### Safeguarding Adults Guidance

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### Search summary:

This document is supplementary to the Local Safeguarding Adult Board (SAB) procedures. All staff are expected to be familiar with the procedures for their Local Authority area.

This purpose of this guidance is to:

- Outline the statutory responsibilities of the organisation in relation to the Care Act 2014.
- Provide clarity for all staff on their duties and responsibilities when they have safeguarding concerns.
- Identify the governance arrangements that are in place within the trust to safeguard adults, including the training requirements of staff.
## VERSION CONTROL

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### Change History

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<td>1.0</td>
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Training requirements added to guidance                                        | Jan 2008|
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### Responsibility for distribution of this document

Head of MH Legislation & Safeguarding Adults
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Introduction
1.1 Oxleas NHS Foundation Trust is committed to safeguarding and promoting the welfare of adults at risk. To achieve this it is vital that all staff are aware of the risks some adults face and to know what to do if they believe an individual has been abused or is at risk of abuse.

1.2 The Care Act 2014 came into effect on 1 April 2015 and sections 42-46 outline the requirements in relation to Safeguarding. The Care Act 2014 defines safeguarding as protecting an adult’s right to live in safety, free from abuse and neglect.

1.3 Care and Support Statutory Guidance was published in October 2014 giving guidance on the practical implementation of the Care Act, and chapter 14 relates to safeguarding. This replaces the previous guidance on Safeguarding Adults ‘No Secrets’ 2000.

1.4 The London multi agency policy and procedures were published in February 2016 and set out a consistent approach to safeguarding adults adopted across the whole of London.

1.5 Adult Safeguarding duties apply to an adult who;

- Has needs for care and support (whether or not the local authority is meeting any of those needs)
- Is experiencing, or at risk of abuse and neglect
- As a result of their care and support needs, is unable to protect themselves from the risk or experience of abuse and neglect.

1.6 This document is supplementary to the Local Safeguarding Adult Board (SAB) procedures. All staff are expected to be familiar with the procedures for their Local Authority area. The links to the various SAB Safeguarding Adult Procedures can be found in appendix 1.

Purpose and Scope
2.1 This guidance applies to all employees of Oxleas NHS Foundation Trust, including bank, agency, locum and seconded staff, subcontractors and volunteers. Commissioned services are expected to comply with the requirements of the Care Act and Statutory Guidance. The exception to this is for staff working within prisons who are expected to work within Ministry of Justice policies and procedures in relation to safeguarding.

2.2 This purpose of this guidance is to:

- Outline the statutory responsibilities of the organisation in relation to the Care Act 2014.
- Provide clarity for all staff on their duties and responsibilities when they have safeguarding concerns.
- Identify the governance arrangements that are in place within the trust to safeguard adults, including the training requirements of staff.

Definitions of terms used
2.3 Abuse - The Care Act 2014 does not set out a specific definition of abuse. The Act’s statutory guidance lists ten types of abuse but states that local authorities should not limit their view of what constitutes abuse or neglect to those types or the different circumstances in which they can take place.
• **Advocacy** - Independent help and support with understanding issues and assistance in putting forward one’s own views, feelings and ideas.

• **Allegation** - An allegation is an assertion by the adult with care and support needs, or other person(s) that the adult with care and support needs is or has been a victim of abuse, and can include a statement regarding the alleged perpetrator.

• **Capacity** - The ability to take a decision about a particular matter at the time the decision needs to be made. Some people may lack capacity to take a particular decision (eg to consent to treatment) because they cannot understand, retain, use or weigh the information relevant to the decision. A legal definition of lack of capacity for people aged 16 or over is set out in section 2 of the Mental Capacity Act 2005.

• **Care Act Advocate** - The Care Act 2014 requires that a Local Authority must arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or SAR where the adult has ‘substantial difficulty’ in being involved in the process and where there is no other appropriate individual to help them.

• **Care Quality Commission** - The regulator established by the Health and Social Care Act 2008 of all providers of regulated health and social care. This includes care provided under the Mental Health Act 1983.

• **Carer** - A carer is someone who helps another person, usually a relative or friend, in their day-to-day life. This is not the same as someone who provides care professionally, or through a voluntary organisation.

• **Disclosure** - A disclosure occurs when the adult who has care and support needs says or implies that they are being, have been, or are at risk of being abused. Disclosure may be direct, or may take the form of odd hints or veiled comments.

• **Enquiry Officer** - An enquiry officer is responsible for undertaking actions under adult safeguarding. In some instances there is a lead Enquiry Officer supported by other staff also acting as enquiry officers, where there are complex issues or additional skills and expertise is required. The lead Enquiry Officer will retain responsibility for undertaking and co-ordinating actions under Section 42 enquiries.

• **Exploitation** - Exploitation can be seen as taking advantage of a person who has care and support needs in an unjust or unethical way for one’s own gain, to the detriment of that person. In other words, using someone’s own care and support needs as a fulcrum to obtain a personal benefit at the expense of the adult(s) with care and support needs. Exploitation is commonly financial, material or sexual.

• **Incident** - An occurrence or event that gives rise to a concern or allegation.

• **Indicators** - An indicator is a sign, symptom or behaviour that should alert the person noting / observing it, that the adult with care and support needs may have been, is or might be
• **Safeguarding Adults activities** - Are the steps taken to prevent, protect and investigate where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

(a) Has needs for care and support (whether or not the authority is meeting any of those needs),
(b) Is experiencing, or is at risk of, abuse or neglect, and
(c) As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it (DH The Care Act 2014 S42).

• **Safeguarding Adults manager (SAM)** - is the member of staff who manages, makes decisions, provides guidance and has oversight of safeguarding concerns that are referred to the Local Authority.

• **Serious Incident (SI)** - NHS organisations investigate all incidents in line with the organisation’s Policy and Guidance. Any incidents meeting the criteria to be raised as a Serious Incident will be investigated in line with National Guidance. Where the incident is deemed to meet the criteria for a Serious Incident and Adult Safeguarding, one investigation can be completed to inform both processes within the shortest and most appropriate time frame to meet the wishes of the person, keep them as safe as possible and ensure the learning from the circumstances.

**Roles and responsibilities**

4.1 All trust staff are required to deliver care to the people it serves within the legal framework of the Care Act 2014 and in accordance with the Care and Support Statutory Guidance.

4.2 The **Chief Executive** is responsible for leading and promoting the development of initiatives to improve the prevention, identification and response to abuse and neglect. They need assure themselves that their systems and practices are effective in recognising and preventing abuse and neglect.

4.3 The **Director of Nursing** is the responsible Executive Director for safeguarding and reports to the Trust Board in this area of responsibility.

4.4 The **Head of Mental Health Legislation & Safeguarding Adults** is responsible for:

- Writing, reviewing and updating this guidance and ensuring it is disseminated across the organisation.
- Attending and contributing to local Safeguarding Adults Board (SAB) meetings.
- Ensuring monitoring information is provided and contributing to SAB annual reports.
- Providing advice and co-ordination where allegations are made or concerns raised about a ‘person in a position of trust’

4.5 The **Safeguarding Adults Co-ordinator** has responsibility for:

- The management and oversight of individual complex cases
- Providing advice and guidance, liaising with other agencies as necessary
4.6 **Clinical Directors** are responsible for ensuring compliance with this policy within their directorates.

4.7 **Heads of Social Care** are responsible for supporting the delivery of the safeguarding adult work plan across all operational services in their allocated area(s) of responsibility, and for providing a single point of contact for specialist support, advice and signposting to staff and volunteers on safeguarding adults at risk.

4.8 The Head of Mental Health Legislation is responsible for alerting the Director of Nursing through the Trust’s Safeguarding Adults Committee to any legislative or procedural changes which affect the accuracy of this policy.

4.9 **Managers**

Managers have a duty to:

- Ensure policies and procedures relating to safeguarding are implemented as necessary;
- Ensure members of staff receive appropriate and adequate training in safeguarding adults;
- Work with individual members of staff to review their safeguarding competency and practice. Where indicated, they have a duty to support individual practice development through supervision, supplemented where appropriate by additional updating and/or further CPD learning.

