. When a commissioner delegates its commissioning function to another body or a consortium, then that body must also be invited.

- **Other Local Authorities** where placements are commissioned by another commissioning body, for example, another Local Authority or ICB, they should be notified of the referral and involved throughout. While the host Local Authority retains the lead safeguarding role for all safeguarding concerns, placing commissioners retain a duty of care towards the adult and must fulfil this role in co-operation with the Organisational Abuse Enquiry.

Any failure to cooperate should be escalated to senior managers within the organisation concerned or, if this is unsuccessful, the Independent Chair of the relevant Safeguarding Adults Board.

The Provider

Whether an internally or externally commissioned service, an understanding of the specific contractual requirements of the provider and their own policies and procedures will be an important reference source.

Where the safeguarding concerns relate to a Local Authority operated service (direct provision or assessment etc., including ‘arm’s length’ entities) then care must be taken to ensure that there is a clear separation of interests i.e., all staff involved in the Organisational Abuse Enquiry should have no direct relationship to the matters under enquiry.

Organisational Abuse Meetings, Safety Planning & Action Log

Initial Provider Safeguarding Meeting

The initial provider Safeguarding Meeting will undertake a preliminary risk assessment (Appendix E), based upon existing knowledge, and agree a Safety Plan (Within Appendix F) covering both individual concerns and the care setting. This must include the steps that all the agencies involved will take to keep all adults in contact with the service safe. An interim risk assessment should be compiled that includes the option of suspending further placements and this may include supporting people to find alternative care arrangements.

In some circumstances a two-part meeting might be convened, with the service provider being invited to the second part, where the terms of reference can be communicated. Each part of the meeting will be separately minuted, with the provider receiving minutes for the

parts of the meeting they attend. If this approach is taken it is essential that commissioners are involved in both meetings.

If it is considered that the provider should not be involved in these meetings, alternative arrangements need to be made to meet and/or provide updates.

Depending on the seriousness of the concerns there will need to be decisions made between safeguarding, commissioners and contracting representatives from the agencies involved.

For the most serious situations where serious harm has taken place or is suspected these may include:

- Decisions regarding what will be shared at an initial stage with the individuals involved, or potentially involved, and/or their families.
- Decisions about communication to senior managers to ensure appropriate involvement and support from services.
- Identifying the initial resources to co-ordinate and undertake the enquiry/assessment, including legal advice.
- Organising an Enquiry Planning Meeting to agree an 'Enquiry/Assessment Plan' covering both individual allegations and the organisational setting and follow up Enquiry Progress Meetings.
- Identifying and implementing a clear communication strategy, agreeing a joint media statement, and ensuring the media teams from relevant organisations are informed.
- Ensuring the potential need for advocacy informs the enquiry
- Whether implementation of Strategic Group is required (where impact of abuse is severe and extensive)
- Whether implementation of a multi-agency operational group is required to undertake tasks related to the organisational abuse enquiry and safety planning

Strategic Oversight where the impact of abuse is severe and extensive

Where it becomes evident that the degree and severity of the organisational abuse and the complexity of the situation requires additional strategic oversight a Strategic Management Group will be initiated inviting executive leadership attendance from placing Local Authorities, CQC, police, NHS (this may include NHS Commissioners, organisations, and services), ICB, legal etc. to identify the most appropriate person to attend. The purpose of this group is to provide oversight to the enquiry process ensuring all areas are followed through (see ADASS guidance on Out of Area Safeguarding Adults Arrangements June 2016).

Multi-Agency Operational Groups

The Operational Group will normally be required where there are large scale safeguarding concerns concerning multiple individuals. Where an Operational Group is required, these meetings should be co-chaired by the PSW and the Commissioning Head of Service from

the Local Authority who will also be members of the Strategic Group. The Operational Group will report back to the Strategic Group on the progress of the safeguarding enquiry and safeguarding planning enquiry tasks.

Ongoing Provider Concern Meetings

Further strategic, and/or provider safeguarding enquiry progress meetings, and where necessary, operational meetings will be needed to monitor and review the situation as the enquiry progresses to ensure that actions are followed up and plans revised as required (Appendix H).

