

# **Safeguarding Adults Large Scale Enquiry Policy and Procedure:**

**THIS IS A CONTROLLED DOCUMENT**

Whilst this document may be printed, the electronic version maintained on the policy portal is the controlled copy. Any printed copies of this document are not controlled. It is the responsibility of every individual to ensure that they are working to the most current version of this document.

|  |  |
| --- | --- |
| **Date Approved:** |  |
| **Authors:** | Jo Sutherland, Principal Social Worker, CMBC Luke Turnbull, Designated Nurse Safeguarding Adults Designated Professional Safeguarding Adults, WY ICB, Calderdale Cares |
| **Committee:** | Calderdale Safeguarding Adults Board |
| **Version:** | Version 1.1 |
| **Review Date:** | October 2023 (earlier if changes required)  January 2024 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Amendments** | | | |
| **Issue Number:** | **Date:** | **Reason for change** | **Authorised:** |
| 1.1 | January 2024 | Additional Appendix (See appendix 9) | Luke Turnbull, Jo Sutherland |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

The authors of this document would like to credit Leeds Safeguarding Adults Board for the agreement to use their Large Scale Enquiry Policy and Protocol as the basis for this Large Scale Enquiry Policy and Protocol

**Contents**

[1. Introduction: 6](#_Toc157066997)

[2. Organisational Abuse: 6](#_Toc157066998)

[2.1 Identifying Organisational Abuse: 6](#_Toc157066999)

[3. Large Scale Enquiries: 7](#_Toc157067000)

[3.1 Relationship With Other Safeguarding Enquiries: 8](#_Toc157067001)

[4. Practice Considerations: 9](#_Toc157067002)

[4.1 Who To Involve Within Large Scale Enquiries: 9](#_Toc157067003)

[4.2 Involvement of Adults at Risk and Their Relatives: 9](#_Toc157067004)

[4.3 Involvement of the Service Provider: 10](#_Toc157067005)

[4.4 Involvement and Responsibilities of Non-Calderdale Placing Authorities: 10](#_Toc157067006)

[5. Enquiry Planning: 10](#_Toc157067007)

[6. Who Should Undertake a Large Scale Enquiry? 11](#_Toc157067008)

[6.1 Safeguarding Plans: 11](#_Toc157067009)

[6.2 LSE MASM Meetings: 12](#_Toc157067010)

[6.3 Informing Wider Service Users/Patients: 12](#_Toc157067011)

[6.4 Wider Service User/Patient Reviews: 12](#_Toc157067012)

[6.5 Media Interest: 12](#_Toc157067013)

[6.6 Police Involvement: 13](#_Toc157067014)

[7. Out of Area Placements: 13](#_Toc157067015)

[7.1 The Role of Care Quality Commission (CQC): 14](#_Toc157067016)

[7.2 Fundamental Standards: 14](#_Toc157067017)

[7.3 The Role of Commissioning Authorities: 14](#_Toc157067018)

[7.4 Health Partners: 15](#_Toc157067019)

[7.5 Withdrawal of Contracted Service: 16](#_Toc157067020)

[8. Ongoing Support for Victims, Family and Witnesses: 17](#_Toc157067021)

[8.1 Staff Support: 17](#_Toc157067022)

[8.2 Person(s) Alleged to have Caused Harm 17](#_Toc157067023)

[8.3 Referrer/ Whistle-blower: 17](#_Toc157067024)

[9. Debrief and Learning 17](#_Toc157067025)

[Appendix 1: High-Level Flowchart and Contact Details: 18](#_Toc157067026)

[Appendix 2 – Multi-Agency LSE Safeguarding Meeting (MASM) Suggested Agenda: 19](#_Toc157067027)

[Appendix 3 – LSE Multi-Agency Safeguarding Meeting (MASM) Checklist: 21](#_Toc157067028)

[Appendix 4: Letter to Relative 22](#_Toc157067029)

[Appendix 5: Letter of Notification to Placing Authority 23](#_Toc157067030)

[Appendix 6 – Escalation Process 24](#_Toc157067031)

[Appendix 7: Large Scale Enquiry Risk Analysis 26](#_Toc157067032)

[Appendix 8: Home Closure Checklist 26](#_Toc157067033)

[Appendix 9: Multi-agency LSE Debrief and Learning meeting format. 27](#_Toc157067034)

## Introduction:

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

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

This practice guidance sets out when a Large-Scale Enquiry should be considered, as well as general practice principles for Safeguarding Coordinators that will need to be applied with professional judgement and proportionality in light of the specific circumstances.

This practice guidance will need to be read alongside the [Joint Multi-Agency Safeguarding Adults Policy & Procedures Bradford, Calderdale, Kirklees, North Yorkshire, Wakefield, And York](https://wynyy-calderdale.trixonline.co.uk/)

## Organisational Abuse:

The Care and Support statutory guidance describes Organisational Abuse as:

Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one-off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes, and practices within an organisation (Care and Support, Statutory Guidance 2020: Section 14.17).

The National Institute for Health and Care Excellence (NICE) describes the indicators of organisational abuse and neglect and a high level process map: [NG189 Indicators of organisational abuse and neglect visual summary (nice.org.uk)](https://www.nice.org.uk/guidance/ng189/resources/indicators-of-organisational-abuse-and-neglect-pdf-9013017710).