4.10 **Employees**

All staff working for Oxleas NHS Foundation Trust have a duty to:

- Familiarise themselves with and follow this policy and associated procedures and guidelines;
- Comply with the minimum training and updating standards as set out in the Mandatory Training Policy.
- Where indicated, complete any additional learning and/or updating identified either to maintain and/or develop their safeguarding competence, or to develop safeguarding capacity in line with local service requirements.

4.11 **Regulated Professionals** - Staff governed by a professional regulatory body should understand how their professional standards and requirements underpin their role to prevent, recognise and
respond to abuse and neglect.

4.12 Human Resources (HR) Department - The HR department have a responsibility to ensure that the Trust Recruitment, Selection and Appointment of Staff policy and procedure is current and in line with national requirements and adheres to the principles of safer recruitment. For example:

- Safeguarding statements in job descriptions and adverts
- Seeking appropriate references (2 minimum, including most recent employer)
- Checking identification
- Checking professional qualifications
- Seeking appropriate DBS checks
- Checking employment history and accounting for anomalies

The HR department with have the responsibility to maintain a system for monitoring compliance of staff training in safeguarding adults outlined in the training needs analysis.

In addition the HR department is responsible for ensuring that any allegations of professional abuse are brought to the attention of the relevant safeguarding team (adult or children) in order that safeguarding processes can be managed alongside trust HR processes.

Safeguarding Principles

5.1 The government has established six principles that should underpin all adult safeguarding work and described the individual outcomes that should result:

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<th>Individual Outcome</th>
<th>How we achieve this</th>
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<tr>
<td>Empowerment</td>
<td>People being supported and encouraged to make their own decisions and informed consent.</td>
<td>We give individuals the right information about how to recognise abuse and what they can do to keep themselves safe.</td>
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<td>“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”</td>
<td>We give them clear and simple information about how to report abuse and crime and what support we can give.</td>
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<td></td>
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<td>We consult them before we take any action.</td>
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<td></td>
<td></td>
<td>Where someone lacks capacity to make a decision, we always act in his or her best interests.</td>
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<td>Prevention</td>
<td>It is better to take action before harm occurs</td>
<td>We train staff how to recognise signs and take action to prevent abuse occurring.</td>
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<td></td>
<td>“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”</td>
<td>In all our work, we consider how to make communities safer.</td>
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<td></td>
<td></td>
<td>We help the community to</td>
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<td><strong>Proportionality</strong></td>
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<td><strong>The least intrusive response appropriate to the risk presented.</strong></td>
<td><strong>We discuss with the individual and where appropriate, with partner agencies what to do where there is risk of significant harm before we take a decision.</strong></td>
<td><strong>Risk is an element of many situations and should be part of any wider assessment.</strong></td>
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<tr>
<td>“I am sure that the professionals will work for my interests as I see them and they will only get involved as much as needed.”</td>
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<td><strong>Support and representation to those in greatest need.</strong></td>
<td><strong>We have effective ways of assessing and managing risk.</strong></td>
<td><strong>Our local complaints and reporting arrangements for abuse and suspected criminal offences work well.</strong></td>
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<td>“I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want”</td>
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<td><strong>Local people understand how we work and how to contact us.</strong></td>
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<td><strong>We take responsibility for putting them in touch with the right person.</strong></td>
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<td><strong>Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.</strong></td>
<td><strong>We are good at sharing information locally.</strong></td>
<td><strong>We have multi-agency partnership arrangements in place and staffs understand how to use these.</strong></td>
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<td>“I know that staffs treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best results for me.”</td>
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<td><strong>We foster a “one team” approach that places the welfare of individuals before the needs of the system.</strong></td>
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<td><strong>Accountability and transparency in delivering safeguarding.</strong></td>
<td><strong>The roles of all agencies are clear, together with the lines of accountability.</strong></td>
<td><strong>All staff understand what is expected of them and others.</strong></td>
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<td>“I understand the role of everyone involved in my life and so do they.”</td>
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<td><strong>Agencies recognise their responsibilities to each other,</strong></td>
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5.2 It is important to remain focused on outcomes rather than just the process of safeguarding. The outcomes should be to:

- Promote well-being and prevent abuse and neglect from happening in the first place.
- Ensure the safety and wellbeing of anyone who has been subject to abuse or neglect.
- Take action against those responsible for abuse or neglect taking place.
- Learn lessons and make changes that could prevent similar abuse or neglect happening to other people (e.g. through learning and development programmes for staff).

5.3 Duties to empower people to make decisions and be in control of their care and treatment are underpinned by the Human Rights Act 1998, the Equality Act 2010 and the Mental Capacity Act 2005. It is important to remember that the duty of care involves taking reasonable steps to identify and reduce risk while respecting the person’s right to make choices and that person led safeguarding does not override the duty to protect others from harm (DH, 2011).

Identifying abuse and neglect

6.1 Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s well-being is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

6.2 Abuse can consist of a single or repeated act(s); it can be intentional or unintentional or result from a lack of knowledge. Abuse can be an act of neglect or an omission or a failure to act. Abuse can cause temporary harm or exist over a period of time and can occur in any relationship. Abuse can be perpetrated by anyone, individually or as part of a group or organisation. Importantly, abuse can often constitute a crime.

6.3 Abuse is NOT an accident and nor is an accident abuse. For example, if someone who is usually able to drink independently is handed a cup of tea, which they then spill resulting in red marks to the top of their legs, then this would be an accident. Whereas, if a person who is known not to be able to drink independently with an adapted cup is handed a cup of tea in a standard cup and is left to try to drink it independently but subsequently spills it and sustains a scald then this may constitute negligence.

6.4 Types of abuse include:
- **Physical** – including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions
- **Domestic abuse** - including psychological, physical, sexual, financial, emotional abuse and so called ‘honour’ based violence
- **Sexual** – including rape, sexual assault, sexual acts carried out without the consent of the individual or where the individual was pressured into consenting
- **Psychological** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation, or withdrawal from services or supportive networks
• **Financial or material** – including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits

• **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

• **Discriminatory abuse** – including racist, sexist, that based on a person’s impairment, and other forms of harassment, slurs, or similar treatment

• **Organisational** – can include any of the above. This may range from one off incidents to ongoing ill-treatment sometimes intentional, but often unintentional and resulting from a lack of knowledge. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation

• **Neglect and acts of omission** – includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, withholding of the necessities of life, such as medication, adequate nutrition and heating. (See also 5.6 below).

• **Self-neglect** – covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not always prompt a safeguarding enquiry; this will depend on the adult’s ability to protect themselves by controlling their own behaviour. There may come a point where they are no longer able to do this, without external support.

6.5 In addition to the types of abuse, there are also a range of related issues that may lead to abuse or neglect of an adult. These include:

• Radicalisation
• Forced marriage
• Female genital mutilation
• Adult sexual exploitation
• Hate Crime

Whilst there are specific pathways to manage these issues, where the person at risk meets the criteria for adult safeguarding, an safeguarding adult referral should always be considered. Advice on managing these complex cases should be sought from the Trust Safeguarding Teams.

6.6 Neglect can result in significant and preventable skin damage. When considering a safeguarding referral for skin damage the following should be taken into account to help inform the referrer if neglect/omission is suspected:

• Is the skin damage significant (Grade 3 or 4, or multiple sores)?
• Are there reasonable grounds to believe that the pressure sore/sores were preventable?
• Is there evidence to suggest that sufficient measures have not been taken to prevent the problem?
• Has an aspect of care been omitted and if that aspect of care had been in place, could the sores have been prevented?
• Is there evidence to suggest that an individual or care service did not do everything that is reasonably expected in the care of the individual of concern?

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If neglect/omission is suspected then a referral to safeguarding adults must be made.

Safeguarding Adults Procedures
7.1 The London multi agency safeguarding policies and procedures identify a four stage process for safeguarding adults procedures.

