

Safeguarding Adults at Risk – Procedure and Practice Guidance

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Document Change History			
<i>Changes to this document in different versions must be detailed below. Rationale for the change should also be given</i>			
Version Number / Name of procedural document this supersedes	Type of Change i.e. Review / Legislation / Claim / Complaint	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
External references used in the creation of this document: If these include monitoring duties upon the Trust for this policy the specific details should be recorded on the Monitoring and Compliance Requirements sheet			

Privacy Impact Assessment submitted	N/a	Any issues?	Choose an item.
Fraud Proofing submitted	N/a	Any issues ?	Choose an item.
If not relevant to this procedural document give rationale:			

Policy authors are asked to consider each of the nine protected characteristics under the Equality Act 2010. We expect you to demonstrate that throughout the policy process you have had regard to the aims of the Equality Duty:

1. Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act;
2. Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
3. Foster good relations between people who share a protected characteristic and people who do not share it.

Please provide a brief account of how you have done this, further work to be completed and any support you have had in considering the aims and working in compliance with the Equality Duty.

If you are unclear on how to do this or would like further advice and support then you may contact quality.admin@mhsc.nhs.uk.

It is the responsibility of the approving group to ensure this statement reflects the Trusts objectives and position with compliance as set out within the NHS Equality Delivery System

This policy is broad and the scope is Trust-wide so complies with the Trust's Equality Delivery System.

In line with the Trust values we may publish this document on our External Website. Is there any reason you would prefer this is not done?	
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It is the Authors responsibility to ensure all procedural documents comply with the Trust values

If you are unclear on any of the requirements in the document control sheet then please email quality.admin@mhsc.nhs.uk before proceeding
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Monitoring and Compliance Requirements Sheet

For audit, Registration and NHSLA purposes all procedural documents must have monitoring requirements or key performance indicators set by the authors, Committees or Lead Directors. This allows the Trust to routinely monitor the effectiveness and impact of their procedural documents on a regular basis.

Procedural Document Title:		Safeguarding Adults at Risk – Procedure and Practice Guidance				
Does this procedural document offer support or evidence for the Trusts registered activities and outcomes?		Yes	Primarily Outcome 7 Safeguarding People who use Services from Abuse	Additional Outcome 4 Care and Welfare of People who use Services	Additional Choose an item.	
Is this an NHSLA Document?	No	Which Standard does this relate to?	4 - Safe Environment	Which Criterion	Not Applicable	
					Choose an item.	
					Choose an item.	
If other Monitoring requirements are necessary i.e. Health & Safety Act and you should include them here and record them in the External References section						
Specify where the requirement originates				Additional Details i.e. Section number, Code of Practice		
Minimum Requirement / Standard / Indicator to be monitored & Section of document it appears		Process for monitoring	Responsible Individual / Group	Frequency of Monitoring	Responsible Group for review of results / action plan approval / implementation	Comments
		Other (specify)		Other (Specify)	Choose an item.	
		Other (specify)		Other (Specify)	Choose an item.	
		Other (specify)		Other (Specify)	Choose an item.	
		Other (specify)		Other (Specify)	Choose an item.	

NB: If you have selected audit you should complete the required audit registration form and standards document and submit these with your expected timescales for completing the audit to quality.admin@mhsc.nhs.uk as soon as possible and no later than 4 weeks prior to the audit commencing.

The Group / Committee should also ensure the monitoring work is added to their yearly schedule of monitoring and action logs as appropriate.

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Have you considered using a flowchart in your document to provide easy reference for staff? If you need support in developing a flowchart contact quality.admin@mhsc.nhs.uk

Safeguarding Adults at Risk – Procedure and Practice Guidance

1. Introduction

This guidance underpins the Manchester Safeguarding Adults Board Multi-agency Policy and Manchester Mental Health and Social Care Trust Safeguarding Adults at Risk Policy. It is intended to support and inform practitioners in their work to safeguard adults at risk of abuse or mistreatment. This guidance should be read in conjunction with the Safeguarding Adults Policy.

1.1 Reporting an alert

Alert refers to a concern, disclosure or suspicion that a person is being abused

A concern may be a suspicion or allegation of abuse. A disclosure is information about possible abuse received from a person themselves or someone else on their behalf.

What to do

Make sure the person is safe – this may mean calling emergency services if the person is in danger or requires medical treatment

Inform your line manager or someone more senior if the allegation is about your line manager

Record all immediate actions taken as soon as practicable.

Preserve any evidence i.e. do not destroy or disturb any articles that could be used as evidence

How to Respond

If someone discloses abuse to you, respond sensitively and pass the information straight away to your line manager, unless you think they may be implicated in the abuse.

If you witness or suspect abuse by another member of staff/manager/ professional, you have a duty to report your concerns. This is irrespective of the person's status, job title, pay grade, profession or authority over others. Report your concerns to a senior manager.

Concerns can also be reported under the Public Interest Disclosure Policy. **You have a duty to report it.**

In every case of alleged abuse you must instigate a Safeguarding Adult Investigation.

Form One which is part of the AMIGOS record should be used to record the key information. Team Managers must sign off Form One has being completed correctly.

What are the allegations being made? When did the alleged abuse take place?

Where did it take place? Who witnessed or suspected the alleged abuse?
Who is the alleged perpetrator? Are there any safeguarding children issues?

INVESTIGATING OFFICER TO COMPLETE SAFEGUARDING FORM 1 WITHIN 24 HRS OF RECEIVING THE ORIGINAL REFERRAL.

1.2 Receiving an alert/referral

Safeguarding referrals via the Contact Centre will be sent to the appropriate Community Team via SPA or Gateway. Once a referral has been received a Form One must be completed. The form requires you to confirm if the safeguarding referral is via the Contact centre.

Where teams are identifying safeguarding concerns as part of their current caseload the safeguarding form one should indicate that this is not via a contact centre referral.

1.3 Safeguarding on in patient wards.

Ward teams may identify safeguarding concerns that require investigation. Ward staff should lead investigations where the safeguarding issue/concerns relate to the following issues;

- Allegations of abuse by other in patients
- Allegations of abuse by staff
- Any injuries sustained as a result of Control and Restraint
- Level 3 or 4 pressure sores
- Any other issue which may be safeguarding and has occurred on the inpatient environment

Ward staff should follow the same procedures for investigation, recording information and use the forms 1,2,and 3 available on AMIGOS. Where an inpatient has a care co-ordinator, they should be informed of the investigation as a means of good practice

Where ward staff identify safeguarding issues which relate to abuse perpetrated in the patients `community setting, an alert should be made to the patients care coordinator who should lead the investigation under these procedures. Where there is no allocated care coordinator a referral should be made to the local community team for investigation.

Any safeguarding issues must always be considered in discharge planning arrangements.

1.4 Thresholds and safeguarding

On receiving initial information about concerns it is important to determine whether it is appropriate for these concerns to be dealt with under safeguarding procedures or whether they are practice issues which need to be improved.

The following Guidance may be used to assist in decision making as to whether or not safeguarding adults procedures should be triggered: This may be of particular help when working with independent provider agencies.

	Poor practice which requires actions by a provider agency e.g. homes, ward or domiciliary care manager	Possible abuse which requires reporting as such, and the instigation of Safeguarding procedures
1	Person does not receive necessary help to have a drink/meal. If this happens once and a reasonable explanation is given e.g. unplanned staffing problem, emergency occurring elsewhere in the home, dealt with under staff disciplinary procedures; would not be referred under safeguarding adults procedures	Person does not receive necessary help to have drink/meal and this is a recurring event, or is happening to more than one person. This constitutes neglectful practice, may be evidence of institutional abuse and would prompt a safeguarding investigation
2	Person does not receive necessary help to get to toilet to maintain continence or have appropriate assistance such as changed incontinence pads If this happens once and a reasonable explanation is given e.g. unplanned staffing problem, emergency occurring elsewhere in the home, dealt with under staff disciplinary procedures; would not be referred under safeguarding adults procedures	Person does not receive necessary help to get to toilet to maintain continence and this is a recurring event, or is happening to more than one person – neglectful practice, may be evidence of institutional abuse and would prompt a safeguarding investigation
3	Person has not been formally assessed with respect to pressure area management but no discernible harm has arisen. This may need to be dealt with under disciplinary procedures	Person is frail and has been admitted without formal assessment with respect to pressure area management. Care provided with no reference to specialist advice re diet, care or equipment. Pressure damage occurs. Neglectful practice, breach of regulations and contract, possible institutional abuse. Safeguarding procedures should be instigated.
4	Person does not receive medication as prescribed on one occasion but no harm occurs Internal investigation should be undertaken, possible disciplinary action depending on severity of situation including type of medication	Person does not receive medication as a recurring event, or it is happening to more than one person. Neglectful practice, regulatory breach, breach of professional code of conduct if nursing care provided. Dependant on degree of harm, possible criminal offence. Safeguarding procedures should be implemented.
5	Appropriate moving and handling procedures not followed but person does not experience harm Provider/ Manager acknowledges departure from procedures and inappropriate practice and deals with this appropriately under disciplinary procedures, to the satisfaction of person involved.	One or more people experience harm through failure to follow correct moving and handling procedures, or common flouting of moving & handling procedures make this likely to happen. Neglectful practice – safeguarding procedures should be instigated
6	Person is spoken to in a rude, insulting, belittling or other inappropriate way by a member of staff. They are not distressed by the incidence and this is an isolated incident Appropriate action is taken by the manager, to the satisfaction of the person involved.	Person is frequently spoken to in a rude, insulting, belittling or other inappropriate way or it is happening to more than one person. Regime in the home doesn't respect people's dignity and staff frequently use derogatory terms and are abusive to residents. Regulatory breach Refer under safeguarding procedures
7	Person does not receive a scheduled domiciliary care visit and no other contact is made to check on their well-being, but no harm occurs. Provider deals with this appropriately through internal investigation, to the satisfaction of person involved.	Person does not receive scheduled domiciliary care visit(s) and no other contact is made to check on their well-being resulting in harm or potentially serious risk to the person. Safeguarding procedures should be instigated

1.5 Planning the Investigation

The following processes will need to be co-ordinated and managed, in parallel where necessary:

- investigation of the allegation;
- assessment and care planning for the vulnerable person who has been abused
- support for the family
- If the individual's first language is not English the access to an interpreter will be arranged
- action with regard to criminal proceedings;
- action by employers, such as, suspension, disciplinary proceedings, use of complaints and grievance procedures, and action to remove the perpetrator from the professional register;
- arrangements for treatment, or care of the abuser/family/carers, as appropriate; and
- consideration of the implications relating to regulation, inspection and contract monitoring.'

