Care Quality Commission

Inspector's Handbook

Safeguarding

June 2016

The Care Quality Commission is the independent regulator of health and adult social care in England.

Our purpose

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our role

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

Our values

- Excellence – being a high-performing organisation
- Caring – treating everyone with dignity and respect
- Integrity – doing the right thing
- Teamwork – learning from each other to be the best we can.

This handbook has been updated since the November 2015 version

The majority of amendments have been to update the content and links (including to updated Statutory Guidance). More notable additions have been made to sections on Registration and to replace the NCSC Decision Making Tool from page 19 to reflect the new approach to identifying information of concern.

Foreword

All people and organisations who come into contact with children or adults using health and care services have a responsibility to help keep them safe from abuse and neglect. CQC takes this responsibility seriously and plays a vital role in helping ensure children and adults who use regulated services are protected by the people and organisations who provide them with a health or social care service. This is part of our statutory duties to protect and promote the health, safety and welfare of people who use health and social care services.

We know that we need to continually improve our role in safeguarding and that is why this has been a major organisational priority over the last year and why key lines of enquiry about safeguarding are mandatory in our inspections.

This Handbook is for Inspectors and Registration Inspectors who, on a daily basis, use information, knowledge, skill and professional judgement to assess how well providers are keeping people who use their services safe from harm, abuse and neglect. All staff may, however, find it helpful.

The Handbook has been developed in co-production with CQC staff in all inspectorates and from around the country. It brings together in one place key elements of information, advice, guidance and support to help CQC continue to improve our performance and respond to safeguarding effectively, efficiently and consistently. In doing so, we will help improve the lives of people using services and the quality and safety of those services.

We, along with our partners in the health and social care sectors, need to be ever vigilant to make sure that care providers and people that work for them create, operate and maintain environments, systems and processes in which risks to people's health, safety and welfare are effectively prevented or identified and acted on promptly in order to keep them safe from abuse and neglect.

We hope you will find this Handbook a useful resource.

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Children, Health and Justice

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Please note: links to our Intranet pages are not accessible externally, so these have been removed. Places where links have been removed are marked in the document "[link removed]".

Introduction

Safeguarding is everyone's business. This Handbook supports inspectors and registration inspectors to deal effectively, efficiently and consistently with concerns and issues about safeguarding. In doing so, it aims to improve our understanding about and performance in safeguarding.

The Handbook contains:

- Up-to-date material in terms of end to end processes and practice to help inspectors understand what they need to know and do about safeguarding in a range of circumstances.
- Links to relevant CQC and external guidance on specific safeguarding practice and issues.

It also:

- Sets out the legislative background to safeguarding children and adults
- Defines what safeguarding is
- Explains the roles of partner organisations and how they link with CQC's role
- Sets out how other teams in CQC help support safeguarding work
- Complements but does not duplicate the sector Inspector Handbooks and Enforcement Handbook
- Is supported by the Safeguarding page on the Intranet [link removed]
- Has been developed in co-production with staff across all sectors and areas of the organisation
- Reflects what staff said they wanted in a Safeguarding Handbook

The Handbook aims to align with sector inspection handbooks, focusing on issues relevant to safeguarding. The main structure of the Handbook follows that of the operational model: Register; Monitor; Inspect; Rate.

In addition, the Handbook contains further material to set out the legal background to safeguarding as well as the roles and responsibilities of partner organisations with whom we may need to work to deal with safeguarding issues.

As far as possible, the Handbook aims to be a one-stop shop to support inspectors and registration inspectors.

CQC's roles and responsibilities

CQC's roles and responsibilities for safeguarding children and adults are set out in our Safeguarding Statement.

The Statement also sets out (on page 6) definitions of:

- Safeguarding children and child protection; and
- Safeguarding adults

Our primary safeguarding responsibilities can be described at a high level as:

1. Ensuring providers have the right systems and processes in place to make sure children and adults are protected from abuse and neglect
2. Working with other inspectorates to review how health, education, police, and probation services work in partnership to help and protect children and young people and adults from significant harm
3. Holding providers to account and securing improvements by taking enforcement action
4. Using intelligent monitoring, where we collect and analyse information about services, and responding to identified risks to help keep children and adults safe
5. Working with local partners to share information about safeguarding.

These responsibilities are explained in more detail in pages 7-14 of the Safeguarding Statement.

If you have any questions about safeguarding, please contact please contact enquiries@cqc.org.uk.

CQC is **not** responsible for conducting safeguarding investigations or enquiries – that is for the relevant Local Authority or the police.

We do not routinely attend Safeguarding Adult Boards (SABs) or Local Safeguarding Children's Boards (LSCBs), although we may share information and intelligence to help them conduct enquiries. Engagement with these Boards is at a local level, with local partners liaising with one another to agree involvement and attendance so that there is a joined-up approach.

Where we are asked to, and where we have a regulatory role, we fully engage with Serious Case Reviews (SCRs) and Safeguarding Adults Reviews (SARs), sharing information to learn lessons where things have gone wrong in protecting people from harm, abuse or neglect.

Under our new approach to inspection, safeguarding sits in the "Is the service safe?" key question. Each sector has KLOEs and prompts to enable information and evidence to be gathered to show whether or not the service is meeting the fundamental standards. KLOEs on safeguarding are mandatory.

In addition, the Fundamental Standards regulation on safeguarding[1] reflects the importance of human rights related to mental health legislation. The regulation contains specific provisions to protect people detained under mental health

[1] Reg 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

legislation from inappropriate use of restraint, as well as consent to care and treatment.

Information about safeguarding or safeguarding issues may emerge in responses to any of the 5 key questions, the KLOEs or prompts.

Provider responsibilities

Within the regulatory framework, the responsibilities of providers of services with regards to safeguarding are clear:

1. To put in place and operate effectively systems and process to help ensure children and adults who use services are safeguarded from the risk of or actual abuse and neglect
2. To provide levels and a quality of service that meet all the requirements of the relevant safeguarding regulatory framework for the service they provide
3. To remedy any shortcomings found in safeguarding practice in their service to help reduce risks to people who use the service
4. To learn and apply learning from any safeguarding incident to help strengthen safeguarding in the future
5. To notify local authorities of safeguarding issues that arise in their service
6. To notify CQC of safeguarding incidents in accordance with regulations e.g. on notifications
7. To co-operate with safeguarding enquiries

Scope of safeguarding

Children

Local authorities have overarching responsibility for safeguarding and promoting the welfare of **all** children and young people in their area. Even so, everyone who comes into contact with children and families has a role to play. This includes the police and health services.

Adults

For adults, the scope of safeguarding is limited to adults with care and support needs who, because of these needs, are unable to protect themselves from abuse and neglect or the risk of abuse and neglect.

Safeguarding principles

Below are a number of set principles which apply to safeguarding children and adults. Inspectors and managers should always take these principles into account when making decisions.

Children

In Working Together to Safeguard Children (March 2015), two key principles are set out which should underpin all effective safeguarding arrangements for children in every local area:

(1) Safeguarding is everyone's responsibility: for services to be effective, each professional organisation should play their full part; and

(2) A child-centred approach (see below): for services to be effective they need to be based on a clear understanding of the needs and views of children.

Children – a child-centred approach[2]

Effective safeguarding systems are child-centred. Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them, or placing the needs of adults ahead of the needs of children.

Safeguarding and promoting the welfare of children means (in terms of Working Together guidance):

- Protecting children from maltreatment
- Preventing impairment of children's health and development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

Children want to be respected, their views to be heard, have stable relationships with professionals built on trust and to have consistent support provided for their individual needs. This should guide the behaviour of professionals. Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs.

A child-centred approach is supported by the United Nations Convention on the Rights of the Child – it protects the rights of the child and provides a child-centred framework for the development of services. It is also supported by domestic legislation such as the Children Act 1989 which requires local authorities to have due regard to the child's wishes when deciding what services to provide and the actions to take to protect children; and the Equality Act 2010 which promotes equality of opportunity and the elimination of discrimination.

Adults

An adult at risk is defined as any person aged 18 years and over who:

[2] Working Together to Safeguard Children 2015 pp 9-10

- Has needs for care or support (whether or not the Local Authority is meeting those needs; and
- Is experiencing, or at risk of, abuse and neglect; and

As a result of those care and support needs unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

In its statutory guidance to the Care Act 2014, the government set out six principles (see below) which underpin all safeguarding work for adults. These principles apply across all sectors and settings. The principles are accompanied by examples of statements from people who use services to help explain how they can be applied in practice. This helps to make safeguarding personal.