Safeguarding Adults: Raising a concern
8.1 An adult safeguarding concern is any worry about an adult who has or appears to have care and support needs; that they may be subject to, or may be at risk of, abuse and neglect and may be unable to protect themselves against this.

8.2 If abuse/harm is suspected the member of staff has a responsibility to first and foremost safeguard the adult at risk.

- Make an evaluation of the risk and take steps to ensure that the adult is in no immediate danger;
- Arrange any medical treatment. (Note that offences of a sexual nature will require expert advice from the police);
- If a crime is in progress or life is at risk, dial emergency services – 999;
- Encourage and support the adult to report the matter to the police if a crime is suspected and not an emergency situation;
- Contact the children and families department if a child or young person is also at risk;
- Take steps to preserve any physical evidence if a crime may have been committed, and preserve evidence through recording;
- Ensure that other people are not in danger;
- Inform your manager. This should be followed with a DATIX report being completed, accurately recording your concerns and including immediate actions taken to ensure the safety and well-being of the adult at risk.
- Record your actions on RiO ensuring the DATIX number is clearly identified within your entry.

8.3 The line manager should review the action taken above and;

- Clarify that the adult at risk is safe, that their views have been clearly sought and recorded and that they are aware what action will be taken;
- Address any gaps;
- Check that issues of consent and mental capacity have been addressed;
• In the event that a person’s wishes are being overridden, check that this is appropriate and that the adult understands why;
• Confirm the children and families department have been contacted if a child or young person is also at risk;
• If the person allegedly causing the harm is also an adult at risk, arrange appropriate care and support;
• Make sure action is taken to safeguard other people;
• Take any action in line with disciplinary procedures;
• In a criminal offence has occurred or may occur, contact the Police force where the crime has / may occur;
• Preserve forensic evidence and consider a referral to specialist services for example the Haven;
• Discuss with the trust Prevent lead if appropriate;
• Record the information received and all actions and decisions.

Safeguarding Adults: Pre-referral to the Local Authority

9.1 The line manager will usually lead on decision making. In the absence of this support, consultation with more senior staff or with the local authority safeguarding team should take place.

9.2 Staff should take action without the immediate authority of a line manager if this discussion would involve a delay in an apparently high risk situation.

9.3 If staff have previously raised the concern with their manager and they have not taken appropriate action then consultation with more senior staff would be appropriate.

9.4 When making a decision in relation to safeguarding, the views of the adults must be obtained. There may be some occasions when the adult at risk does not want to pursue a referral to the Local Authority.

9.5 If possible the adult at risk’s wishes should be respected and other ways of ensuring the adult’s safety explored. Where there is a potentially high risk situation, staff should be vigilant of possible coercion and the emotional or psychological impact that the abuse may have had on the adult.

9.6 Decision makers also need to take account of whether or not there is a public or vital interest to refer the concern to the Local Authority. Where there is a risk to other adults, children or young people or there is a public interest to take action because a criminal offence had occurred and the view is that it is a safeguarding matter, the wishes of the individual may be overridden. 
**Where the sharing of information to prevent harm is necessary, lack of consent to information sharing can also be overridden.**

9.7 In the event that people lack the capacity to provide consent, action should be taken in line with the Mental Capacity Act 2005.

Safeguarding Adults: Referral to the Local Authority

10.1 If a decision has been made to refer the safeguarding concerns to the Local Authority this must be done without delay, using the process outlined in APPENDIX I.
10.2 For Oxleas staff, the process of making a referral will depend on the location and type of service you are working in. Where there is an integrated mental health and social care team, local authority staff will be co-located and referrals can be dealt with within the team.

**Safeguarding Adults: Enquiry**

11.1 The Local Authority is responsible for assessing all referrals to decide if the criteria for an enquiry under section 42 of the Care Act 2014 are satisfied. Within Oxleas integrated community mental health teams this assessment may be undertaken by a social care member of staff who has undertaking the appropriate level of training.

11.2 The decision maker will identify who is the best person/organisation to lead on the enquiry.

11.3 A Safeguarding Adults Manager (SAM) will be appointed. The SAM will have oversight of the enquiry, decision making, action planning and data collection and is responsible for the quality assurance of the whole process.

11.4 In the majority of cases, unless it is unsafe to do so each enquiry will start with a conversation with the adult at risk. The adult should be aware at the end of the meeting, what action will be taken and provided with contact details for key people.

11.5 The objective of the initial enquiry discussion will be to:

- Establish the facts;
- Ascertaining the adult’s views and wishes and preferred outcomes;
- Assess the needs of the adult for protection, support and redress and how these might be met;
- Protect the person from the abuse and neglect, in accordance with the wishes of the adult where possible;
- Enable the adult to achieve resolution where possible.

11.6 Staff should support adults at risk to think in terms of realistic outcomes, but should not restrict or unduly influence the outcome that the adult would like.

11.7 The adult’s views, wishes and desired outcomes may change throughout the course of the enquiry process. There should be an on-going dialogue and conversation with the adult to ensure their views and wishes are gained as the process continues, and enquiries re-planned should the adult change their views.

<table>
<thead>
<tr>
<th>INITIAL ACTION AND DECISION MAKING UNDER SECTION 42</th>
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<tbody>
<tr>
<td><strong>Action</strong></td>
</tr>
<tr>
<td>- Establish the adult is safe</td>
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<tr>
<td>- Establish need for advocacy</td>
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<tr>
<td>- Establish consent and capacity to make relevant</td>
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<tr>
<td>decisions by understanding the management of risk,</td>
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<tr>
<td>what a safeguarding enquiry is, how they might</td>
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<tr>
<td>protect themselves</td>
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<tr>
<td>- Is the adult aware of the safeguarding concern and</td>
</tr>
<tr>
<td>do they perceive it as a concern and want</td>
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<tr>
<td>action/support</td>
</tr>
<tr>
<td>- Is there suspicion that a crime may have been</td>
</tr>
</tbody>
</table>
| Decisions | Who is best placed to speak with the adult at risk  
|          | Are there any reasons to delay speaking with the adult at risk  
|          | What the safeguarding enquiry might consist of  
|          | Whether to proceed without consent  
|          | What follow-up action may be needed  
|          | Whether actions so far have completed the enquiry |

### 11.8 Talking through an enquiry may result in resolving it, if not, the duties under section 42 continue.

If the adult has capacity and expresses a clear and informed wish not to pursue the matter further, the SAM should consider whether it is appropriate to end the enquiry.

### 11.9 Enquiries are proportionate to the particular situation. The circumstances of each individual case determine the scope and who leads it. Enquiries should be outcome focussed, and best suit the particular circumstances to achieve the outcomes for the adult.

### 11.10 When planning an enquiry, a review should be made of:

- The adult’s mental capacity to understand the type of enquiry, the outcomes and the effect on their safety now and in the future;
- Whether consent has been sought;
- Whether an advocate or other support is needed;
- The level and impact of risk of abuse and neglect;
- The adults’ desired outcome;
- The adults own strengths and support networks.

### 11.11 Enquiries can range from non-complex single agency interventions to multi-agency complex enquiries. Identifying the primary source of risk may assist in deciding what the most appropriate and proportionate response to the individual enquiry might be.

### 11.12 It is important to ensure that where there is more than one enquiry that information is dovetailed to avoid delays, interviewing staff more than once, making people repeat their story.

### 11.13 Other processes, including police investigations, can continue alongside the safeguarding adult’s enquiry.

### 11.14 Once all actions have been completed a report should be collated and drawn up by the Enquiry Officer. In some more complex enquiries, there may be a number of actions taken by other staff that support the enquiry. Where there are contributions from other agencies/staff, these should be forwarded within agreed formats and timeframes, so that there is one comprehensive report.
that includes all sources of information.

11.15 Reports need to be concise, factual and accurate. Reports should be drafted and discussed with the adult at risk/advocate. An example of a report template can be found at APPENDIX II.

11.16 Recommendations should be monitored and taken forward. Agencies are responsible for carrying out the recommendations which might be included in future safeguarding plans.

11.17 The report and recommendations of the enquiry should be discussed with the adult at risk and or their advocate, who may have a view about whether it has been completed to a satisfactory standard.