The team manager or equivalent, for example a ward manager on the in patient units receiving the referral will be responsible for coordinating the investigation.

'A properly co-ordinated joint investigation will achieve more than a series of separate investigations. It will ensure that evidence is shared, repeated interviewing is avoided and will cause less distress for the person who may have suffered abuse' (No Secrets).

Where an allegation is against a paid carer, consideration should be given to conducting a joint investigation with the provider manager. This can minimise the need for the person at the centre of the investigation to be questioned on the same issues by different people, and can ensure that safeguarding processes and disciplinary procedures can run concurrently.

The investigating officer/s will be agreed by the team manager. The investigation should be led by an appropriately qualified professional trained in investigating allegations of abuse.

Throughout the investigation it is essential to keep the person who has allegedly been abused at the centre of the process, respecting their wishes and feelings.

2. Police Consultation

2.1 Consent

In all cases staff should attempt to obtain the consent of the person before calling the police. This is not always appropriate and the requirement to obtain consent may be overridden or dispensed with, depending on the following points:

- The seriousness of the incident
- The risk to other people
- The capacity of the person to make the decision

Where a person refuses to allow contact with the police, an assessment as to what would be in the best interests of the person and/or other vulnerable adults or children must be made and recorded. This should involve consideration of referral to Victim Support Services – people who have been abused need to be aware that this service accepts self referrals.

Overriding Consent

Consent can be over ridden in cases where:-

- The allegation is against a paid carer;
- Where there are concerns for other vulnerable adults;
- Where there is a clear public interest and it is alleged that a serious crime has been committed.

Other questions which may assist decision making:-

- Do they consent for us to proceed with the investigation?
- If no, what are the implications?
- Does their 'capacity to consent' need to be assessed and recorded?
- What are the allegations that need to be investigated?
- Do any other actions need to take place alongside the investigation process, for example, disciplinary proceedings against a member of staff/suspension?
- Do you need to take action to safeguard children?
- Are any other service users or members of the public at risk?

2.2 Early involvement of the police may have benefits

- Early referral or consultation with the police will enable them to establish whether a criminal act has been committed and this will give them the opportunity to determine if, and at what stage, they need to become involved
- Police officers are skilled in investigating and interviewing and their early involvement may prevent the abused adult being interviewed unnecessarily on subsequent occasions
- Police investigations should proceed alongside those dealing with health and social care issues
- Inappropriately alerting dangerous carers can leave vulnerable people unprotected and at risk

Where it is suspected a crime has been committed it is **essential** to consult with the police. Referrals should be made in writing via the dedicated contact point in each police division. This system ensures an immediate assessment by dedicated staff.

Referrals to the police should be made in writing, using Safeguarding Form 1, to ensure there is a clear audit trail of information shared and advice given.

If the case is urgent, possibly regarding a physical or sexual assault then a referral to the police on 0161 856 5050 should be made and this will be passed to the correct team as a matter of urgency.

Referral to the police **is required** in all cases where:-

- The allegation is against a paid carer
- Where there are concerns for other vulnerable adults
- Where there is a clear public interest and it is alleged that a serious crime has been committed

If these criteria are met, you must refer. Referral should be made by email using Form I

2.3 Greater Manchester Police Contacts

A Division

North Manchester Police HQ

Central Park, Northampton Road, Monsall, M40 5BP

Public Protection Investigation Unit (PPIU) 0161 **856 3097** (Triage desk)

E mail <mailto:northmanchester.ppiu@gmp.police.uk>

DS Sian Hinchcliffe

E mail:- sian.hinchcliffe@gmp.police.uk

CID Office 0161 856 3240

Covers: City Centre, Collyhurst, Cheetham, Crumpsall, Blackley, Harpurhey, Newton Heath, Clayton, Gorton

Desk numbers Child Protection - Tel: 0161 856-3707

Domestic Abuse - Tel: 0161 856-3703

E Division (North)

Longsight Police Station

2 Grindlow Street, Manchester, M13 0LL

PPIU 0161 **856 4444** (Triage desk)

E mail <mailto:manchestermet.ppiu@gmp.police.uk>

DS Roger Edwards 0161 856 4444

E mail: roger.edwards@gmp.police.uk

CID Office : 0161 856 4260

Covers: Ardwick, Longsight, Levenshulme, Moss Side, Hulme, Fallowfield, Withington

E Division (South)

Wythenshawe Police Station
M22 9PQ

PPIU 0161 856 6053 (Triage desk)

E mail: <mailto:southmanchester.ppiu@gmp.police.uk>

DS Ian Cottrell
E mail

0161 856 1420
ian.cottrell@gmp.police.uk

CID Office

0161 856 6153

Covers: Chorlton, Didsbury, Wythenshawe, Northenden Whalley Range

2.4 St Mary's Sexual Assault Centre

Where there is suspicion of physical or sexual assault, medical examination is strongly recommended, provided there is consent from the service user. Where sexual abuse is suspected, consideration should be given to examination at St Mary's Sexual Assault Referral Centre (SARC).

The police will usually lead on these arrangements but referrals can be made by any professional. People can also self refer without any reference to the police or other professionals. The service provides emotional support and health services to victims of sexual abuse as well as vital forensic evidential recovery.

Contact details: St Mary's Sexual Assault Referral Centre, St Mary's Hospital, Hathersage Road, Manchester 13 Tel: 0161 276 6515
E mail stmarys.sarc@cmft.nhs.uk

2.5 Strategy Discussion

This refers to discussions between the Investigating officer/ team manager/ward staff (or equivalent)/other appropriate professionals and where relevant the police to establish facts and plan the investigation. On occasions this will substitute for the strategy meeting e.g. where the issues are less complex and do not require detailed discussions between a number of different agency representatives.

Discussion should consider:

- Which agencies/individuals need to be involved in the investigation process?
- Is the person aware of the allegations that have been made?
- Who needs to complete which tasks as part of the investigation.

3. Risk/Protection

If at any stage in the safeguarding process it becomes evident that vulnerable adult(s) or children may be exposed to significant risk, immediate protective measures should be considered. These might include:

- Informing Children’s Services of the concerns for the children;
- Moving the person to a place of safety and care (e.g. an appropriate family member, residential care, hospital etc);
- Moving the alleged perpetrator to another placement and/or providing additional support;
- Consideration by the employer of using staff disciplinary procedure and safeguarding procedures for the protection of the person and alleged perpetrator;
- Appointment of an independent advocate.

3.1 Risks Involving a Care Service

Where there appears to be significant risk to vulnerable adults/service users or potential service users consideration must be given to informing other interested parties of the concerns and possible risk factors. This may include other commissioning authorities or organisations.

- 3.2 If the alleged perpetrator is a staff member, or employed on a bank or agency basis then Manchester Mental Health and Social Care Trust Disciplinary Procedure should be invoked for staff investigation, with possible suspension or removal from regular service user contact duties, as appropriate. This applies to all employees of Manchester Mental Health and Social Care Trust. In all cases Human Resources should be informed immediately

4. Capacity

Mental Capacity refers to the capacity to understand and retain information in relation to a specific act, decision or transaction, to weigh up their consequences and to communicate the decision at the time the decision needs to be made. A person’s mental capacity may change, may be regained or developed with support, over a period of time and/or they may have a condition that leads to fluctuations in mental capacity.

The Mental Capacity Act 2005 definition:

‘A person lacks capacity in relation to a matter if at that material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of the mind or brain.’

During a safeguarding investigation there will be numerous important decisions that need to be made. It is essential to thoroughly explore issues of consent, capacity and best interests in each case.

When considering capacity it is important to consider:

- Does the person have an impairment of or disturbance in, the functioning of their mind or brain?
- Does this prevent them from being able to make this specific decision?

If the answer to both these questions is ‘yes’ you must consider if the person is able to:

- Understand the information given to them
- Retain the information long enough to be able to make the decision

- Weigh up the information
- Communicate their decision by any means- sign language, blinking, squeezing a hand etc...

If the person is unable to do one or more of these, then they do **not** have capacity to make this specific decision.

For further info on Mental Capacity Act 2005 code of practice see link below:
<http://www.publicguardian.gov.uk/mca/code-of-practice.htm>

Decision making

During safeguarding investigations the investigating officer is responsible for supporting and empowering the person to make decisions for themselves or to contribute to the decision as much as possible. It is therefore essential to assess whether the person **has capacity** to make each individual decision.

Practitioners must follow the 5 basic principles of the MCA 2005:

- 1 Capacity is assumed unless there is proof otherwise;
- 2 Capacity is decision and time specific (**not** condition specific and just because they are unable to make the decision now does not mean that they will not be able to do this in the future);
- 3 All practicable steps must be taken to assist the customer to be able to make the decision for themselves;
- 4 Just because people may be seen to make an unwise choices does not mean they lack capacity;
- 5 Decisions for people without capacity must be taken in their Best Interests.

Once a capacity assessment has been completed it should be recorded on the assessment tool.

Recording the outcome of the assessment is vital in justifying responses and actions taken.

5. Best Interests

The list is not exhaustive and you should refer to the MCA Code of Practice for more details.

