



Borough of Poole

Adult Social Services Commissioning

And

Adult Social Care and Wellbeing Units

Internal Adult Protection Procedures

Introduction

These Adult Protection procedures are for the Borough of Poole and not intended as a replacement of the "Bournemouth, Dorset and Poole Vulnerable Adults Protection Policy and Procedures" but should be used in conjunction with them.

The aim of these procedures/guidelines are to provide a guide on Adult Protection for all staff in Borough of Poole, to fit in line with the Council's structure and terminology.

The guidelines provide a framework for positive action, to work together to protect adults at risk from mistreatment and abuse, based on respect for individuals' human rights.

The Adult Protection Procedures make explicit the roles and responsibilities of staff from all agencies working with vulnerable adults, and if it is evidenced that an individual has not followed the procedures as stated, then they may face disciplinary action by their Line Manager.

The guidelines set out the way in which an Adult Protection Investigation should be carried out to enable an Adult Protection Plan to be put in place for a vulnerable person.

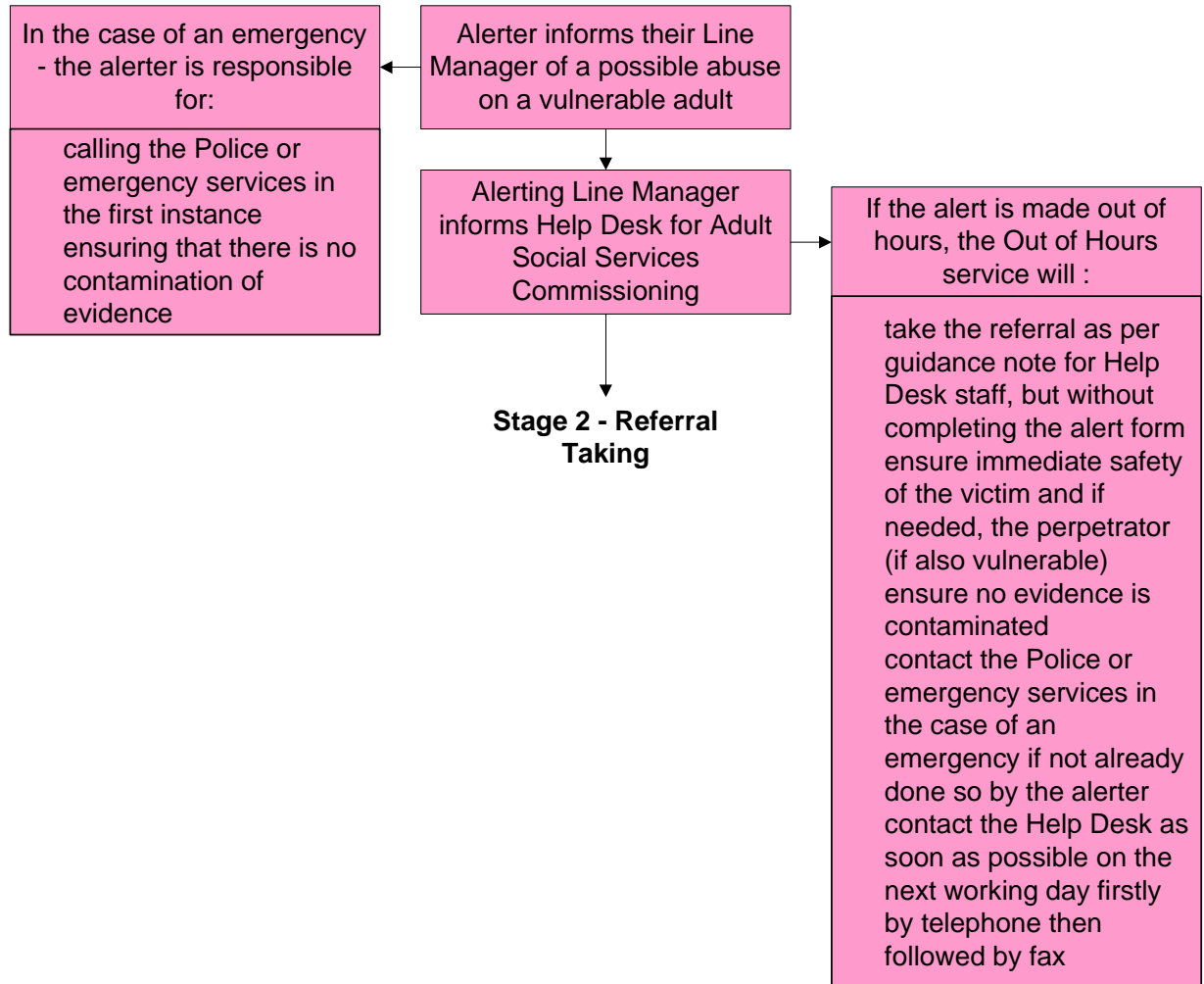
Some instances of abuse will constitute a criminal offence, and in such cases vulnerable adults are entitled to the protection of the law in the same way as any other members of the public.

These procedures will be reviewed in July 2008.

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Procedural Flow Charts for Adult Protection

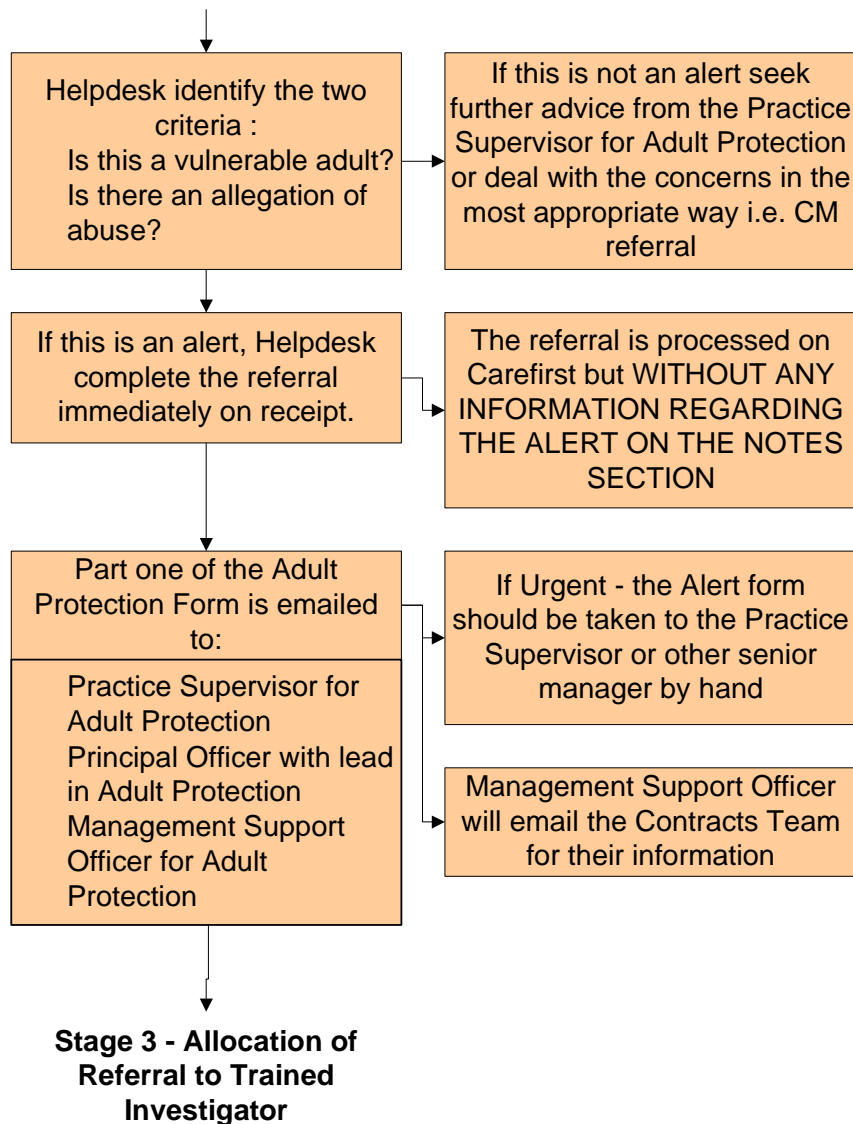
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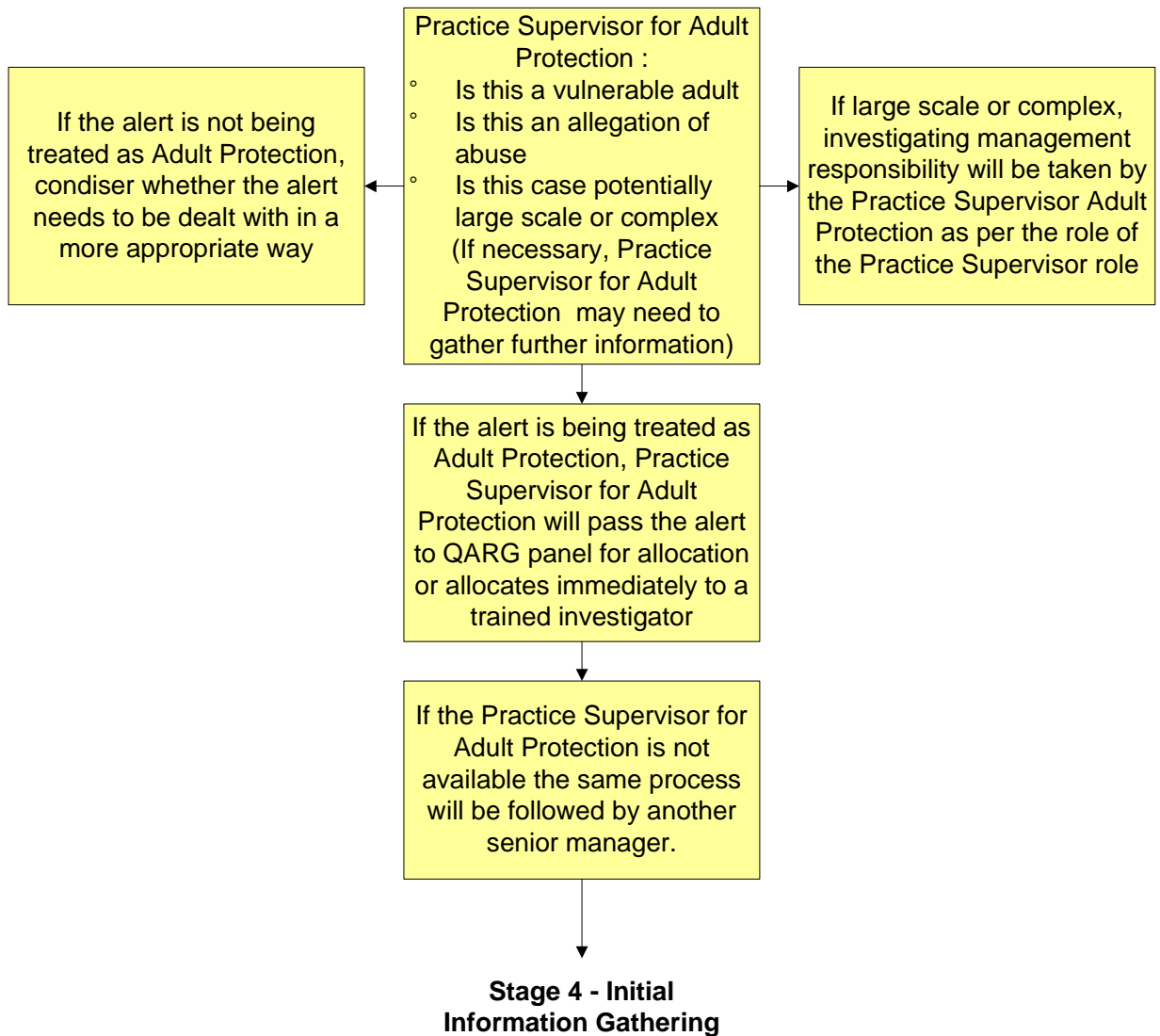
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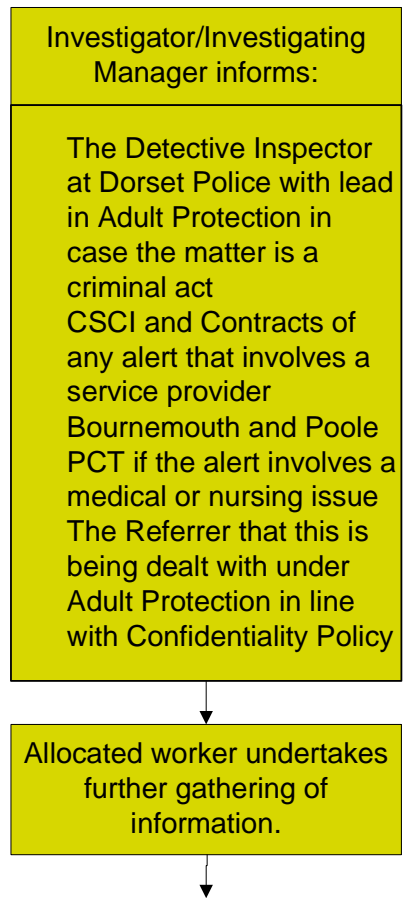
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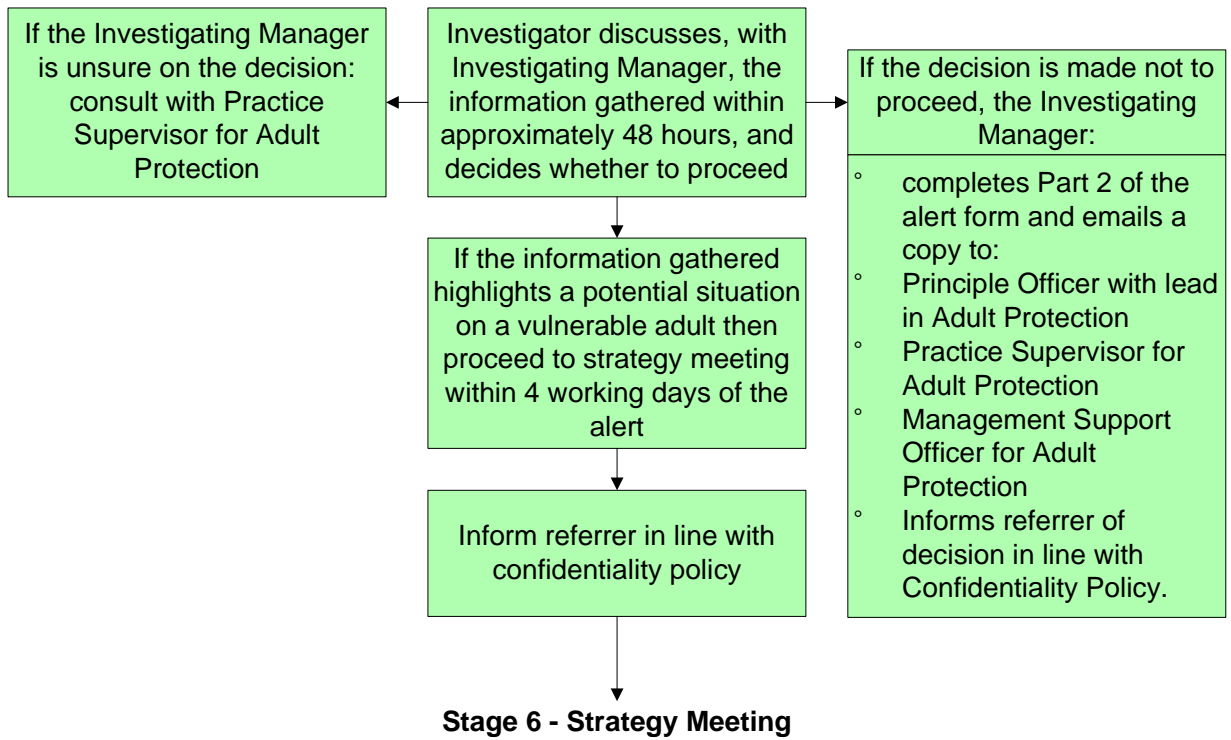