- **Empowerment** – people being supported and encouraged to make their own decisions and informed consent.
  "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

- **Prevention** – It is better to take action before harm occurs.
  "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

- **Proportionality** – The least intrusive response appropriate to the risk presented
  "I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."

- **Protection** – Support and representation for those in greatest need
  "I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting abuse and neglect.
  "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

- **Accountability** – Accountability and transparency in delivering safeguarding.
  "I understand the role of everyone involved in my life and so do they."

Adults – Making Safeguarding Personal[3]

Statutory Guidance on the Care Act emphasises the importance that all safeguarding partners take a broad community approach to establishing adult safeguarding arrangements. Critically, organisations should recognise that safeguarding arrangements are there to protect individuals. So there is no single one-size-fits-all

[3] Statutory Guidance to the Care Act 2014 p233

process to follow whenever a concern is raised – we need to recognise people's different histories, circumstances, and lifestyles and respond appropriately. This means that safeguarding should be person-led and outcome-focused. The person should be engaged in a conversation about how best to respond to their situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. There are, however, a number of key issues that local authorities and partners should consider if they suspect or are made aware of abuse or neglect **[see Statutory Guidance (2016) para14.68 onwards].**

For local authorities and partners, Making Safeguarding Personal[4] is a shift in culture and practice that builds on what is already known about what makes safeguarding effective from the point of view of the person who is safeguarded. The approach sees people as experts in their own lives and involves working with them to understand what outcomes they wish, how that can be achieved and seeing how the results match people's wishes. Outcomes should become embedded in practice so the focus on outcomes is constant. In brief, it is a move from a process supported by conversations to a series of conversations supported by a process.

Types of abuse

All safeguarding work aims to protect children and adults from abuse and neglect. Full definitions of an adult at risk and a child at risk, along with a range of different types of abuse that may affect children and adults are set out in Appendix 5. Guidance points out that we should not limit our view as to what constitutes abuse or neglect as they take many forms. The circumstances of each case should always be taken into account. Exploitation is a common theme in these types of abuse and neglect.

Safeguarding roles

Inspection Manager

With regard to safeguarding, the Inspection Manager's role includes ensuring that staff meet the KPIs and that staff are appropriately supported to perform their role effectively and to a good standard of quality. Inspection Managers also have an overview of safeguarding activity in their team. They monitor Management Information reports to help identify themes and trends in their area and where particular issues may require additional resources to resolve. Inspection Managers also provide advice and support to Inspectors when required to ensure that the right regulatory response is taken to safeguarding alerts, concerns and records.

Local authorities

The legislative background and role of local authorities in safeguarding children and adults is set out in Appendix 1.

[4] Making Safeguarding Personal Guide (LGA, ADASS) 2014

New roles of local authorities

Under the Care Act 2014, local authorities have a number of new duties in relation to safeguarding.

- Lead and co-ordinate a multi-agency local safeguarding system which aims to prevent abuse and neglect and stops it when it occurs.
- Establish Safeguarding Adults Boards with partners named in law (e.g. NHS, police, not CQC), to develop and implement safeguarding adults strategy.
- Carry out Safeguarding Adults Reviews (SAR) where someone with care needs dies as a result of (or experiences and survives) abuse or neglect. To learn lessons about what more could have been done to prevent this occurring.
- Make enquiries or have others make them when an adult with care and support needs is suspected to have experienced (or be at risk of) abuse and neglect, and there is a need to know what action is necessary and, if so, by whom.
- Arrange for independent advocate as necessary for adults subject to SAR.

Roles of other agencies

The police have a duty to prevent, identify, investigate, manage risks and detect criminal offences against children or adults at risk of abuse or neglect. The police have a legal duty to take into account the need to protect and promote the welfare of children. The police are required partners on Local Children's Safeguarding Boards and Safeguarding Adults Boards and work with other organisations to share information to ensure that people at risk are kept safe from abuse and neglect.

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. DBS processes applications for criminal records checks which provides information about potential employees' criminal history. DBS accept referrals from employers or organisations (and in certain circumstances regulatory bodies such as CQC) where there are concerns that a person has caused harm or poses a risk of harm to vulnerable groups. Employers are under a legal duty to make a referral to DBS if certain conditions are met. DBS considers whether a person who is referred should be placed on a list of people barred from working in regulated activity. DBS maintains two barred lists: the children's barred list and the adults' barred list. A person can be included in one or both of these lists.

Clinical Commissioning Groups (CCGs) have particular responsibilities to safeguard and promote the welfare of children and safeguard adults who may be unable to protect themselves from abuse and neglect. This can be achieved by ensuring commissioning practices are effective in taking the needs and rights of children and adults into account. CCGs are partners on Local Children's Safeguarding Boards and Safeguarding Adults Boards.

The chapters below follow the structure of the operational model, with a specific focus on safeguarding.

Register

Registration inspection

The Registration Inspector's role is to assess a provider's suitability to carry on a regulated activity and to assess managers' suitability and fitness to manage the regulated activities applied for i.e. CQC and people who use services they provide can have confidence in them and trust they will comply with the law and provide safe services.

Before services come into regulation, they must first be registered. A key part of the registration process involves registration inspectors undertaking a site visit to gather and assess information and evidence about a provider's ability to meet the relevant Regulations. This occurs for most, but not all, new applications and variations. In planning site visits and fit person interviews, registration inspectors may contact local inspectors to seek information, including safeguarding information and soft intelligence. As some registration inspectors do not have access to safeguarding information on CRM, prompt responses to information requests are appreciated to inform interviews and visits.

Registration inspectors also interview nominated individuals and those applying to be registered as managers to consider their fitness for registration. Registration is an ongoing process and providers may vary their registration at any time after being registered. Once registered, the service enters the scheduling process for inspection in the relevant sector.

The Registration Handbook [link removed] (currently under review) contains guidance for registration inspectors.

Regarding safeguarding, registration inspectors may review documentary evidence such as safeguarding policies and procedures, for example.

The registration visit record [link removed] contains a number of prompts about Safeguarding under Regulation 13 (the Fundamental Standard on safeguarding service users from abuse and improper treatment). These should help you gather evidence, including documentary evidence, to show how the provider meets or plans to meet this Fundamental Standard.

Witnessing abuse or neglect

If you are a registration inspector and you witness abuse or neglect during a site visit to conduct a fit person interview or to a new provider who is not yet registered with us, you should gather and record as much evidence as possible. Note, however, that it is for the LA and/or police to conduct any investigation. Then call the Safety Escalation Team and ask them to create a safeguarding record in CRM. Ask SET to refer the information to the relevant local authority and/or the police as an **alert**. You

can do this by sending an email to [internal email removed]. You will be able to monitor the progress of the alert as the registration application is processed. Guidance on handling information and risk in unregistered providers is [link removed].

The above also applies if you witness abuse or neglect in an unregistered service. The only difference will be that there will be no registration application.

If you witness abuse or neglect when assessing variations to a condition to a registration or variation of a manager's registration, the expectation is that the registered person would take immediate action to refer the issue to the local authority and/or police. If the registered person is implicated, you will need to ensure that the local authority and/or police are informed. You can do this through SET via the process set out in the two examples above.

Monitor

Managing safeguarding information

This section aims to help you manage information about safeguarding that you may receive internally or from external sources.

The majority of information about safeguarding enters CQC through NCSC. This can be via phone, email, post, webform. This includes the important feedback we get from the public and people using care services through the webform “share your experience”. The information is assessed by the Safety Escalation Team, processed on CRM, flagged as an alert or concern and referred to Inspectors or Inspection managers within 24 hours of receipt.

Regarding Notifications involving safeguarding, these are received by email, post or the online portal by the Notifications team in NCSC. The team assess these against guidance, create a safeguarding record on CRM and this will show on the relevant inspector’s dashboard so that appropriate follow up action can be taken.

The accurate classification of safeguarding alerts and concerns in CRM provides assurance that we take the right action at the right time about abuse and neglect and informs our management information. **These records should only be reclassified when they are incorrect.**

Notifications should not be reclassified as safeguarding alerts as a means of raising the priority level to assist Inspectors managing their own workload. They should only be reclassified where the provider has failed to make a referral to the local authority, which will happen by exception since this is the purpose of the notification. In all cases where records are incorrectly reclassified NCSC will revert to the original enquiry type.

Note that reclassification of records affects our management information, the data that we publicise internally and externally. If this is inaccurate we then cannot assure ourselves that we have taken the right action at the right time.

In addition, inspectors may receive safeguarding information through a number of other routes, such as directly from local authorities, external bodies such as HMIP or Ofsted, or when conducting inspections and speaking to people using services, their families or staff.