- Avoid discrimination and do not make assumptions about someone's best interests simply on the basis of the person's age, gender, transgender, race, disability ,religion, sexual orientation or appearance, condition or any aspect of their behaviour;
- Consider all the relevant circumstances relating to the decision in question;
- Act to promote the health and well-being of the person and to prevent any deterioration in their quality of life;
- Consider whether the person is likely to regain capacity (for example, after receiving medical treatment). If so, can the decision or act wait until then?

Involve the person as fully as possible in the process.

In situations where a person lacks capacity to make a specific decision, it will be necessary for professionals/family/carers to make decisions on their behalf.

In situations where the person lacks capacity it is important to consider whether the appointment of an advocate would be appropriate.

Independent Mental Capacity Advocates (IMCA) should be appointed in cases where:

- Decisions are being made around providing, withholding or stopping serious medical treatment;
- moving a person into long-term care in hospital or a care home;
- moving the person to a different hospital or care home;
- It is also appropriate in some cases for an IMCA to be appointed in Safeguarding Adult cases, where there is a conflict of interest between family or friends.

Making Decisions for People who Lack Capacity

For decisions to be made it is necessary to hold a Best Interest meeting.

- The Mental Capacity Act gives a checklist of key factors which you must consider when working out what is in the best interests of a person who lacks capacity. This decision that is being made on their behalf.
- If the decision concerns the provision or withdrawal of life-sustaining treatment the decision-maker must not be motivated by a desire to bring about the person's death;
- The decision maker must in particular consider;
- The person's past and present wishes and feelings (in particular if they have been written down); and
- Any beliefs and values (for example, religious, cultural or moral) that would be likely to influence the decision in question and any other relevant factors.

Who should be consulted?

If it is practical and appropriate to do so, consult other people for their views about the person's best interests, in particular:

- Anyone previously named by the person lacking capacity as someone to be consulted;
- Carers, close relatives or close friends or anyone else interested in the person's welfare;
- Any Attorney appointed under a Lasting Power of Attorney; and
- Any Deputy appointed by the Court of Protection to make decisions for the person.

Recording the decision

Recording the outcome of a Best Interest meeting, on the correct documentation is vital in justifying responses and actions taken.

N.B. Some decisions cannot be made on a person's behalf

If someone is deemed to lack capacity then decisions around marriage, civil partnership, divorce, sexual relationships, adoption and voting can't be made by other people on their behalf. This is because these decisions are too personal to the person or there are other laws that govern them.

When reaching a decision about capacity, it is important the assessment refers specifically to the decision to participate in the safeguarding investigation. The professional should attempt to ascertain the reasons why the service user does not want the investigation to proceed. Their capacity should be recorded and consideration given the use of the Trust "Assessment of Capacity Tool".

Where a service user has capacity and doesn't want the investigation to proceed, it is important to not abandon them, but to continue to provide support and where possible, implement plans relating to safety. It may also be appropriate to tentatively revisit the safeguarding concerns on future contacts.

Where a service user is subject to considerable coercion from the abuser it may be appropriate to get legal advice regarding whether the Court of Protection would have an "Inherent Jurisdiction" to intervene. The Court has power to prevent certain people contacting, or persuading vulnerable people on certain issues, even if the vulnerable person has capacity.

6. User Involvement

Good practice should be to involve service users as equal partners in any strategy meetings or discussions. Where necessary, this may mean appropriate use of independent advocacy and victim support services.

Consideration should also be given to any specific views that the service user has in relation to the investigating officer, for example some users may have preferences to the gender of the investigating officer.

There may be occasions when it is not appropriate for service users to be involved, for example where there are concerns for their safety or a risk of contaminating evidence, or where they choose not to attend. It is then the responsibility of the investigating officer to ensure their views are incorporated and that the agreed strategy is appropriately communicated.

In all cases the service user must be informed and kept up to date with the process of investigation, the outcomes and specifically the future protection plan.

Service users should receive updates of progress, and outcomes of investigations in writing.

It may be appropriate and consideration should be given to providing the service users with copies of the completed paperwork. These considerations should be part of the overall planning in terms of the investigation.

7. Strategy Meeting

A Strategy Meeting should take place **within 5 days** of the original referral being received. If this time scale is not met then the reason should be clearly recorded and the referrer and the person at the centre of the investigation should be kept informed.

The strategy meeting should be arranged by the investigating officer and their team manager (or equivalent). All key people involved in the person's care should be invited, unless they are implicated in the allegation or a delay would put the person at risk.

The Investigating officer needs to assess whether it is appropriate to involve the person subject to alleged abuse in this meeting. There may be occasions when it is not appropriate for them to be involved e.g. where there are concerns for their safety, or a risk of contaminating evidence, or where they choose not to attend. It is the responsibility of the investigating officer to ensure the views of the person are shared and that the actions from the meeting are appropriately communicated promptly to the person at the centre of the investigation.

If the person is not attending the meeting the investigating officer needs to consider who else will be acting in their best interests. Do they have anyone who holds decisions making powers? Is there a need for an advocate/IMCA?

7.1 Who else should attend a strategy meeting?

Below is a list of people who may need to be invited to the strategy meeting:

- Chairperson (Team Manager/matron for inpatient safeguarding or equivalent/ Safeguarding co-ordinator);
- Minute taker;
- Police;
- Senior Practitioner;
- Allocated worker (Investigating Officer);
- General Practitioner: where the attendance of key professionals e.g. GP is required, try to be flexible about the time and venue if this will assist attendance;
- Community/Psychiatric Nurse;
- RNCC Nurse Assessors;
- CQC representative;
- OT/Physiotherapist;
- Home Care representative;
- Day Care representative;
- Housing representative;
- Residential/Nursing home representative;
- Voluntary organisations;
- Contracts Unit;
- Trading standards;
- Human Resources/Personnel specialist;
- IMCA or Independent advocate.

Where there are any health concerns arising from the safeguarding referral the person's General Practitioners should automatically be invited.

7.2 What should happen at the strategy meeting?

The Team manager or equivalent will normally chair the meeting. This may on occasions be delegated by the team manager in less complex cases.

An admin worker should be organised to take the minutes of the meeting to ensure the investigating officer can concentrate on taking part in the discussions.

Discussions should consider ALL the issues relating to the referral.

The meeting should confirm everything possible is being done to eliminate risks to the person at the centre of the investigation and that their voice and wishes are being heard and are central to planning. What do they want to happen next?

The essential part of this meeting is to plan the investigation and identify who will be taking the lead. The plan should be clear and the actions that are to be taken should be given definitive time scales. It is the responsibility of the investigating manager to make sure that the actions and time scales are adhered to and that feedback is provided when appropriate.

At the end of the meeting a plan should be drawn up of all actions, stating who will be responsible and the appropriate time scales for actions.

7.3 What should be discussed in a strategy meeting?

Below is a list of issues that may need to be considered at the strategy meeting (please note this is not an exhaustive list):

- What information do you have already, what else needs to be gathered and how is it best to do this?
- Who should be interviewed? (in some situations it may be necessary for the investigating officer to visit the person before the strategy meeting takes place. If this is the case then the police should be consulted and the guidelines for Achieving Best Evidence should be implemented at this stage);
- The sequence of the interviews? Is an immediate visit to the person needed?
- Who will conduct the interviews?
- Should a worker known to the person/carers/family undertake the investigation or any interviews, or should a 'neutral' worker do this and should tasks be shared by more than one worker?
- What other sources of evidence do we need such as, including written records, statements from witnesses, forensic and medical evidence?
- Is it appropriate to notify other agencies involved with the person and family members, of the alleged abuse? Do we have the person's consent to do this?
- What impact is the abuse having on the person's wellbeing and how we can support them?
- Will alerting the person alleged to have carried out the abuse, jeopardise the safety of the person or the collection of evidence?
- What level of risk is the person being subjected to? Is there a need for immediate protective action either on a voluntary basis or through the courts?
- Is it possible that there are other victims?

- Does the investigation need to be carried out in tandem with other procedures, assessments and investigations such as disciplinary procedures?
- When and how should the person and/or their carers be involved in relevant meetings? How does their current level of distress affect their involvement? Should they be present at meetings or are there other ways they can contribute to decision making?
- What practical assistance would facilitate the person's involvement and cooperation; for example, transport to attend interviews, assistance with childcare arrangements?
- What personal support do families need, for example links with support groups, separate workers for different family members?
- What arrangements should be made to facilitate the involvement and contribution of a person with disabilities; for example, conducting interviews in buildings with easy access, the use of interpreters and specialist staff?
- Are there issues of race, culture, language, disability , or gender that require special arrangements to be made?
- Is an IMCA needed if the person lacks capacity?
- What feedback needs to be given to the referrer at this stage?

7.4 **Reconvening a strategy meeting**

It may be necessary to reconvene strategy meetings to consider new information or to draw up new plans.

It is the responsibility of the investigating officer and Team manager to keep track of progress and developments.

The strategy meeting can be reconvened a number of times, as long as the investigation is still completed within appropriate time scales.

Minutes from the strategy meeting should be factual and accurately recorded. Typed minutes plus the action plan should be circulated to all relevant people as soon as possible, to be confirmed as an accurate recording of discussions that took place at the meeting.

7.5 **Carrying out the investigation**

The aim of the investigation is to:

- establish whether or not the abuse has occurred ;
- establish the outcome of the investigation i.e.
- **substantiated, unsubstantiated or inconclusive;**
- ensure all appropriate information has been gathered and relevant people have been notified of the outcome;
- evaluate whether the person is still at risk .

Where it is suspected that a crime has been committed it is essential that social workers/health care professionals work jointly with the police in a safeguarding investigation. Each will bring a different perspective to the investigation.

The police objective is to prosecute the perpetrator whilst the objective of the social worker/health care professional is to safeguard the person who has been abused and to protect their best interests. A higher standard of proof is required in criminal proceedings than in disciplinary or regulatory proceedings (where the test is the balance of probabilities) and gathering good quality evidence is essential to securing a successful prosecution.

Professionals are experts in their own field and it is the collective combination of skills and knowledge that will produce the best evidence and outcomes.

7.6 Photographs

The use of photographs in an investigation should not be contemplated without advice from the police.