Areas of focus for these meetings include:

- Implementation of the enquiry/assessment plan
- How the safety and wellbeing of every individual in the service will be determined, and how those who are at highest risk of more severe harm will be identified and prioritised
- As assessment of whether it is safe for the service to continue to provide care to some or all of the individuals, including whether alternative care arrangements may be sought
- An assessment of whether the provider has both the ability and resources at its disposal to keep people safe immediately and to maintain safety and well-being in the longer term
- Report(s) completed by those investigating the allegation(s)
- Evaluation of enquiry /assessment activity and evidence obtained
- Determining if abuse/neglect has taken place covering both individual concerns and the care setting (Organisational Abuse)
- Considering the circumstances and potential needs of people alleged to have caused harm
- Reviewing ongoing Safety Plan which is likely to have both short- and medium-term actions
- Agreeing circumstances where re-evaluation of the situation will be required
- Agreeing an action plan for the service provider
- Monitoring and review of the action plan for the service provider
- Debriefing and consider learning points and wider implications
- Receiving feedback of follow up by provider e.g., disciplinary processes, referral to Disclosure and Barring Service (DBS) and/or appropriate professional bodies such as Nursing and Midwifery Council (NMC) and Social Work England
- Considering a referral to the Safeguarding Adults Board for consideration for the commissioning of a Safeguarding Adults Review (SAR) or other actions across the safeguarding partnership
- Enquiry Outcomes
- Case closure

These meetings can be managed in a number of ways, but the key is to ensure the correct people are involved with decision making authority for their organisation and where deemed appropriate providers should be involved unless the police or other agency with prosecuting powers decide otherwise.

It is essential that all participants are aware that meetings are confidential and will be minuted. Minutes and communications about Organisational Abuse Enquiries must be carried out securely, in line with information governance policies.

Action Log

It is also important that these meetings are used to ensure that the enquiry proceeds at an appropriate pace so that concerns are addressed in a timely way and unnecessary delays do not result in additional distress for those involved. To support this an action log must be implemented to note all actions to be taken with the name of lead for action and date to be completed (Appendix I).

The action log should be monitored at each meeting and carried over from one meeting to the other. Where actions are not completed an explanation must be recorded as to why.

Meeting the needs of individuals at risk

Where there are concerns the organisation is not able to confidently meet the assessed needs of the adults it is currently caring for or supporting, then individual care management or health reviews may be required. The decision regarding this will be discussed at the Initial Provider Safeguarding Meeting. Where placements are commissioned by out-of-area authorities the undertaking of reviews will be the responsibility of the relevant commissioning authority. Adults at risk who fund the placement themselves (often referred to as self-funders), will also be offered a review by the most appropriate organisation.

Involvement of organisation, adults at risk and their relatives

The purpose of the organisational abuse enquiry is to discuss the collective issues and concerns raised about an organisation which may affect several adults at risk. For reasons of privacy and confidentiality it is not appropriate for the adult(s) at risk or their representative(s) to be present at the Initial Provider Safeguarding Meeting. Enquiry Leads, and where necessary, organisational leads will ensure the views of the service user/s and/ or their representative are ascertained and shared at the meeting(s) and will always consider providing access to advocacy. Sharing of information must be within the guidelines of confidentiality and data protection and consideration given to what is appropriate to be shared. Any actions relating to an individual service user's care provision must be made in partnership with the individual and/or their representative.

Consideration should be given as to whether it is appropriate to support the provider to meet with the people using the service and their relatives collectively, to explore concerns and provide assurance about appropriate actions being taken.