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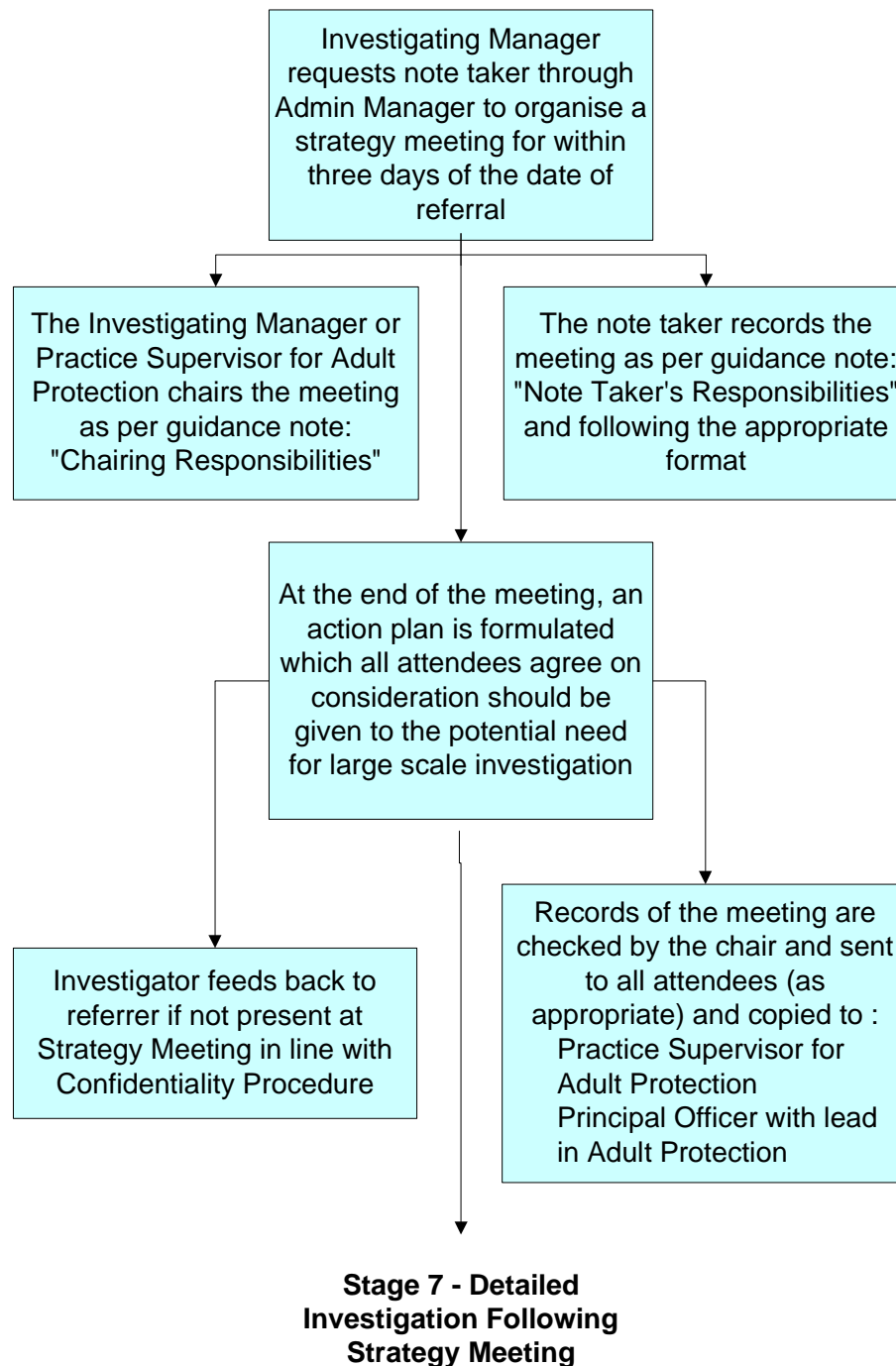
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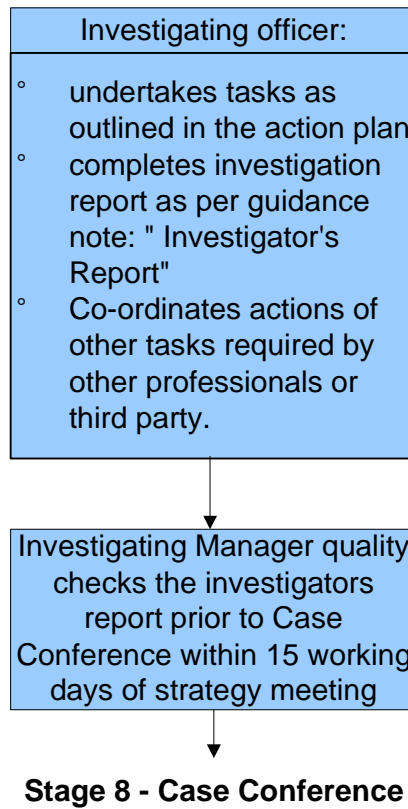
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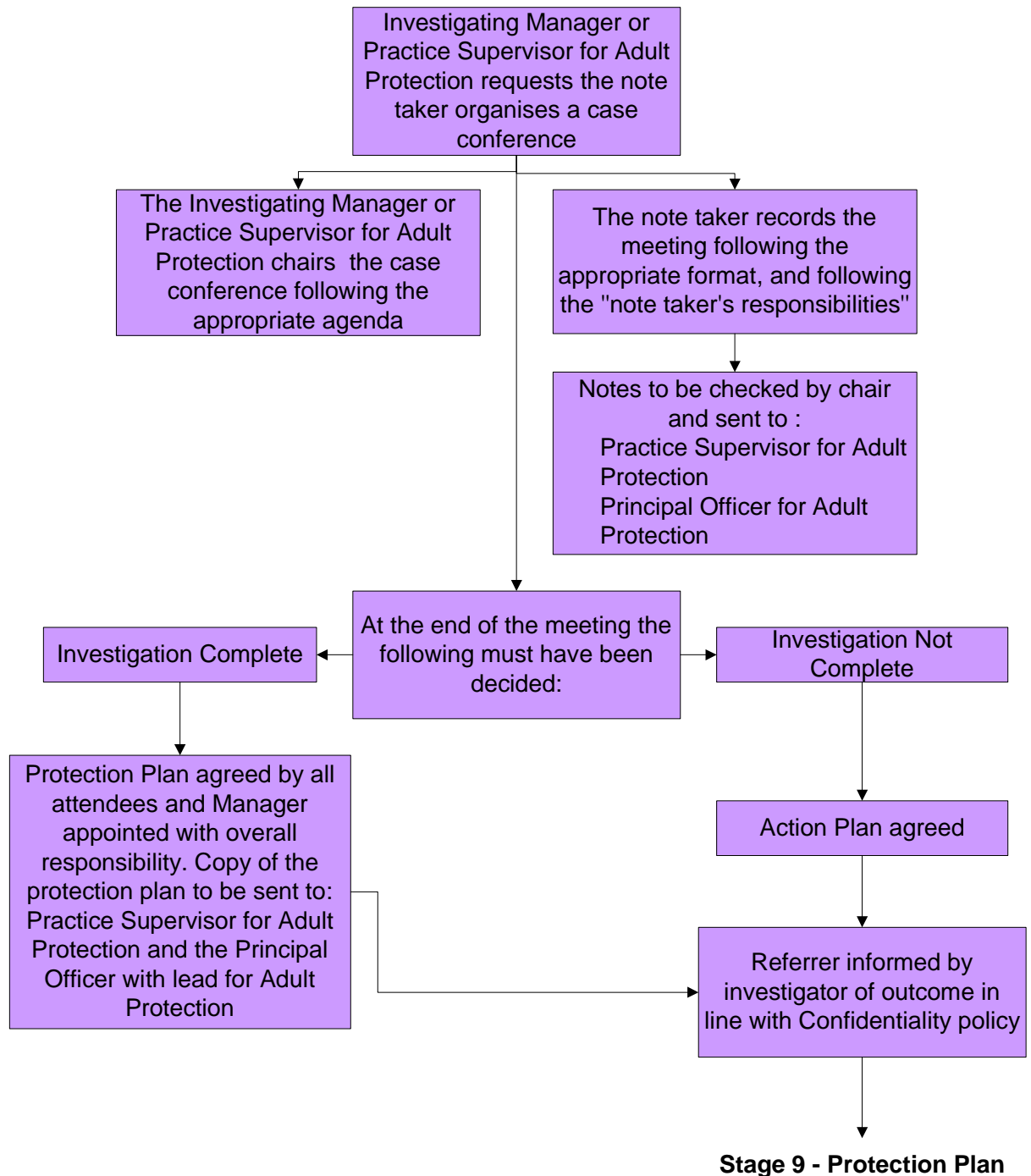
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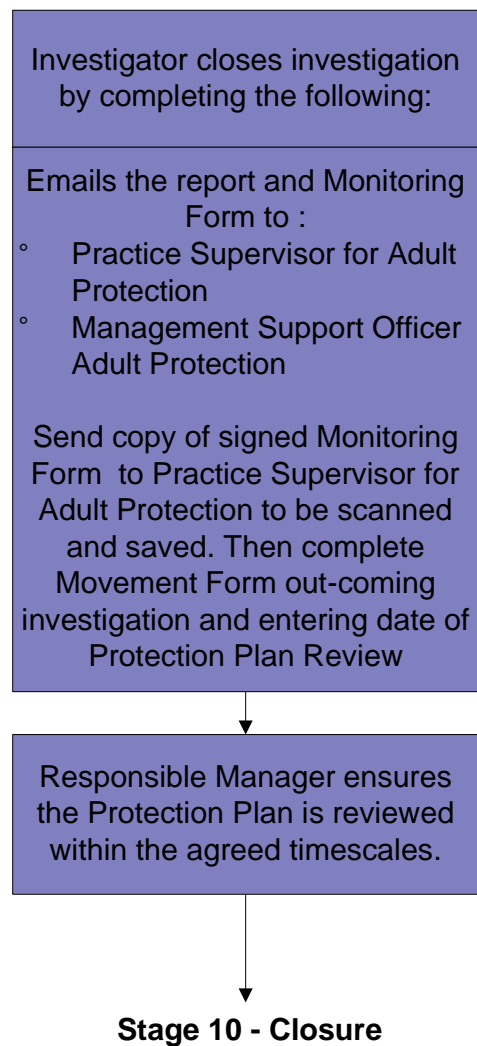
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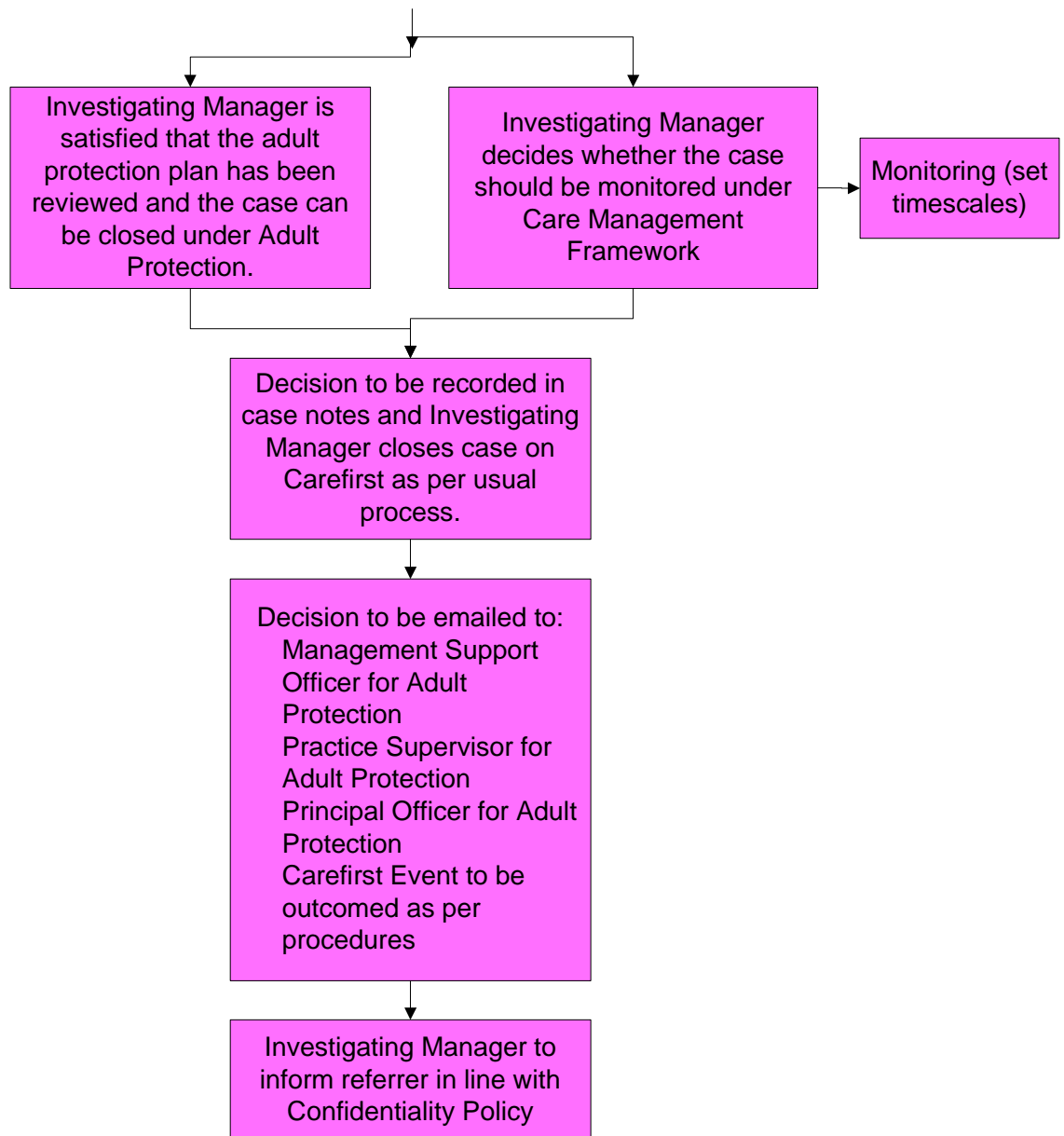
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Guidance Note 1:

Definition of 'Vulnerable Adult', 'Vulnerable People' and 'Abuse'.

Vulnerable Adult

The term vulnerable adult refers to any person aged 18 years and over who:

- Is or may be in need of *Community Care Services* by reason of mental or other disability, age or illness

And

- Is or may be unable to take care of himself or herself

Or

- Is unable to protect themselves against significant harm or serious exploitation

(*"Who Decides"* - Lord Chancellor's Office, 1997 and *"No Secrets"*, 2000)

Vulnerable People

May include:

- Older People
- People with Mental Health Needs
- People with Learning Disabilities
- People with Physical Impairments
- People with Sensory Impairments
- People who are Substance or Alcohol Dependent
- Family Carers providing assistance to a vulnerable person

Abuse

"Abuse is the violation of an individual's human and civil rights by any other person or persons."

(*"No Secrets"*, March 2000)

Consideration needs to be given to a number of factors:

- Anyone may experience abuse
- Abuse may be a single or repeated act
- Abuse may be physical, verbal or psychological
- Abuse may be a deliberate act or may be the result of a failure to act appropriately
- Abuse may occur within a personal relationship or within a professional relationship where there is an expectation of trust
- Abuse may take place in any setting; for example a person's own home, in a care home, in a hospital, day centre or public place.

Guidance Note 2:

Purpose of an Adult Protection Investigation.

The purpose of an Adult Protection Investigation is to:

- protect the person from serious harm and reduce the likelihood of further abuse
- establish and record the facts about the circumstances giving rise to concern
- determine whether a criminal offence has taken place and whether allegations can be substantiated
- establish the vulnerable adults' perception of abusive incident and what he/she wants to happen to ensure future safety
- assess source and level of risk
- assess the extent of person's mental capacity to understand the degree of risk involved
- consider action needed to protect others
- consider whether legal advice is required
- bring together and assess information to develop a multi-agency protection plan
- ensure appropriate action is taken with regards to alleged perpetrator, including where needed, Community Care Services.

Guidance Note 3:

Mental Capacity Act 2005.

Testing for capacity

The Mental Capacity Act 2005 states that everyone must be presupposed to have capacity unless it is established that they lack capacity, and that all practical steps must be taken to help the person to make a decision.

The Act goes on to set out four criteria for deciding that a person lacks capacity. He or she must be unable:

- to understand the information relevant to the decision, **or**
- to retain that information, **or**
- to use or weigh that information as part of the process of making the decision, **or**
- to communicate the decision (whether by talking, using sign language or any other means).

For some people with impaired cognitive functions, their ability to meet some or all of these criteria will fluctuate over time.

Some people, for example those in the early stages of dementia, are able to retain information for a limited period only. The fact that a person is able to retain the information relevant to a decision for a short period only does not prevent him or her from being regarded as able to make the decision.

An individual may be competent to make certain decisions, but at the same time not have the capacity to make other, more complex decisions.

When assessing for capacity to make a particular decision, the assessment should be made at the time the decision needs to be made. Where it involves more than one decision, each decision must be considered in turn, as a person may have capacity to make one decision but lack capacity to make another. Those making the assessment should ensure that:

- the person has all the information, or sufficient information in order to make that specific decision
- the information is explained or presented in a way that is easiest for the person to understand (taking into account the particular needs of the individual)
- arrangements are made to take account of whether;
 - there are particular times of day when the person's understanding is better
 - there are locations where they feel more at ease
 - to postpone the decision to another occasion if that would be better
- where the person can be helped or supported to make choices or express a view by someone else, such as a relative or an independent advocate, that arrangements are put in place to provide that support.

A person should not be treated as unable to make a decision because he or she makes an unwise decision, or one that appears irrational. The crucial test is defined in paragraph 8.2 of 'Bournemouth and Poole MCA Interim Guidance for Staff' to determine the individual's level of understanding and decision-making capacity.

When assessing a client's capacity, forms SSF530 and SSF531 should be completed and retained on the client's file.