On receipt of information about safeguarding, inspectors should consider:

- Urgency – how serious is the issue? Is a person in imminent danger of being abused or neglected? Is this a safeguarding alert or concern? **[see Appendix 6]** Has another agency (local authority/police) been informed? If information is received from NCSC SET, it will have been allocated as an alert or concern –

you will first need to consider whether you agree with this assessment, and take action in line with the new KPIs (see below).

- Confidentiality – if the person making the alert has not agreed to have their details passed on, record this decision and delete their identity details from the Alerter/Informant fields in the safeguarding record. When NCSC generate a referral, information is extracted automatically from the safeguarding record so if any contact details are present they will pull through into the referral document which is sent to the local authority [see Information Sharing].
    - In some circumstances it may not be possible to pass on the safeguarding information without identifying the referrer (for example, where only a very limited number of people would have known about the issue or where you consider it imperative for the safeguarding board to know the referrer's identity in order to be able to properly investigate and protect people from harm). In those cases, this decision should be recorded and the referrer should be informed of our decision and reasons, if it is possible to do so.
    - Where the safeguarding referral comes from a professional, you should consider whether they are acting as a 'whistleblower' and, if so, follow the relevant process and guidance for handling whistleblowers' concerns. Professionals should understand and follow the appropriate safeguarding processes and, other than in exceptional circumstances, should not expect confidentiality in doing so.
- Questions to ask – check the factors to consider when making decisions after receiving information about abuse or neglect **[see Appendix 7**] [not an exhaustive list of factors, so be led by the nature of the issue and the evidence you need to gather].
- Context – consider the other information and intelligence you have or know about the provider, location or service. What does the new information tell you? Does the sum of the intelligence mean a regulatory response is required? If so, what response is appropriate? Or is the information not serious enough to require an immediate response but something to take into account in the future, adding to the overall picture about a provider/service?
- Judgement – use your professional judgement in deciding action to take and how best to respond to the information received [refer to framework of KPIs and mandatory actions]
- Support – if you are not sure about a specific course of action, or want to check your thinking about a safeguarding issue, ask your manager or buddy for assistance.
- Taking action – this needs to be done within the framework of the new New KPIs for safeguarding alerts and concerns.

If you are affected by issues around safeguarding, abuse or neglect, support is available from your buddy, line manager, human resources and the Employee Assistance Intranet page [link removed].

Trends and the need to prioritise safeguarding information

In the three years from 2012/13 to 2014/15, the number of safeguarding alerts across all inspectorates has averaged around 2,600. In the same period, however, there has been an almost 40 per cent increase in the number of concerns to over 88,000. It is therefore essential that we are able to prioritise the issues that need to be responded to most urgently, either by CQC or by another body, such as the local authority or the police.

New KPIs for safeguarding alerts and concerns

New KPIs for safeguarding alerts and concerns came into effect from 6 August 2015. The KPIs are based on sampling of activities undertaken by inspectors to deal with safeguarding information and reflect the importance of inspectors taking quick and effective action.

The actions below assume that the category allocated to the information by NCSC is correct. If the category is not correct, change the category and email NCSC with the details. Then take the appropriate mandatory action below.

Mandatory actions

KPI 1 – allocation of alerts and concerns
Alerts and Concerns should be triaged and sent to the Inspector by NCSC within 0-1 day of receipt (this means by close the following working day). The ‘clock starts’ for this on creation of the enquiry, which is the same as the day of receipt. The clock stops on allocation of the enquiry to the inspector.

KPI 2 – referral of alerts to a local authority
Alerts that should be ‘Referred as an Alert to the Local Authority’ should be referred within 0-1 day of receipt by inspector (this means by close of the following working day). The clock starts for this on creation of the safeguarding record, which is also when the inspector is allocated the alert or concern. The clock stops when NCSC has ticked the action box in the Additional Information Tab ‘Referred to Safeguarding authority as an alert by CQC’ and giving details of which authority and when sent.

The rationale for this KPI is that local authorities have an expectation that referrals will be made within 24 hours of the referrer becoming aware of the risk. (Statutory guidance to the Care Act 2014; Working Together, 2015).

KPI 3 – alerts and concerns – mandatory actions
All Alerts or Concerns should have one or more of the following four actions taken within 0-5 working days (this means by the close of the 6th working day):

- Discussed with local safeguarding team
- Other contact with provider
- Noted for planned inspection
- Referred as an alert.

The clock for KPI 3 starts on the day of creation of the safeguarding record, which is also when the inspector is allocated the alert or concern (Day 0). The clock stops when the inspector ticks one of the action boxes (bullet points, above).
The rationale for this KPI is based on the fact that action will be taken within five working days by the local authority. It is therefore reasonable to assume that there will be some action for the inspector to take within this timeframe.

If you receive a safeguarding alert or concern, you **must** take one of the four possible mandatory actions in CRM:

Action within one day – alerts

1. Referred to Safeguarding Authority as an alert by CQC (how and when)
   (a) you can do this through NCSC, who will confirm when the referral has been made – this should be within the **one-day deadline** (the majority of referrals are made through NCSC and you are encouraged to refer via them)
   (b) if you do this yourself, record your action on CRM and follow the process described for NCSC under KPI 2 above

Action within 5 days – concerns

2. There was other contact with the provider
   (a) You may have contacted the provider, asked what they were doing to address the concern and received information to explain their action

3. Discussed with the local safeguarding team
   (a) You may have contacted the local authority to find out what they were doing about the concern e.g. have they opened an enquiry?

4. Noted for the next planned inspection
   (a) Where information is useful but requires no immediate regulatory response you may nevertheless wish to refer to it at a later time when you will inspect the service

'No action' or 'No further CQC action required' options should not be used

You must not use the 'No action' or 'No further CQC action required' options. This is because these are never applicable – there is always at least one of the other options you need to take. These options will be removed from CRM at some point.

Actions in CRM that are no longer subject to KPIs, but are retained for management information purposes

These are:

- CQC staff attended a strategy meeting
- Management review held
- Planned inspection brought forward
- Responsive inspection taken place
- CQC has begun or taken enforcement action.

If no mandatory actions are taken, the alert or concern will have been actioned **outside** of the KPI. If mandatory actions are taken outside of the timescales above, then this will also be outside of the KPI.

Role of the Safety Escalation Team (SET)

The Safety Escalation Team (SET) is based within the National Customer Service Centre and handles all concerning information received via phone, email/webform and post. This includes safeguarding information from members of the public, other statutory bodies, information from whistle blowers and complaints from patients detained under the Mental Health Act. The team also refer Safeguarding Alerts to the Local Authority Safeguarding Team at the request of the Inspector.

The Safety Escalation Team do not make judgements but undertake an initial assessment (triage) of any information of concern received using prescribed guidance and criteria. All information of concern is processed onto CRM and handed over to an Inspector/Inspector Manager within 24 hours of receipt.

As NCSC triage any information on an individual basis, and without the wider context and knowledge of the service, sometimes the Inspector or Inspection Manager may feel that an incorrect category has been applied. In these circumstances, the Inspector or Inspection Manager should change the CRM record to the appropriate category. NCSC always appreciate feedback from Inspection colleagues to support their learning and development. If anything is re-categorised, please email the details and reasons to NCSC.

NCSC decision making tool

As part of the Responding to Concerns Programme, a new electronic Decision Making Tool has been developed with inspector input to support a more effective way of identifying concerning information at the point CQC receives it.

The new Tool uses a set of rule-based questions to reach a set of pre-determined priority levels linked to safeguarding KPIs. It uses the same CRM Categories of Enquiry Types as the previous tool (Safeguarding alert; Safeguarding concern; Whistle blowing; Complaint about provider). In addition, we have broadened the range of priority levels that are assigned to information of concern (see the table below). These indicate the seriousness of the information received and the speed of any action that inspectors need to take, as well as the relevant KPI(s).

The Safeguarding KPIs determine Inspector action and timeliness after the CRM Category and the priority level are identified.

CRM Type/Subtype	Current Priority Level	New Priority Level	Inspector Action/Timeliness
Safeguarding Alert	1 – ASAP	1 – ASAP	KPI 2 and 3

Safeguarding Concern	2 – HIGH	2 – High or 3 – medium	KPI 2 and 3 KPI 3
Whistle blowing	1 – ASAP	1 – ASAP 2 – High 3 – Medium 4 – low	KPI 2 and 3 (where safeguarding present) Reviewed no urgency (noted for next inspection)
Complaint about Provider	2 – HIGH	3 – medium 4 – low	Reviewed no urgency (noted for next inspection)

The 'prioritisation rationale' (in the table below) is intended as a guide to the seriousness associated with the concern and actions that an Inspector might take. For example:

- For safeguarding (priority 1 and 2) the prioritisation rationale mirrors the actions and timeliness dictated by the KPI's (KPI 2 and 3)
- Where no safeguarding actions are required (priority 3 and 4) this information is considered for a future inspection – the CRM Category and prioritisation rationale reflects this.