7.7 Compiling a report following investigation

The Investigating Officer should produce a written report of the investigation.

The report should contain a clear summary of the investigation including:-

- Details of the initial alert/concern that triggered referral with dates and times;
- An outline of any previous allegations or incidents;
- A description of the vulnerable adult and his/her circumstances including their views of the situation and information on their capabilities, vulnerabilities and mental capacity;
- Where the abuse took place;
- An assessment of the person relating to their consent, capacity and any relevant legal issues;
- Information regarding the social situations/networks of the person;
- Information about the person allegedly responsible for the abuse;
- Brief details of how the investigation was conducted and who was involved;
- Evidence to support or refute the allegation;
- What harm has the person suffered and are others at risk of harm as a result of this incident?
- Evidence to support any action through disciplinary procedures/ conditions of contracts and contract monitoring;
- Evidence for any action that could be taken by CQC;
- Evidence for any legal action under criminal law;
- The investigating officer's conclusion about future risk, prevention and action. This would include an opinion about any support the person that increases their ability to protect him/herself;
- Conclusion – an opinion about whether or not the allegation is substantiated on the balance of probability.

The completed report, marked 'confidential' should be passed to the team manager for decision making and made available to inform the case conference.

If a case conference is not held the information, outcome and recommendations for future care planning and monitoring should be shared on a need to know basis.

In cases where the employer is considering disciplinary action and referral to the Independent Safeguarding Authority, the team manager will make a copy of the report or summary, available to the employer.

Once the investigation has been completed a planning meeting should be convened to draw up a Protection Plan.

Ensure Form 2 is completed once the investigation has taken place. This is held on the AMIGOS record. Team Managers must sign off Form Two has being completed correctly.

8. Case Conference

A Case Conference should take place **no later than 4 weeks** after the original referral was made. If this time scale is not met, the reason should be recorded, with evidence as to why this is the case, and the referrer and the person at the centre of the investigation should be kept informed.

The Case Conference is designed so that all parties can look at the information that has been gathered and reach a judgement about how any further risk can be managed.

The person and/or their family/friend/advocate should be encouraged to attend, where possible, so that they can contribute to the overall Protection Plan.

8.1 The purpose of the Case Conference should be to explain to the Service User:

- Actions that have been taken to end the abuse and eliminate the threat of any further abuse;
- Actions that have been put in place to minimise any other risks to the victim;
- Why it was necessary for them to move to a place of safety;
- What rights they have;
- What extra support will/has been put in place to support the person;
- What action has been taken against the perpetrator;
- Whether there are any additional services, such as counselling that can be offered to the person;
- Whether they will need to be prepared to appear in court.

It may also outline wider actions of other agencies such as:

- Notice being served by CQC to a provider;
- Any improvements or changes providers may have been recommended to make, such as increased training etc;
- Placements at a 24hr care provision may be suspended;
- Or general increased monitoring of a service.

8.2 Protection Plan - should be a stand alone piece of work which can be reviewed and incorporated into the person's care plan and through the CPA process at a later date.

8.3 Closing the Safeguarding Case

The protection plan should be agreed and signed off by everyone, including the person at the centre of the investigation, where possible.

A date to review the plan needs to be set, usually within a few weeks or a few months depending on the case but this should take place no later than 6 months after the Protection plan was devised. This can be incorporated into the normal CPA process if appropriate.

It is important to inform the referrer of the outcome of the investigation and any other funding authority such as another Local Authority or the Primary Care Trust.

The Investigating officer must make sure all aspects of the investigation are recorded clearly and accurately, providing a clear audit trail of actions taken.

The Team manager or equivalent is responsible for quality assuring the process, signing off the investigation and ensuring all records are fully completed.

**FORM 3 MUST BE COMPLETED TO CLOSE THE INVESTIGATION RECORD
THIS IS AVAILABLE ON THE AMIGOS RECORD.**

9. Allegations involving people placed outside their local authority

Potential delays or confusion can occur because of cross boundary issues, such as:-

- The person at the centre of the investigation lives in one local authority area and receives a service in another;

and/or

- One local authority funds or commissions care, and another provides it;
- The person who is the subject of the allegations can be at increased risk if agencies are confused or slow to act because of cross boundary issues.

In summary the responsibilities of the host and placing authorities are:-

- The host authority i.e. where the abuse occurs, has overall responsibility for coordinating the adult protection arrangements;
- The placing authority i.e. the authority with funding/commissioning responsibility, is responsible for the long term care needs of the person, and for fulfilling its continuing duty of care.

For further guidance please see the ADSS Protocol for Inter-Authority Investigation of Vulnerable Adult Abuse

10. Roles and responsibilities in Safeguarding Investigations

10.1 The role of the Investigating Officer

- Complete sufficient enquiries in order to make an initial assessment of the situation;
- Ensure the immediate safety of the person in an emergency;
- Ensure strategy discussions take place with all relevant agencies;

- Ensure that all relevant agencies are kept in the loop;
- Inform you manager of any concerns you have become aware of;
- Attend and provide feedback at all strategy meetings;
- Ensure all documentation is completed and there are no gaps;
- Make contact with the person as soon as possible;
- Establish the circumstances behind the allegation by gathering relevant information;
- Interviewing the person, possibly with another member of staff and/or the police depending on the situation;
- Assess the level of risk the person has been, and may still be, subjected to, making explicit any areas of uncertainty about information available, or the likelihood of incidents having occurred/occurring in the future;
- Explore thoroughly with the person what they wish to happen next;
- Liaise with other agencies to provide initial support;
- Refer to other teams, e.g. safeguarding and improvement unit or CQC if necessary;
- Consider whether a referral to IMCA/ safeguarding advocate is necessary.

10.2 Role of Team Managers (or equivalent)

- Co-ordinate the investigation by ensuring relevant agencies are invited to meetings;
- Ensure evidence is not destroyed or contaminated;
- Support the investigating officer;
- Quality assurance of recording and safeguarding casework practice;
- Allocate the case and supervise an investigating officer for each investigation;
- Chair strategy meetings and case conferences where appropriate;
- Provide supporting evidence to Human Resources for all cases involving a Trust employee who are being considered for referral on to the Barring and Disclosure Service.
- Make available relevant resources and time to investigating officers so they can carry out their tasks effectively;
- To sign off all completed investigation work;
- Address disciplinary and whistle blowing issues in relation to staff.

10.3 Role of Provider Managers

- Ensure immediate safety of person and call ambulance service/police if it is an emergency;
- Gather and record factual evidence clearly and accurately in a chronological manner e.g. client detail, where it happened, what time, who reported, any witnesses, previous record of similar episodes which may now be significant etc;
- Ensure that any allegation or complaint about abuse is brought promptly to the attention of Social Services and the Police if it is a criminal offence;

- Notify CQC of any allegations of abuse or any other significant incidents as required by the Care Standards Act (2000);
- Ensure staff who witness abuse have kept accurate record of what they witnessed.

10.4 Role of Care Quality Commission

CQC does not have an investigatory role in Safeguarding Adults cases but, as regulators, they are expected to contribute to the investigation process where there are concerns about the standards within the regulated service and where there may be a breach of regulation/s.

Where a safeguarding alert, or the conclusions of a safeguarding investigation suggests breaches of regulations or lack of fitness of registered persons, representatives from CQC will consider what regulatory action is needed by the commission and undertake that work, sometimes in partnership with other agencies.

Representatives from CQC should be invited to all safeguarding meetings relating to registered settings and must be expected to attend under the following circumstances:-

- One or more registered people are directly implicated;
- Urgent or complex regulatory action is indicated;
- Where any form of enforcement action has commenced or is under consideration in relation to the service involved.

10.5 Responsibilities to Alleged Perpetrators

Alleged perpetrators, whether relatives, carers, staff, volunteers or other individuals should be treated fairly and honestly. They should be made aware of, and helped to understand the concerns which have been identified, at an appropriate stage in the process and as agreed at a strategy meeting.

Giving detailed information about an allegation to an alleged perpetrator may prejudice investigations and could put people at increased risk. The decision about what the alleged perpetrator should be told should be made at a strategy meeting.

As a minimum, the person about whom an allegation has been made should be given a broad understanding of the nature of the concern, unless the Police advise otherwise.

If appropriate and possible, alleged perpetrators should be provided with support throughout the investigation process, as should others involved.

11. Recording and Documentation

11.1 What should be recorded?

One of the most vital elements of good professional practice is recording. It assists practitioners in planning, assessment and decision making processes. The case record ensures that staff can account for **and evidence** the work that they have undertaken.

Records of the safeguarding process are official documents covered by rules of disclosure. This means they will be made available to the defence if legal proceedings are taken.

11.2 Recording - Safeguarding Forms

There are 3 forms that need to be completed to ensure that the safeguarding process is accurately recorded.

Form 1 (completed within 24 hrs) – Details of the incident and all the people involved (person subject of alleged abuse, person alleged to have abused, witnesses, referrer etc) should be recorded.

It is important that the 'details of incident' section includes information regarding:

- whether the person consents to the investigation being taken forward
- whether the person has capacity to consent to this?
- the impact the abuse has had on the person (has it had a negative impact on health and general wellbeing?)
- the person's current care needs (do they have communication/mobility difficulties or health conditions that have been made worse by the abuse?)
- the person's wishes as to how the investigation is taken forward

Form 2 (completed at the conclusion of the investigation) - This form should be used to outline who attended the strategy meeting, who had input into the strategy discussions and the conclusions reached e.g. is the abuse substantiated/unsubstantiated or was the investigation inconclusive?

Form 3 (completed within 4 weeks) - This form outlines the conclusions from the case conference. It looks at the outcomes for the person subject to the alleged abuse and the outcomes for the person who has abused, and should also state whether anything else has taken place e.g. extra staff training for whole organisations etc.

It should state what action plan is being put in place to reduce/eliminate and monitor safeguarding risk. **Team Managers must sign off all three forms as being completed correctly, this adds additional assurance that there has been sufficient management oversight of all safeguarding investigations.**

Why are these forms so important?