### Identifying Organisational Abuse:

Where a Large Scale Enquiry is being undertaken, many different forms of abuse or neglect may be evidenced within the individual safeguarding enquiries being undertaken. The overarching Large Scale Enquiry will be able to consider these individual enquiries together, to identify underlying factors that maintain the risk of abuse and neglect.

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

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

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

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

The assessment of possible organisational abuse will need to be based upon multi-agency professional judgement, with consideration of all the individual circumstances. This should include consideration of the actual or potential impact on the wellbeing individuals concerned, as well as the underlying causes of any abuse and neglect. The rationale for the decision to undertake an LSE should be recorded in Managing Large scale Enquiries – Escalation Process (Appendix 6)

## Large Scale Enquiries:

A ‘Large Scale Enquiry’ (LSE) is an overarching safeguarding enquiry that should be considered when there are concerns about organisational abuse and/or neglect. There are other processes which should be used in circumstances where there are concerns of a quality of care nature that are not related to abuse or neglect.

The Care and Support Statutory Guidance 2020 states: “Professionals and others should look beyond single incidents or individuals to identify patterns of harm” (Para 14.18).

A Large Scale Enquiry takes forward this approach, it enables a number of individual safeguarding enquiries to be considered together in a way that helps to identify organisational causes of abuse or neglect, and the measures needed to prevent its reoccurrence.

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

A Large-Scale Enquiry (LSE) is made when there are concerns about a particular service provider for multiple adults at risk. It is not a replacement for individual safeguarding concerns which must follow the [Joint Multi-Agency Safeguarding Adults Policy & Procedures.](https://wynyy.trixonline.co.uk/) A multi-agency approach involves more than one agency. This can range from 2 agencies to a large number of agencies, depending on the nature and scope of the enquiries to be made.

The decision about how best to approach the enquiry should be made by the Local Authority Safeguarding Adults Lead in consultation with other agencies involved.

Under s45 of the Care Act 2014, any professional or organisation asked to co-operate in the enquiry has a duty to do so.

Where the approach involves other professionals or organisations making enquiries, the local authority remains the lead agency, with responsibility for monitoring progress of enquiries made by others and coordinating the safeguarding process.

A safeguarding concern can be raised with the local authority by a member of the public or by a professional, but the decision whether to proceed with an LSE is made at a multi-agency meeting chaired by a senior manager in Adult Services and Well-being, the ultimate decision maker is the Director for Adult Services and Wellbeing

A multi-agency approach can be adopted when there are a large number of enquiries to be made but can equally be deemed appropriate when just a single enquiry action is needed, if a multidisciplinary approach to that action would be beneficial. For example, a joint assessment of need or risk between the local authority and a health professional when the person has complex health needs.

A multi-agency approach must be co-operative and collaborative in its nature; information that may impact on enquiries being made by another professional or agency should be shared with the lead practitioner at the earliest opportunity to prevent duplication or enquiries that are no longer relevant being made.

The criteria for considering a Large-Scale Enquiry are:

* Accumulated complaints about the same service by people accessing the service, their families, or members of the public, which amounts to serious safeguarding concerns.
* Serious concerns of a safeguarding nature following several visits or individual reviews in the service.
* Serious concerns of a safeguarding nature following contract compliance reviews encompassing quality assurance visits of the service.
* Reports of serious safeguarding concerns from other professional services / organisations involved in the service.
* Serious safeguarding concerns as a result of whistleblowing.
* Serious concerns following a Safeguarding Adults planning meeting or enquiry.
* An enquiry into individual concerns reveals wider safeguarding issues about a provider which indicate organisational abuse.
* Information from Quality / contracting teams / CQC / Safeguarding Adults Team (SAT) indicate systemic safeguarding concerns about a provider.

This includes concerns relating to NHS and privately funded establishments as well as those contracted by the Local Authority.

Any organisation can request that Adults Services and Wellbeing consider instigating this Large Scale Enquiry Process via the Safeguarding Adults Team (see Appendix 1) or via the organisation’s Safeguarding Adult Board Member.

### Relationship With Other Safeguarding Enquiries:

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

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

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

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

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

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

## Practice Considerations:

The Large Scale Enquiry will require its own LSE Multi-Agency Safeguarding Meeting (LSE MASM) to consider the findings and safeguarding arrangements required.

Large Scale Enquiries will often be complex. This section sets out additional practice considerations that are particularly relevant when a Large Scale Enquiry is being planned and undertaken.

### Who To Involve Within Large Scale Enquiries:

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

* undertaking enquiries in relation to abuse or neglect
* assessing the risk
* developing or carrying out the safeguarding plan
* undertaking related enquiries e.g., criminal, regulatory
* taking other actions in relation to the organisation alleged to have caused harm

In all cases where the Large Scale Enquiry is being considered involving a regulated service provider, the following must be informed and invited to LSE MASM (and be offered copies of minutes irrespective of attendance):

* Care Quality Commission
* Contracting/Commissioning authorities

Where Large Scale Enquiry is undertaken in relation to an NHS Trust, the Trust should ensure its Chief Executive Officer and the Executive Officer for Safeguarding within the West Yorkshire Integrated Care Board (WYICB) are notified and involved/kept informed as requested. Similarly, where Large Scale Enquiry involves a Calderdale Metropolitan Borough Council (CMBC) Adults & Health ‘in-house service’, the Director of Adult Services and Well-being (ASW) must be notified and involved/kept informed as requested.