Potential Outcomes of Organisational Abuse Enquiry

These will be dependent upon the nature of the concerns. Outcomes may include:

- Human Resources processes and procedures
- Introduction/ review of policy and procedures
- Commissioning monitoring
- ICB monitoring
- Social Work reviews
- Further investigation
- Review of systems
- Staff training
- Suspension of provider; either voluntary or enforced (this can be alerted to Social Workers via the care planning alert function on LAS)
- Referral to the Disclosure and Barring Service
- Referral to Professional Registration Bodies
- Safeguarding Adult Reviews

Organisational Safeguarding Closure

It is important that the decision to end the Organisational Abuse Enquiry is agreed by either the Provider Safeguarding meeting members or the Strategic Group. It is therefore essential that key agencies remain involved in the process and will need to be satisfied that:

- The coroner, police, and other agencies with a power to prosecute have been consulted
- All required actions have been undertaken
- There is evidenced reduction is risk
- Involved adults and/or their families have received feedback
- Any necessary notifications to regulatory bodies e.g., Disclosure and BarringAgency, Nursing and Midwifery Council, have been undertaken
- Any remaining concerns can and will be managed through contract monitoring, care management processes etc.
- Lessons learned have been identified and taken forward

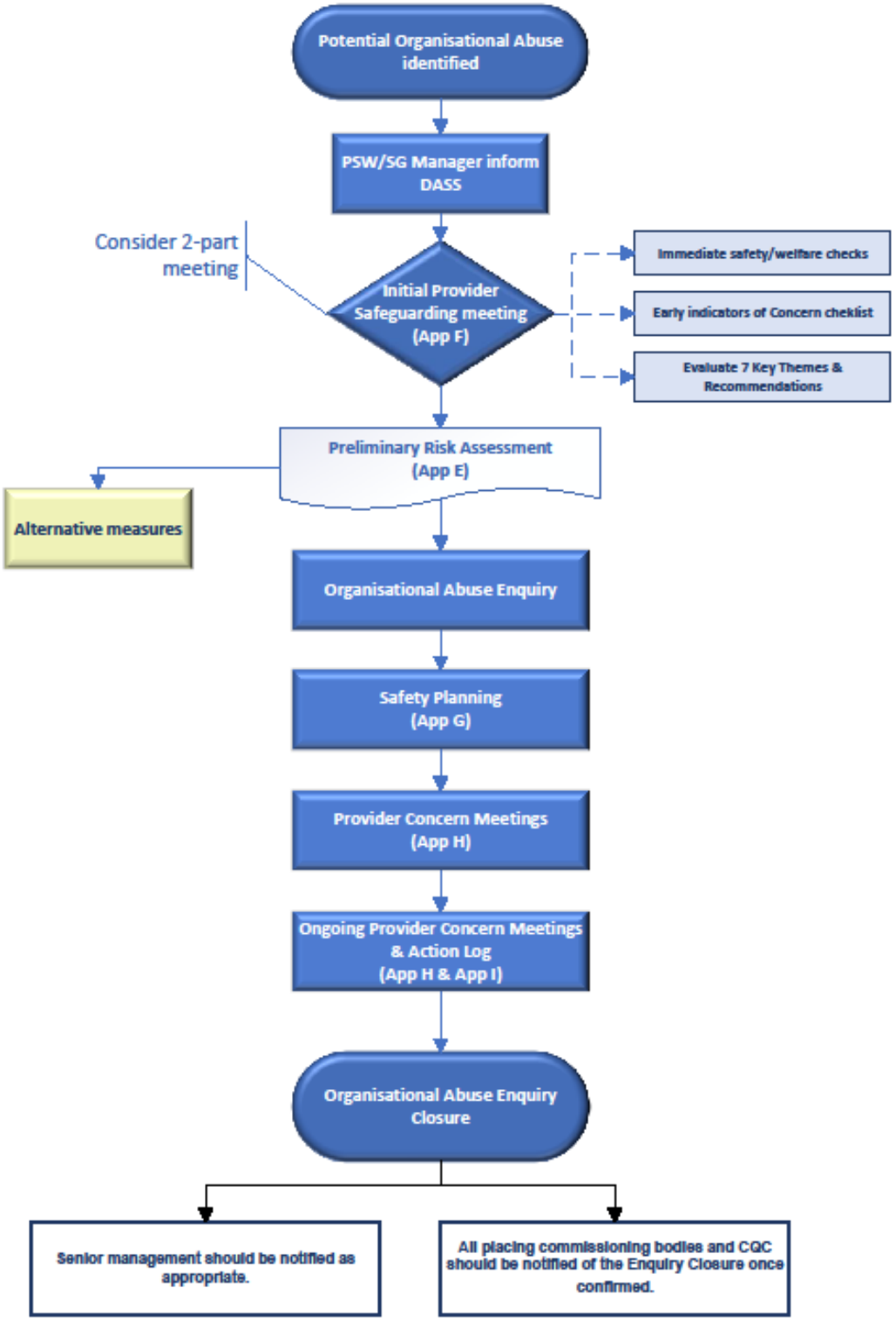
All placing commissioning bodies and CQC should be notified of the Organisational Abuse Enquiry closure once confirmed. Senior management should be notified as appropriate.