These forms are vitally important for safeguarding data collection. Each form should be **fully** completed without any gaps. The information from these forms is used for the Safeguarding annual report and also to feedback trends, progress or concerns to the Manchester Safeguarding Adults Board.

Incomplete forms produce incomplete/inaccurate data - it is **essential** that full and accurate information is recorded at all times. **All of these forms are on the AMIGOS record. Guidance on completing these on AMIGOS has been produced and is available as an APPENDIX.**

11.3 Definitions of safeguarding outcomes

Unsubstantiated – this would apply to cases where any allegations of abuse are unsubstantiated on the balance of probabilities. No evidence/witnesses to say it did happen. No suspicions around alleged perpetrator. No past history of concerns or risk. Possible evidence to show alleged perpetrator was somewhere else at time of alleged incident etc...

Partly substantiated – this would apply to cases where multiple abuse has been reported. It may have been possible to substantiate some but not all of the allegations made on the balance of probabilities. For example *‘it was possible to substantiate the physical abuse but it was not possible to substantiate the allegation of financial abuse’*.

Substantiated – this would apply to cases where any allegations of abuse are substantiated on the balance of probabilities. There may be witnesses, physical/financial evidence or perpetrator may admit abuse.

Inconclusive – this would apply to cases where it is not possible to record an outcome against any of the other categories based on the balance of probabilities, i.e. that an allegation is more probable than not. There may be cases where there is no witnesses/evidence but there may have been concerns around alleged perpetrator in the past and a possible history of abusive behaviour. Also victim may be scared of alleged perpetrator or show negative behaviours them. If suspicions remain but there is no clear evidence the outcome can be recorded as inconclusive.

11.4 Recording Safeguarding Meetings

This is an important role and admin staff who are minuting safeguarding meetings should:

What the minutes should include:

- The record of attendance;
- The apologies and details of any reports submitted in lieu of attendance;
- List of those not present but that were invited;
- The purpose/focus of the meeting;
- All factual information provided by participants (don't need to duplicate information in reports);
- Any dispute of facts (who, what);
- Make sure fact is separated from opinion;
- Any recommendations and reasons for recommendations (if there are any disagreements note these);
- The final conclusion/ outcomes/action plan noting people's roles and responsibilities and the expected time scales;
- The date of the next meeting clarifying whether it is a reconvened strategy meeting/case conference or review of protection plan;
- Where a person has attended only part of a safeguarding meeting, care should be taken to ensure that they are only provided with minutes pertaining to the part of the meeting they were present for.

12. Safeguarding or Complaint

On receiving initial information about concerns it is important to determine whether it is appropriate for these concerns to be dealt with under safeguarding procedures.

12.1 How do I know what is a safeguarding issue and what is a complaint?

Determining whether or not abuse of a person has taken place is not always a straightforward matter, particularly when there are issues of neglect. A judgement may be required about whether an act or an act of omission has caused significant

harm. In some cases it is the repetition of minor actions or omissions that collectively will amount to abuse.

The expectation in the Manchester multi agency Safeguarding Adults policy of anyone suspecting abuse is **if in doubt report**.

The multi agency arrangements for responding to possible abuse exist to establish whether or not abuse has occurred. It is very important that these arrangements (Strategy discussion and Strategy meeting) are triggered if there is a possibility of abuse. Some very serious abuse only comes to light because people raising the alert have drawn the attention of social services or police to what may appear to be relatively minor concerns.

It is important to note that the abuse does not need to be deliberate. Some neglect is not deliberate. It is not the intent which needs to be considered but the harm which has resulted from the act or omission, and which should trigger the Multi Agency Safeguarding procedures.

13. The Disclosure and Barring Service

On 1 December 2012 the Criminal Records Bureau and Independent Safeguarding Authority merged to become the Disclosure and Barring Service (DBS).

The primary role of the Disclosure and Barring Service (DBS) is to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups including children.

Consideration should always be given to referral to the DBS if there is evidence that a perpetrator meets the criteria for engagement of regulated activity as set out in the DBS guidance. Advice should be sought for HR on these matters and specifically if any disciplinary investigations result in dismissal of an employee.

14 Advice and Guidance

The Trust safeguarding Intranet page contains additional advice and guidance to staff on the use of the policy and procedures.

Further advice can be sought from

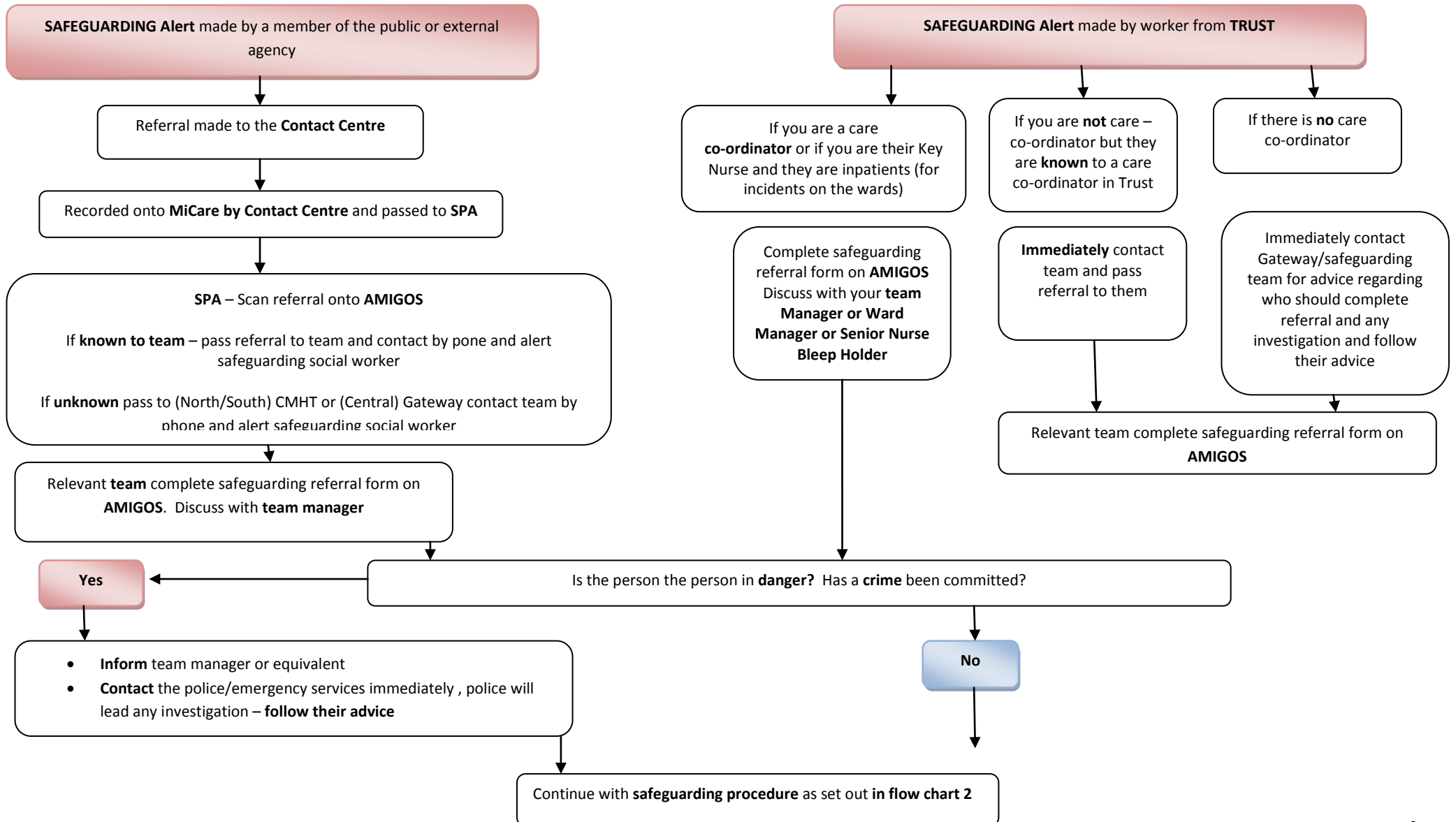
Head of Patient Safety 0161 882 1071
Head of Social Worker 0161 882 1000
Safeguarding Nurse 0161 882 1000
Senior Social Worker Gateway 0161 882 2149

Further advice can be sought from any of the three Manchester Safeguarding Coordinators at Manchester City Council.