11.18 The SAM will review the report and decide if the enquiry is completed to a satisfactory standard.

11.19 Decisions should be made whether:

- The adult has needs for care and support
- They were experiencing or at risk of abuse or neglect
- They were unable to protect themselves
- Further action should be taken to protect the adult from abuse or neglect

These decisions are made by the SAM in consultation with the adult and other parties involved in the enquiry.

**Safeguarding Adults: Safeguarding plan and review**

12.1 The adult safeguarding plan will be developed from the recommendations made in the enquiry report. It will focus on care provision in relation to the aspects that safeguard against abuse or neglect.

12.2 The safeguarding plan should set out:

- What steps are to be taken to assure the future safety of the adult at risk;
- The provision of any support, treatment or therapy, including on-going advocacy;
- Any modifications needed in the way services are provided (e.g. same gender care or placement; appointment of an OPG deputy);
- How best to support the adult through any action they may want to take to seek justice or redress;
- Any on-going risk management strategy as appropriate.

12.3 The plan should outline the roles and responsibilities of all individuals and agencies involved, and should identify the lead professional who will monitor and review the plan, and when this will happen.

12.4 Safeguarding plans should be made with the full participation of the adult at risk. In some circumstances it may be appropriate for safeguarding plans to be monitored through ongoing care management responsibilities. In other situations a specific safeguarding review may be required.

**Safeguarding Adults: Closing the enquiry**
13.1 Safeguarding can be closed at any stage. Individuals should be advised on how and who to contact with agreement on how matters will be followed up with the adult at risk if there are further concerns.

13.2 Closure records should note the reason for this decision and the views of the adult at risk to the proposed closure. The SAM responsible should ensure that all actions have been taken, building in any personalised actions.

13.3 The adult safeguarding adults process may be closed but other processes may continue, for example, a disciplinary or professional body investigation. Consideration may need to be given to the impact of these on the adult and how this will be monitored. Where there are outstanding criminal investigations and pending court actions, the adult safeguarding process can also be closed providing that the adult is safeguarded.

Safeguarding Adults: Timescales
14.1 There are no definitive timescales for safeguarding adults processes. It is the responsibility of the SAM to ensure that drift does not prevent timely action and place people at further risk.

14.2 Divergence from indicative timescales may be justified where:

- Adherence to the agreed timescales would jeopardise achieving the outcome that the adult at risk wants;
- It would not be in the best interests of the adult at risk;
- Significant changes in risk are identified that need to be addressed;
- Supported decision making may require an appropriate resource not immediately available;
- Persons’ physical, mental and/or emotional wellbeing may be temporarily compromised.

<table>
<thead>
<tr>
<th>INDICATIVE TIMESCALES</th>
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<tr>
<td><strong>Stage one: Concerns</strong></td>
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<td><strong>Stage two: Enquiries</strong></td>
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<td><strong>Stage three: Safeguarding Plan &amp; Review</strong></td>
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<tr>
<td><strong>Stage four: Closing the Enquiry</strong></td>
</tr>
<tr>
<td>Closing the enquiry</td>
</tr>
</tbody>
</table>

Managing allegations against staff
15.1 All suspicions and allegations of abuse by staff (employed, contracted, temporary, honorary or volunteer staff) must be treated with the utmost seriousness.
15.2 Where an allegation of abuse involves a trust staff member, this should be raised as a matter of urgency to the staff member’s manager.

15.3 The manager should obtain the written record of the allegation and approve and date this. The manager will record any other information i.e. names of any witnesses etc and any discussions had on the matter.

15.4 The Team/Department Manager will notify;

- The Service Manager
- The HR Director, or their deputy

15.5 There will be a discussion between the Director of HR/ professional lead and/or head of service and service manager regarding whether the member of staff will remain at work.

15.6 Other processes, including police and safeguarding investigations can continue alongside any disciplinary processes which may be instituted.

**Safeguarding training requirements**

16.1 The trust is committed to ensuring that staff are appropriately trained, in line with the Intercollegiate Guidance on roles and responsibilities for adult safeguarding.

16.2 Staff will comply with the minimum training and updating standards as set out in the Mandatory Training Policy.

16.3 Individual competence development or learning needs identified locally should be addressed through line management support and supervision, supplemented where appropriate by additional updating and/or further CPD learning.

16.4 More specialist additional training will be provided by Local Authority partners for specific roles such as Safeguarding Adults Managers.

**Monitoring statement**

17.1 The Trust will monitor compliance with this document via the Safeguarding Adults Committee which reports to the Patient Safety Group.

17.2 The Committee will oversee implementation of:

- The safeguarding adults strategy,
- The safeguarding adults audit programme,
- Safeguarding adults training,
- Safeguarding Adults Reviews,
- Safeguarding adults risk register.

Other audits which have implications for safeguarding adults will be received by the Safeguarding Adults Committee.

17.3 Safeguarding adults activity will be reported to Clinical Commissioning Groups on a quarterly basis using an agreed dashboard.
Other relevant policies, procedures and guidelines

- Prevent Guidance for staff
- Mental capacity Act 2005 policy
- Deprivation of Liberty Safeguards policy
- Domestic Violence policy and procedures
- Safeguarding Children policies and procedures
- Disciplinary policy, procedure and rules
- Mandatory training policy

References

- Care Act 2014
- Care Act Statutory Guidance
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- London multi-agency adult safeguarding policy and procedures
- Intercollegiate Guidance on roles and responsibilities for safeguarding adults
Appendix I

Service specific flowcharts for safeguarding adults referrals
1. **Raising a concern**
   - Manage immediate safety issues, contact emergency services if necessary
   - Record details of incident or concerns in RiO progress notes and inform line manager. Complete Datix.
   - Make contact with, or visit the person at risk within 24 hours
   - Agree decision to investigate with Team Safeguarding Adults Manager (SAM)
   - Complete Safeguarding Adults Part 1 form and upload to RiO ‘Clinical Documentation’
   - Email or fax a copy of SGA Part 1 form to SA Coordinator at Bexley LA copy to trust SA team
   - Email address: safeguardingadults@bexley.gov.uk  Fax 02030453889
   - Email address: AdultSafeguarding@oxleas.nhs.uk

2. **Enquiry**
   - Strategy discussions or meetings with Team SAM and other relevant professional to agree the process of investigation and who will be Enquiry Office (EO). Record outcome in RiO Progress Notes
   - Obtain further information from person at risk, other professional agencies and if appropriate the alleged perpetrator as part of the assessment and investigation.
   - Highlight any risk factors and update the risk assessment RiO
   - Highlight Person Centred Safeguarding and what the person at risk desired outcomes are
   - EO and SAM complete SGA Part 2 form and upload to RiO ‘Clinical Documentation’ using the documents type ‘Safeguarding’
   - Email or fax a copy of SGA Part 2 form to SA coordinator at Bexley LA copy to trust SA team
   - Email address: safeguardingadults@bexley.gov.uk  Fax 02030453889
   - Email address: AdultSafeguarding@oxleas.nhs.uk

3. **Case Conference and Safeguarding Plan**
   - All agencies and person at risk jointly develop a safeguarding plan to ensure the long term safety of the person at risk.
   - Keep in mind Person Centred safeguarding at all times.
   - Update the risk assessment on RiO
   - Discuss the outcome of the case with person at risk, referrer and any other relevant agencies
   - Complete SGA Part 3 form and upload to RiO ‘Clinical Documentation’ using the documents type ‘Safeguarding’
   - Email or fax a copy of SGA3 form to SA Coordinator at Bexley LA copy to trust SA team
   - Email safeguardingadults@bexley.gov.uk  Fax 02030453889
   - Email address: AdultSafeguarding@oxleas.nhs.uk

4. **Review**
   - Review Safeguarding Plan in order to ensure that any actions and recommendations have been followed and are working. This can be undertaken as part of a CPA review.
   - Safeguarding review form can be used and uploaded to RiO under ‘Clinical Documentation’ using the documents type ‘Safeguarding’
   - Email or fax a copy of SGA review form to SA Coordinator copy to trust SA team
   - Email safeguardingadults@bexley.gov.uk  Fax 02030453889
   - Email address: AdultSafeguarding@oxleas.nhs.uk