### Involvement of Adults at Risk and Their Relatives:

The person at risk, and their relatives as appropriate, should be fully involved within individual safeguarding enquiries relating to them as set out in the [Joint Multi-Agency Safeguarding Adults Policy & Procedures Bradford, Calderdale, Kirklees, North Yorkshire, Wakefield, And York](https://wynyy.trixonline.co.uk/).

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

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

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

Identification of a nominated professional link-liaison for people and their families will aid effective communication and reduce anxieties and ensure co-production and voices heard as part of decision-making.

### Involvement of the Service Provider:

It is important that the service provider is involved as fully as possible in safeguarding concerns involving their service. The Chair of the LSE will direct the timing and the most appropriate team for informing the provider of the LSE process.

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

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

The service provider's organisation should have the opportunity to respond to any concerns raised by the Large Scale Enquiry, and to be able to review the Formal Report and comment on its findings, as set out within the Joint Multi-Agency Safeguarding Adults Policy & Procedures Bradford, Calderdale, Kirklees, North Yorkshire, Wakefield, And York.

An appropriate representative of the service provider must be invited to attend the Outcome Meeting.

### Involvement and Responsibilities of Non-Calderdale Placing Authorities:

Where a person at risk is placed in a service by non-Calderdale placing authorities, then those placing authorities should also be invited to the LSE MASM.

The [ADASS (2016) Out-of-Area Safeguarding Adults Arrangements: Guidance for Inter-Authority Safeguarding Adults Enquiry and Protection Arrangements](https://www.scie-socialcareonline.org.uk/out-of-area-safeguarding-adults-arrangements-guidance-for-inter-authority-safeguarding-adults-enquiry-and-protection-arrangements/r/a11G000000MGnlEIAT) establishes how authorities should work together in these circumstances. Key principles of this guidance are summarised in Section 7.

## Enquiry Planning:

The purpose of the safeguarding enquiry is set out within the  [Joint Multi-Agency Safeguarding Adults Policy & Procedures Bradford, Calderdale, Kirklees, North Yorkshire, Wakefield, And York](https://wynyy.trixonline.co.uk/)

The decision to undertake a Large Scale Enquiry will need to be made by the agreed lead Local Authority, following consultation with stakeholders. A Large Scale Enquiry is separate from an individual enquiry and will require a separate Formal Report. Consideration should be given as to whether the Safeguarding Coordinator for the Large Scale Enquiry should be the same person / one of the same people who has overseen individual enquiries. This will often be advantageous, but it may not always be appropriate or necessary.

When undertaking a Large Scale Enquiry, it will be necessary to:

* draw upon and summarise the relevant aspects and conclusions of any individual enquiries
* focus on the service wide concerns and/or common themes of individual enquiries and the underlying causes of the alleged abuse.
* consider the need for additional enquiries, as required, to understand the presenting issues such as relevant policies, procedures, training, and staff practices.
* provide opportunity for the service provider to respond to organisational abuse concerns and Large Scale Enquiry findings (this is in addition to being able to respond to the respective individual enquiries).

Large Scale Enquiries should be as timely as possible, to ensure underlying issues and concerns are identified and addressed. For this reason, once a decision has been made to undertake the Large Scale Enquiry, it may not be possible to include subsequent individual enquiries within its scope, as this may prevent the Large Scale Enquiry from concluding and delay required safeguarding arrangements being put in place. A judgement will be required by the Safeguarding Coordinator.

## Who Should Undertake a Large Scale Enquiry?

The local authority will appoint a Safeguarding Coordinator for the Large Scale Enquiry, who will need to determine how the enquiry is undertaken whilst adhering to this policy.

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

Where undertaken by the Local Authority, the Large Scale Enquiry will often be led by the person who acted as Safeguarding Coordinator for the individual enquiries; with a more senior manager adopting the role of the Safeguarding Coordinator for the Large Scale Enquiry. This has the benefits of ensuring the person undertaking the enquiry has a good knowledge and understanding of the individual safeguarding concerns.

### Safeguarding Plans:

Individual safeguarding enquiries will focus on the person’s individual safeguarding needs and desired outcomes.

The Large Scale Enquiry will need to assess the risk to all individuals within the service and consider the need for additional arrangements in relation to specific individuals and/or service users more generally. Service wide actions may include staff guidance, reviews of policies and procedures, reviews of staffing numbers, immediate training needs, amongst others.

Where there are proposed changes to individual service users/patients care plans they will need to be consulted/informed appropriately before changes are made.

Additional service improvements may be separately required by contracting/ commissioning authorities and the Care Quality Commission (CQC), that continue outside of the safeguarding adults procedures.

### LSE MASM Meetings:

Where a Large Scale Enquiry has been undertaken, an LSE MASM, chaired by an appropriate senior manager in the Local Authority, will always be required. Enquiries undertaken in relation to particular individuals should be completed and the respective MASM held prior to the Large Scale Enquiry Outcome Meeting wherever possible. This will enable the findings to inform the Large Scale Enquiry Report and Outcome Meeting.

