# Safeguarding Adults: Provider Framework



## Safeguarding Adults Provider Framework

County Council

his framework should be followed by all Providers and Professionals in health and care settings when an adult safeguarding incident occurs.

The Provider framework sets out expectations and minimum standards during the course of a safeguarding incident, from pre-referral to undertaking of full enquir The framework outlines expectations from both the local authority and the provider.

This document must be used in addition to your own safeguarding policies and procedures.

### Safeguarding Adults Advice line – Due late 2022

f you have followed the online reporting process and viewed the information on the Adult uarding online portal (Website) and you still wish to have a discussion with a Safeguardi fessional then please contact our Safeguarding Adults Advice line. The advice line is available offer help, support, and guidance to deal with any queries or questions that you may have. This ma nclude any help or support around practice/risk mitigation where you have followed the Lancas guarding Adult's Board (LSAB) guidance and do not need to report or require/ unsure whether report and have pre reporting questions?

Please note Safeguarding referrals cannot be made via this method and should be undertaken by the online Safeguarding Adults portal.

(Please note: The Advice line is not yet established and is in current development Updates will be provided.)

March 14, 2022

### What happens Decision Making Consent Report al and carry out some fur Safeguarding online portal and complete form vith other agencies onsent to undertak as well as liaising with a numb multi agency partners. They provider/ professional reportin nust now be undertaken via the line portal. This includes bosnit quiry (if not should i Does the adult nline portal. This includes hospita errals. Members of the public ca portinue to report via telephone o Decome the read Social wor at risk meet all 3 Pause & Reflect elements of the Care act Criteria Ensure you gain and record that you have consent. and LSAB guidance to 🖊 Where: If you identify the Service User may report to LCC The Service user refuses consent you may still need to progress the fall under the category of Self Neglect, Adult enquiry including reporting. Consider: Domestic Abuse, Modern Slavery, safegua rding? Human trafficking and meets the LSAB criteria for reporting then you should Safaguarding continue to report via the online Saleguarum portal. If the victim/ service user has If any of the above conditions are met you should continue the no care or support needs and enquiry and report if meets the Care act criteria and LSAB guidelines. therefore does not meet the LSAB If the above two conditions are NOT met then you should follow your Pause & Reflect Criteria for Safeguarding then this internal incident reporting procedures and LSAB guidance including should be reported via the authority's liaising with your Safeguarding Lead. 1. Has Care & Contact centre as an Adult Social Care support needs need. For any gueries please contact 2. Experiencing or at the Adult Safeguarding Advice line. risk of abuse or neglect? Pause & Reflect 3. As a result of SW will be in contact with within 2 working days their care & support Mental Capacity needs is unable to (In relation to proceeding with the enquiry and reporting) protect themselves. Pause & Reflect Remember! you should always assume the Service User has Are you assured the person is safe? capacity. proceeding or an enquiry with the persons best Where you believe the Service User does not have capacity or it is Have you considered contacting fluctuating then you should undertake a Mental Capacity health or the police Assessment. Consider linking with family members or LPA for terest decision At this stage if you are unsure Remember! Even if you have undertaken a previous Mental ner you are required to rep Capacity assessment in relation to this incident and ascertained ou have determined it is no they do not (or do) have capacity, you must undertake this again, necessary but require further specifically in relation to conducting the enquiry, reporting and guidance or a discussion or sharing of information. Capacity is incident and time specific! propriate internal actions you r h to consider contacting the Ad Safeguarding Advice line.

understanding the p to indicate this when vo ting the concern on the o Sandaa Llaar / Darsan all ave caused harm, prior

equesting an Advocate ervice User/ reison ane al Capacity you will ne consider making a referral i