Publicity and Media

Public and media interest may arise in Organisational Abuse Enquiries. Please refer to local policies and procedures in relation to the involvement of the media, however in general individual professionals should not respond directly to enquiries from the media but refer them to the Local Authority communications team, as the lead agency for the Enquiry. Co-ordination with other organisations communication teams may also be

necessary, and this should be supported/facilitated by the Local Authority communications team.

Organisational Abuse Process



Appendix A: Whistleblowing

A whistleblowing referral may be the catalyst for identifying wider concerns abouta service. Whistleblowing should be distinguished from a complaint in that a whistleblowing referral will be made typically by an employee of the organisation.

The person may or may not have tried to raise the issue with their organisation's management. Ideally, they should have done so, but clearly there are times when an employee will feel too intimidated to do so. Where whistleblowing is actuallyasafeguarding concern about an individual, this should be dealt with initially through individual processes to ensure that the person is safe. Where there are wider implications, these may need to be followed up through Organisational Abuse processes.

It is essential that information is taken carefully from whistle-blowers whatever their motives appear to be. Just because someone has fallen out with an employer does not necessarily mean that the information they are passing on is not valid. As with any other enquiry the information given by a whistle-blower willneed to be balanced with other information.

All organisations are expected to provide information to staff on whistleblowing and how they can seek independent guidance about something they are worried about.

The Care Quality Commission National Customer Service Centre can be contacted on Tel :03000 61616.

Appendix B: Indicators of Organisational Abuse Checklist

Indicators of Organisational Abuse

Appendix C: Provider Intelligence Forum ToR

Provider Intelligenece Forum ToR.pdf

Appendix D: 7 Key Themes - Indicators of Organisational Abuse

It is important to note:

- It is not necessary for there to be concerns in each of the seven key themes for there to be a concern about a whole service.
- A pattern of concerns is not proof of abuse and abuse can happen when indicators of concerns are not apparent.
- The use of this guidance does not replace listening directly to people who use services. On the contrary, it gives an important reason to listen more closely before and after concerns are raised.

However, this is not a definitive list, and practitioners may identify other indicators not listed.

The indicators can be grouped into **7 key themes**. These themes provide important information about key aspects of service design and delivery which increase the risks of abuse and harm for people, although it is recognised that some types of concerns, for example if there are allegations of multiple breaches of the Human Rights Act (1998), may fall under more than one of these. The **7 key themes** are:

7 Key Themes - Indicators of Organisational Abuse
1. The experience of the people using the service
Is it clear that the service is being run for the prime benefit of the people who use it and not the combined benefit of the staff and/or management? Is there evidence of a breach of their rights under the Human Rights Act (1998)? Are their human rights being protected?
Comments:
2. Concerns about management and leadership
The people who manage the service and other managers in the organisation.What are they doing, or not doing that might put people at risk of abuse?
Comments:
3. Concerns about staff skills, knowledge, and practice