### Informing Wider Service Users/Patients:

In most circumstances there will be a need to inform wider service user/patients of the nature of the concerns and the actions being taken to respond to these. This will be particularly relevant where there are widespread concerns, and where clear communication will help to reassure wider service users/patients and their representatives of actions being taken. Such communications will usually be undertaken in partnership with the service provider, who will be best placed to respond to individual concerns of their service users/patients. The decisions regarding informing wider service users and patients of the concerns and actions being taken in response to these will taken on a case by case basis.

At the start of the LSE process the safeguarding coordinator should ensure that details of all service users are collated, this would normally include contact information for the service user and family members / advocate / Lasting Power of Attorney /Court Appointed Deputy (where appropriate), host authority and details of funding arrangements. This could also include relatives of any service users who have died prior to the investigation taking place

### Wider Service User/Patient Reviews:

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

The need for such reviews of individual service users/patients' needs and provision may therefore also be required, alongside or subsequent to the Large Scale Enquiry. It is important that the service user/patient, their relatives, or representatives are appropriately involved in such reviews. Where placements are commissioned by non-Calderdale Commissioning authorities, the undertaking of reviews will be the responsibility of the relevant commissioning authority. This is the responsibility of the CMBC Integrated Commissioning, Contracts and Quality Service IC, C&Q service to coordinate this for their commissioned placements and the responsibility of the WYICB to do so for their commissioned placements

### Media Interest:

Safeguarding Coordinators, and their line manager(s), including Chief Executive Officer (Calderdale Cares Partnership / WYICB) or Director (Adult Social Care) and the relevant communications/media team must be informed of any media interest as soon as possible.

Under no circumstances should Safeguarding Coordinators or those undertaking enquiries give a comment or interview to the press.

### Police Involvement:

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

* Ill treatment and wilful neglect: provider offence - [Criminal Justice and Courts Act 2015 (legislation.gov.uk)](https://www.legislation.gov.uk/ukpga/2015/2/section/21/enacted)
* Corporate Manslaughter and Corporate Homicide Act 2007 ([Corporate Manslaughter and Corporate Homicide Act 2007 (legislation.gov.uk)](https://www.legislation.gov.uk/ukpga/2007/19/contents)

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

## Out of Area Placements:

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

The ‘ADASS (2016): Out of Area Safeguarding Arrangements’ ([adass-guidance-inter-authority-safeguarding-arrangements-june-2016.pdf](https://www.adass.org.uk/media/5414/adass-guidance-inter-authority-safeguarding-arrangements-june-2016.pdf)) highlights the needs for authorities to work together and outlines respective responsibilities.

Key general principles are summarised below:

The safeguarding adults procedures of the host authority (i.e. the Local Authority in the area where the abuse occurred) will be followed. This means that, the host authority:

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

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

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

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

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

The full ADASS Guidance includes more information about the arrangements required in such situations.

### The Role of Care Quality Commission (CQC):

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

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

The role of the CQC includes:

* Registering and monitoring of care providers. ([Registering and monitoring services - Care Quality Commission (cqc.org.uk)](https://www.cqc.org.uk/about-us/how-we-do-our-job/registering-monitoring-services)
* Inspecting and rating services ([Ratings - Care Quality Commission (cqc.org.uk)](https://www.cqc.org.uk/about-us/how-we-do-our-job/ratings)
* Taking action to protect people who use services ([Taking action - Care Quality Commission (cqc.org.uk)](https://www.cqc.org.uk/about-us/how-we-do-our-job/taking-action)

The CQC must be invited to attend all LSE Multi-agency meetings under this procedure.

### Fundamental Standards:

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

These 13 standards include:

* Safeguarding from abuse: You must not suffer any form of abuse or improper treatment while receiving care.
* Duty of Candour: The provider of your care must be open and transparent with you about your care and treatment. Should something go wrong, they must tell you what has happened, provide support, and apologise. Regulation 20: Duty of Candour: Care Quality Commission

For more information about all the fundamental standards [The fundamental standards - Care Quality Commission (cqc.org.uk)](https://www.cqc.org.uk/about-us/fundamental-standards) Statement on CQC’s role and responsibilities for safeguarding children and adults

The CQC sets out a range of roles and responsibilities in relation to safeguarding. These include:

* Supporting the Local Authority’s lead role in conducting enquiries or investigations regarding safeguarding children and adults. We do this by co-operating with them and sharing information where appropriate from our regulatory and monitoring activity. We assist the police in a similar way.
* Holding providers to account by taking regulatory action to ensure that they rectify any shortfalls in their arrangements to safeguard children and adults, and that that they maintain improvements. This includes requiring providers to produce action plans, taking enforcement action to remedy breaches of fundamental standards, and taking action against unregistered provider.

The full document is available on the CQC webpage [The fundamental standards - Care Quality Commission (cqc.org.uk)](https://www.cqc.org.uk/about-us/fundamental-standards).

### The Role of Commissioning Authorities:

In Calderdale, we have a robust approach to Quality Assurance Monitoring for Adult Care Providers through the implementation of the Integrated Quality Assurance Framework (IQAF). This IQAF sets out the approach that Calderdale Council, WYICB, Care Providers, and other key system partners will undertake to ensure local care and support services achieve high quality care, providing services which meet the needs of individuals or Adults at Risk.