Prioritisation rationale

<u>Priority 1</u> **Associated with Enquiry Types :** **Safeguarding Alerts** **Whistle blowing**	This is the highest priority assigned to information of concern and considers the following : • An adult at risk or child has experienced, or is at risk of, abuse or neglect and CQC is the first statutory agency to receive this information; • The individual concerned is identifiable; • There remains a significant risk of the harm continuing; **Inspector Action/Timeliness : determined by KPI 2 and 3** An Inspector (buddy or duty cover) would be expected to review this information and refer it to the Local Authority and/or Police, if appropriate, within 24 hours of receipt **(KPI 2**). All other action taken should be recorded on CRM within 5 days of receipt **(KPI 3)**.

Priority 2 **Associated with Enquiry Types :** **Safeguarding Concern** **Whistle blowing**	This is high priority information of concern and considers the following : • An adult at risk or child has experienced, or is at risk of, abuse or neglect; • The Local Authority and/or Police are aware of the incident (not all instances); • The individual concerned is not identifiable • There does not remain a significant risk of harm continuing. **Inspector Action/Timeliness : determined by KPI 2 and 3** An Inspector would be expected to review the information and record the necessary action on the CRM system within 5 days of receipt **(KPI 3)**. Whilst this information has been deemed to be high priority it requires the judgement of an Inspector to determine the most appropriate action. This may include referring the information to the Local Authority and or Police if it has not already been shared **KPI 2**
Priority 3 **Associated with Enquiry Types :** **Whistle blowing** **Complaint about Provider**	**Inspector Action/Timeliness :** This is medium priority. The information will contain details that may be of interest to the inspector but that do not impact on service user safety. The Inspector will be expected to review this information but immediate or urgent action is not required. This is likely to be information which is considered for a future inspection and should be recorded on CRM.
Priority 4 **Associated with Enquiry Types:** **Whistle blowing** **Complaint about Provider**	**Inspector Action/Timeliness :** This is low priority information. The information may contain details that are of interest to the inspector but that does not impact on service user safety and requires no regulatory action. This information is likely to be considered for a future inspection.

Safeguarding information routes to inspectors

Safeguarding records

In ASC, PMS and independent hospital sector, each safeguarding alert or concern should have a specific safeguarding record raised for it in CRM.

In cases where a safeguarding issue has been raised with CQC via another route (e.g. through a notification) then this will also feature as an enquiry and that enquiry, or in some cases multiple enquiries if we have received the same information more than once, can be linked directly to the safeguarding record in CRM.

NHS Trusts do not have to send CQC a statutory notification on safeguarding because it has been agreed that they report safeguarding information through National Reporting Learning System (NRLS) or STEIS. This means that this information is not linked in the same way as there is no systematic review of NRLS or STEIS notifications to link this data and therefore safeguarding records are rarely created in CRM for this sector.

Independent Hospitals are inspected at location rather than provider level. There are no plans for Intelligent Monitoring of Independent Hospitals.

CRM and safeguarding records

The link below takes you to a video made by the Sector Support Team to demonstrate how to navigate safeguarding records on CRM and to help ensure work is picked up in Management Information.

How to progress a safeguarding record

My portfolio

In terms of seeing all safeguarding records in one place, most inspectors have access to the safeguarding dashboard through 'my portfolio' which allows you to see all records for services you are responsible for (some Registration inspectors do not have access to this function).

Guidance to help you use and manage information in My Portfolio on the Inspectors Safeguarding Dashboard is at Appendix 10**.** This guidance shows you:

- How to access the dashboard
- How to search for records
- How to access reports and charts (data from January 2013); and
- How to print and export the information

You can view different types of information about safeguarding for your portfolio of locations at different levels of detail to suit your needs.

Management Information reports on safeguarding are also available to help you understand safeguarding activity in, for example, a particular local authority over a period of time or how quickly action has been taken. These are accessible through the Dashboard. To access from CRM opening page, click on the "Service Analytics" tab under the Saved Queries white box and then on the Safeguarding tab. The following list of reports should then appear. These can be actioned clicking the relevant tabs to the right of "Safeguarding Landing Page"

- SFR 01 safeguarding records and their enquiries: search by manager or lead; date, authority
- SFR 02 safeguarding alert / concern status: open, closed, on hold, pending, in error
- SFR 03 regulatory processes linked to safeguarding records
- SFR 04 timeliness of safeguarding records: Open, Pending; In Progress; On Hold green 5 days or less; amber 6-30 days; red over 30 days. Inspection Managers can view data for their team by clicking on individual team member names
- SFR 05a time taken for first action to be taken – Alerts; report shows actions by number, age in days, and percentage actioned within one day
- SFR 05b time taken for first action to be taken - Concerns
- SFR 07 referrals to Local Authorities over 100 days old which have not been closed.

Guidance on Service Analytics reports (which includes the SFR reports listed above) is here [link removed].

Inspect

Inspection planning

A range of data about safeguarding is available to help you plan your inspection. This data can vary between Inspection Directorates and different service types, as follows.

Intelligent monitoring

Intelligent Monitoring provides you with useful information about services within your portfolio. This section focuses on the Provider Information Return (PIR).

What information will be in the PIR?

Data in each sector's PIR varies due to the different means and level of information recorded in each sector.

PIRs for adult social care seek information about staff training, including in safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards. They also ask providers how they ensure the service is safe and what improvements they plan to make in the next 12 months. Questionnaires for people using services in, for example, Community Services, ask people to agree or disagree with a number of statements about the service, including "I feel safe from abuse and or harm from my care and support workers".

In the acute sector, information that feeds in to the PIR focuses on mandatory training and additional training for paediatrics. It may also seek information on who the safeguarding lead is, so that they may be interviewed by the inspector. Qualitative information is contained in NRLS data, but currently the huge volume of items makes pulling meaningful information out unmanageable.

For Mental Health and Community Services, data is available on safeguarding alerts for children and adults, as well as information about safeguarding training and policies. High level statistics are available about the number of NRLS incidents. Information from Intelligent Monitoring is available for Mental Health services on, for example, number of deaths of patients detained under the Mental Health Act and numbers of STEIS never events[5]; and incidences of abuse/allegations of abuse under Serious Incidents Requiring Investigation (SIRI) reporting.

In PMS, information about safeguarding is not currently available in the PIR, although information about alerts and concerns will be available in the usual way through inspector dashboards.

[5] NHS England never events guidance

PIR guidance is regularly updated (each quarter) and contains helpful information about processes and deadlines.

Links to update pages are here [links removed]:

Adult Social Care

Acute and specialist NHS Trust Intelligent Monitoring reports

Mental Health hospitals Intelligent Monitoring

GP Intelligent Monitoring

If you have queries, contact the relevant team in Provider Analytics.

Planning tools

These are located at the following Intranet links [links removed]:

Adult Social Care

Mental Health Hospitals

NHS Acute Hospitals

NHS Community Health Services

GP and out of hours

Dental

NHS 111

For example, in ASC, there is one planning tool for all ASC services. The tool contains an area where safeguarding information can be set out and taken into account when considering inspections, areas to look at and evidence to gather.

Information from Children's Services Inspection and Health and Justice teams

You may also need to take into account information from the Children's Services Inspection (CSI) team and Health & Justice team. This is shared as follows:

Information regarding issues affecting children in regulated services will be included in information about the relevant provider. Risks to children must be taken into account when planning your inspections. Where safeguarding issues emerge during a review involving the CSI team, senior managers in the area where the review is taking place will be informed. If concerns are systemic, these will be raised with the relevant Inspection Manager.

Regarding information from Health and Justice inspections about individual health providers, this will either be conveyed directly to the relationship holder or will be assimilated into the general information held by CQC centrally.

Some factors to consider in planning an inspection

- Safeguarding is included in all inspections as a mandatory KLOE
- What does the intelligence and information tell you about levels of risk? Are they low or have they increased?
- What is the provider's track record with regard to safeguarding in terms of alerts, notifications, responses, co-operation and learning? How will this be shared with Registration inspectors when new Registered Manager and variation applications are being assessed?
- What safeguarding issues or activity have there been since the last inspection? Note that this needs to be considered in the context of the location in question – increased information may not by itself mean a greater risk, it could mean a more open culture or awareness training in safeguarding. This could be a positive indicator, and not necessarily a negative one.
- Are any safeguarding themes evident that you need to explore? If so, consider how you will do this, what evidence you may need to seek and who you may need to speak with to obtain and corroborate evidence.
- Do you need to include a specialist in your inspection?
- Has this inspection been moved forward for any reason?
- If you need to make a safeguarding alert during your visit, do you have the local authority details with you e.g. in your phone?