once you report a Safeguarding Concern to Lancashire's Adult Safeguarding Service? What can you expect from us and what we may ask of you?			Enquiry Action	s	Provider Actions			
I	The lead Social worker will make a decision on how the enquiry will proceed in discussion with partners		Enquiry Planning Who does what?		Mental Capacity	A part of reviewing the interim protection plan at all points of the process	Update risk assessments and Care Plans	lf a shc
	(They will either undertake the full enquiry and investigation themselves or delegate this by asking for the Provider (including Hospitals) to undertake the investigation with the Social worker overseeing this)	Sharing of information from partners to help providers	Would you benefit from a multi agency discussion?	Under Making Safeguarding Personal you are required to ascertain the service users views and ask them what are their desired outcomes from the Safeguarding enquiry.	If a Mental capacity assessment hasn't been undertaken and is required, the	you should be undertaking any necessary actions to ensure the safety of the service user for example do you need to link in with the GP/ District	You should ensure you a re continually monitoring risk and if necessary updating risk assessments and	h nec (Nu Cu ot
	The Social will contact the service user or their representative to advise how the case will progress within 2 days of reporting.	Discussion with Social worker As part of the enquiry different partners and professionals may be involved in the enquiry planning process i.e. Police, health colleagues, Care Quality Commission (CQC), etc. A discussion may take place with you subject to consent and appropriateness to ensure you have	There may be a need for a multi agency discussion with professionals and partners particularly where the case is complex or partners are involved. This is where partners share information, risks as well as	Make sure this is recorded Discussing risk and how to mitigate	lead Social worker undertaking the enquiry will arrange for the necessary mental capacity assessments to be completed by whom ever is best placed.	nurse team i.e., pressure ulcers. You should follow your organisations own SG Protocol around	Care Plans. You should ensure you record this and any actions undertaken to mitigate risk.	
	Social worker feedbacks to referrer on whether the enquiry will proceed and if so who will be responsible for undertaking the enquiry.			Pause & Reflect MSP focuses on ensuring the process is person centred, involving the		gathering information & strategy planning		-
	If it is determined it will be a provider- led enquiry then the provider will be sent guidance on how to complete this as well as have a discussion with your lead Social worker responsible for your referral.	as much information as possible if you will be undertaking the enquiry. If an advocacy referral was requested,	decide on who is responsible for particular actions. If you would like this, please speak to your responsible Social worker who will help facilitate this for you.	service user and/or their representative on any decisions made and updating them throughout the enquiry process. Their views and wishes should be reviewed at the start, middle and end of the process.				
	Expectations around timescales, your role, documentation and process will be discussed. Expectations of what we expect from an enquiry/ evidence will also be discussed.	the Social worker will speak with you and the service user if possible and make this referral at this stage or at any point of the process	you.	It is important when speaking with the Service user potential outcomes are achievable and realistic. For example there may be a concern				
	They will attempt to guide you as much as possible and answer any	Pause & Refl A Social worker will be in contact with you with the enquiry. However if you feel th	to see how you are progressing	regarding accidental unsafe moving and handling of the service user where no significant harm as occurred and a proportionate outcome may be to provide training as opposed to				

dismissal of the staff member. The

importance here is the safety of the

service user and others from further

risk.

/ discussion will be of value, you should contact your lead Socia worker responsible for this case.

quiry Document

queries you may nave.

as as the load year againly

for the enquiry.

ve your own internal temp entation you may wish to h case you may then subn using the LCC documentation i

Complete enquiry and make a decision on outcome Substantiated/ inconclusive/ Not/ Part			Sharing outcomes and recommendations					
You will have been sent a template with guidance to complete (or you may be using your own organisations template). This should be completed as soon as possible. The lead Social worker will have discussed timescales for its return. You should ensure timely completion (2 weeks) We require to see the following document submissions as part of the template return: Mental Capacity Assessments (if appropriate) Any evidence gathered (Risk Assessments, Care plans, witness statements etc.) Evidence of MSP (recorded views and wishes of the service user or their representative) A clear rationale for the suggested outcomes and recommendations The proposed protection plan should ensure the continuing safety of the service user. Clear recommendations with timescales for implementation and on-going monitoring. This is particularly important where several service users are involved or affected and/ or to prevent future	The lead Social worker will review the evidence and your proposed outcome with recommendations. If further evidence or discussion is required the Social worker will contact you. A decision will then be made to confirm the outcome i.e. substantiated or not and this decision will be shared.		MSP The lead Social worker will arrange for the outcome and recommendations to be discussed with the service user or their representative and to gain the service users views around this and if they are happy with the outcomes/ recommendations.	The lead Social worker will feedback the outcomes and recommendations to all partners/ agencies as well as the service user/ representative. This will be in the form of an outcomes letter. The Social worker will also be feeding back to the referrer and will determine how much information on the outcome is to be shared with the referrer. This will be on a need to know basis, i.e. Hospital/ GP. Whereas if the referrer is a member of the public it may not be appropriate to share any information other than the fact that we have dealt with their reported concern.	Safeguarding Feedback form Along with the outcomes letter the service user/ representative will be given the opportunity to provide feedback on their experience of the safeguarding process. A questionnaire will be sent out with the outcomes letter as well as a link for online submissions.	The lead Social worker will then close the investigation. The Social worker at times may wish to review progress with actions and recommendations. This will be discussed and agreed with the provider.		
similar incidents.			Pause & Reflect					

Consider if all agreed actions and recommendations have now been embedded in practice. Moving forward is there any further learning that you can undertake that will improve quality and reduce risk?

Having completed this safeguarding enquiry can you identify any areas in which you may need further support. If so you should link in with the lead Social worker for this case.

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ments should be sent to th

## Lancashire County Council