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

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

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

* Identifying the need for service improvement plans and advising on past service performance issues and agreed actions to address concerns
* Advising on expected quality standards and identifying areas where the service provider has not met their quality standards and /or contractual requirements
* Undertaking a review of systems or records.
* Obtaining from the service provider all relevant policies and procedures
* Quality assuring areas of organisational practice
* Requiring evidence of improved/agreed practice
* Identifying resources to support remedial actions to make service users safe

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

The decision to suspend or end any suspension of placements with a service provider will be made by each individual commissioning authority in accordance with the criteria and agreed processes as set out in their own suspension policy.

Decisions to continue or suspend admissions should be taken on the basis of an analysis of known risks.

In usual circumstances, the decision will be predicated on the assessment of the organisation entering into Large Scale Enquiry.

Any decisions of this kind must be taken in close consultation with the Integrated Commissioning Board, CMBC Contract & Quality Team department and legal services. If more than one agency is involved in commissioning, a joint approach to suspending admissions should be discussed. Any decision has to be signed off at Director level at CMBC and WYICB.

Once the decision to suspend admissions is made, the Contracts, Quality and Commissioning Team should monitor and review this in conjunction with any other quality actions and in partnership with the Safeguarding Lead for safeguarding actions.

### Health Partners:

Whilst Adults Services and Wellbeing would take the lead role in coordinating the enquiry, Health Commissioners are expected to actively contribute as they retain responsibility for those services they commission and would be required to negotiate any changes that are required to the client’s care and treatment package as a result of the enquiry. In addition, s42 enquiries can be delegated to NHS partners.

Similarly, NHS staff would retain responsibility for liaison with families and carers where the person’s care is NHS commissioned or provided and may be best placed to carry out some investigatory aspects as determined at the LSE MASM meeting. In fully funded nursing cases, they have the expertise to evaluate evidence of a clinical nature which may be pertinent to the enquiry.

If the enquiry involves or affects South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) or Calderdale and Huddersfield NHS Foundation Trust, their Safeguarding Leads should be informed at the outset of the LSE MASM also ensuring the WYICB informed.

Each agency will identify at the LSE MASM specific roles and reporting processes, along with relationships to other procedures (e.g., Serious Incident Procedures).

There is currently no agreed overarching multi-agency information sharing agreement in Calderdale. The expectation is therefore that all agencies abide by data protection legislation and the principles therein.

### Withdrawal of Contracted Service:

If a decision is made to close / no longer commission the service / the service goes into administration, then the following action must be considered, and the home closure checklist must be followed (appendix 8):

**Actions to be taken:**

* Immediate safety of residents to be ascertained to confirm that the home has continued supplies and services e.g., electricity, gas, food, equipment within 24hours of notification.
* Quality monitoring visit to be carried out as soon as practicable.
* Management and staffing levels within the home should be confirmed ensuring there is adequate management cover within 24 hours of notification.
* Client financial affairs (CMBC) to be informed of the administration and details of administrators for self-funders.
* List of residents obtained, and safeguarding concerns checked.
* Initial meeting with Calderdale’s Safeguarding Lead, the Assistant Director for Adults Services and Well-Being and Calderdale Integrated Commissioning, Contracts & Quality Team, and support with home representatives. Identify if there are other homes affected within the company.
* Notification to other neighbouring contracts units.
* Agreement on ongoing liaison with administrators regarding future viability of the home.
* Contingency planning for the event of home closure, individual assessments of residents needs and associated risks of moving.
* Clarify communication with residents and families.
* Nominate link for residents, families, and home management.
* Letter to residents and families from Calderdale Council to inform them of position and communication.
* Core social work group identified to review residents and meet with families if required.

Residents should only be moved with their agreement following careful discussion and where necessary involving relatives and IMCAs (Independent Mental Capacity Advocates) unless e.g., if a commissioning authority decides to no longer fund the placement.

A holistic assessment is required to minimise risks to a resident’s well-being and ensuring this is completed in the least restrictive, person-centred approach.

## Ongoing Support for Victims, Family and Witnesses:

Support for victims will have been considered during the course of the enquiry and beyond. Minimum periods for on-going contact should be established. It is important to recognise that there are often risks involved in moving people to a new placement and mitigation of this risks must be considered.

### Staff Support:

Consideration of support for staff involved in the process is the responsibility of their employers. Clear arrangements should be in place from the outset for all staff. These should include debriefing for all staff on the Enquiry and this must be addressed in LSE MASM.

Inter-agency cooperation may be impacted by the stress associated with enquiry into complex abuse. Issues such as the boundaries of confidentiality, resource availability and differences of professional judgement may heighten these difficulties. Careful consideration should be given to a situation when operational staff may have to give evidence against a colleague.

On occasions the safety of the enquiry team must also be given consideration. Particular caution will need to be exercised in approaching individuals who are alleged to have caused harm.

Where a risk towards staff is identified, protocols for staff safety and handling violence should be agreed and observed including lone visits. If solo visits take place, use of red flag system on the Client Information System (CIS) and sharing knowledge amongst staff across all agencies.

### Person(s) Alleged to have Caused Harm

The protection of adults at risk identified as being at risk of harm remains paramount, but the sharing of information and confidentiality issues should be treated with due consideration for the Person(s) Alleged to have Caused Harm too with reference to Data Protection legislation and best practice. Please see reference to  [Joint Multi-Agency Safeguarding Adults Policy & Procedures Bradford, Calderdale, Kirklees, North Yorkshire, Wakefield, And York](https://wynyy.trixonline.co.uk/) and PiPOT policies.