Close
1. **Raising a concern**
- Manage immediate safety issues, contact emergency services if necessary
- Record details of incident or concerns in RiO progress notes and inform line manager. Complete Datix.
- Make contact with, or visit the person at risk within 24 hours
- Complete Safeguarding Adults Concerns form and upload to RiO ‘Clinical Documentation’
- Email or fax a copy of SGA Concerns form to Bexley LA copy to trust SA team
- Email address: screeners@bexley.gov.uk Fax 0203 045 5457
- Email address: AdultSafeguarding@oxleas.nhs.uk

**48 hours**

2. **Enquiry**
- Strategy discussions or meetings with Local Authority SAM and other relevant professional to agree the process of investigation and who will be Enquiry Officer (EO). Record outcome in RiO Progress Notes
- Obtain further information from person at risk, other professional agencies and if appropriate the alleged perpetrator as part of the assessment and investigation.
- Highlight any risk factors and update the risk assessment RiO
- Highlight Person Centred Safeguarding and what the person at risk desired outcomes are
- EO completes SGA Part 2 form and upload to RiO ‘Clinical Documentation’ using the documents type ‘Safeguarding’
- Email or fax a copy of SGA Part 2 form to SAM at Bexley LA copy to trust SA team
- Email address: AdultSafeguarding@oxleas.nhs.uk

**5 Days**

3. **Case Conference and Safeguarding Plan**
- All agencies and person at risk jointly develop a safeguarding plan to ensure the long term safety of the person at risk.
- Keep in mind Person Centred safeguarding at all times.
- Update the risk assessment on RiO
- Discuss the outcome of the case with person at risk, referrer and any other relevant agencies
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- Email or fax a copy of SGA3 form to SAM at Bexley LA copy to trust SA team
- Email address: AdultSafeguarding@oxleas.nhs.uk

**4 Weeks**

4. **Review**
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- Email or fax a copy of SGA review form to SAM at Bexley LA copy to trust SA team
- Email address: AdultSafeguarding@oxleas.nhs.uk

Close
Bromley Adult Mental Health Services

1. Raising a concern
- Manage immediate safety issues, contact emergency services if necessary
- Record details of incident or concerns in RiO progress notes and inform line manager. Complete Datix.
- Make contact with, or visit the person at risk within 24 hours
- Agree decision to investigate with Team Safeguarding Adults Manager (SAM)
- Complete Safeguarding Adults Part 1 form and upload to RiO ‘Clinical Documentation’
- Email a copy of SGA Part 1 form to SA Coordinator at Bromley LA copy to trust SA team
  - Email address: adult.early.intervention@bromley.gov.uk
  - Email address: AdultSafeguarding@oxleas.nhs.uk

48 hours

2. Enquiry
- Strategy discussions or meetings with Team SAM and other relevant professional to agree the process of investigation and who will be Enquiry Officer (EO). Record outcome in RiO Progress Notes
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- Highlight any risk factors and update the risk assessment RiO
- Highlight Person Centred Safeguarding and what the person at risk desired outcomes are
- EO and SAM complete SGA Part 2 form and upload to RiO ‘Clinical Documentation’ using the documents type ‘Safeguarding’
- Email or fax a copy of SGA Part 2 form to SA coordinator at Bromley LA copy to trust SA team
  - Email address: adult.early.intervention@bromley.gov.uk
  - Email address: AdultSafeguarding@oxleas.nhs.uk

5 Days

3. Case Conference and Safeguarding Plan
- All agencies and person at risk jointly develop a safeguarding plan to ensure the long term safety of the person at risk.
- Keep in mind Person Centred safeguarding at all times.
- Update the risk assessment on RiO
- Discuss the outcome of the case with person at risk, referrer and any other relevant agencies
- Complete SGA Part 3 form and upload to RiO ‘Clinical Documentation’ using the documents type ‘Safeguarding’
- Email or fax a copy of SGA3 form to SA Coordinator at Bromley LA copy to trust SA team
  - Email: adult.early.intervention@bromley.gov.uk
  - Email address: AdultSafeguarding@oxleas.nhs.uk

4 Weeks

4. Review
- Review Safeguarding Plan in order to ensure that any actions and recommendations have been followed and are working. This can be undertaken as part of a CPA review.
- Safeguarding review form can be used and uploaded to Rio under ‘Clinical Documentation’ using the documents type ‘Safeguarding’
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  - Email: adult.early.intervention@bromley.gov.uk
  - Email address: AdultSafeguarding@oxleas.nhs.uk

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   - Complete Safeguarding Adults Part 1 form and upload to RiO ‘Clinical Documentation’
   - Email a copy of SGA Part 1 form to SA Coordinator at Bromley LA copy to trust SA team
   - Email address: adult.early.intervention@bromley.gov.uk
   - Email address: AdultSafeguarding@oxleas.nhs.uk

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   - Obtain further information from person at risk, other professional agencies and if appropriate the alleged perpetrator as part of the assessment and investigation.
   - Highlight any risk factors and update the risk assessment RiO
   - Highlight **Person Centred Safeguarding** and what the person at risk desired outcomes are
   - EO and SAM complete SGA Part 2 form and upload to RiO ‘Clinical Documentation’ using the documents type ‘Safeguarding’
   - Email or fax a copy of SGA Part 2 form to SA coordinator at Bromley LA copy to trust SA team
   - Email address: adult.early.intervention@bromley.gov.uk
   - Email address: AdultSafeguarding@oxleas.nhs.uk

3. **Case Conference and Safeguarding Plan**
   - All agencies and person at risk jointly develop a safeguarding plan to ensure the long term safety of the person at risk.
   - Keep in mind **Person Centred safeguarding** at all times.
   - Update the risk assessment on RiO
   - Discuss the outcome of the case with person at risk, referrer and any other relevant agencies
   - Complete SGA Part 3 form and upload to RiO ‘Clinical Documentation’ using the documents type ‘Safeguarding’
   - Email or fax a copy of SGA3 form to SA Coordinator at Bromley LA copy to trust SA team
   - Email adult.early.intervention@bromley.gov.uk
   - Email address: AdultSafeguarding@oxleas.nhs.uk

4. **Review**
   - Review Safeguarding Plan in order to ensure that any actions and recommendations have been followed and are working. This can be undertaken as part of a CPA review.
   - Safeguarding review form can be used and uploaded to Rio under ‘Clinical Documentation’ using the documents type ‘Safeguarding’
   - Email or fax a copy of SGA review form to SA Coordinator copy to trust SA team
   - Email adult.early.intervention@bromley.gov.uk
   - Email address: AdultSafeguarding@oxleas.nhs.uk

**Close**
Bromley Adult Learning Disability Services

**Raising a concern**
- Manage immediate safety issues, contact emergency services if necessary
- Record details of incident or concerns in RiO progress notes and inform line manager. Complete Datix.
- Make contact with, or visit the person at risk within 24 hours
- Telephone referral to Initial response 020 8461 7777
- Inform trust safeguarding adults team via email address: AdultSafeguarding@oxleas.nhs.uk

**2. Enquiry**
- Strategy discussions or meetings with Local Authority SAM and other relevant professional to agree the process of investigation and who will be Enquiry Officer (EO). Record outcome in RiO Progress Notes
- Obtain further information from person at risk, other professional agencies and if appropriate the alleged perpetrator as part of the assessment and investigation.
- Highlight any risk factors and update the risk assessment RiO
- Highlight Person Centred Safeguarding and what the person at risk desired outcomes are
- EO completes SGA Part 2 form and upload to RiO ‘Clinical Documentation’ using the documents type ‘Safeguarding’
- Email or fax a copy of SGA Part 2 form to SAM at Bromley LA copy to trust SA team
- Email address: AdultSafeguarding@oxleas.nhs.uk