Directorate for Adults
Manchester

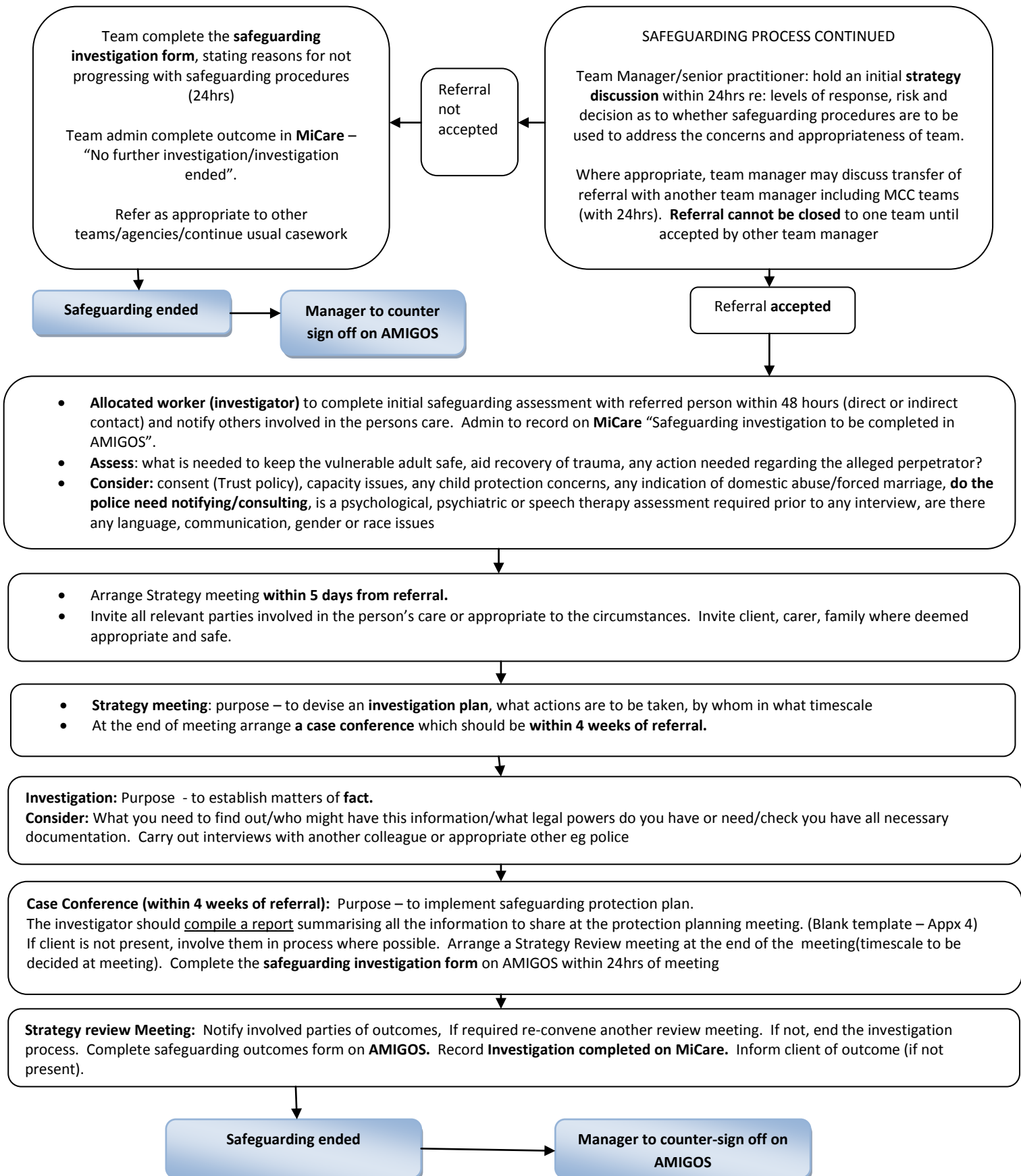
Phone: 0161 219 6830
Fax: 0161 274 7025

SAFEGUARDING REFERRAL PROCESS FLOW CHART 1 – to be completed within the First 24 HOURS



Appendix 2

Safeguarding Investigation Process - FLOW CHART 2



Investigating Officer's report – Template

Vulnerable Adult's details:	
Investigating officer- person compiling the report:	
Investigating manager- person overseeing investigation:	
Date of safeguarding referral:	
Date of strategy meeting:	

Introduction

Include summary of initial concerns raised and consider

- Historical issues, concerns and previous allegations
- Location of alleged abuse
- Type of alleged abuse
- Seriousness of alleged abuse- size of bruise, number of bruises etc...
- Who is alleged perpetrator?
- Are the risks to the Vulnerable Adult likely to continue?
- Is anyone else at risk- other Vulnerable Adults, members of the public, staff etc...?

Background

Include chronology / timeline of significant events leading up to and after alleged incident and consider

- Date of referral
- First contact made with service user
- Date of referral to police- if appropriate / necessary
- Date of medical examination- if appropriate / necessary
- Date of strategy meeting
- Date of service changes

Methodology

Include summary of investigation and consider

- What tasks were undertaken to gain evidence?
- Who was interviewed and who did the interviewing?

- Was any other information gathered from other sources- family members, other staff members etc...?
- What recording has been checked?
- Include where any paper copies of interview notes etc are stored

Action taken to address the risks identified by the referral

Possible actions to consider

- Increased support services
- Review of care plan
- Increased monitoring and supervision
- Change in way finances are being managed
- Removal of alleged perpetrator
- Increased training for staff
- Provision of alternative support services
- Moved to a place of safety
- Provision or changes to equipment
- Referral to other services for assessment
- Robust risk assessment
- Disciplinary procedures/suspension of a staff member

What are the views of the Vulnerable Adult and/or their representatives?

Consider

- Do they feel safe
- What impact has the alleged abuse had on them
- Do they consent to proceed
- Do they agree with the actions taken
- Do they agree with their risk assessment
- What insight do they have into their vulnerability
- What support do they want

Investigating officers recommended outcome of the investigation

- Record if the outcome is - substantiated, inconclusive, partially substantiated or unsubstantiated and explain your reasons for this conclusion
- What evidence do you have and why do you feel the evidence points to this?
- Feedback from Police
- Feedback from CQC
-

Further actions

Consider if there are any wider public concerns that may require reporting - i.e. If there are more than two alleged victims/ possible victims; when the person who is alleged to have caused the abuse or neglect is in a position of trust with vulnerable adults. (This could be when they are a member of staff, a paid employee; a paid carer; a volunteer within a service or establishment providing health care or social care)

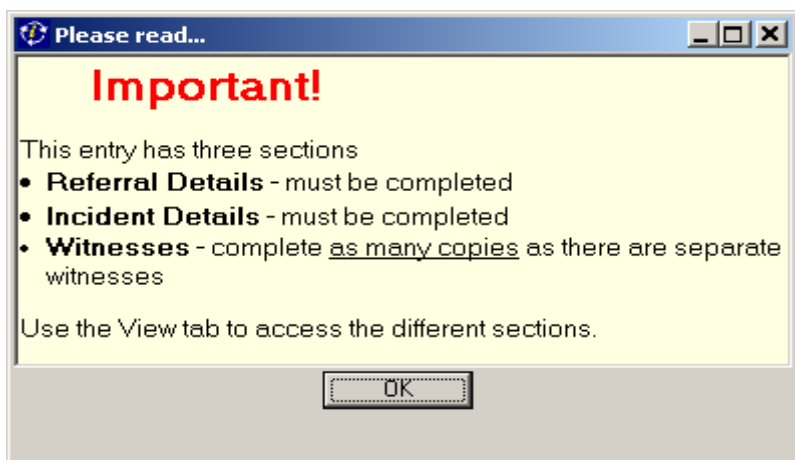
Adult Safeguarding on Amigos

Screenshots of example forms completed by Mary Smith, Professional Lead for Social Work.

Please note that we are now instructing managers to complete the 'Approved by' and 'Approved by Type' fields (these appear as Lead Officer on the Investigation form) in order to capture management oversight of all safeguarding.

Since this sample was completed we have also added an extra field to the Referral form which captures whether the referral came through MCC Contact Centre.

Some forms do not easily fit onto a screenshot and I have indicated these as e.g. '1 of 3 cont.' Some sub-forms allow users to re-enter them as many times as is needed e.g. witnesses.



Appears on first edit of the referral form.

Event	Date	Time
Adult Safe Guarding Referral	17/02/2012	08:00

ID	Section
2305	Referral Details
Referral date	01/02/2012
Referral time	14:00
Referrer name	Smith, Mr Brian
Referrer address & phone number	Housing team Ardwick; 0161 888 8888;
Referrer connection with vulnerable adult	Housing
Current location of vulnerable adult	Client's home
Nature of current living situation, type	Lives Alone
Nature of current living situation, details	Mr. Temp has his own tenancy he was living in supported accommodation until two years ago the referrer thinks Mr. Temp has depression and anxiety and is under the care of a psychiatrist Mr. Temp visited the housing office today to report that three young men have moved into his property and are taking his weekly benefits from him. They claim to be his relatives when asked by neighbours and they are not letting him sleep in his bed or use his kitchen the young men maybe using drugs and alcohol in the property

1 of 3 cont.

FormEditAmigos

Event: Adult Safe Guarding Referral Date: 17/02/2012 Time: 08:00

the young men maybe using drugs and alcohol in the property
 Mr. Temp used to have a social worker from the mental health team but the case has been closed now and he is unsure who to turn to for help. Mr. Temp is willing for staff to speak to police on his behalf although he does seem a bit confused and is clearly distressed
 the police have been alerted to the situation by Brian (housing officer) - Log number 1234 01/02/2012 and would like social workers to contact them

Main carer/advocate's name	none identified
Main carer/advocate's telephone	
Did this referral come through Manchester City Council Contact Centre?	
Is this the first Safe Guarding referral for this vulnerable adult?	Yes
Is the vulnerable adult placed by another authority from outside Manchester City Council area?	No
Is the vulnerable adult known at the time of	Yes

Save Cancel

2 of 3 cont.

FormEditAmigos

Event: Adult Safe Guarding Referral Date: 17/02/2012 Time: 08:00

Manchester City Council area?	
Is the vulnerable adult known at the time of referral?	Yes
Known service involvements	Service Funded By Health
Primary language and communication needs	none identified
Reason for vulnerability	Mental Health
Author Name	Smith, Mary
Author Type	Head of Social Work
Location	Chorlton House
Telephone	0161 882 1000
Record Maker Name	
Record Maker Type	
Approved By Name	
Approved By Type	

Save Cancel

3 of 3

FormEditAmigos

Event Date Time

2305	Incident Details
Date incident occurred	01/02/2012
Time incident occurred	14:00
Where incident occurred	Own Home
Details of incident	Mr. Temp reports that two youths have started living in his flat and are taking his money and food
Nature of abuse	Financial Abuse
Is there any evidence of the abuse?	Other - please describe
Alleged perpetrator name	manne, badde
Alleged perpetrator address & phone number	living currently at Mr. Temp's flat;
Alleged perpetrator relationship to Vulnerable Adult	Stranger
Is the Alleged perpetrator still in contact with vulnerable person(s)?	Yes
Does the Alleged	Yes

Save Cancel

1 of 2 cont.