The people who work in the service. How do they behave towards the adults –how do they speak to them? What are their skills and practice like? What are they doing that might put people at risk of abuse? This is not just people who work as care workers or nursing staff. It could also include the practice of managers and other non-care staff who work in the service, including volunteers.
Comments:
4. Concerns about adults' behaviours and wellbeing
The people who live in, or use, the service. How are they? Are they behaving in ways which suggest they may be at risk of abuse? Are they behaving in ways that might put other people who live in or use the service at risk?
Comments:
5. Concerns about the service resisting the involvement of external peopleand isolating individuals
Are the adults cut off from other people? Is it a "closed" or an "open" service?Does the service resist support from external agencies or professionals? Can visitors access all communal areas, including the person's bedroom (where appropriate and they are able to give consent).
Comments:
6. Concerns about the way services are planned and delivered
The way in which the service is planned and whether what is actually delivered reflects these plans. Are people receiving the levels of care which have been agreed? Are the adults who use the service a compatible group? Is the service clear about the kind of support it is able to deliver? Are there enough staff on duty throughout the day to meet the adult's needs? Are peoples 1:1, 2:1 need's being met as required/identified?
Comments:
7. Concerns about the quality of basic care and the environment
Are basic needs being met? What is the quality of the environment like?
Comments:

Summary of actions required:				
Identified Risks	*Action Required – what needs to be done?*	*By when?*	*By whom?*	*Completion Date*

Appendix E: Risk assessment & level of response

When an Initial Provider Concern Meeting is convened, a risk assessment should be completed. The risk assessment will need to be revisited throughout the process as circumstances change and as information becomes available. The risk assessment will focus on the impact on people using the service.

Determining level of concern

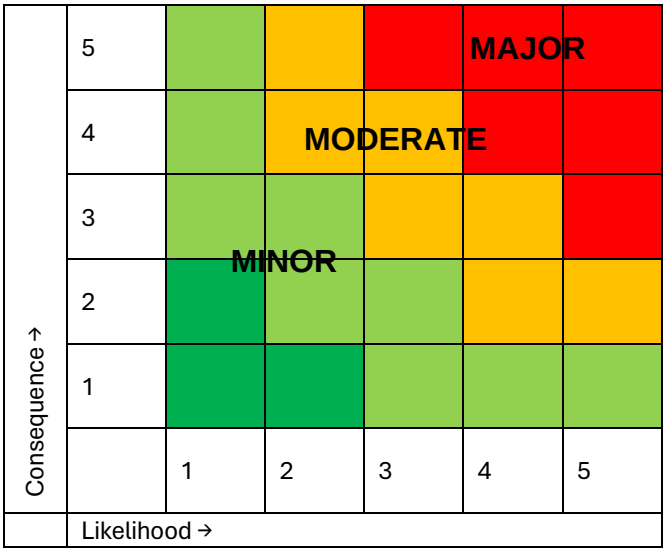
A combination of assessed impact and likelihood will determine the **level of concern** (Minor. Moderate, Major), as summarised below:

Impact Criteria:

- **LOW**: No, or minimal, impact on the wellbeing and safety of people who use services.
- **MEDIUM:** A moderate impact on wellbeing and safety but limited provided remedial action is taken with no long-term effects on the wellbeing or safety of people using the service.
- **HIGH**: A significant immediate impact on the wellbeing and safety of people who use services which will have a long-term impact on their health or well being

Likelihood Criteria

- **UNLIKELY:** This is unlikely to happen or recur due to control measures and process in place.
- **POSSIBLE** This may happen, but it is not a persistent issue and there are measures in place to prevent a recurrence.
- **ALMOST CERTAIN** This will happen/recur frequently. Remedial processes are not effective or there are serious concerns about the control measures, loss of confidence in the provider's ability to care for people safely.



Appendix F: Initial Provider Safeguarding Meeting Template

Safeguarding Adults in South Tyneside

MANAGING SAFEGUARDING CONCERNS AT AN ORGANISATIONAL LEVEL

Confidentiality Statement must be shared with attendees prior to or read out at the beginning of the meeting.

This meeting is held under South Tyneside's Multi–agency Safeguarding Adults Framework. The matters raised are confidential to the members of the meeting and the agencies that they represent and will only be shared in the best interests of the vulnerable adult. Minutes of the meeting are distributed in the strict understanding that they will be kept confidential and in a secure place.