**3. Case Conference and Safeguarding Plan**
- All agencies and person at risk jointly develop a safeguarding plan to ensure the long term safety of the person at risk.
- Keep in mind Person Centred safeguarding at all times.
- Update the risk assessment on RiO
- Discuss the outcome of the case with person at risk, referrer and any other relevant agencies
- Complete SGA Part 3 form and upload to RiO ‘Clinical Documentation’ using the documents type ‘Safeguarding’
- Email or fax a copy of SGA3 form to SAM at Bromley LA copy to trust SA team
- Email address: AdultSafeguarding@oxleas.nhs.uk

**4. Review**
- Review Safeguarding Plan in order to ensure that any actions and recommendations have been followed and are working. This can be undertaken as part of a CPA review.
- Safeguarding review form can be used and uploaded to Rio under ‘Clinical Documentation’ using the documents type ‘Safeguarding’
- Email or fax a copy of SGA review form to SAM at Bromley LA copy to trust SA team
- Email address: AdultSafeguarding@oxleas.nhs.uk

Close
1. **Raising a concern**
- Manage immediate safety issues, contact emergency services if necessary
- Record details of incident or concerns in RiO progress notes and inform line manager. Complete Datix.
- Make contact with, or visit the person at risk within 24 hours
- Agree decision to investigate with Team Safeguarding Adults Manager (SAM)
- Complete Safeguarding Adults Part 1 form and upload to RiO ‘Clinical Documentation’
- Email a copy of SGA Part 1 form to SA Coordinator at Greenwich LA copy to trust SA team
- Email address: adultsafeguarding@royalgreenwich.gov.uk Fax 020 8921 3112
- Email address: AdultSafeguarding@oxleas.nhs.uk

1. **Enquiry**
- Strategy discussions or meetings with Team SAM and other relevant professional to agree the process of investigation and who will be Enquiry Officer (EO). Record outcome in RiO Progress Notes
- Obtain further information from person at risk, other professional agencies and if appropriate the alleged perpetrator as part of the assessment and investigation.
- Highlight any risk factors and update the risk assessment RiO
- Highlight **Person Centred Safeguarding** and what the person at risk desired outcomes are
- EO and SAM complete SGA Part 2 form and upload to RiO ‘Clinical Documentation’ using the documents type ‘Safeguarding’
- Email or fax a copy of SGA Part 2 form to SA Coordinator at Greenwich LA copy to trust SA team
- Email address: adultsafeguarding@royalgreenwich.gov.uk Fax 020 8921 3112
- Email address: AdultSafeguarding@oxleas.nhs.uk

3. **Case Conference and Safeguarding Plan**
- All agencies and person at risk jointly develop a safeguarding plan to ensure the long term safety of the person at risk.
- Keep in mind **Person Centred safeguarding** at all times.
- Update the risk assessment on RiO
- Discuss the outcome of the case with person at risk, referrer and any other relevant agencies
- Complete SGA Part 3 form and upload to RiO ‘Clinical Documentation’ using the documents type ‘Safeguarding’
- Email or fax a copy of SGA3 form to SA Coordinator at Greenwich LA copy to trust SA team
- Email: adultsafeguarding@royalgreenwich.gov.uk Fax 020 8921 3112
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4. **Review**
- Review Safeguarding Plan in order to ensure that any actions and recommendations have been followed and are working. This can be undertaken as part of a CPA review.
- Safeguarding review form can be used and uploaded to RiO under ‘Clinical Documentation’ using the documents type ‘Safeguarding’
- Email or fax a copy of SGA review form to SA Coordinator copy to trust SA team
- Email adultsafeguarding@royalgreenwich.gov.uk Fax 020 8921 3112
- Email address: AdultSafeguarding@oxleas.nhs.uk

Close
Greenwich Older Peoples Mental Health Services

1. Raising a concern
- Manage immediate safety issues, contact emergency services if necessary
- Record details of incident or concerns in RiO progress notes and inform line manager. Complete Datix.
- Make contact with, or visit the person at risk within 24 hours
- Agree decision to investigate with Team Safeguarding Adults Manager (SAM)
- Complete Safeguarding Adults Part 1 form and upload to RiO ‘Clinical Documentation’
- Email a copy of SGA Part 1 form to SA Coordinator at Greenwich LA copy to trust SA team
- Email address: adultsafeguarding@royalgreenwich.gov.uk Fax 020 8921 3112
- Email address: AdultSafeguarding@oxleas.nhs.uk

2. Enquiry
- Strategy discussions or meetings with Team SAM and other relevant professional to agree the process of investigation and who will be Enquiry Officer (EO). Record outcome in RiO Progress Notes
- Obtain further information from person at risk, other professional agencies and if appropriate the alleged perpetrator as part of the assessment and investigation.
- Highlight any risk factors and update the risk assessment RiO
- Highlight Person Centred Safeguarding and what the person at risk desired outcomes are
- EO and SAM complete SGA Part 2 form and upload to RiO ‘Clinical Documentation’ using the documents type ‘Safeguarding’
- Email or fax a copy of SGA Part 2 form to SA coordinator at Greenwich LA copy to trust SA team
- Email address: adultsafeguarding@royalgreenwich.gov.uk Fax 020 8921 3112
- Email address: AdultSafeguarding@oxleas.nhs.uk

3. Case Conference and Safeguarding Plan
- All agencies and person at risk jointly develop a safeguarding plan to ensure the long term safety of the person at risk.
- Keep in mind Person Centred safeguarding at all times.
- Update the risk assessment on RiO
- Discuss the outcome of the case with person at risk, referrer and any other relevant agencies
- Complete SGA Part 3 form and upload to RiO ‘Clinical Documentation’ using the documents type ‘Safeguarding’
- Email or fax a copy of SGA3 form to SA Coordinator at Greenwich LA copy to trust SA team
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- Email or fax a copy of SGA review form to SA Coordinator copy to trust SA team
- Email adultsafeguarding@royalgreenwich.gov.uk Fax 020 8921 3112
- Email address: AdultSafeguarding@oxleas.nhs.uk

Close
Greenwich Adult Learning Disability Services

1. **Raising a concern**
   - Manage immediate safety issues, contact emergency services if necessary
   - Record details of incident or concerns in RiO progress notes and inform line manager. Complete Datix.
   - Make contact with, or visit the person at risk within 24 hours
   - Agree decision to investigate with Team Safeguarding Adults Manager (SAM)
   - Complete Safeguarding Adults Part 1 form and upload to RiO ‘Clinical Documentation’
   - Email a copy of SGA Part 1 form to SA Coordinator at Greenwich LA copy to trust SA team
   - Email address: adultsafeguarding@royalgreenwich.gov.uk Fax 020 8921 3112
   - Email address: AdultSafeguarding@oxleas.nhs.uk

   **48 hours**

2. **Enquiry**
   - Strategy discussions or meetings with Team SAM and other relevant professional to agree the process of investigation and who will be Enquiry Officer (EO). Record outcome in RiO Progress Notes
   - Obtain further information from person at risk, other professional agencies and if appropriate the alleged perpetrator as part of the assessment and investigation.
   - Highlight any risk factors and update the risk assessment RiO
   - Highlight **Person Centred Safeguarding** and what the person at risk desired outcomes are
   - EO and SAM complete SGA Part 2 form and upload to RiO ‘Clinical Documentation’ using the documents type ‘Safeguarding’
   - Email or fax a copy of SGA Part 2 form to SA coordinator at Greenwich LA copy to trust SA team
   - Email address: adultsafeguarding@royalgreenwich.gov.uk Fax 020 8921 3112
   - Email address: AdultSafeguarding@oxleas.nhs.uk

   **5 Days**

3. **Case Conference and Safeguarding Plan**
   - All agencies and person at risk jointly develop a safeguarding plan to ensure the long term safety of the person at risk.
   - Keep in mind **Person Centred safeguarding** at all times.
   - Update the risk assessment on RiO
   - Discuss the outcome of the case with person at risk, referrer and any other relevant agencies
   - Complete SGA Part 3 form and upload to RiO ‘Clinical Documentation’ using the documents type ‘Safeguarding’
   - Email or fax a copy of SGA3 form to SA Coordinator at Greenwich LA copy to trust SA team
   - Email: adultsafeguarding@royalgreenwich.gov.uk Fax 020 8921 3112
   - Email address: AdultSafeguarding@oxleas.nhs.uk