FormEditAmigos

Event Date Time

Alleged perpetrator address & phone number	living currently at Mr. Temp's flat;
Alleged perpetrator relationship to Vulnerable Adult	Stranger
Is the Alleged perpetrator still in contact with vulnerable person(s)?	Yes
Does the Alleged perpetrator live with the Vulnerable Adult ?	Yes
Is the Alleged perpetrator the main family carer?	No
If Alleged perpetrator is a staff member, have they been suspended?	Not applicable
Name of officer	Plodd, Officer
Station & phone number	Longsight Police Station; 0161 872 5050;
Crime reported?	yes
Crime number	Log number 1234 date 01/02/2012

Save Cancel

2 of 2

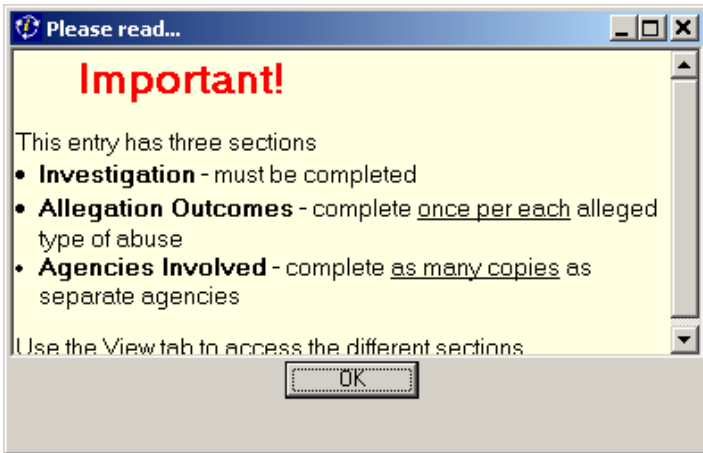
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Event: Adult Safe Guarding Referral Date: 17/02/2012 Time: 08:00

2305	Witnesses
Name	Neighbour, Mr
Address & phone number	26 Windsor Road;
Relationship to vulnerable adult	Neighbour
Notes	Housing officer knows area and has heard about incidents of abuse from other people living in the area

Save Cancel

Multiple copies can be filled



Appears on first edit of the investigation form.

FormEditAmigos

Event: Date: Time:

2303	Investigation
Referral date	16/02/2012
Date of referral of allegation	01/02/2012
Date of strategy meeting	02/02/2012
Date of conclusion of investigation	16/02/2012
Investigating Officer name	Smith, Mary
Investigating Officer job title	Approved Mental Health Professional
Date of police consultation	01/02/2012
Details of subsequent police involvement	Police Leading The Investigation
If the police were not involved, please indicate why	
Did a medical examination occur?	No

Save Cancel

1 of 3 cont.

FormEditAmigos

Event: Adult Safe Guarding Investigation Date: 16/02/2012 Time: 16:00

If applicable, who performed the medical examination?	
Case Conclusion	Substantiated
Conclusions of investigating team	<p>Mr. Temp is a vulnerable adult. whilst the team felt abuse was occurring (psychological and financial / material) and have recorded the outcome as substantiated the alleged perpetrators remain on bail and are awaiting trial - the court case will determine whether they are guilty of offences against Mr. Temp</p> <p>discussed case with police on 1st Feb and held an initial strategy meeting with the police on 2nd February</p> <p>the issue of capacity was discussed and assessed and the care team in consultation with Mr. Temp's consultant assessed that Mr. Temp clearly had capacity with regard to who he lived with and the use of his finances and property</p> <p>Held fuller strategy meeting on 4th February chaired by team manager with admin support for minutes (within 5 days of referral)</p> <p>planned the investigation and identified lead officers to carry this out</p> <p>developed action plan with time scales</p> <p>during next days carried out full investigation resulting in following:</p> <p>The police removed the alleged perpetrators and arrested them for robbery against the person. They were released on bail and are not allowed near Mr. Temp's flat</p> <p>Mr. Temp is aware that he can contact the police should the young men return and his address is on the alert system with the police.</p>

Save Cancel

2 of 3 cont.

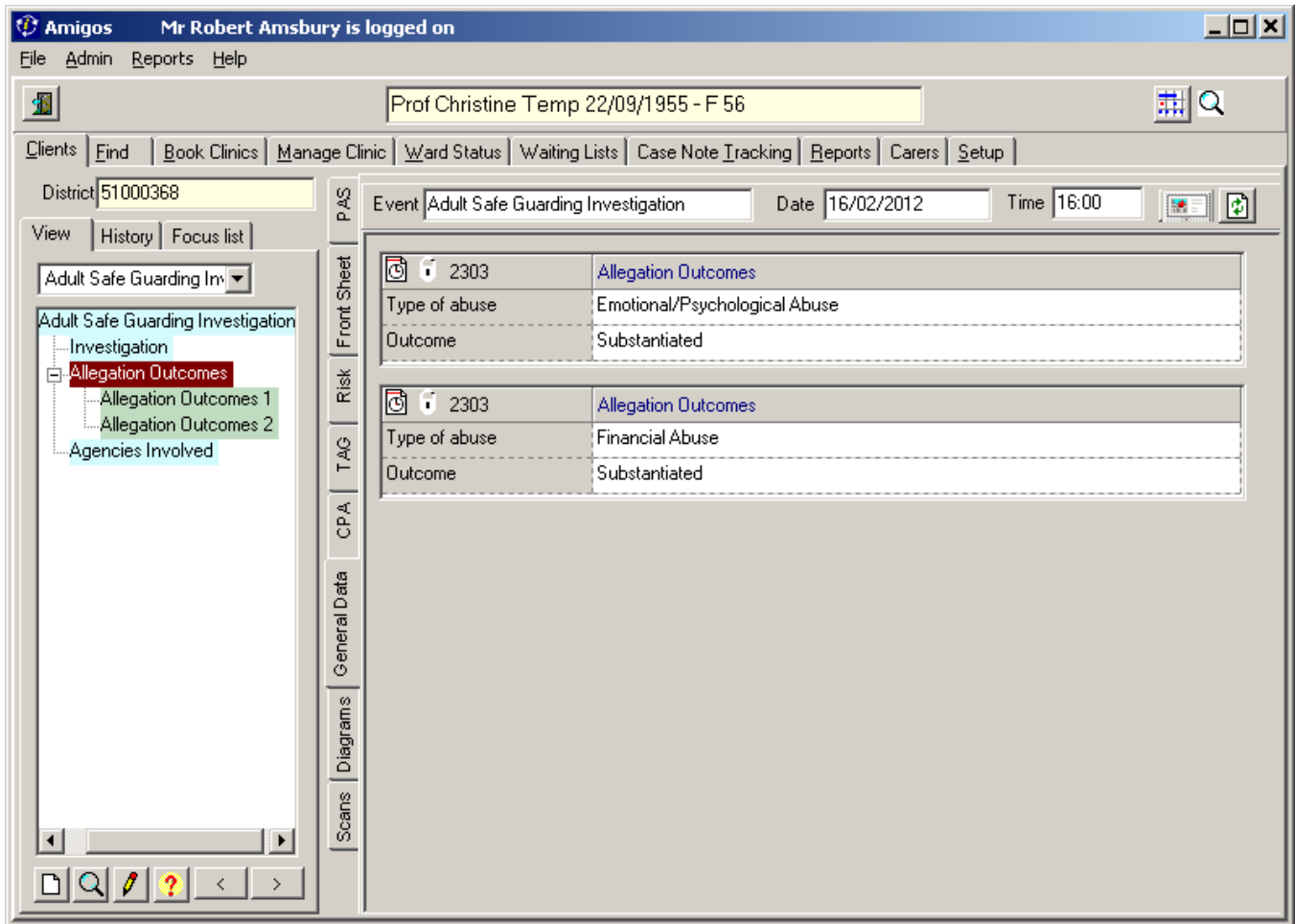
FormEditAmigos

Event: Adult Safe Guarding Investigation Date: 16/02/2012 Time: 16:00

	<p>his address is on the alert system with the police.</p> <p>Mr. Temp was initially too distressed to remain in his flat and he required additional support so was referred to Crisis point with CRHT support</p> <p>Mr. Temp is now back in his flat - the housing officer had the locks changed and a crisis clean was ordered</p> <p>Mr. Temp requires additional social care assessment as well as on going mental health assessment and support and so has been referred to the CMHT</p> <p>Mr. Temp has a review with his consultant on 18th February</p> <p>the police are planning to interview Mr. Temp on 25th February via video link and the social worker is planning to support this appointment</p> <p>full report of investigation is completed and added here with conclusions and planning meeting arranged for 16th February</p>
Time taken by Investigating Officer (hours)	3
Time taken by Lead Officer (hours)	8
Lead Officer name	Soap, Ms Sandra
Lead Officer job title	Social Worker
Record Maker Name	
Record Maker Type	

Save Cancel

3 of 3



Note use of sub-form multiple times – no limit on how many

Amigos Mr Robert Amsbury is logged on

File Admin Reports Help

Prof Christine Temp 22/09/1955 - F 56

Clients Find Book Clinics Manage Clinic Ward Status Waiting Lists Case Note Tracking Reports Carers Setup

District 51000368

View History Focus list

Adult Safe Guarding Investigation

- Investigation
 - Allegation Outcomes
 - Allegation Outcomes 1
 - Allegation Outcomes 2
 - Agencies Involved
 - Agencies Involved 1
 - Agencies Involved 2
 - Agencies Involved 3
 - Agencies Involved 4
 - Agencies Involved 5

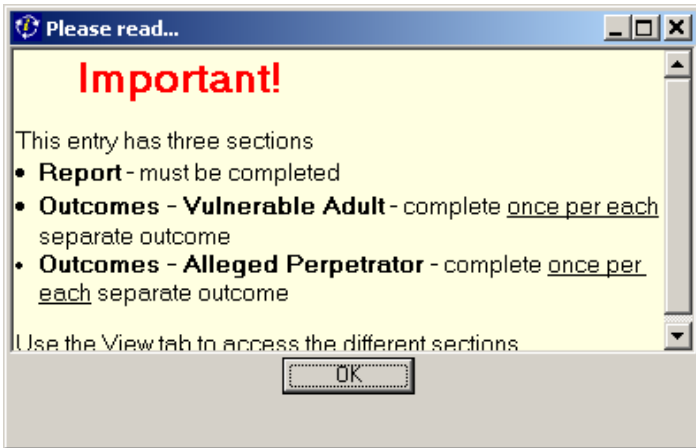
Event Adult Safe Guarding Investigation Date 16/02/2012 Time 16:00