The Independent Mental Capacity Advocate (IMCA) Service

People who lack capacity will often have support from family members or friends who take an interest in their welfare. However, some people who lack capacity may not have anyone to support them in making major life changing decisions so the Act has created an Independent Mental Capacity Advocate (IMCA) to support them. An IMCA is a specific type of advocate who will only be involved if there is no family, friends or legal representation who can be consulted. An IMCA will not be the decision maker, but the decision maker will have a duty to take into account the information given by the IMCA.

IMCA will be involved if:

- the decision is about serious medical treatment
- it is proposed that the person be moved into long term care of more than 28 days in a hospital or 8 weeks in a care home
- a long term move (8 weeks or more) to different accommodation is being considered, for example, to a different hospital or care home
- where adult protection procedures are being instigated.

The Department of Health has extended the Act in relation to the protection of vulnerable adults from abuse and neglect that are deemed to lack capacity. These regulations equally apply to a person who is alleged to be the abuser and whom lacks capacity. In an adult protection situation, an IMCA may be appointed even where there is someone else such as a relative or friend to consult with if that person is allegedly implicated in the abuse (see Appendix B of the 'Bournemouth and Poole MCA Interim Guidance for Staff').

If you are the decision maker it will be your duty to instruct the IMCA before making the decision (apart from in emergency situations). The service is provided locally by:

Dorset Advocacy
Independent Mental Capacity Advocacy
3 Princes Street
Dorchester
DT1 1TP
Tel: 01305 251 033

A record of the referral must be kept in the service users file.

Guidance Note 4:

Alerting and the Alerter's Role.

Alerting, or reporting concerns, about an allegation of adult abuse involves:

- recognising possible signs of adult abuse and ongoing poor practice
- responding to disclosure of abuse
- ensuring immediate safety
- preserving evidence
- reporting a concern, disclosure or allegation
- recording initial information
- working strictly in accordance with the policy for 'Promoting Equality and Respecting Diversity' and 'Human Rights' legislation.

Responding to Disclosure and Immediate Safety Needs

The way you respond to a vulnerable adult who has experienced abuse is critical.

The following issues should always to be considered:

- **Ensure Immediate Safety**

If the vulnerable person is in immediate danger or in need of immediate medical attention, action should be taken to ensure his/her safety and well-being. This could include calling the appropriate emergency services.

The Police should be called immediately if it is believed that a serious crime has taken place. In cases involving physical or sexual abuse care must be taken to preserve evidence. Consult the Senior Practitioner Adult Protection if the referrer has requested the Police are not to be informed.

At all times staff should be mindful of their own safety and the safety of others, and not alert or confront the alleged abuser.

- **Listen Carefully to What Is Being Said**

Ensure the vulnerable person is not interrupted or discouraged from reporting abuse.

Give reassurance that information is being treated seriously, that it is not their fault and that they have done the right thing by sharing the information.

Clarify the facts of the alleged abuse, or grounds for suspicion, by asking open and not leading questions but ***avoid going into detail.***

Do **not** in any circumstances discuss the allegation of abuse with the alleged perpetrator.

- **Ensure Evidence is Retained or Preserved**

In the case of a criminal offence ensure that the Police are called immediately to investigate and collect any forensic evidence available.

Ensure any written records (e.g. letters, notebooks, e-mails) are kept in a safe place.

Where a physical or sexual assault has occurred the person should be encouraged not to wash, bathe or shower if a medical examination is likely to be needed. Police and medical staff will respond quickly in these circumstances.

Do not tidy up or wash clothes, bedding or other items.

All records of the incident should be signed and dated.

- **Explain Duty to Inform Line Manager**

Where the Alerter is a member of staff or volunteer, the vulnerable person should be advised that all allegations, disclosures, concerns or suspicions should be recorded and discussed with a line manager.

Check how the victim of abuse feels about informing services who might be able to help, e.g. Social Services and if clearly relevant, the Police.

If there is any doubt whether to involve the Police or not see Chapter six of the Pan Dorset Policy, titled 'Confidentiality'.

- **Inform Line Manager/Supervisor of Incident**

Staff should inform their Line Manager/Supervisor as soon as possible on the **same day**.

If the allegation is against the Line Manager/Supervisor then the next senior member of management should be informed.

- **Recording Initial Information**

The record should be written clearly and accurately, and should include:

- the date and time of the incident
- the victim's view and description of what happened using as far as possible their own words, phrases and expressions if able.
- the appearance and behaviour of the victim
- any injuries observed
- if a third party reports the allegation, record what they have said and their relationship or role

- details of the outcome the vulnerable adult wants
- any questions that may have been asked.

All records should be signed and dated.

- **Child Protection**

If there are any immediate concerns that a child may be at risk, a referral should be made to the Police or Children & Young People's Social Care (formerly Children & Families Social Services).

Staff should be familiar with the Pan Dorset Inter Agency Safeguarding Children Procedures (formerly 'Child Protection Procedures').

Guidance Note 5:

Responsibilities of Alerting Line Manager.

The 'Alerting Line Manager', is the Line Manager of the member of staff receiving the 'Alert'.

The Line Manager, must decide within 24 hours on the most appropriate course of action.

The Alerting Line Manager should:

- **Ensure immediate safety needs are met**
 - Victim of alleged abuse is safe
 - Any necessary emergency medical treatment has been arranged; ambulance requested where appropriate
 - Police contacted if clear criminal act alleged
 - All forensic evidence is preserved
 - Staff safety and safety of others, e.g. prior to a police arrest
- **Clarify facts received by Alerter**
 - Clarify with member of staff the facts of the alleged incident and where possible avoid re-questioning the alleged victim
 - Do **not** in any circumstances discuss the allegation of abuse with the alleged perpetrator
 - Decide whether it meets the Adult Protection Criteria
 - Determine whether allegation of abuse relates to service delivery or an employee
- **Consider issues of consent and confidentiality**
 - Does the victim and/or perpetrator have any mental health problems?
 - Is the alleged victim of abuse able to decide who should be informed?
 - Is incident of a level of seriousness and risk to future harm to victim or others so high that any refusal of investigation should be overridden.
 - Where there is any doubt about action to be taken discuss with Senior Practitioner Adult Protection.
- **Record**
 - Ensure that the allegation is recorded and signed as soon as possible.
 - In care settings, e.g. residential and nursing homes, day centres and hospital, records will include the vulnerable adult's personal file and daily record book.
 - The recording should include an accurate record of what was said to the member of staff, or volunteer by the vulnerable adult; plus any other significant observations or information.

Alerting Line Manager's Responsibility to Process a Referral

Borough of Poole has a zero tolerance approach to any adult protection alert.

A referral should ideally have the consent of the vulnerable adult, however there will be circumstances when an alert will need assessing and sharing of information without the individual's consent.

For example:

- The victim lacks the mental capacity to give consent (see Mental Capacity Act Policy on the Loop).
- There has been a serious crime and risk of harm to the individual or others is such that there is an overwhelming responsibility to intervene.

Anonymous referrals must always be investigated.

Referrals about allegations, suspicions or concerns of adult abuse should be made by telephone to Borough of Poole **Help Desk on 01202 633902**.

Guidance Note 6:

Referral Taking for Help Desk staff.

Before passing any referral on as an adult protection alert, please identify whether the victim is a vulnerable adult based on the criteria in this policy and that there is an allegation of abuse.

If the concern does not constitute an adult protection alert ensure that it is still dealt with in the most appropriate way e.g. complaints procedure or care management referral, referral for Domestic Violence etc.

If unsure please discuss with the Practice Supervisor for Adult Protection.

Referrals should if possible include information about:

- **The vulnerable person (alleged victim):**
 - The situation in which the person is living
 - Their mental health/disability/sensory impairment
 - Whether they are aware the referral has been made
 - Their view of the situation and what action they would like to be taken
 - Services they currently receive and agencies in contact with them including GP
 - Details of the family and significant others
- **Details of the referrer:**
 - Name, address and contact details
 - Whether they are happy for the alleged victim to know they have alerted Social Services about the alleged abuse
 - If the referrer is requesting to remain anonymous please explain that the investigator will need to call them to request more detailed information. If they refuse then accept this and continue to record the information.
- **Details of alleged abuse:**
 - The reasons/incidents that are causing concern and that have led to the referral.
 - The degree of immediate risk that the referrer perceives the vulnerable person to be in.
- **The alleged perpetrator (abuser):**
 - Their relationship to the vulnerable person
 - Their mental health/disability/sensory impairment
 - Their whereabouts and the likelihood of contact or the risk to other people
 - Services received/agencies in contact with them including GP

- **The referrer's perceptions of the situation:**
 - Action already taken
 - Any immediate action the referrer thinks should be taken
 - The perceived risks to others ***including children***

- **Other agencies already involved:**
 - Information about any actions taken by health care professionals
 - Information about any Police involvement
 - Any other agencies that have been involved in the identification of abuse

Helpdesk should then forward the completed alert form (SSF400) as per the procedural flowchart Stage 2.

Guidance Note 7:

Threshold for Adult Protection Referrals.

The characteristic of much abuse is that it is the abuse of power. It is important to note that some abuse is criminal; other abuse does not amount to a criminal act but, as an infringement of human rights, must be treated with the utmost seriousness.

It is not always clear whether or not abuse is taking place, whether in someone's home or in a service. Allegations can be vague, misleading or even malicious. Suspicions and concerns may have little evidence to support them. However, lessons from child and adult protection highlight the importance of the sharing of individual pieces of information (which may be pieces of a significant 'jigsaw'), and of using adult protection procedures.

Initiating AP Procedures

The questions that must first be considered are:

- Is the person who may have been abused a **vulnerable adult**? The definition of vulnerable adults can be found in Guidance Note one, and in the Pan-Dorset Adult Protection Policy.
- Is there a duty of care that has been breached? e.g. by a care worker or a carer. This information helps distinguish abuse (of trust) from abusive/criminal acts by strangers.
- Has the vulnerable adult experienced harm? This may be a loss of rights, independence or opportunity, emotional and psychological harm, or something more overt such as physical harm or loss of assets

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

The Practice Supervisor for Adult Protection can be telephoned and consulted about possible referrals. However: **IF IN DOUBT REPORT**.

Relationship of Abuse Procedures and other Procedures

The significance and importance of abuse is such that abuse investigations **must** take precedence over investigations which otherwise might be conducted into complaints or untoward incidents (see Complaints, Whistle Blowing or Disciplinary policies).

AP procedures take account of disciplinary procedures, duties of employers and the rights of alleged perpetrators. Any disciplinary investigation should not commence until after the conclusion of the AP investigation unless this has been agreed at a Strategy Meeting.

Guidance Note 8:

Gathering Initial Information – Investigating Officer

Initial information gathering is the way we assess what the most appropriate course of action is for any reported case of abuse or suspected abuse.

Initial gathering of information may include contacting:

- GP
- Police (Detective Inspector with lead in Adult Protection)
- Hospitals
- Community Nurses
- Healthcare Commission or The Commission for Social Care Inspection (CSCI)
- Contracts & Service Improvement Team
- Any Voluntary or statutory organisations providing services to alleged victim.

Where the allegation concerns a registered provider, CSCI and Borough of Poole (BoP) and Contracts & Service Improvement Team must be informed and kept updated.

- **'INFORMATION GATHERING' DOES NOT MEAN VISITING THE VICTIM - THIS WILL BE COMPLETED IF NEEDED IN THE INVESTIGATION STAGE.**
- **DO NOT CONTACT THE ALLEGED PERPETRATOR AT THIS STAGE.**
- **WHERE THE ALLEGED PERPETRATOR IS EMPLOYED BY A SERVICE PROVIDER, DO NOT CONTACT THE SERVICE PROVIDER PRIOR TO ANY INVESTIGATION IF THIS WILL CONTAMINATE ANY EVIDENCE AT THE INVESTIGATION STAGE.**

Guidance Note 9:

Responsibilities of the Investigating Manager.