   **4 Weeks**

4. **Review**
   - Review Safeguarding Plan in order to ensure that any actions and recommendations have been followed and are working. This can be undertaken as part of a CPA review.
   - Safeguarding review form can be used and uploaded to RiO under ‘Clinical Documentation’ using the documents type ‘Safeguarding’
   - Email or fax a copy of SGA review form to SA Coordinator copy to trust SA team
   - Email adultsafeguarding@royalgreenwich.gov.uk Fax 020 8921 3112
   - Email address: AdultSafeguarding@oxleas.nhs.uk

**Close**
1. **Raising a concern**
- Manage immediate safety issues, contact emergency services if necessary
- Record details of incident or concerns in RiO progress notes and inform line manager. Complete Datix.
- Make contact with, or visit the person at risk within 24 hours
- Complete Safeguarding Adults Concerns form and upload to RiO ‘Clinical Documentation’
- Email or fax a copy of SGA Concerns form to Greenwich LA copy to trust SA team
- Email address: adultsafeguarding@royalgreenwich.gov.uk
- Email address: AdultSafeguarding@oxleas.nhs.uk

**48 hours**

2. **Enquiry**
- Strategy discussions or meetings with Local Authority SAM and other relevant professional to agree the process of investigation and who will be Enquiry Officer (EO). Record outcome in RiO Progress Notes
- Obtain further information from person at risk, other professional agencies and if appropriate the alleged perpetrator as part of the assessment and investigation.
- Highlight any risk factors and update the risk assessment RiO
- Highlight Person Centred Safeguarding and what the person at risk desired outcomes are
- EO completes SGA Part 2 form and upload to RiO ‘Clinical Documentation’ using the documents type ‘Safeguarding’
- Email or fax a copy of SGA Part 2 form to SAM at Greenwich LA copy to trust SA team
- Email address: AdultSafeguarding@oxleas.nhs.uk

**5 Days**

3. **Case Conference and Safeguarding Plan**
- All agencies and person at risk jointly develop a safeguarding plan to ensure the long term safety of the person at risk.
- Keep in mind Person Centred safeguarding at all times.
- Update the risk assessment on RiO
- Discuss the outcome of the case with person at risk, referrer and any other relevant agencies
- Complete SGA Part 3 form and upload to RiO ‘Clinical Documentation’ using the documents type ‘Safeguarding’
- Email or fax a copy of SGA3 form to SAM at Greenwich LA copy to trust SA team
- Email address: AdultSafeguarding@oxleas.nhs.uk

**4 Weeks**

4. **Review**
- Review Safeguarding Plan in order to ensure that any actions and recommendations have been followed and are working. This can be undertaken as part of a CPA review.
- Safeguarding review form can be used and uploaded to Rio under ‘Clinical Documentation’ using the documents type ‘Safeguarding’
- Email or fax a copy of SGA review form to SAM at Greenwich LA copy to trust SA team
- Email address: AdultSafeguarding@oxleas.nhs.uk

**Close**
Bracton Centre Forensic Mental Health Services

Assess potential risk to adult
DELAY COULD BE HARMFUL

Physical Injury
Serious or Life Threatening
CALL 999 AND INFORM
DUTY DOCTOR

Physical Injury
No Immediate Danger

Neglect, Financial
Abuse, Emotional
Abuse, Sexual Abuse

SEEK ADVICE

ENSURE patient is safe and supported
LISTEN to concerns from patient and how they wish them to be acted on
CLARIFY facts, do not discuss with alleged perpetrator, and secure evidence that may be needed for investigation
EXPLAIN you will inform Ward Manager and Ward Social Worker to safeguard patient and feedback plan to them

Report to police if a suspected crime committed

Consider capacity issues at all stages

Inform line manager if concerning a staff member

INFORM Ward Manager, Ward Social Worker and Responsible Clinician
RECORD on Rio
REPORT as per Oxleas Incident Management Policy and Procedure

Refer to Bracton Safeguarding Adults Policy and Procedures on G-drive

MEETS CRITERIA FOR ALERT

Complete and email Kent Safeguarding Alert form by secure email. Ensure it is received and agree immediate safeguarding plan. Inform patient and record on Rio.

Ward Social Worker or Ward Manager to liaise with Kent Safeguarding Team and follow borough procedure. Review the

DOES NOT MEET CRITERIA FOR ALERT

Inform Patient and Record Decision

USEFUL CONTACTS
Ward Manager/Ward Social Worker
Senior Social Worker Alison Barnes ex. 7693
Oxleas Safeguarding Adults Team: 01322 625009
Assess potential risk to adult
DELAY COULD BE HARMFUL

Physical Injury
Serious or Life Threatening
CALL 999 AND INFORM DUTY DOCTOR

Physical Injury
No Immediate Danger

Neglect, Financial Abuse, Emotional Abuse, Sexual Abuse

SEEK ADVICE

ENSURE patient is safe and supported
LISTEN to concerns from patient and how they wish them to be acted on
CLARIFY facts, do not discuss with alleged perpetrator, and secure evidence that may be needed for investigation
EXPLAIN you will inform Ward Manager and Ward Social Worker to safeguard patient and feedback plan to them

Report to police if a suspected crime committed
Consider capacity issues at all stages
Inform line manager if concerning a staff member

INFORM Ward Manager, Ward Social Worker and Responsible Clinician
RECORD on Rio
REPORT as per Oxleas Incident Management Policy and Procedure

Refer to Bracton Safeguarding Adults Policy and Procedures on G-drive

MEETS CRITERIA FOR ALERT

Complete and email Kent Safeguarding Alert form by secure email. Ensure it is received and agree immediate safeguarding plan. Inform patient and record on Rio.

Ward Social Worker or Ward Manager to liaise with Kent Safeguarding Team and follow borough procedure. Review the

DOES NOT MEET CRITERIA FOR ALERT

Inform Patient and Record Decision

USEFUL CONTACTS
Ward Manager/Ward Social Worker
Senior Social Worker Alison Barnes ex. 7693
Oxleas Safeguarding Adults Team: 01322 625009
Appendix II – Enquiry report template

**Safeguarding Adults Enquiry Report**

Confidential

**Name of Adult at Risk:**

**Name of Enquiry Officer:**

**Job title of Enquiry Officer:**

**Date of Case Conference:**

### Details of alleged abuse

Please identify and reference category of abuse (see Safeguarding Adults Policy & Procedure AG29).

### Description of enquiry process

Description of interviews & documents and reports referred to. Please indicate any difficulties encountered in the enquiry. (Please refer to any appendices).

### Timeline of events

Covering period from _to_ :

<table>
<thead>
<tr>
<th>Date (DD/MM/YYYY)</th>
<th>Event</th>
<th>Evidenced</th>
<th>Service/Team/Ward</th>
<th>Persons involved</th>
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### What are the views of the Adult at risk?

Include information about the person’s quality of life (from their perspective)? Their views about the safeguarding process? and what outcomes or changes would like from the safeguarding process?.