### Referrer/ Whistle-blower:

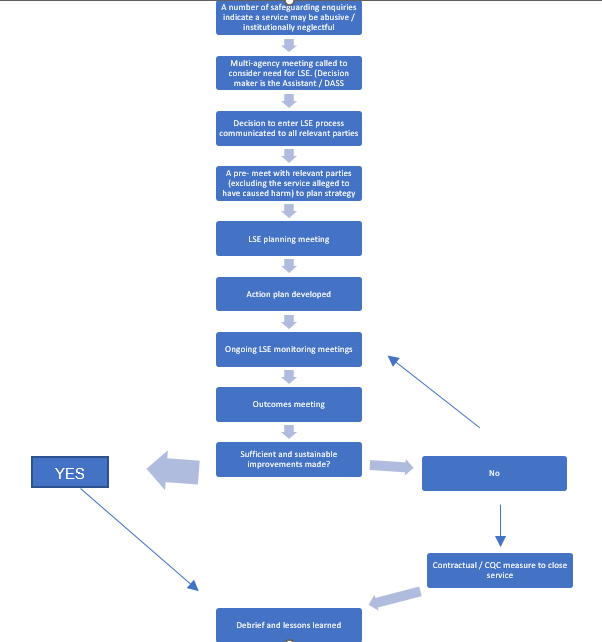
Consideration should be given to how the person making the initial referral is involved in the enquiry. Clearly this will vary depending on the circumstances of the case and there may be a number of anonymous whistle-blowers.

However, in all cases, the meeting group should ensure that the referrer is as far as possible, having regard for confidentiality, kept up to date with development and informed of the final outcomes of the enquiry.

## Debrief and Learning

Following the closure of the LSE process the chair of the LSE MASM should ensure that a debrief session is arranged that gives all involved parties the opportunity to reflect on the LSE process, the learning gained and any changes to systems and processes required as a result of this learning. Please see Appendix 9 for details of Multi-agency LSE Debrief and Learning meeting format.

## Appendix 1: High-Level Flowchart and Contact Details:



For Health and Social Care information and Safeguarding Referrals, contact Gateway to Care Tel: [01422 288001](https://www.bing.com/ck/a?!&&p=bac652149a202f07JmltdHM9MTY2OTg1MjgwMCZpZ3VpZD0zYjc3MjQyYS02ZTEyLTY2YjEtMGRjZS0zNjc2NmY0YTY3ZmYmaW5zaWQ9NTU2Mg&ptn=3&hsh=3&fclid=3b77242a-6e12-66b1-0dce-36766f4a67ff&psq=calderdale+gateway+to+care+number&u=a1dGVsOjAxNDIyMjg4MDAx&ntb=1)

Email: gatewaytocare@calderdale.gov.uk

For more information about Safeguarding go to: [Safeguarding adults – Safeguarding Calderdale](https://safeguarding.calderdale.gov.uk/professionals/safeguarding-adults/)

## Appendix 2 – Multi-Agency LSE Safeguarding Meeting (MASM) Suggested Agenda:

|  |  |  |  |
| --- | --- | --- | --- |
| **Agenda Item:** | **Context:** | **Responsible Agency:** | **Time Frames:** |
| Introduction & Ground Rules | Include roles in Safeguarding enquiry so far, confidentiality etc. |  |  |
| Purpose of meeting | Why has the MASM meeting been called |  |  |
| Summary of individual safeguarding enquiries |  |  |  |
| Terms of reference for the enquiry | Immediate or further action required to safeguard residents.  Safeguarding considerations of any referrals so far.  Planning any further enquiries – clarifying roles and responsibilities  The need to undertake reassessment of needs for all residents – based on the evidence provided |  |  |
| Identification of nominated professional link-liaison for people and their families | To aid effective communication and alleviate anxieties and ensure co-production and voices heard as part of decision-making. |  |  |
| Report on issues raised so far (Include any actions taken so far) | Those placed and funded by Calderdale  Those placed and funded by NHS Calderdale, Out of area placements, Self-funders |  |  |
| Decision regarding full scale enquiry. | Decide on how to proceed.  Proposed timescale for enquiry. |  |  |
| Action – Chair to allocate who is responsible for each action? And timescales for achieving them  Agreement on how an action plan will be formed. | Identification of who is to undertake enquiry.  Clarification of NHS Calderdale staff in the enquiry process.  Level of support available to residents and relatives.  Information to be sent to relatives (Standard letter available see appendix 4).  Responsibility for out of area placements and fully funded CHC residents  Contact with any out of area local authorities as necessary. This could include Social Work Teams, Contracts Teams, and Safeguarding Units. (Standard letter available, see appendix 5).  Role of Contracts Unit.  Keeping Care Quality Commission informed.  Anyone else needed to be involved in Management of the Enquiry.  Any potential press/media issues.  Any legal advice required.  What type of contact is required with the Home/manager? How this fits in with any contact heads of Commissioning may have/have had already.  Dates for future meetings. |  |  |
| Any Other Business: |  |  |  |