Support using CRM and running reports

Sector support is an in-house team that can help give frontline inspection staff advice and support on using CRM effectively and efficiently. A fuller description of the roles of Regional Operational Sector Support Officers (ROSSOs) and a list of Regional contacts is here [link removed]. The Hints and Tips page is here [link removed]. Safeguarding is one of the areas ROSSOs and Operational Planning and

Performance Officers (OPPOs) can give advice about, as well as Management Information reports through Service Analytics.

Email: enquiries@cqc.org.uk

Site visit

Visits to provider locations

Use the relevant Site Visit guidance for your sector and type of service where appropriate (links to these are below) [links removed]

Adult Social Care

Acute Hospital Inspections

Community Health Services Inspections

Mental Health Hospital Inspections

Dental

GP and out of hours

NHS 111

Independent healthcare single specialty

Ambulance service inspections

Identifying risks of abuse or neglect during an inspection

At a basic level, risks to children and adults using services are higher where systems and processes are weak and staff are not clear or do not know what to do when a safeguarding situation presents. You will therefore need to check what systems and processes are in place and how robust they are.

Some questions to consider:

- Do staff know how to identify and report abuse and neglect?
- What training in safeguarding has been carried out and when? Has this been updated to take into account any changes to safeguarding laws or procedures? How has training improved staff practice and had a positive impact on people using the service?
- Regarding Mental Health, is consent to care and treatment always sought in line with legislation and guidance? Are staff aware of the differences between lawful and unlawful restraint practices and how to apply for an authorisation to deprive a person of their liberty?

- What safeguarding incidents have occurred since the last inspection? How were they handled? How timely was the response?
- Are there any themes that show certain types of incidents have happened more than once? What evidence is there to show this: records, notes, action plans?
- How has learning from previous incidents led to changes and improvements in safeguarding?

Induction training contains some guidance on identifying signs of abuse and neglect. This is currently under review and will be updated in line with the Training Strategy.

Witnessing a safeguarding incident during an inspection

If you see a safeguarding incident during a site visit:

- inform the manager or senior person on duty (unless they are implicated); and
- take action to keep the person/people safe (providing it is safe for you to do so).

The provider is responsible for notifying the local authority (and where an offence may have occurred, the police) and they should do so immediately. You will want to make sure that CQC is notified by the provider that they have notified the LA and police. It is for the LA and/or police to conduct any investigation.

You should only act as an alerter to local authorities and police forces where providers will not do so, or are directly implicated in the abuse themselves. To request that NCSC refers an alert to the LA, send an email to [internal email removed].

Finding evidence of historic abuse – things to consider

(i) What was the issue and when did it happen– where is the audit trail of evidence and action?
(ii) Was CQC notified – if not, why not? Is a regulatory response appropriate to the original issue or to the fact of non-notification?
(iii) Has the issue now been addressed and resolved? How? When and how quickly? By whom? Were other agencies involved (LA, police)?
(iv) Is the person involved satisfied with the outcome?
(v) What has the provider learned? What has changed as a result of the incident/ Have there been further incidents relating to the same issue since that time?
(vi) Are people now kept safe in this service?

Mental Health Act: information from SOADs and MHA reviewers

We monitor the use of the Mental Health Act as applied to adults and children, to protect the interests of people whose rights are restricted under the Act. We do this in three main ways:

- Checks made by an independent expert, known as a Second Opinion Appointed Doctor (SOAD), which look at treatment, such as prescribing medicines, without the consent of patients.

- The work of the Mental Health Act reviewers, who visit patients detained in hospital and meet with them in private to find out about their experiences.

- A discretionary role in investigating complaints from patients subject to the Mental Health Act.

Mental Health Act (MHA) reviewers and/or Second Opinion Appointed Doctors (SOADs) may witness a suspected, or actual, safeguarding incident or receive safeguarding information as part of their work. The MHA reviewer or SOAD must immediately bring this to the attention of the manager or provider of the service, unless they are directly implicated in the concerns. The primary responsibility to make a safeguarding referral lies with the provider. MHA reviewers should then inform the relevant Inspection Manager by telephone that a concern has been raised, and note this in their visit report. SOADs should telephone the SOAD operations manager and note that a concern has been raised in their visit report. Inspectors are responsible for the subsequent management of the safeguarding information and assessing its relevance to the provider meeting the Fundamental Standards Regulations.

Safeguarding scenarios

We are working to produce a casebook of real-life safeguarding scenarios to help you make decisions in specific circumstances (although no two situations you encounter will be exactly the same). The casebook, which will develop over time, will be available on the Safeguarding Intranet Page [link removed]. Guidance on factors to consider when making decisions is at Appendix 7.

The following scenarios show a range of instances where abuse or neglect may be present. They suggest what you may need to look for and provide guidance on where you can find helpful information.

Inspectors are not expected to investigate allegations of abuse and neglect. That is the role of the Local Authority along with the provider and other organisations as appropriate.

Establishing good contacts with the Local Authority and Safeguarding teams will help you to liaise with key personnel and to ensure that you are notified of progress and outcomes as you will need this information to properly complete the CRM records.

1. Learning Disability

A young woman aged 22 years and diagnosed with a Learning disability lives in a care home on a permanent basis some distance from her family as they are not able to care for her. Following a recent visit, her Mother has called the CQC to report that her Daughter has complained to her about the manager of the service that she lives in.

The Daughter has told her Mother that the manager has been 'doing things to her', she appears to be very frightened and although the she is not able to fully articulate what has happened, her Mother saw heavy bruising to her arms and noticed that her Daughter is extremely subdued when the Manager is present. The Mother has not told anyone else about this and asks for CQC to help.

Consider the following

- Ensure that information is acted upon in a timely manner in order to ensure the safety of the service user
- There is a possibility that sexual, physical or emotional abuse is happening and that other service users might also be at risk.
- The Daughter might be being physically restrained and prevented from leaving the home. If so, are there proper authorisations in place for this and does the Daughter have suitable care plans? Does it affect other service users?
- CQC is the first organisation to be made aware of the information and therefore this is a safeguarding alert. The alert involves a registered person and therefore CQC has a responsibility to notify the Local Authority and Police.
- CQC normally expects registered persons to make referrals to the Local Authority and police, as well as meeting their statutory duty to refer to DBS.
- This is a case, however, where you might not be confident that the Manager will act appropriately as he is implicated in the allegation. CQC should make the referral and also contact the next senior manager within the provider. Should the allegation be substantiated, the Local Authority has the power to make a referral to DBS and regulatory body.

Legislation and guidance that will help you

- Statutory guidance to the Care Act (October 2014)
- The Care Act (2014) requires Local Authorities to investigate allegations and can do this by asking Providers to carry out their own investigations. Consider that in this case this might not be appropriate.
- Regulation 13 (1) Service users must be protected from abuse and improper treatment in accordance with this regulation.

- Regulation 13 (6) (a) which defines abuse as any behaviour towards a service user that is an offence under the Sexual Offences Act 2003 (a), and (b) ill treatment (whether of a physical or psychological nature) of a service user

2. Adult/older person

The Daughter of an 82 year old man calls the CQC to report that her Father has told her that his money is being stolen by a one of his care workers.

The Father does not know where his bank card is and told his Daughter that the care worker forced him to tell him the pin number some months ago. There is little food in the house and he appears distressed and unkempt. The Daughter lets CQC know that she has informed the domiciliary care agency that looks after her Father about the concerns but she doesn't know if they have done anything about it.

Consider the following

- There is the possibility of financial abuse of the Father but consider also other forms of abuse such as physical or psychological abuse and neglect.
- Ensure the information is acted upon in a timely manner in order to ensure the safety of the service user. There is a possibility that other service users might be at risk of abuse and neglect if the care worker is working in other homes.
- We would expect the Provider to have notified the LA and CQC of the abuse but this may not have happened if the Daughters concerns are correct. We should have received a notification of the care agency's actions.
- The Inspector should ascertain whether or not the referral has been made to the Local Authority and police. If not, CQC will make the referral.

Legislation and guidance that will help you

- Statutory guidance to the Care Act (October 2014)
- Regulation 13 (1) Service users must be protected from abuse and improper treatment in accordance with this regulation.
- Regulation 13 (6) b where the regulations apply to the theft, misuse or misappropriation of money or property belonging to a service

3. Child

CQC receives a call from a GP to report that she has just made a safeguarding referral to the Local Authority with respect to a 6 month old baby with multiple bruises to his legs. The baby had been brought in to the GP by his parents as he was continually crying and they were not able to settle him down. The GP is concerned as the parents are known to misuse substances and have been receiving services from a Provider regulated by CQC.