### Are there any concerns about the mental capacity of the Adult at risk?

If so, please make state how mental capacity was assessed. Make reference to the Mental Capacity act 2005 Code of Practice.
| **Brief background details about the Adult at risk**  
A brief personal profile covering relevant social and family history, and health issues etc. |
|---|
| **Outline of any previous safeguarding issues**  
Including whether they were investigated, by whom, and what the outcome was. |
| **Relevant information about the Person alleged to have caused harm**  
Include: vulnerability & mental capacity of person alleged to have caused harm; relationship to Adult at risk; whether they have caused harm before; whether the harm was malicious or with intent, whether they have expressed any opinion about the harm caused etc. |
| **Summary of Evidence**  
Evaluation of the seriousness of the alleged abuse i.e. *Intent, *risk including (actual and potential) as a result of abuse, *risk (actual and potential) to other people, *likelihood of further abuse, *view/opinions of professionals involved, *views as to whether alleged abuse is “one off” incident or ongoing. |
| **Recommendations regarding future action**  
Include recommendations for protection plan & whether changes are needed to improve practice. |
| **Signed Enquiry Officer(s)**  
Date |
| **Signed Safeguarding Adults Manager**  
Date |
Bromley Adult Mental Health Services

1. **Raising a concern**
   - Manage immediate safety issues, contact emergency services if necessary
   - Record details of incident or concerns in RiO progress notes and inform line manager. Complete Datix.
   - Make contact with, or visit the person at risk within 24 hours
   - **Agree decision to investigate with Team Safeguarding Adults Manager (SAM)**
   - Complete Safeguarding Adults Part 1 form and upload to RiO ‘Clinical Documentation’
   - Email a copy of SGA Part 1 form to SA Coordinator at Bromley LA copy to trust SA team
   - Email address: adult.early.intervention@bromley.gov.uk
   - Email address: AdultSafeguarding@oxleas.nhs.uk

2. **Enquiry**
   - Strategy discussions or meetings with Team SAM and other relevant professional to agree the process of investigation and who will be Enquiry Officer (EO). Record outcome in RiO Progress Notes
   - Obtain further information from person at risk, other professional agencies and if appropriate the alleged perpetrator as part of the assessment and investigation.
   - Highlight any risk factors and update the risk assessment RiO
   - Highlight **Person Centred Safeguarding** and what the person at risk desired outcomes are
   - EO and SAM complete SGA Part 2 form and upload to RiO ‘Clinical Documentation’ using the documents type ‘Safeguarding’
   - Email or fax a copy of SGA Part 2 form to SA coordinator at Bromley LA copy to trust SA team
   - Email address: adult.early.intervention@bromley.gov.uk
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3. **Case Conference and Safeguarding Plan**
   - All agencies and person at risk jointly develop a safeguarding plan to ensure the long term safety of the person at risk.
   - Keep in mind **Person Centred safeguarding** at all times.
   - Update the risk assessment on RiO
   - Discuss the outcome of the case with person at risk, referrer and any other relevant agencies
   - Complete SGA Part 3 form and upload to RiO ‘Clinical Documentation’ using the documents type ‘Safeguarding’
   - Email or fax a copy of SGA3 form to SA Coordinator at Bromley LA copy to trust SA team
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   - Email address: AdultSafeguarding@oxleas.nhs.uk

4. **Review**
   - Review Safeguarding Plan in order to ensure that any actions and recommendations have been followed and are working. This can be undertaken as part of a CPA review.
   - Safeguarding review form can be used and uploaded to Rio under ‘Clinical Documentation’ using the documents type ‘Safeguarding’
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Close
1. **Raising a concern**
- Manage immediate safety issues, contact emergency services if necessary
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- Make contact with, or visit the person at risk within 24 hours
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- Email address: [adult.early.intervention@bromley.gov.uk](mailto:adult.early.intervention@bromley.gov.uk)
- Email address: [AdultSafeguarding@oxleas.nhs.uk](mailto:AdultSafeguarding@oxleas.nhs.uk)

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- All agencies and person at risk jointly develop a safeguarding plan to ensure the long term safety of the person at risk.
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- Update the risk assessment on RiO
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- Email [adult.early.intervention@bromley.gov.uk](mailto:adult.early.intervention@bromley.gov.uk)
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- Email address: [AdultSafeguarding@oxleas.nhs.uk](mailto:AdultSafeguarding@oxleas.nhs.uk)

Close
Bromley Adult Learning Disability Services

Raising a concern
- Manage immediate safety issues, contact emergency services if necessary
- Record details of incident or concerns in RiO progress notes and inform line manager. Complete Datix.
- Make contact with, or visit the person at risk within 24 hours
- Telephone referral to Initial response 020 8461 7777
- Inform trust safeguarding adults team via email address: AdultSafeguarding@oxleas.nhs.uk

2. Enquiry
- Strategy discussions or meetings with Local Authority SAM and other relevant professionals to agree the process of investigation and who will be Enquiry Officer (EO). Record outcome in RiO Progress Notes
- Obtain further information from person at risk, other professional agencies and if appropriate the alleged perpetrator as part of the assessment and investigation.
- Highlight any risk factors and update the risk assessment RiO
- Highlight Person Centred Safeguarding and what the person at risk desired outcomes are
- EO completes SGA Part 2 form and upload to RiO ‘Clinical Documentation’ using the documents type ‘Safeguarding’
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- Email or fax a copy of SGA review form to SAM at Bromley LA copy to trust SA team
- Email address: AdultSafeguarding@oxleas.nhs.uk

Close
Safeguarding Adults Enquiry Report
Confidential

Name of Adult at Risk: 

Age Group 18-64  65-74  75-84  85-94  95+

Name of Enquiry Officer: 

Job title of Enquiry Officer: 

Date of Case Conference: 

Details of alleged abuse
Please identify and reference category of abuse (see Pan London Safeguarding Adults Policy & Procedure).

Description of enquiry process
Description of interviews & documents and reports referred to. Please indicate any difficulties encountered in the enquiry. (Please refer to any appendices).

Timeline of events
Covering period from to :

<table>
<thead>
<tr>
<th>Date (DD/MM/YYYY)</th>
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</table>

What are the views of the Adult at risk?
Include information about the person’s quality of life (from their perspective)? Their views about the safeguarding process? and what outcomes or changes would like from the safeguarding process?

Are there any concerns about the mental capacity of the Adult at risk?
If so, please make state how mental capacity was assessed. Make reference to the Mental Capacity act 2005 Code of Practice.
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<tr>
<th>Section</th>
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</thead>
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<tr>
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<td>A brief personal profile covering relevant social and family history, and health issues etc.</td>
</tr>
<tr>
<td>Outline of any previous safeguarding issues</td>
<td>Including whether they were investigated, by whom, and what the outcome was.</td>
</tr>
<tr>
<td>Relevant information about the Person alleged to have caused harm</td>
<td>Include: vulnerability &amp; mental capacity of person alleged to have caused harm; relationship to Adult at risk; whether they have caused harm before; whether the harm was malicious or with intent, whether they have expressed any opinion about the harm caused etc.</td>
</tr>
<tr>
<td>Summary of Evidence</td>
<td>Evaluation of the seriousness of the alleged abuse i.e. *Intent, *risk including (actual and potential) as a result of abuse, *risk (actual and potential) to other people, *likelihood of further abuse, *view/opinions of professionals involved, *views as to whether alleged abuse is “one off” incident or ongoing.</td>
</tr>
<tr>
<td>Recommendations regarding future action</td>
<td>Include recommendations for protection plan &amp; whether changes are needed to improve practice. Ensure Protection Plan is documented</td>
</tr>
</tbody>
</table>
### Making Safeguarding Personal Outcomes
For each enquiry, was the individual or individual's representative asked what their desired outcomes were? Choose, (circle) from the following fields:
- Yes they were asked and outcomes were expressed
- Yes they were asked but no outcomes were expressed
- No
- Don't know
- Not recorded

<table>
<thead>
<tr>
<th>If they were asked and outcomes were expressed what were the outcomes</th>
</tr>
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<tbody>
<tr>
<td>Fully achieved</td>
</tr>
<tr>
<td>Partially achieved</td>
</tr>
<tr>
<td>Not achieved</td>
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</table>

### Outcome of Enquiry choose from the following fields (circle)
- No Action Taken
- Action taken risks remain
- Action taken risk reduced
- Action taken risks removed

<table>
<thead>
<tr>
<th>Name of Enquiry Officer(s)</th>
<th>Date</th>
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<thead>
<tr>
<th>Name /Signed Safeguarding Adults Manager</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>This person is responsible for quality assurance of this report. Please ensure report is fully completed.</td>
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<thead>
<tr>
<th>Report sent to London Borough Bromley</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Name and contact details of person responsible for sending report (include email address)</td>
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