- Provide support and supervision for the Adult Protection Investigator at all stages of the investigation.
- Decide at what point the investigation should move to the next stage or be closed, ensuring that all stages of the Adult Protection process have been followed.
- Ensure that the investigation follows the Pan-Dorset Adult Protection Policy, and that the process meets the necessary timescales.
- Decide who should be invited to the Strategy Meeting/Case Conference, ensuring that recommendations from the meeting are carried out.
- If it became apparent that an Adult Protection Investigation is not appropriate, the Investigating Manager will record the reasons for the decision.
- Ensure that the person who made the referral is aware of the decision; any information provided should be in accordance with the Confidentiality Policy.
- Where the referrer does not accept the decision, or there are any doubts about the appropriate action to take, the matter should be referred to the Practice Supervisor for Adult Protection for the Borough of Poole on 01202 633407.
- If the Investigator is unavailable through sickness or leave, then the investigating Manager is responsible for arranging or negotiating a replacement.
- If the alleged perpetrator is also a vulnerable adult, the Investigating Manager must ensure that a Care Manager is allocated to assess their needs. It is important that the alleged perpetrator receives support to prevent the risk that they may pose to others.
- Give due consideration at every stage, to the potential for risks to wider groups and consider if this needs management through the Large Scale Investigation process.
- Ensure that the Protection Plan is allocated to a qualified worker (if not the investigator), to be implemented and reviewed.
- Where the protection plan will be implemented and reviewed by a different team and different line manager, ensure the Protection Plan is accepted and signed by the supervising line manager who will then be responsible for allocation to a qualified worker and responsible for its implementation and review.
- It is the responsibility of the Investigating Manager / Line Manager of the allocated worker to ensure that the Protection Plan is monitored as prescribed. Evaluation of the success of the Protection Plan **must** be made through Supervision as a minimum, and more regularly discussed and recorded as such for more complex

cases. This supervision must, discuss progress against action points and the progressing of the plan as a whole. These notes should be agreed signed and saved into the service users file to enable an audit trail of action.

- If the Investigating Manager / Line Manager is off of work, the supervision in relation to the Protection plan can be performed by the Practice Supervisor for Adult Protection. Requests for this assistance should be addressed directly to the Practice Supervisor for Adult Protection
- If it is clear through supervision that the protection plan is not working or being adhered to, it is the line managers responsibility to decide if this requires a further meeting to formally review the protection plan and re-design it, or whether this is better managed through communication and negation.

Guidance Note 10:

Responsibilities of the Investigator.

- Plan and co-ordinate the Adult Protection Investigation in conjunction with the Investigating Manager.
- Follow the action plan that is set in any Adult Protection meeting by the chair of the meeting.
- If for any reason the action plan cannot be followed as instructed, seek guidance from the investigating manager before proceeding any further.
- Ensure that all relevant information is recorded in line with the current policy for recording information – see 'Guidance Note 12'.
- Act as a contact point for professionals and other people who have an interest in the vulnerable person's welfare, e.g. partner, carers, relatives, friends, advocate, etc.
- Proceed with each stage of the investigation only after agreement with the Investigating Manager about how each stage will be conducted, and refer back to the Investigating Manager after completion of each stage.
- Complete appropriate forms and reports to be checked by the Investigating Manager, and sent by email to Practice Supervisor for Adult Protection and Management Support Officer for Principal Officer with Lead in Adult Protection.
- Draw up the Adult Protection Plan, and ensure that all agencies involved understand their roles and responsibilities within that plan.
- Feedback to the referrer in line with confidentiality, the progress of the case and outcome, providing information on the process of the investigation.
- Give due consideration at every stage to the potential for risks to wider groups and consider if this needs management through the Large Scale Investigation process (Guidance Notes 19 & 20).

Guidance Note 11:

Communication Standards During an Investigation, With Respect to Service Provider Managers.

It is important to acknowledge that throughout an Adult Protection Investigation it is essential to ensure lines of communication are kept open between the provider Managers and the investigating officer/s.

A provider Manager may be facing many difficult issues associated to the suspension of staff members, or through the restriction of generating additional business, due to blocks or cautions that may have been placed by the authority or Commission for Social Care Inspection.

During the Investigation process, it is important to have identified a Manager within the organisation being investigated who will be the service provider's link.

Whilst great care should be taken not to compromise any investigation following an alert being received, it is important to ensure the Investigator or Investigating Manager, offer timely updates of the investigation progress, and if at all possible and indication of timescales to next meeting etc.

In doing so, this will ensure that the provider Manager is aware of potential issues in terms of covering staffing shifts and other matters of service provision.

It is also important to reinforce the need for Provider Manager inclusion at Strategy Meetings, if appropriate, and certainly at Case Conference level, as this will ensure that the opportunity for open dialogue is available and also enable learning opportunities for provider Managers. The third function of this inclusion is to ensure that the investigation process is transparent, and where at all possible an inclusive process with the intention of enabling improvements in service delivery.

Guidance Note 12:

Role of the Practice Supervisor for Adult Protection.

Main Purpose

Day to day responsibility ensuring that Borough of Poole's Adult Protection Policies and Procedures are delivered in line with local and national legislative and statutory requirements.

In order to achieve this, all alerts, monitoring forms and reports need to be emailed to the Practice Supervisor for Adult Protection.

The Practice Supervisor for Adult Protection will also need to be informed when all Strategy Meetings and Case Conferences are taking place, and will attend meetings where the cases are complex, or are involving more than one service user.

All minutes of meetings must be emailed to the Practice Supervisor for Adult Protection along with progress updates for all cases. The Practice Supervisor for Adult Protection must also be informed when a case is going to be closed.

The Practice Supervisor for Adult Protection has the authority to challenge investigators and managers if they identify practice that does not follow these or the Pan-Dorset Adult Protection Policy.

The Practice Supervisor for Adult Protection will supervise adult protection investigators in relation to their adult protection duties, in line with Borough of Poole policy and procedures.

The Practice Supervisor for Adult Protection will report directly to the Principal Officer Primary Care and is accountable to the Head of Adult Social Services Commissioning.

Main Responsibilities

Investigating large scale & complex Adult Protection Alerts (see [Guidance Note 19](#)), this includes Chairing Strategy Meetings & Case Conferences (see [Guidance Note 13](#))

Taking the lead on other Adult Protection Alerts as deemed appropriate by The Principle Officer with responsibility.

Identifying and delivering the training requirements of external agencies including Private Providers and the Voluntary Sector in relation to Adult Protection, working closely with the training section and external trainers to ensure it is effectively delivered.

Managing, developing and implementing Adult Protection processes that meet quality standards, can be monitored and measured for the purposes of Quality Assessment and Internal and External Inspection.

Co-ordinate all matters in relation to Adult Protection as specified in the Pan Dorset Adult Protection Policy and these procedures.

Be accountable for receiving alerts and monitoring forms. Where possible provide initial screening prior to passing the QARG Panel for allocation. Ensure these are logged onto the IT systems and liaise with Line Managers monitoring the progress of the investigations ensuring timescales are met.

To keep up to date with developments and new initiatives in practice in the field of Adult Protection, advising staff of implications for policies and practice.

To liaise with Investigating Managers in processes of allocation of Adult Protection investigations, ensuring that all trained investigators are utilised and the workload is shared equally amongst them.

To hold joint meetings with Principal Officer and investigators to share practice issues and learning points.

Main Objectives

To act as co-ordinator of complex cases and multiple investigations see Guidance Note 19 - Large Scale Investigations or as directed by the Principle Officer

To give professional advice and guidance to employees of the Service and, as appropriate, to other employees in the Adult Commissioning/Adult Social Care and Wellbeing Services on complex cases, bearing in mind the professional matters of care and duties of the Authority.

To ensure that service users are enabled to participate fully in planning and decision-making and to ensure complaints are investigated in line with Adult Commissioning Service Unit policy.

To ensure that data required on the performance, demand for, and delivery of service, is provided to Adult Social Services Commissioning, Pan Dorset Adult Protection Committee and partner stakeholders.

To develop and maintain positive working relationships with carers, other Services within Borough of Poole and with other statutory agencies and local authorities, and private and voluntary providers.

To identify the Council's and other agencies' training requirements in Adult Protection matters, working closely with the training section and outside trainers to ensure it is effectively delivered.

Guidance Note 13:

Role of the Chair at Adult Protection Meetings.

Adult Protection meetings should be chaired by the Investigating Manager.

The Chair will meet with the minute taker prior to the meeting to ensure they are aware the agenda for the meeting, details of the case and type of abuse. The Chair should provide the minute taker with a list of attendees, and request they invite all attendees using the template letter. The Chair is also responsible for meeting with the minute taker following the meeting, to debrief and discuss any issues that the minute taker found disturbing.

Strategy Meeting

The Chair will ensure that:

- A decision is made as to whether the vulnerable adult is at risk
- The adult protection status of the case
- The case will be investigated how, by whom, and within what timescales

Case Conference

The Chair will ensure that:

- A decision is made as to whether the vulnerable adult is at risk
- Where appropriate a Protection Plan is agreed, with roles and responsibilities and timescales identified.
- Arrangements are made to review the plan.

At both meetings, the Chair will:

- Ensure that Adult Protection meetings are conducted on a multi-agency basis and in accordance with these Adult Protection Policy and Procedures.
- Inform attendees of the policies in relation to confidentiality, equal opportunities and anti-discriminatory practice.
- Promote a culture, which pursues positive outcomes for the vulnerable adult through putting the needs of the vulnerable person first.
- Seek a consensus on decisions of risk, and how the risk can be minimised to both the victim and the other vulnerable adults where appropriate during the investigation.
- Decide with the Contracts and Service Improvement Team whether a caution or block needs to be placed on a provider - this decision will be made and recorded at the meeting.

- Summarise at the end of the meeting the action plan (strategy meeting)/protection plan (case conference), clearly for the minute taker, which will include details of exactly who will be responsible for the action and within what timescale.
- Hold the ultimate responsibility for the overall process undertaken during the investigation, and will liaise with other agencies if action plans agreed are not completed*.

***NB.** This means informing the particular agency's Line Manager if the process is not being followed as agreed. **This will be discussed with the Principal Officer (with lead in Adult Protection) in the first instance prior to any action being taken.**

Guidance Note 14:

Minute Taker's Responsibilities.

Preparation

Staff asked to arrange an Adult Protection Meeting or take minutes should have an understanding of the Pan-Dorset Adult Protection Policy. If possible you should have attended Adult Protection Awareness training.

Staff members who have never minuted an Adult Protection meeting before should be thoroughly briefed on expectations by their line manager. This may include attending an Adult Protection Meeting as an observer, then attending another in a supernumerary capacity to practice minute taking.

When asked to arrange any meeting related to Adult Protection, make sure that the Minute Taker is aware of the type of meeting to be arranged and how urgent it is. It may be an initial Strategy Meeting or a post-case Monitoring and Review meeting.

Compile a list, in liaison with the Chair, of those who are essential to enable the meeting to go ahead and those who should be invited but who are not vital. Check availability by phone prior to sending out invitations.

Discuss the agenda and structure of the meeting with the Chair of the meeting.

Send out invitations using the standardised template letter or by email (this template can be used for both Strategy Meetings and Case Conferences providing the appropriate details are amended). Service users/relatives should be sent a personalised invitation (the above template can be used).