Consider the following

- Ensure the information is acted upon in a timely manner to ensure the safety of the service user. Are there other service users who might be at risk?
- Physical abuse and neglect might be occurring. Children of parents who misuse substances are known to be at a higher risk of abuse and neglect. A baby, who is not walking for example, rarely has injuries that might be associated with toddlers, particularly bruising to the legs.
- GP's have a responsibility under Working Together (2015) to refer suspicions of abuse and neglect to their Local Authority and to contribute to strategy meetings. As a result of the GP's referral, the Local Authority may decide to hold a strategy meeting to discuss whether or not the baby is at risk of harm and therefore meets the threshold for a S.47 enquiry.
- The baby should be known to a Health Visitor who may have already expressed concerns about the baby's welfare. Are there any other safeguarding referrals relating to this family and the child?
- Is there a possibility that the parents are not being provided with a good enough service and that their needs are not being adequately assessed or provided. Has CQC received any safeguarding notifications from the Provider?
- Consider that there may be safeguarding concerns about the parents. If so, the LA (adults) may need to be informed.

Legislation and guidance that will help you

- Working Together (2015) based upon the Children's Act 1989 and 2004
- Statutory guidance to the Care Act (October 2014)
- Regulation 13(1) Service users must be protected from abuse and improper treatment in accordance with this regulation.
- Regulation 13(2) Systems and processes must be established and operated effectively to prevent abuse of service users.

For each scenario

- You should be prepared to work directly with both the Local Authority and the Police as a criminal offence may have occurred.
- Based on the information that you have you may decide to take regulatory action, for example, bringing forward a planned inspection.
- If there is a regulatory need then you might attend a strategy meeting to share any relevant information about the Provider.
- You are not required to investigate the safeguarding concern
- You should be prepared to liaise with colleagues in other agencies over the focus and timing of inspections prompted by safeguarding allegations and concerns, while remaining very clear about your duties, remit and powers.

- Ensure that you maintain good relationships with local safeguarding boards and safeguarding teams in order to assist with information sharing.
- You should consider working with other inspections teams within CQC with regards to the sharing of information
- You should consider working with other inspections teams with regards to the sharing of information as some cases will cross Directorates and each Directorate may have information to add.

As with any scenario, the Inspector needs to make a considered judgement based upon the local knowledge that they already may possess about the Providers. CRM records in all cases should accurately reflect the actions that Providers and CQC have taken and include minutes of meetings where available. Good relationships with local safeguarding teams are always important and will aid working together and the sharing of relevant information.

Rate

Although safeguarding itself is not rated individually for any service, information and evidence about safeguarding helps feed in to ratings for, mainly, the Safe and Effective domains.

This chapter focuses on bringing the evidence together and reporting your findings.

Follow-up and reporting

It is important that you draw together all your evidence about safeguarding so that you can present a fully-evidenced picture of safeguarding in that service. Evidence may emerge from response to your questions in any of the 5 domains, not just the Safe domain.

Some issues to consider

- Do you have all the evidence about safeguarding that you need?
- Has the evidence been corroborated?
- How will you best reflect the views of people you spoke with, particularly people using the service, their families, carers, friends or representatives? What does safeguarding look like from their perspective?
- Have you identified any breaches of Regulation 13 (Safeguarding Fundamental Standard)? If so, what is our regulatory response going to be? The Enforcement Handbook [link removed] will help you reach a decision.
- Is any other regulatory activity required?
- Is there a need for a Management Review Meeting (MRM)? Do colleagues from other Inspection Directorates need to take part? If so, who will lead and how will actions be joined up? You should have received training on the CRM processes for recording MRMs.
- Are there issues that the local authority and /or service commissioners need to be aware of?

Reporting templates

Reporting templates for most – but not all - sectors include a sub-headed section to report on safeguarding. This will contribute to your overall rating of the Safe domain and, for services where people may be detained under the Mental Health Act or subject to Deprivation of Liberty Safeguards, the Effective domain.

Characteristics of Good

To assist you with reporting on safeguarding, it will be helpful to consider the relevant characteristics of what good looks like in the service you inspect.

Each sector provider handbook contains, in the appendices, descriptions of characteristics of good in the **Safe** domain. This includes good safeguarding.

For example: in the ASC Residential appendices p34 characteristics of good include:

“People’s feedback about the safety of the service describes it as consistently good and that they feel safe.

People are safe because the service protects them from, bullying, harassment, avoidable harm and potential abuse.

The staff have a comprehensive awareness and understanding of potential abuse which helps to make sure that they can recognise cases of abuse. The service does this consistently so that people feel safe whether they are in the service itself or out in the community.”

In Specialist Mental Health Services, the appendices include under Safe (page 22/23) the characteristics:

There are clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse. These:

- Are reliable and minimise the potential for error
- Reflect national, professional guidance and legislation
- Are appropriate for the care setting
- Are understood by all staff and implemented consistently
- Are reviewed regularly and improved when needed.

Staff have received up-to-date training in all safety systems.

Safeguarding vulnerable adults, children and young people from abuse and neglect is given sufficient priority.

Staff take a proactive approach to safeguarding and focus on early identification. They take steps to prevent abuse from occurring, respond appropriately to any signs or allegations of abuse and work effectively with others to implement protection plans. There is active and appropriate engagement in local safeguarding procedures and effective work with other relevant organisations.”

In the same handbook, characteristics of Good in treating people subject to the Mental Health Act 1983 and deprivation of liberty are included under the **Effective** domain (pages 27/28)

“Where people are subject to the Mental Health Act 1983 (MHA), their rights are protected and staff comply with the MHA Code of Practice. Where care and treatment is provided in line with MHA Code of Practice guidance, any departure from that guidance is clearly justified.

Deprivation of liberty is recognised and only occurs when it is in a person’s best

interests, is a proportionate response to the risk and seriousness of harm to the person, and there is no less restrictive option that can be used to ensure the person gets the necessary care and treatment .The Deprivation of Liberty Safeguards, and orders by the Court of Protection authorising deprivation of a person's liberty, are used appropriately."

Please refer to the relevant provider handbook appendices for the full text of characteristics of Good for safeguarding in the Safe domain for each type of service. These can be accessed at the links below:

NHS and Independent Acute (p22/23) Community Adult Social Care (p33/34)

Community Health Services (p22/23) ASC Hospices (p34/35)

Health and Social Care in prisons, YOIs, Immigration removal centres (p34-39)

NHS 111 (p17) NHS and Independent Ambulances (p18/19)

NHS GP and GP out-of-hours (p23/24) Residential Adult Social Care (p34/35)

Dentists (p34, examples of what we should see)

Specialist Mental Health (Safe p 22/23, Effective p27/28)

Specialist Substance Misuse (p20/21)

Other information

Information sharing

Information sharing is an essential tool to help protect the safety and welfare of people who use services, to help ensure our efficiency and effectiveness as a regulator and to help other public bodies perform their duties and functions.

The document on the Intranet, guidance on information sharing, [link removed] builds on the advice in our Code of Practice on Confidential Personal Information to set out the circumstances in which information can and should be shared.

The guidance points out when you may need to exercise caution, particularly around sharing confidential personal information - which is that which relates to and identifies an individual. It stresses that in order to share confidential personal information the purpose of disclosing that information must provide a legal basis for doing so. Examples are:

- The disclosure or sharing of information is necessary for the purposes of protecting the welfare of any individual person (although it must not be disclosed if the person whose welfare is at risk has capacity and is aware of the risk but objects to the information being disclosed – however, a disclosure to allow another organisation to exercise their functions to protect the welfare of those other than the individual could still be justified).
- The disclosure or sharing of information is necessary for CQC to carry out its functions.
- The disclosure or sharing of information is necessary for the recipient to exercise statutory functions of an organisation other than CQC (e.g. local authority safeguarding Boards, other regulators).

Additional examples are on page 9 of the guidance.

It is important to remember that decisions to share confidential information should always be recorded. Sometimes a decision not to share, perhaps as an individual has objected, should also be recorded.

In the Summary, the guidance states that where it is reasonably considered necessary to share information to protect a person from significant harm, there will be **no bar** to that sharing (unless the person concerned has specifically asked for the information not to be shared, in full knowledge of the risk to themselves).

The guidance includes, at page 19, advice on what information can be shared with safeguarding Boards, safeguarding groups and Serious Case Reviews / Safeguarding Adult Reviews.