2303	Agencies Involved
Agency Type	Other; please state:
Agency Details	Grey Mare Lane police station
Involved in initial discussion	Yes
Attended strategy meeting	Yes
Provided further information	Yes
Attended outcome meeting	Yes

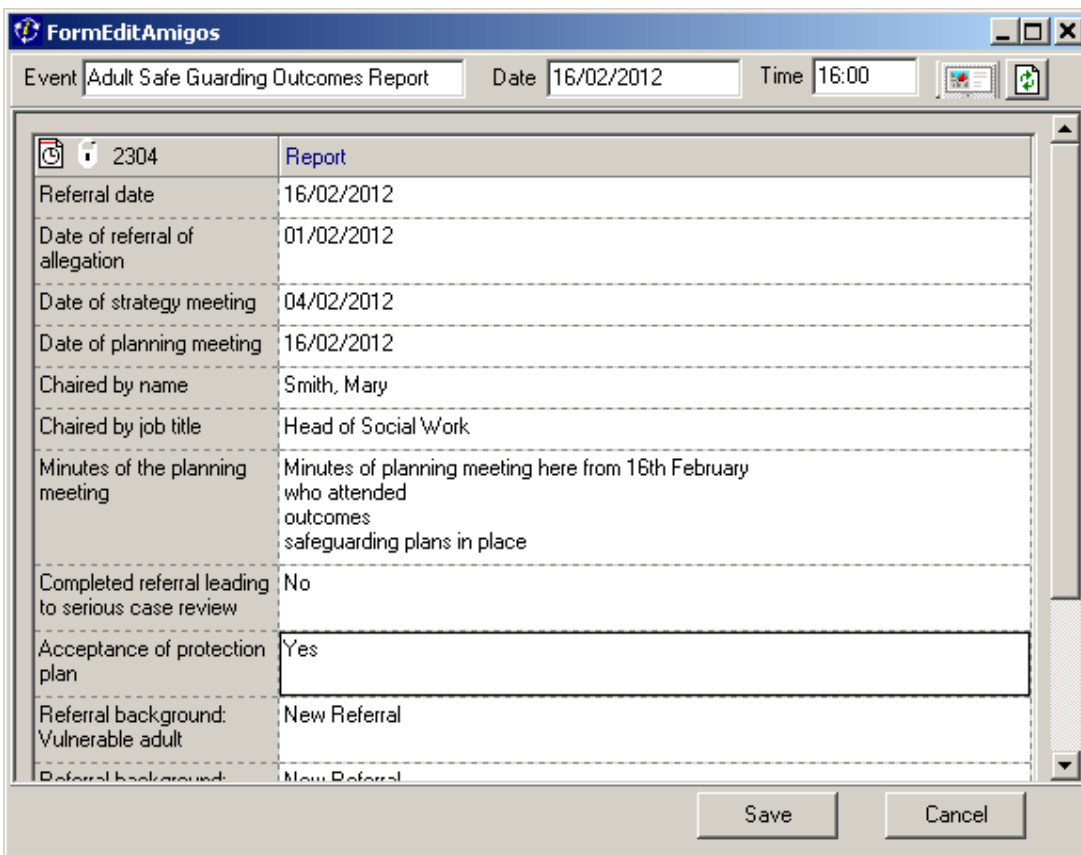
2303	Agencies Involved
Agency Type	Other; please state:
Agency Details	CMHT social worker
Involved in initial discussion	No
Attended strategy meeting	Yes
Provided further information	Yes
Attended outcome meeting	Yes

Navigation: Front Sheet, Risk, TAG, CPA, General Data, Diagrams, Scans

Note use of sub-form multiple times – no limit on how many



Appears on first edit of the investigation form.



1 of 2 cont.

FormEditAmigos

Event: Adult Safe Guarding Outcomes Report Date: 16/02/2012 Time: 16:00

Date of planning meeting	16/02/2012
Chaired by name	Smith, Mary
Chaired by job title	Head of Social Work
Minutes of the planning meeting	Minutes of planning meeting here from 16th February who attended outcomes safeguarding plans in place
Completed referral leading to serious case review	No
Acceptance of protection plan	Yes
Referral background: Vulnerable adult	New Referral
Referral background: Alleged perpetrator	New Referral
Record maker Name	Smith, Mary
Record maker Job title	Social Worker
Approved By Name	Smith, Mary
Approved By Type	Social Worker

Save Cancel

2 of 2

Amigos Mr Robert Amsbury is logged on

File Admin Reports Help

Prof Christine Temp 22/09/1955 - F 56

Clients Find Book Clinics Manage Clinic Ward Status Waiting Lists Case Note Tracking Reports Carers Setup

District: 51000368

View History Focus list

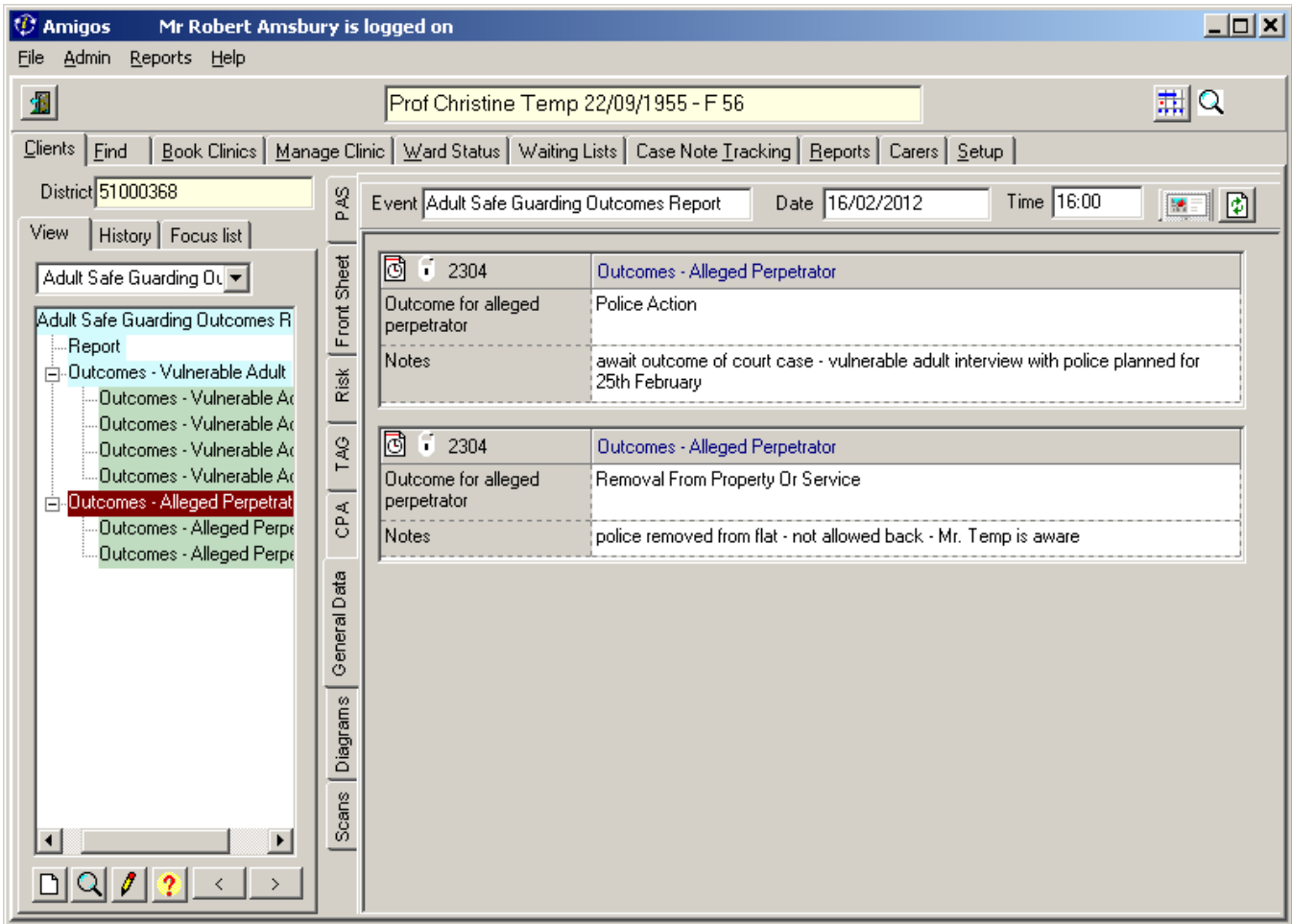
Adult Safe Guarding Outcomes Report

- Adult Safe Guarding Outcomes Report
 - Outcomes - Vulnerable Adult
 - Outcomes - Vulnerable Adult
 - Outcomes - Vulnerable Adult
 - Outcomes - Vulnerable Adult
 - Outcomes - Alleged Perpetrator

Event	Date	Time
2304	16/02/2012	16:00
2304	16/02/2012	16:00
2304	16/02/2012	16:00
2304	16/02/2012	16:00

Outcome for vulnerable adult	Community Care Assessment And Services
Notes	referred for CMHT assessment for additional support
Outcome for vulnerable adult	Vulnerable Adult Removed From Property Or Service
Notes	Mr. Temp taken to Crisis point for short term respite care
Outcome for vulnerable adult	Increased Monitoring
Notes	OPA booked with psychiatrist
Outcome for vulnerable adult	Other
Notes	Housing officer changed locks and ordered crisis clean of flat

Note use of sub-form multiple times – no limit on how many



Note use of sub-form multiple times – no limit on how many