Ensure that a room has been booked at a suitable venue, with corporate guidance followed on accessible meetings.

Identify whether a translator or accessible information is required and arrange.

If you have been asked to take the minutes of an Adult Protection Meeting that is not at your normal work place, discuss travel arrangements to and from the venue with your line manager or the Chair of the meeting.

Familiarise yourself with the case and discuss with your line manager or the Chair of the meeting the main issues that are likely to arise.

Prepare an attendance sheet; list those people who have been invited and where appropriate the organisations they represent.

If the meeting is divided with difference participants attending separate parts of the meeting, ensure that the attendance sheet(s) reflect this.

Prepare a list of apologies and collate any reports to be given to the Chair of the meeting before the start of the meeting. Familiarise yourself with the contents of any

reports as these will assist in compiling the minutes. Try to have a short de-brief with the Chair immediately after the meeting.

Ensure that no papers related to the meeting are left in the meeting room.

Aim to produce draft minutes as soon as possible after the meeting and pass them to the Chair for approval. If the Chair is not the Minute Taker's line manager, agree a timescale that reflects the urgency and priority that should be awarded to the task.

If the Minute Taker is distressed by the content of the discussions during the meeting they should talk through the issues with the Chair of the meeting or arrange to meet with their line manager to discuss the issues in confidence.

The responsibility for the content of the minutes rests with the Chair of the meeting and they rely on the Minute Taker to produce the draft and the final version of the minutes as soon as possible after the meeting has concluded.

The Minute Taker should know exactly who should have the minutes and any additional papers that may have been agreed.

Adult Protection Meeting Minutes and Protection plan should be sent out within 10 days of the meeting either by confidential email or by 1st class post, marked confidential.

If another meeting has been arranged, ensure that an appropriate meeting room is booked.

Guidance Note 15:

Borough of Poole 'Contracts and Service Improvement' Responsibility.

Members of the Contracts and Service Improvement Team have an important role to play in both identifying abuse of adults, and throughout an adult protection investigation.

Duty to Report and Take Action

Staff who have responsibility for monitoring and managing care and support contracts have a duty to report to their line manager any allegations or suspicions that a vulnerable person is being abused.

On identifying an abusive situation it may be necessary to take urgent action, which could include referring the matter to the police or ensuring that the person receives urgent medical treatment.

A service user should not be left in a situation where they could be at risk of being seriously harmed, in which case it will be necessary to contact the appropriate Adult Services Team with a view to obtaining alternative accommodation as a matter of urgency.

Consider whether it is more appropriate for the alleged perpetrator to be removed in cases where the alleged perpetrator is also a vulnerable adult.

If the service is registered under the Care Standards Act (2000) the Commission for Social Care Inspection should be informed of any concerns or incidents of abuse. If the service is based within another local authority area the Contracts and Service Improvement Officer should also contact the Host Authority, who's responsibility will be to coordinate the investigation.

Alert Stage:

Contracts and Service Improvement will:

- Receive all copies of alerts, to enable them to be informed where the perpetrators are providers of care.
- Inform Bournemouth and Dorset Contracts of any alert involving a provider.

Strategy Meeting:

Contracts and Service Improvement will:

- Be invited to and will attend all Strategy Meetings where the provider is within Borough of Poole.
- Invite Bournemouth and Dorset Contracts to the Strategy Meeting if the provider also has service users funded by Dorset County Council and the Bournemouth Borough Council.

- Where the provider is out of the area but still includes Borough of Poole funded clients, a representative from the Contracts and Service Improvement team or the Senior Practitioner in Adult Protection will attend the meeting. If Poole is funding less than three service users, and if a representative is unable to attend, then minutes should be requested.
- Will bring the latest monitoring report on the provider to be shared at the Strategy Meeting. The latest Monitoring Reports can be found on the loop.
- Will decide in conjunction with the Chair at the Strategy Meeting whether a caution or block needs to be placed on the provider whilst the investigation is being completed. The decision will be recorded in the minutes of the meeting.

Definition of Caution and Block:

Caution

If a caution is placed on any service, this means that clients will continue to use the service funded by Borough of Poole, but consideration will be given to the type of client using the service in relation to the areas of concern. This is an operational decision.

Block

If a block is placed on any service, this means that no Poole funded clients are able to use this service.

In both instances the Contracts and Service Improvement Team write to the provider explaining why the caution or block has been placed. The caution or block is recorded on the block and caution list, and a new copy of this list is circulated to all relevant people.

The Brokerage Manager (or Senior Manager in their absence) is informed of these decisions by the Contracts and Service Improvement Manager.

Investigation Stage

Contracts and Service Improvement may be required to undertake a task as part of the investigation. This would be agreed at the strategy meeting. This task would be in relation to the contractual nature of the provider only.

Case Conference

A Contracts and Service Improvement Officer will attend the case conference where the case involves a Borough of Poole provider, where the action plan has been formulated and requires an officer to review the recommendations set within the time scale specified.

Where the provider is out of the area but still includes three or more Borough of Poole funded service users, a Contracts and Service Improvement representative will attend

if possible. In cases where there are less than three service users, the Practice Supervisor for Adult Protection will attend the meeting if possible; otherwise Contracts and Service Improvement will need to request the minutes from the host authority.

Based on the evidence provided at the Case Conference, Contracts and Service Improvement, in conjunction with the Chair, will decide whether a caution or block needs to be placed on the provider until the recommendations have been adhered to. The decision will be recorded in the minutes of the meeting.

The recommendations from the investigation with timescales for completion may include Contracts and Service Improvement following up as part of the review process, whether the provider has achieved these. Contracts and Service Improvement will agree to this role, and agree to feedback at a review case conference.

Review Case Conference

Contracts and Service Improvement will attend the review meeting, and feedback any information as appropriate. For cases involving residential or nursing homes in Borough of Poole, they will develop an action plan to further monitor the home, including timescales for improvements.

Where the provider is out of area but still includes Borough of Poole funded clients, either a Contracts and Service Improvement representative or the Practice Supervisor for Adult Protection will attend the meeting.

Out of Borough Large Scale Investigations

Where Contracts and Service Improvement are informed of an out of borough large scale investigation on a service provider, which is being coordinated by another authority, and where there are Poole funded service users in this service provider, Contracts and Service Improvement will:

- contact helpdesk and request alerts on these clients are processed as per usual process.
- provide the contact details of the lead of the out of borough investigation to helpdesk, so the investigator can then contact the lead for further information.
- Inform the Practice Supervisor for Adult Protection and Principal Officer with lead in Adult Protection either by phone or email.

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Borough of Poole Large Scale Investigations

Where a large-scale investigation is being lead by Borough of Poole on a service provider Contracts and Service Improvement will:

- Provide a list of clients funded by Borough of Poole to the lead of the investigation.
- Attend the strategy meeting, case conference, and any other AP meetings that involve the role of Contracts and Service Improvement where possible.
- Contribute to the action plan set, and follow this through by monitoring the action plan against the set timescales set, and feeding back through the AP meetings.
- Will not discuss the details of the investigation with the registered providers outside of the AP process.
- Stop any planned monitoring on the service provider until the AP investigation is completed.

Guidance Note 16:

Roles and Responsibility of The Commission for Social Care Inspection (CSCI).

Alert Stage

CSCI will inform the Borough of Poole of any adult protection alert.

Strategy Meeting

It is not necessary or appropriate for CSCI to attend all Strategy Meetings, however, attendance must occur where one or more of the following criteria are apparent:

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

The following must be supplied by CSCI to the Chairs of all Strategy Meetings convened in relation to regulated services whether CSCI staff will be attending or not:

- Name, address and telephone number of service
- Name of registered provider/company (if applicable)
- Name of registered manager (if applicable)
- Type of registration
- No. of places registered (if applicable)
- Category(ies) of registration, with number of places
- Conditions of registration
- Enforcement action underway or pending
- Complaints investigations underway or pending
- Most recent inspection report
- Quality rating (when implemented)
- Any direct information relating to the allegation obtained through our inspection process

CSCI staff must not chair or function as minute takers for Strategy Meetings.

Where the allegation suggests breaches of regulations and standards, CSCI may conduct enquiries or initiate an inspection and take appropriate regulatory action.

Adult Protection Plan

CSCI within its regulatory role will have an influence in ensuring adherence to parts of the safeguarding plan that relate to service compliance with regulations and standards. Where they have already undertaken some inspection activity as part of the multi-agency response to the concerns, they will have considered whether any enforcement action was needed based on their findings.

Guidance Note 17:

Staff Disciplinary Procedures for Non Borough of Poole Providers

If Managers are aware that a member of staff is abusing, or allegedly abusing, a vulnerable person they should use their **internal staff disciplinary procedures** to take action to protect vulnerable adults/children. This may involve suspending the member of staff pending the outcome of the Adult Protection Investigation.

Borough of Poole staff should not be involved in any disciplinary procedures, and should not in any circumstance interview staff who are alleged perpetrators.

If it appears that a criminal offence has been committed then an urgent referral should be made to the Police.

The Manager should also report the matter to Social Services Help Desk as an Adult Protection referral.

Where it appears that an investigation is necessary and a crime is suspected, the Police should co-ordinate the response otherwise Social Services co-ordinate the response.

The employer should comply with employment legislation at all times.

Where a formal Police or Social Services led Adult Protection Investigation has been instigated, the employer should be advised not to interview vulnerable adults or witnesses until the formal investigation has been completed.

The employer should ensure that any internal inquiry actions do not interfere with the Adult Protection Investigation or jeopardise criminal proceedings.

Guidance Note 18:

Protocol for Inter-authority Investigation of Vulnerable Adult Abuse.

Responsibilities of Host Authorities

The authority where the abuse occurred is the 'host authority' and as such always takes the initial lead on the adult protection referral. This may include taking immediate action to protect the adult, if appropriate, and arranging an early discussion with the police if a criminal offence may have been committed.

The host authority will also co-ordinate initial information gathering, background checks and ensure a prompt notification to the placing authority and other relevant agencies.

It is the responsibility of the host authority to co-ordinate any investigation of institutional abuse. If the alleged abuse took place in a residential or nursing home, other people could potentially be at risk and enquiries should be carried out with this in mind.

CSCI should always be included in investigations involving regulated care providers and enquiries should make reference to national guidance regarding arrangements for the protection of vulnerable adults.

There will be instances where allegations relate to one individual only and in these cases it may be appropriate to negotiate with the placing authority their undertaking certain aspects of the investigation. However, the host authority should retain the overall co-ordinating role throughout the investigation.

Responsibilities of Placing Authorities

The placing authority is the authority who is usually responsible for the client and who usually funds their community care service, and as such will be responsible for providing support to the vulnerable adult and planning their future care needs.

The placing authority should nominate a link person for liaison purposes during the investigation. They will be invited to attend any Adult Protection strategy meeting and/or may be required to submit a written report.

Responsibilities of Provider Agencies

Provider agencies should have in place suitable adult protection procedures to prevent and respond to abuse which link with the local inter-agency policy and procedures set out by the host authority.

Providers should ensure that any allegation or complaint about abuse is brought promptly to the attention of Social Services, the Police, and/or the Commission for Social Care Inspection in accordance with local inter-agency policy and procedures.

Provider agencies will have responsibilities under the Care Standards Act 2000 to notify their local CSCI area officer of any allegations of abuse or any other significant incidents.

Provider agencies that have services registered in more than one local authority area will defer to the CSCI area office relevant to the area in which the abuse took place.

Guidance Note 19:

Large Scale Investigations.