This includes the general point that there is a very strong interest in our sharing information with safeguarding groups if we consider it to be both relevant and useful to the work of those groups.

The guidance continues with advice about what information can be shared with the police and in what circumstances.

If you are unsure about whether to share information having consulted the guidance, please contact information.access@cqc.org.uk for advice

Training

A number of training products for safeguarding are already on ED or the Intranet:

- Safeguarding Level 1 Awareness Video
- Safeguarding Level 2 Awareness Video
- ROSSO Lync session on responding to a safeguarding notification
- Children's Sexual Exploitation Safeguarding Video

Awareness training about identifying signs of different types of abuse and neglect for both children and adults is currently in development.

In addition, the Academy is currently developing its Safeguarding Learning and Development Strategy, which will include learning resources used by other organisations such as disability matters (www.disabilitymatters.org.uk) or the Social Care Institute for Excellence (www.scie.org.uk) and which may be useful to CQC.

Further information about training is in the Future Developments section below.

Future developments

Integrated decision making tool

Work is currently under way to develop an integrated Decision Making Tool which will use CRM functionality. This will eventually replace the current Decision Making Tool. The integrated tool will use the same principles to determine category type and priority level. Information will feed directly into CRM, which will enable easier and more effective analysis.

Safeguarding and risk

The Quality and Evaluation Team are preparing guidance for each Inspection Directorate about safeguarding and risk. Adult Social Care and Primary Medical Services' risk registers were transferred onto CRM in November 2015. Hospitals Directorate registers will be transferred once a new template is implemented. This will allow for increased assurance of risk and to support identification of cross sector or regional risk issues.

New Risk Management Guidance for all Inspection Directorates will be available in April 2016.

Harm and risk

A risk assessment tool is being considered to help assess the risk of harm, which will also be more clearly defined. This is being aligned with the work on the triage tool mentioned above.

Quality framework

An internal quality framework has been agreed and will seek to identify quality measures around our activities, including safeguarding. The five key questions the measures will be based on are:

1. Are we getting it right?
2. Are we reliable?
3. Are we timely?
4. Are we cost effective?
5. Are we a learning organisation?

Quality assurance audits

As part of the quality framework, the Quality and Risk team will be undertaking quality assurance checks of safeguarding processes on the CRM system and reporting findings to each sector's continuous improvement group and to the Operational Development & Co-ordination Group.

Registration Handbook

Plans are under way to update the Registration Handbook later in 2016.

Safeguarding Handbook review

Given the scale and pace of forthcoming changes and improvements to other areas of CQC, the Inspector Handbook on Safeguarding will be reviewed by April 2017.

Appendix 1 – Legal background to safeguarding children and adults

Safeguarding children

The main legal framework for safeguarding children is contained in two pieces of legislation: the Children Act 1989 and the Children Act 2004. The requirements of these Acts and other related and relevant legislation are described in the Government guidance, *Working Together to Safeguard Children 2015*

Local Authorities have lead responsibility in their areas for safeguarding children. They also have a number of legal functions. For example, Local Authorities must establish a Local Safeguarding Children Board[6] for their area.

Note that although CQC is not named as one of the statutory members of LSCBs, we may have a role in attending relevant meetings or assisting where, through our regulatory activity, we could act with other partners to address poor care.

Local Safeguarding Children Board

Statutory objectives[7]:

(a) To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
(b) To ensure the effectiveness of what is done by each such person or body for those purposes

Membership of LSCB

Legislation [8] sets out that a LSCB must include at least one representative from the local authority and the authorities below:

District councils (where they exist) Chief officer of police Cafcass

Youth Offending Team NHS England and CCGs

National Probation Service and Community Rehabilitation Companies

NHS Trusts and NHS Foundation Trusts, where all or the majority of services are in the local authority area

Governor or director of any secure training centre in the area

[6] Section 13, Children Act 2004
[7] Section 14, Children Act 2004
[8] Section 13 Children Act 2004

Governor or director of any prison in the area which ordinarily detains children

Serious Case Reviews

Serious Case Reviews are required under legislation[9] where the LSCB **must** review serious cases in certain circumstances and advise the Board and partners of lessons which have been learned. The criteria for conducting a review are:

(a) Abuse or neglect of a child is known or suspected; and
(b) Either – (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child

Guidance recommends that even where one of the criteria is not met, as SCR **should always be carried out** where a child has died in custody, in police custody, on remand or following sentencing, in a Young Offender Institution, in a secure training centre or a secure children's home. This also applies where a child dies was being detained under the Mental Health Act 1983 or where a child aged 16 or 17 was the subject of a deprivation of liberty order under the Mental Capacity Act 2005.

Guidance also suggests that where the above criteria are not met, a review should still be considered where the review will thoroughly, independently and openly investigate the issue. The final decision to conduct a SCR rests with the Chair of the LSCB.

Further, areas of good practice should also be reviewed so that lessons can be shared and embedded.

Safeguarding adults

Safeguarding adults

Local Authorities have a lead responsibility for safeguarding adults in their area. They also have a number of legal functions. For example, they must establish a Safeguarding Adults Board[10] for their area.

Legal Framework

Implemented in April 2015, the Care Act 2014 gave safeguarding adults a legal framework for the first time.

The Statutory Guidance 2016 includes, from paragraph 14.7 onwards, guidance about safeguarding adults at risk of abuse and neglect. This includes:

[9] Regulations 5(1)(e) and 5(2) of the Local Safeguarding Children Boards Regulations 2006
[10] Section 43(1), Care Act 2014

- definitions of what safeguarding adults is;
- how to spot certain defined types of abuse;
- reporting and responding to abuse and neglect;
- criminal offences relating to safeguarding adults;
- safeguarding duties and which organisations they apply to;
- the role of Local Authorities and multi-agency working;
- safeguarding enquiries
- Safeguarding Adults Boards and Safeguarding Adults Reviews.

Safeguarding Adults Board

The statutory objectives[11] of a Safeguarding Adults Board are:

(a) To help and protect adults in the Local Authority area who have care and support needs (whether or not the Local Authority is meeting those needs), and
(b) Who is experiencing, or at risk of, abuse or neglect, and
(c) As a result of those needs, is unable to protect themselves against the abuse or neglect or the risk of it.

Membership of SAB

Legislation requires the Local Authorities which set up the SAB to be represented on it. In addition, the Clinical Commissioning Groups and the chief officer of police in the LA area must be represented.

Other organisations may be invited to attend, if appropriate, depending on the focus of the work. This may include CQC, representatives of local health and social care providers, local Healthwatch, fire and ambulance services [the latter two are normally full members of SABs].

Safeguarding Adults Review

A SAB **must conduct** a SAR involving an adult in its area who has care and support needs if:

(i) There is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult; **and either**:

(ii) The adult has died, and the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected abuse or neglect at the time the adult died); or

[11] Section 43(2), Care Act 2014

(iii) The adult is still alive, and the SAB knows or suspects that the adult has experienced serious abuse or neglect

The local authority does not need to have been meeting the care and support needs of the adult in question for it to conduct a SAR.

The SAB **may** carry out an SAB for adults in their area who do not meet the above criteria but where they believe that learning will result which will help protect adults in future.

The Care Act also requires members of SAB to co-operate and contribute to a SAR to help identify lessons to be learned and to apply those lessons to future cases.

What SCRs/SARs are not

SCRs/SARs are not used to investigate how someone may have died or suffered significant harm, or who was responsible – coroners and the justice system are responsible for that. Neither are they used to apportion blame.

Local Authority responsibilities under the Care Act 2014 regarding safeguarding enquiries

Under section 42 of the Care Act 2014, Local Authorities **must** make enquiries regarding an adult in their area if certain criteria are met. The Local Authority must have reasonable cause to suspect that the adult:

(1) (a) has needs for care and support (whether or not the authority is meeting any of those needs),

(b) is experiencing, or is at risk of, abuse or neglect, **and**

(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

(2) The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.

Enquiries made under this section of the Act are mandatory and known as **section 42 enquiries**

What if the criteria are not met?

Where the criteria are **not** met or not all the criteria are met, the Local Authority has discretion to conduct an enquiry. This may be to learn lessons or for other reasons. However, these enquiries are not mandatory, so are known as **other enquiries**

Appendix 2 – Regulation 13: Fundamental standard on Safeguarding

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Safeguarding service users from abuse and improper treatment

13.—(1) Service users must be protected from abuse and improper treatment in accordance with this regulation.

(2) Systems and processes must be established and operated effectively to prevent abuse of service users.

(3) Systems and processes must be established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.