SECTION 1: MEETING DETAILS

Date:	
Venue:	

SECTION 2: DETAILS OF PEOPLE INVITED TO THE MEETING *(please add more rows if required)*

Name	***Role***	***Organisation***	***Email***	***Attendance***
				Please select

SECTION 3: PROVIDER DETAILS

Name of Provider:	
Name of Service:	
Adress:	
Name of Registered Manager:	
Name of owner (Responsible Individual):	
Date Safeguarding Concern (Contact) received:	Click or tap to enter a date.

SECTION 4: CURRENT CONCERNS

List all concerns, allegations & open safeguarding enquiries:	
Has the Indicator organisational abuse checklist been completed?	☐ Yes ☐ No ***If yes, please attach as an appendix to this meeting record.***

SECTION 5: THEMES, PATTERNS & TRENDS

Concern/Identified Risks/Potential risks
1.
2.
3.
4.
5.

SECTION 6: COLLATING INFORMATION & TIMELINES

	Information Required	***Name of Lead***
1.		
2.		
3.		

SECTION 8: IDENTIFIED RISKS & MULTI-AGENCY SAFETY PLAN

Summary of actions to protect the adult from harm					
Identified Risks	***Risk Level***	***Action Required – what needs to be done?***	***By when?***	***By whom?***	***Completion Date***

SECTION 8 continued:

If enquiry or protection planning actions in this plan are not completed, we will do the following (contingency plan)

SECTION 9:

This plan will be reviewed by:		Date plan will be reviewed:		Date:	

SECTION 10: CONSIDER COMMISSIONNING INTENTIONS (progress against action plan)

SECTION 11: LEGAL CONSIDERATIONS

Consideration of Legal Powers and Duties *(Those in attendance should consider any legislation, policies or codes of practice which might be relevant to the case. Duties, with associated powers, should be identified and statutory interventions specified)*

SECTION 12: PROVIDER FEEDBACK

SECTION 13: DECISION TO PROCEED TO ORGANISATIONAL ABUSE ENQUIRY

☐ ***YES***	☐ ***NO***
Rationale:	

SECTION 14:

Date of next meeting:	

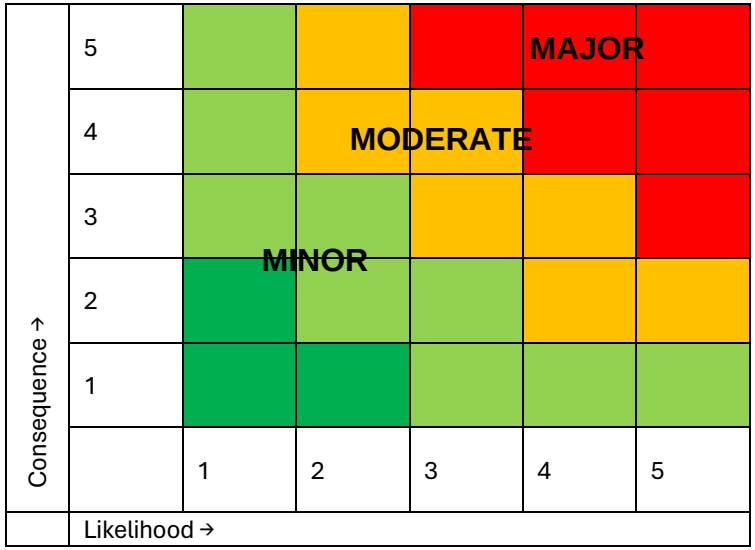
SECTION 15:

Minutes taken by:		Role:		Date:	
Minutes approved by:		Role:		Date :	

Minutes from previous meeting to be added here

RISK MATRIX

Where risks are reasonably foreseeable an assessment should be made of the likelihood of an undesirable outcome against the consequences of it occurring. This matrix is to be used to screen the significance of the risk(s).



Appendix G: Welfare Checklist for Visiting Professionals

Welfare Check Template.docx

Appendix H: Provider Safeguarding Meeting Template

Provider Concern Meeting Template.doc

Appendix I: Action Log

PROVIDER CONCERN ACTION LO