Indicators for Large Scale Investigations

At the point of referral, and throughout the course of an investigation, the Investigating Manager will need to consider if the alleged abuse indicates that there could be a risk to others vulnerable adults. This may arise for example when:

- The abuse has taken place in a poorly managed service.
- The alleged perpetrator is a care worker (or group of care workers) and has contact with a number of vulnerable people.
- The alleged perpetrator is a service user who shares living arrangements or services with other vulnerable people.

Levels of Investigation

This protocol identifies two levels of large-scale investigations.

On receipt of an adult protection referral / alert the Practice Supervisor for Adult Protection, will consider the appropriate level of investigation, which will determine whether the Chair should be a Team Manager, or Practice Supervisor for Adult Protection;

- Large Scale Investigation Level 1 – Chaired by Team Manager
- Large Scale Investigation Level 2 – Chaired by Practice Supervisor for Adult Protection

Large Scale Investigation: Level 1

This level of investigation applies when:

- Allegations of abuse do not amount to “significant harm”
- The abuse has not been ongoing for a considerable time or previously referred.
- No more than 3 people are at risk and are easily identifiable.

The Principle Officer with Lead of Adult Protection should always be notified of a decision to carry out a Large Scale Investigation.

Large Scale Investigation: Level 2

This level of investigation will be triggered by:

- Serious allegations of abuse made in respect of 4 or more people.
- The seriousness of abuse; including sexual abuse.

- The length of time over which abuse has taken place.
- Abuse carried out by a group of abusers.

When it becomes apparent that a Large Scale Investigation Level 2 needs to take place, the Practice Supervisor for Adult Protection should co-ordinate and Chair the Adult Protection Investigation.

The Principle Officer with Adult protection lead should be advised of all Level 2 Investigations.

Borough of Poole as Lead Authority.

Upon identifying a potential Larger Scale Investigation may be required, a Strategy meeting will need to be held. At the Strategy Meeting it will be discussed with all attendees whether alerts need to be raised on the other service users as part of the large-scale investigation. The Chair will take the final decision.

If the Chair decides that alerts need to be raised on the other service users, the Chair will need to inform Helpdesk who will need to process the alerts. These alerts will all be recorded on the database as part of a large-scale investigation.

As per usual process, it will be the decision of the Chair and the Contracts and Service Improvement Officer, who will decide whether a caution or a block needs to be placed on any service provider. This can be decided at further meetings, as evidence is gained throughout the process, if not decided already at the strategy meeting stage.

All clients who are funded by Borough of Poole and who are self-funded will be raised as alerts, and Borough of Poole will be responsible for those individuals.

Clients who are using the service, but are funded by Bournemouth and Dorset will be alerted to the appropriate authority by the Contracts and Service Improvement Manager.

Borough of Poole will also be responsible for those clients who are funded by out of area authorities, for the initial investigation on those clients only. The Contracts and Service Improvement Manager will inform the responsible authority of the large-scale investigation in the first instance. After this, the allocated worker for the client will inform the key worker for that authority, of the findings of the investigation and send any paperwork to them. The investigation on the client will then be completed by Borough of Poole and responsibility handed back to the funded authority. Any other communication to out of area authorities after this will be completed by the Contracts and Service Improvement Manager.

The Investigating Manager will with the assistance of Senior Managers, appoint investigators to each client. Each client's situation will then be investigated to establish whether they have been subject to abuse, and if there are on going risks to them continuing to receive the service from the provider. The assessment of clients' mental capacity will also need to be assessed in relation to specific decisions being made

relating to their awareness of the risks of them continuing to receive the service where there are concerns. Where needed an Independent Mental Capacity Advocate (IMCA) (see page 2 of Guidance Note 3) must be referred to where clients have been assessed as not having capacity.

If needed the investigator will also need to produce a Protection Plan (SSF403) for clients where there is ongoing risk. The protection plan will be signed by the Investigating Manager, and copied to the Practice Supervisor for Adult Protection, and the Principal Officer with lead in Adult Protection.

Once the Protection Plan has been formulated, the Investigating manager will be responsible for organising for a qualified worker to implement and review the protection plan as required.

Large Scale Investigations can be completed scheduled or unscheduled, and Borough of Poole has the right to enter any home under Adult Protection.

The registered provider will be informed of the findings of the investigation at an appropriate time, in order to communicate the findings, provide the opportunity for the providers to explain any of the results, and set an action plan, which the registered providers are in agreement with and signed up to. This needs to be organised at the end of the investigation to prevent any contamination of evidence from occurring.

A Large Scale Investigation may need to involve other professionals such as Occupational Therapists and District Nurses. When this is the case the lead for the investigation, needs to ensure the investigation is coordinated with these professionals.

A Large Scale Investigation may also include service users who are funded by Bournemouth and Dorset. In these cases, the Contracts and Service Improvement Team are responsible for ensuring Bournemouth and Dorset are aware, providing the contact details of the Investigating Manager to the authorities. This will ensure that the investigation will be coordinated with the other authorities.

Service Users' next of kin should be informed of the investigation where the service user has consented Borough of Poole to complete this. Where the service user does not have capacity to consent, the next of kin will be contacted by Borough of Poole, unless information permits otherwise.

Where the investigation is unscheduled, service users' next of kin will be contacted as soon as possible after the investigation, in order to ensure there is no contamination of evidence.

Non-Borough of Poole Large Scale Investigations.

Where Social Services is informed of a Large Scale Investigation on a provider coordinated and led by another authority, all service users funded by Borough of Poole will need to be raised as alerts through helpdesk individually.

The investigating Manager will then need to gain further information from the lead of the large scale investigation, and plan with the allocated investigator how each alert is investigated.

Guidance Note 20:

The Large Scale Investigation Checklist.

The following checklist should be read in conjunction with the guidance provided in Chapter 3 of the Pan-Dorset Adult Protection Policy.

The checklist is not exhaustive and not all issues will be relevant to every investigation; but it is important that consideration is given to all these issues to facilitate the detailed planning required in complex investigations. Many of the above issues will need to be reconsidered as the investigation progresses and new information is received.

Planning Issues to be Considered:

- Joint response and decision making between agencies.
- Clarify issues to be investigated.
- Agree what is not to be investigated.
- Agree roles and responsibilities for each agency (e.g Local Authority, Police, CSCI, Health, Provider Services etc).
- Agree timing of investigation actions (including complaints and staff disciplinaries).
- Ensure any intervention does not compromise any possible Police investigation (unless there are overriding safety needs).
- Obtain background information.
- Identify all people affected by investigation (staff and service users).
- Consider whether concerns warrant a recommendation for suspension of staff, local authority placements or service contracts.
- Obtain documentary information e.g. protocols, care plans, plans of building and maps of area.
- Maintain a chronology of all incidents related to the investigation.
- Keep a clear record of all policy decisions related to the investigation, including copies of strategy and conference minutes.
- Legal advice, where appropriate, should be taken as early as possible.
- Identify Adult Protection Investigators and agree information sharing arrangements.
- Preservation of evidence and preparation for medical examination.
- Joint response to risk assessment and management.

Management Issues to be Considered:

- Identify key managers from all appropriate agencies.
- Clarify operational procedures and whether Police Major Incident procedures apply.
- Jointly agree staffing commitment and location of investigation.
- Ensure that staff involved do not, or are not seen to have any non-professional interest in the service or other elements to be investigated
- Prepare for interview of vulnerable witnesses – specialist staff and interview facilities to be made available (Police & Social Services).

- Agree and prepare joint press release / liaise with press officer.
- Consider involvement of other Local Authorities.
- Consult on Management action and where appropriate agree on issues relating to disciplinary action and suspension.
- Plan for security of records.

Professional Issues to be Considered:

- Identify differing agency priorities
- Regular briefing and information sharing for relevant staff and managers; which may need to be daily for some cases.
- Support and protection for referrers.
- Care arrangements for vulnerable adults; including therapeutic support.
- Consideration of individual needs in relation to race, culture, age, gender, sexuality, religion and disability.
- Language and communication needs
- Advocacy services, including IMCA (see page 2 of Guidance Note 3).
- Help line facilities or identified contact point

Post Investigation Action:

- Debriefing for all staff involved.
- Lessons learnt or 'best practice' identified from the investigation should be made available to all staff and agencies involved in the investigation so that any training issues can be addressed.
- A summary of all Large Scale Investigations Level 2 should be prepared and sent to Principle Officer Lead For Adult Protection.
- If circumstances warrant referral for a Serious Case Review then this should be arranged.

Guidance Note 21:

When the Perpetrator is a Vulnerable Adult.

Decisions about how to address each incident, and who should take the lead, should give consideration to the following:

- Whether the alleged perpetrator has committed a crime,
- The impact of the abuse on the adult victim,
- The intent of the alleged person responsible for the abuse,
- Whether the abuse was a one-off incident or part of a pattern of abuse,
- The impact of the abuse on others,
- The risk of the abuse being repeated against the victim or other vulnerable adults.

Action to be taken

The following actions should be considered in response to adult abuse by another vulnerable adult.

Referral to Police

Where a vulnerable adult is also a perpetrator of abuse, and a crime has been committed, they should first be dealt with as an offender.

A referral should be made direct to the Police, using 999 if immediate assistance is needed.

Social Services, and where relevant the regulatory authority should also be informed.

Referral to Social Services

Where it is considered that an alleged incident does not constitute a crime a referral should be made to Social Services.

If it is possible that a crime has been committed, social services will contact the Police.

The regulatory authority should also be informed (eg. CSCI, Health Care Commission, etc.).

Support for the Perpetrator

Where the perpetrator is also a vulnerable adult the following support may be required:

- **Emotional** e.g. counselling, psychiatric support or group support,
- **Practical** e.g. alternative accommodation, day care, residential care, closer monitoring or supervision,

- **Educational** e.g. support to develop social skills, understanding issues of abuse or Probation Service Domestic Abuse Programme,
- **Financial** e.g. legal advice, budgeting/debt counselling.

Guidance Note 22:

Standard Agenda for Adult Protection Strategy Meetings.

Confidentiality and Equal Opportunities Statements (Chair)

Statements of Confidentiality and Equal Opportunities are read out (Appendix 1)

Introductions (Chair)

Welcome to attendees

Read out apologies and reasons for non-attendance

Invite attendees to introduce themselves and role at the meeting

Explain briefly the purpose of the meeting

Explain structure of meeting and handout agenda (where appropriate agree minutes of previous meeting)

Background (Investigating Officer)

Historical background of the Service User such as age, health status, mental health status, social support, living arrangements, services in receipt of

Brief outline of current well being/situation of the vulnerable adult

Outline of the allegation, concerns or incident that led to the referral.

Relevant Information Sharing (from each agency representative)

All agencies invited to share relevant information and concerns

Discussion of any public interest considerations

Risk Assessment (all representatives)

Consider safety of individual

Consider safety of other vulnerable adults or children

Consider whether any employees need to be suspended pending the investigation.

Consider whether contracts need to place a caution or a block on a provider whilst the investigation is pending (Chair and Contracts to agree on this decision at the meeting, which is then minuted).

Adult Protection Status (Chair)

Discussion from all attendees on whether the case should proceed to Adult Protection Investigation.

Consideration of whether issues need to be addressed in other ways such as contracts, care management, complaints etc.

Mental Capacity

Assess the Mental Capacity of SU, using the standard forms (SSF530 & SSF531), and if un-befriended or family are perpetrators; an Independent Mental Capacity Advocate (IMCA) referral is required (see page 2 of Guidance Note 3).