## Appendix 3 – LSE Multi-Agency Safeguarding Meeting (MASM) Checklist:

|  |  |
| --- | --- |
| Issues to Consider: | * Clarity of purpose of the group. * Current issues for enquiry. * Frequency and length of meetings. * Agree if ‘virtual’ meetings may be an option. * Clarification of roles within the LSE MASM * Is legal advice necessary? * Is a media strategy required? * Is a joint communication strategy with family members and the organisation under enquiry required? |
| Membership: | * Is there appropriate representation from relevant agencies/organisations – are there others that should be invited to join? * Who is responsible for note taking/minutes and disseminating information? * Following the initial scoping meeting, Care Provider concerned to be invited to on-going meetings with consideration to which partners should be in attendance or specific and identified workstreams. |
| The nature of the concern/abuse: | * What is the description of the issues involved? * Have they arisen as a result of the accumulation of indicators and/or signs of abuse? * Have they arisen as a result of a disclosure or allegation? * Are there witnesses? * Have clear unambiguous statements been made? * Is the organisation or abuser aware of the concerns? * Do other authorities/commissioners of care need to be informed of the concern? |
| The Adult at Risk: | * Have the adult(s) at risk indicated what they would like to happen? * Are there concerns that their decision reflects an unacceptable degree of exploitation, intimidation, or coercion? * Have other people been, or likely to be, put at risk? * Are assessments of capacity required for the adult(s) at risk? If so, what arrangements have been put in place to ensure these are completed? * Are the adult(s) at risk aware of their rights? Adults at risk are entitled to the same protection as any citizen in relation to the criminal law and they have the same ability to use and enforce the civil rights they have. * Are the adult(s) at risk aware of the concern(s) that are held about them? If not, are there plans to share this information? * What part can and should the adult(s) at risk involved play in the enquiry? And what support will they need (i.e., advocacy) to do so? * Are there any cultural and/or religious factors that may need to be considered? * Are there any specific language/communication issues that may need to be considered? |
| The Person(s) Alleged to have Caused Harm: | * What is known about the Person(s) Alleged to have Caused Harm? * Are there any cultural and/or religious factors that may need to be considered? * What is the Person(s) Alleged to have Caused Harm ’s relationship with the adult at risk? * Is the Person(s) Alleged to have Caused Harm employed by this or any other organisation responsible for the care and support of vulnerable people? * Is the Person(s) Alleged to have Caused Harm also an adult at risk? * How will any inter-relationship between Safeguarding, disciplinary and criminal processes be managed? |
| Risk: | * Are the adult(s) at risk at continuing risk? * Have reviews/risk assessments been undertaken of all those at risk? * What is the extent of the risk? * Are there any secondary/potential risks that need to be considered? |
| Next Steps: | * Who needs to be involved at the next step? * Is more information required before going ahead? If so, what? * What would be the best way of obtaining this information? * Programming dates for future meetings * Agree specific actions required and individual responsibilities required, including timescales for completion.   Consider the need to meet with relatives and carers of adult(s) at risk involved, to keep them fully informed as to the steps being taken by the relevant agencies and the support available to them.  Consider the impact of stress on front line workers from any agency and to ensure that supervision and support is offered appropriately. |

## Appendix 4: Letter to Relative

This letter should be shared with the provider as a template letter for them to send to relatives informing them of our concerns. *Please delete as appropriate and insert our key concerns & suspension date prior to sending to the provider*. The letter should be sent to relatives/guardians on the providers letter headed paper and signed off by them.

(Title) (First Name) (Last Name)

Address Line 1

Address Line 2

Address Line 3

Postcode

Date:

Dear (Title) (Last Name),

**RE: (Name of Care Provider)**

I am writing to inform you that Calderdale Local Authority and Calderdale ICB ***(delete as appropriate)*** have alerted us to a number of significant concerns relating to the care provided at ***(Name of care home or Provider, if a community setting*)**. Due to the nature of the concerns the Local Authority have commenced their Large Scale Enquiry process. A ‘Large Scale Enquiry’ is an overarching safeguarding enquiry that is initiated by the council when there are concerns surrounding organisational abuse. Calderdale Local Authority have also suspended new admissions/placements ***(delete as appropriate)*** as of ***(insert date),*** until further notice.

The key areas of concern are:

* **(List them here)**

We are working closely with Calderdale Local Authority and Calderdale ICB ***(delete as appropriate)*** to implement improvements and ensure we are delivering a safe service. We have a robust action plan in place which will support both immediate and more long-term changes. For your reassurance, Calderdale social workers are undertaking welfare checks on all our residents. We are also receiving regular visits from Calderdale Local Authority and ICB ***(delete as appropriate)*** to challenge and support us with our progress.

Please be assured that we have taken this matter seriously and our goal is to ensure the improvement work is embedded. We are dedicated and we will strive to provide the best possible care for your family members.

We appreciate your support during this difficult time, if you have any questions please don’t hesitate to contact ***(provider to insert name, address, email, and telephone number for the point of contact)***

Yours sincerely,

(First Name) (Last Name)

(Position)

## Appendix 5: Letter of Notification to Placing Authority

Please send this letter to all placing authorities via email on Calderdale letter headed paper in the senior manager’s name

To Whom This May Concern,

**Re: *(Insert Care Home or provider name)***

We understand that you are the responsible placing authority for an individual/s at ***(Insert Care Home or provider name if community)***. We are therefore writing to notify you that a Large Scale Enquiry has commenced within this service.

The Key Areas of Concern are:

* Insert them here

Calderdale Council are fulfilling our obligations in relation to Safeguarding Adults as the ‘Host’ Authority.

Our role is defined as:

* Taking the initial lead on responding to the referral
* Co-ordinating initial information gathering, background checks and ensure a prompt notification to the ‘placing authority’ and other relevant agencies
* Co-ordinate any enquiry

The Placing Authority is responsible for providing support to the Adult at Risk and planning their future care needs, either as an alleged victim or Person(s) Alleged to have Caused Harm. The Placing Authority should nominate a link person for liaison purposes during the enquiry. This link person will be invited to attend any Large Scale Enquiry Multi-Agency Safeguarding Meeting and/or may be required to submit a written report. We are planning to have an initial meeting on (insert date, time, location, or teams), the invites will follow.

I am writing to suggest that you satisfy yourself that:

* A link person has been identified and will be present at enquiry meetings.
* The continued placement is safe, meeting the needs of the individual and is in their best interests.
* The relatives or advocates of the individual have been kept informed of the enquiry and the process your staff have put in place to inform them of the outcome.

We understand that the ongoing placement for your placed individual/s is a matter for your Commissioning Manager to decide and not something we, as the ‘Host’ Authority can decide or advise upon.

I hope you find this letter helpful in clarifying the current position.

Yours sincerely,

(First Name) (Last Name)

(Senior Managers Title)

## Appendix 6 – Escalation Process

|  |
| --- |
| **Calderdale Safeguarding Adults Board**  **Managing Large Scale Enquiries – Escalation Process** |

This should be used to determine what actions need to be taken in relation to serious concerns and should be signed by the Chair of whichever meeting takes the decision to escalate action. This would usually be the Chair of the Large Scale Enquiry Multi-Agency Safeguarding Meeting.

This will be informed by the MDRA – Multi-Disciplinary Risk Assessment documentation and incorporated within the monthly Provider Quality Monitoring and LSE meetings.

|  |  |
| --- | --- |
| **Name of Home / Care Provider:** |  |

|  |  |  |
| --- | --- | --- |
| **1 GREEN** | **2 AMBER** | **3 RED** |
| **Monitor and record situation via Large Scale Enquiry Meeting** | **Highlight to senior managers and monitor regularly by convening Multi-Agency Safeguarding Meeting (MASM) who should report to relevant senior managers in each agency** | **Inform senior managers in relevant organisations if immediate action / decision is required. This may require joint agency decision making. Multi-Agency Safeguarding Meeting (MASM) group may need to be convened and co-ordinate any action required** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Escalation Triggers** | Risk RAG rated (GREEN, AMBER, RED) | Impact – Provide Details | Action Required (1,2,3) | Action Undertaken |
| ***Example – sudden closure of a care home*** | RED | All service users need to be removed from the home | 3 | Service users’ needs assessed, and new care home placements found |
| **Sudden closure of care home** |  |  |  |  |
| **Serious incident causing serious harm or death** |  |  |  |  |
| **Provider not managing safeguarding incidents appropriately** |  |  |  |  |
| **CQC take action to begin closure process** |  |  |  |  |
| **Continued failure to respond to defaults** |  |  |  |  |
| **Continued failure to respond to regulatory notices from CQC** |  |  |  |  |
| **Negative media coverage** |  |  |  |  |
| **Current management arrangements not delivering** |  |  |  |  |
| **Evidence of a lack of financial viability at the care home** |  |  |  |  |
| **Large Scale complaints received** |  |  |  |  |
| **Care provider has not sufficient resources to meet the requirements of the clientele** |  |  |  |  |
| **An unplanned incident poses a serious threat to the running of the home and its ability to meet the needs of its residents / service users** |  |  |  |  |
| **Partner agencies fail to reach an agreement over what action to take** |  |  |  |  |
| **Other** |  |  |  |  |

**SIGNED: ………………………………………………………………………………………. CHAIR**

**DATE: ………………………………………………………………………………………**

## Appendix 7: Large Scale Enquiry Risk Analysis

The Following Actions must be undertaken following the completion of the escalation document:

|  |
| --- |
| **Green - Low Risk**  **Enquiry proceeds and concludes satisfactorily in line with Multi-Agency procedures or risks indicate no escalation required.**  **Senior Managers within relevant agencies informed.** |
| **Amber – Medium Risk**  **Multi-Agency meeting convened, Chaired by Senior Representative from relevant partner agencies.**  **LSE process monitored and representatives from the meeting report to Senior Management. Risk status to be reviewed at each meeting.** |
| **Red – High Risk**  **Immediate action and decisions required from Senior Managers – this may require Joint-Agency decision making. Multi-Agency Safeguarding Meeting (MASM) convened as required to co-ordinate action. Risk status to be reviewed at each meeting.** |

## Appendix 8: Home Closure Checklist



## Appendix 9: Multi-agency LSE Debrief and Learning meeting format.

1. Recap of the case
   1. The circumstances leading to a decision to conduct a LSE
   2. Key issues
2. What went well?
3. What have we learned?
4. What have service users and their significant others told us about this case and how has the learning been embedded?
5. What was the impact on staff (both staff in the organisation subject to the LSE and staff who were part of the LSE response) and the environment and how was this managed? What was the learning?
6. How will learning from the case be disseminated?
7. What changes do we need to policy & procedures?
8. Was a SAR considered and what was the outcome / learning?