Action plan (Chair)

Nominated investigator(s) responsible for co-ordinating investigation
Specific roles and responsibilities for each agency including potential criminal investigation
Clear timescales for action

Summarise the action agreed with timescales at the end of the meeting for the minute taker (Chair)

This needs to include those agencies who have not attended the meeting, but who need to undertake a task as part of the investigation.

Chair to advise agency of tasks to be completed.

Set Date and Time for Case Conference.

Guidance Note 23:

Format for Minuting Adult Protection Strategy Meetings.

It should be recorded that the confidentiality statement was read out by the chair in the minutes, at the top of the document (Appendix 1).

Introductions

The minute taker should record the following:

- those attending and their role and status
- apologies and reasons for those not attending
- details of any reports submitted in lieu of attendance
- those not present but whom were invited
- purpose of the meeting

Background

The minute taker should record the following:

- historical background of Service User (SU)
- outline of current well-being situation of the SU
- any previous relevant allegations

Summary of current concerns/details of the allegation

Record of all attendee's comments and concerns

Risk Assessment

Recording documented as per agenda

Mental Capacity assessment of victim and whether IMCA involved.

Adult Protection Status

Record discussion of attendees on whether the case should be investigated, and what further issues need to be addressed

Action Plan

To be recorded as per the format shown below:

Action	Person responsible	Completed by (date)

The Minute Taker should record those agencies who have not attended the meeting, but who need to undertake a task as part of the investigation. Chair to advise agencies of tasks.

Circulation of Minutes

The Chair should ensure that minutes are sent to all those invited to attend within 10 working days. The Practice Supervisor for Adult Protection should be copied into all minutes of strategy meetings.

The minutes should be produced in an accessible format to ensure the vulnerable adult is able to understand their content.

NB: Minutes should not include the name of the perpetrator if he/she is a member of staff.

Guidance Note 24:

Standard Agenda for Adult Protection Case Conferences.

Confidentiality and Equal Opportunities Statements (Chair)

Statements of Confidentiality and Equal Opportunities are read out (Appendix 1)

Introductions (Chair)

Welcome to attendees

Record apologies and reasons for non - attendance

Invite attendees to introduce themselves and role at the meeting

Explain briefly the purpose of the meeting

Explain structure of meeting and handout agenda

Handout the Adult Protection Report to all attendees

Background (Investigating Officer)

Brief outline of the allegation, concerns or incident that led to the referral.

Action Plan (Chair)

Summary of the action plan agreed on at the Strategy Meeting.

Evidence gained from Investigation (Investigator)

Investigator provides a summary of the evidence gained from the investigation, referring to the report as needed.

Relevant Information Sharing and discussion (from each agency representative)

All agencies invited to share relevant information and concerns and comment on the evidence gained from the investigation

Discussion of any public interest considerations

Summary from the Chair (Chair)

Chair refers back to the action plan, and identifies any actions that have not been completed as agreed, identifying which agency is responsible and reasons why.

Victim's comments (Chair)

Ask the victim (if present) to comment and share their views. If not present ask the investigator to provide this information.

Risk Assessment (all representatives)

Consider safety of individual

Consider safety of other vulnerable adults or children

Consider whether any employees need to be referred to POVA.
Consider whether Contracts need to place a caution or a block on a provider whilst any recommendations are being completed.

Other Actions (all representatives)

Consider any other actions that need to be taken, and agree on these actions, confirming who is responsible for the action, and time set to complete.

Protection Plan (Chair)

Formulate a Protection Plan using the template provided (SSF403), which all attendees agree on (including the Victim if present), with key roles for agencies, and time scales set.

Decide which manager will be accountable for the protection plan.

Decide on the key worker who will implement this plan.

Confirm when the protection plan will be monitored and reviewed.

Set date and time for Review Case Conference if appropriate.

Send copies of the Protection Plan to the Practice Supervisor for Adult Protection and the Principal Officer with lead for Adult Protection who will monitor the progress of the Protection Plan and timescales for reviews.

Guidance Note 25:

Format for Minuting Adult Protection Case Conferences.

It should be recorded that the confidentiality statement was read out by the chair in the minutes, at the top of the document (Appendix 1).

Introductions.

The minute taker should record the following:

- those attending and their role and status
- apologies and reasons for those not attending
- details of any reports submitted in lieu of attendance
- those not present but whom were invited
- purpose of the meeting

Background

The Minute taker should record a brief summary of details of the allegation.

Action Plan

The Minute taker should record the previous action plan agreed upon.

Investigation

The Minute taker should record the evidence gained from the investigation, referring to the adult protection report as appropriate.

Information Sharing and discussion

The Minute taker should record any information shared and comments from the evidence gained from the investigation.

Chair's Summary

The Minute taker should record the Chair's details of any actions not completed as set out in the action plan, documenting agency responsible and reasons why.

Victim's comments

Record the comments made by the victim, in their own words if present, or if not present in the investigator's words.

Risk assessment

The Minute taker should record the details of the risk assessment as per the agenda.

Protection Plan

The actions and responsibilities for these should be recorded on the protection plan. A clear review date needs to be agreed and recorded.

This should all be recorded on the protection plan template (SSF403), all actions agreed upon by all attendees.

Record how the protection plan will be provided to the victim if appropriate.

Review conference

Set a date and time for a review conference (if required).

Circulation of Minutes

The Chairperson should ensure that minutes and Protection Plan are sent to all attendees within 10 working days, including the Practice Supervisor for Adult Protection and Principal Officer with lead in Adult Protection.

NB: Minutes should not include the name of the perpetrator if he/she is a member of staff.

Guidance Note 26:

Recording in Adult Protection.

When to Record

Records must be made as soon as possible from the time that a concern, allegation or disclosure is made.

Each entry must be dated and timed.

The name of the person recording the information must be written in full.

What to Record

- All records must include factual information e.g. times, dates, names of people contacted, what was observed and by whom.
- Expressions of opinion should be avoided unless a professional opinion is required e.g. regarding the level of risk.
- Factual information should always be clearly distinguished from opinions.
- All contact with the vulnerable adult and alleged perpetrator and the exact words used by each person.
- Use body maps (SSF404) to illustrate any physical injuries.
- All consultations with Line Manager or Senior Managers.
- Discussion with and information received from other agencies.
- All telephone calls received in relation to the alleged abuse.
- All decisions made should be fully recorded to include factors considered and evaluated to arrive at a decision.
- When a decision is made not to refer to the Police and/or no investigation to take place the reasons why and on whose authority this decision was taken must be recorded.
- All meetings should be fully minuted.
- All records should be non-judgemental and non-discriminatory.
- Best practice is based on key principles of openness and accuracy.
- Wherever possible recording should be a process carried out with the service user.

How to Record Information

All records should be either typed or written clearly in black ink.

All alterations should be crossed through with a single line and initialled.

Correction fluid must not be used.

Storing Information

All records must be stored in accordance with the Data Protection Act 1998.

\continued...

No details of the nature of the adult protection alert, or any information on the investigation should be recorded on Care First unless it is stored in separate, password-protected case notes, assessments or ESCR documents.

Documents scanned into IDOX should be labelled with a confidential batch prefix of 'ZZC (Carefirst number)' with certain specified approved IDOX viewers given access.

All MS Word documents produced in an Adult Protection investigation should be saved in the 'Adult Protection Case Documents' Folder ("the AP Folder"), which only certain workers and managers have access to – see Appendix 2.

Appendix 1:

Confidentiality and Equal Opportunities Statement.

To be read by the Chair at every Adult Protection Meeting.

Confidentiality Agreement

“This meeting / conference is held under the Bournemouth, Dorset and Poole Adult Protection Policy and Procedures to discuss the safety and welfare of a vulnerable adult.

Information exchanged is confidential to the members of the meeting/conference and the agencies that they represent. The following principles will be followed:

Information will only be shared on a ‘need to know basis’ when it is in the best interests of the service users.

Informed consent should be obtained but if it is not possible, or a serious crime has been committed and / or other vulnerable people are at risk, it may be necessary to over-ride the requirement.

It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other vulnerable people may be at risk.

Minutes of the meeting/conference are distributed in the strict understanding that they will be kept confidential and in a secure place.”

Equal Opportunities Statement

“The Bournemouth, Dorset and Poole Adult Protection Committee operates an Equal Opportunities Policy and will not tolerate comments or behaviour which discriminates on the ground of age, race, ethnicity, social class, disability, religious beliefs or sexual orientation.

Any discriminatory comments or behaviour will be challenged by the Chair and other meeting/conference members.”

Appendix 2:

Adult Protection Documentation Procedures.

All documentation should be stored in MS Word under the 'AP CASE DOCUMENTS' folder within 'My Documents'.

Within 'AP Case Documents' folder, you will find a set of A-Z folders, which has 1 folder per client within. The client folders will be named using the following information: the client's surname, first name, Date of Birth (in brackets and in 6 digit format) and Carefirst number, as per the following convention:

Surname, First Name (140783) 012345

All documentation within the client folder will be stored under document folders which are named so as to determine the type of document stored within; i.e.:

- Case Conference Minutes
- AP Alerts
- AP Monitoring Forms
- Case Recordings
- Letters/Correspondence
- Photographs etc...

A new folder should be created when a new type of document is to be stored.

Each document should be named using the following information: the client's surname, first name, date of birth (in brackets and 6 digit format) and the Carefirst number, along with the typist's (Investigator's) initials and the date the document was typed (in 6 digit format). I.e.:

Surname First Name (140783)012345AA200707

This will ensure continuity across clients, easy identification of who typed the document for where there is more than one professional involved and the date of the document.

When naming a folder or document, do not use any spaces or punctuation as this can occasionally cause issues: i.e. using / in a folder name will not allow you to save it.

You should ensure that, with both document and folder names, capital letters are used at the start of the client's name, and that when naming a document; the typist/investigator initials are in capitals also.

AP Alerts and AP Monitoring Forms will continue to be emailed to the Management Support Officer for Principal Officer with Lead in Adult Protection for information and entering onto the database. These will not be stored by the MSO for Adult Protection electronically and should be stored in the relevant electronic AP folder by the originator.

When a case is 'Outcomed' by the MSO for Adult Protection on the database following receipt of the AP Monitoring Form, the folder name for the relevant client will be amended to show that the case is closed:

From: SurnameFirst Name140783(012345)

To: CLOSEDSurnameFirst Name140783(012345)

NB. Should a new alert be received for a client, which has previously been closed, the file name will revert to: SurnameFirst Name140783(012345)

Appendix 3:

Contact List.

Commission for Social Care Inspection (CSCI):

0845 015 0120, 0191 233 3323 enquiries@csci.gsi.gov.uk

Borough of Poole (BOP):

Help Desk:

01202 633902 sshelpdesk@poole.gov.uk

Iain Baker, Practice Supervisor in Adult Protection:

01202 633407 i.baker@poole.gov.uk

Bournemouth and Poole Primary Care Trust:

Norma Lee

01202 541451 norma.lee@bp-pct.nhs.uk

Dorset County Council (DCC):

Marianne Turton, Adult Protection Co-ordinator

01305 251414 m.turton@dorsetcc.gov.uk

Bournemouth Borough Council (BBC):

Bournemouth Care Direct (Help Desk)

01202 454979 caredirect@bournemouth.gov.uk

Barbara O'Brien, Service Manager, Adult Protection Lead Officer

01202 458949 barbara.obrien@bournemouth.gov.uk

Doreena Hughes, Adult Protection Co-ordinator

01202 458803 doreena.hughes@bournemouth.gov.uk