(4) Care or treatment for service users must not be provided in a way that—

(a) includes discrimination against a service user on grounds of any protected characteristic (as defined in section 4 of the Equality Act 2010) of the service user,

(b) includes acts intended to control or restrain a service user that are not necessary to prevent, or not a proportionate response to, a risk of harm posed to the service user or another individual if the service user was not subject to control or restraint,

(c) is degrading for the service user, or

(d) significantly disregards the needs of the service user for care or treatment.

(5) A service user must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority.

(6) For the purposes of this regulation, "abuse" means -

(a) any behaviour towards a service user that is an offence under the Sexual Offences Act 2003(**1**),

(b) ill-treatment (whether of a physical or psychological nature) of a service user,

(c) theft, misuse or misappropriation of money or property belonging to a service user, or

(d) neglect of a service user.

(7) For the purposes of this regulation, a person controls or restrains a service user if that person—

(a) uses, or threatens to use, force to secure the doing of an act which the service user resists, or

(b) restricts the service user's liberty of movement, whether or not the service user resists, including by use of physical, mechanical or chemical means.

Appendix 3 – How we should deal with Safeguarding Adults Reviews and Serious Case Reviews

Purpose

This section sets out the policy and background of Safeguarding Adults Reviews (SARs) and Serious Case Reviews for children (SCRs). It explains how SARs/SCRs should be dealt with by CQC.

Introduction

We recognise that we have a role to play in SARs/SCRs and the learning that comes from them when they relate to a service we regulate. The policy context and statutory bases for SARs and SCRs are different. However, for both adults and children, the Local Authority has a central lead and co-ordinating role. Also, the local safeguarding boards they run should be consistent in their practice in handling SARs and SCRs.

What is a Safeguarding Adults Review/Serious Case Review?

A SAR/SCR is used where an adult or child at risk has died or is in circumstances where they suffered significant injury or harm. The aim of the SAR/SCR is to openly and critically examine each agency's involvement in the case and to establish whether there are lessons to be learnt from the circumstances of the case. Reviews also consider how local professionals and agencies work together to safeguard adults and children at risk. They are also used to inform and improve local safeguarding children and adults practice, as well as to review the effectiveness of agencies' safeguarding policies and protocols. SARs/SCRs produce an overview report with recommendations for future action.

What SARs/SCRs are not

SARs/SCRs are not used to investigate forensically how someone may have died or suffered significant harm, or the criminality aspects – coroners and the justice system are responsible for that. Neither are they used to apportion blame.

When should a SAR be undertaken?

Under the Care Act 2014[12] a Safeguarding Adult Board (SAB) **must** undertake a SAR when there is reasonable cause for concern about how the SAB, its members

[12] S44 Care Act 2014

or other bodies with relevant functions worked together to safeguard the adult in its area with needs for care and support **and**

(i) the adult died and the SAB knows or suspects the death resulted from abuse or neglect; or
(ii) the adult is alive and the SAB knows or suspects the adult experienced significant abuse or neglect

SABs **may** undertake a SAR for any other case involving an adult in its area.

In both of the above circumstances, it does not matter whether or not the local authority was meeting the adult's care and support needs, the key factor is that the adult had those needs.

When should a SCR be undertaken?

Local Safeguarding Children's Boards (LSCBs) **must** always undertake a SCR and advise the local authority and Board partners of lessons to be learned when:

(i) abuse or neglect of a child is known or suspected **and**
(ii) either -
    a. the child has died; **or**
    b. the child has been seriously harmed and there is cause for concern about how the authority, LSCB partners or other relevant persons have worked together to safeguard the child

A SCR **should** always be carried out when a child dies in certain circumstances:

(i) in police custody
(ii) on remand or following sentencing
(iii) in a Young Offender institution
(iv) in a secure training centre or secure children's home
(v) where the child is detained under the Mental Health Act 2005

A SCR **may** be carried out where a case does not meet the above criteria, or where the LSCB wishes to review where good practice occurred and it could be shared and embedded.

What is our role in SARs and SCRs?

The Safeguarding Adults Board or Local Safeguarding Children's Board decide when to undertake a Review. They will establish a Review Panel which is generally made up of members from the SAB/LSCB. They will then agree the terms of reference for the review with clear timescales.

Although we have no formal role on these Boards – and would therefore not sit on the review panel – we may have a role to play in two circumstances:

(i) co-operating with the Review by contributing knowledge, intelligence and information[13]
(ii) when we are involved in a Review (for example, we may be involved where an adult or child using a service we regulate experiences abuse)

Learning lessons from SCRs and SARs

It is vital that lessons are learned from SCRs and SARs and then applied by the relevant agency or agencies involved. The respective safeguarding board will appoint an independent chair to oversee the Review, this person may also author the Review Overview report; in some cases an independent author may also be appointed. The Chair and author lead the Review and determine input from each agency- this may include asking agencies to complete an Individual Management Review (IMR) (see Appendix 4).

The Chairs are independent of the SAB or SCB and their overview report should be independent and evidence clear findings and recommendations. The Review report will be based upon a collation of evidence from each of the IMRs submitted and there will be a chronology of actions taken by each agency, all brought together in one place.

How CQC learns and communicates lessons from SCRs and SARs

The National Advisors on Safeguarding review SCRs/SARs where we have involvement to identify learning for CQC and ensure information and recommendations are discussed at the Safeguarding Committee, where action will be agreed. The process of review also offers opportunity to assist inspection and registration colleagues in fulfilling the requirement for an Individual Management Review (see Appendix 4). Themes or trends identified for sectors will be disseminated to staff.

[13] S45(1) Care Act 2014

Appendix 4 – Guidance about the completion of an Individual Management Review (IMR) report

Background

The previous section recognises the role we may play in Safeguarding Adult Reviews (SARs) and Serious Case Reviews (SCRs) for children and the learning that arises from them. This is particularly so where the learning relates to a service we regulate. Each agency that has been involved in the SAR/SCR should undertake an Individual Management Review (IMR) of its involvement.

What is an Individual Management Review?

An IMR is a report which details, analyses and reflects on the actions, decisions and missed opportunities and areas of good practice within the individual organisation. The IMR process is not designed to identify gaps in the actions/activities of other organisations. The aim of the IMR should be to look openly and critically at individual and organisational practice and at the context within which people were working. The Safeguarding Adult Board or Local Safeguarding Children Board will collate the information from each agency's IMR when it produces its Overview Report setting out the learning, facts and recommendations from the SAR or SCR.

As part of the IMR process it is generally expected that an organisation will produce a chronology of involvement, in our case with the regulated provider.

IMRs should be based around the agreed terms of reference and timescales agreed by the respective board, all other information or intelligence is out of scope and this should be the same for all organisations undertaking an IMR. For example a timescale is set for the review to cover a period January 2014 – December 2014. Whilst undertaking the IMR we identify that there is information from before or after that period which is pertinent, it would require a return to the respective board by the Chair to ask for the Terms of Reference to be amended, and if agreed all other organisations completing the IMR would also need to reflect the revised timeframe within their own collation of evidence and reports.

Deciding who undertakes an IMR

Deputy Chief Inspectors (or their deputies) should decide who should conduct the IMR.

The person should be:

- independent i.e. no previous connection with the service / location in question;
- knowledgeable about the subject at issue; and
- a skilled report writer.

It is recommended that the person does not work in the same Region or sub-Region in which the SAR/SCR is taking place.

Internal recording of involvement

For all SCRs/SARs where we are asked to provide an IMR, we require the IMR author to record the details of the review and inform the National Advisors for Safeguarding via enquiries@cqc.org.uk . They report on review findings, trends or themes arising from reviews directly to the Safeguarding Committee.

Principles

IMRs should be:

- Systematic
- Proportionate
- Independent
- Transparent

IMR Process

When undertaking an IMR, the following process should be followed:

- Collate information (read records, interviews etc.)
- Analyse information
- Identify the problem(s)
- Identify findings and recommendations
- Write the report
- Follow-up

IMR Format

There may be a local format or template for an IMR that has been developed by the respective Board. You may be asked to use this format or template for reasons of consistency. This may be helpful, but the template should not constrain the person undertaking the IMR. A suggested format is below. The Review Chair/Author will collect IMRs from the agencies asked to complete them and collate the learning in its Overview Report.

- Front page

Individual Management Review

Care Quality Commission

Name of service:

Author(s):

Date of submission:

Approved by DCI [or Chief Inspector if significant organisational risk]

- Body of report

This includes a narrative overview of our involvement supported by a chronology. You should consider the terms of reference of the SAR/SCR when completing this section. Briefly summarise decisions reached, the action taken in response to circumstances and any action taken. Set out the reasons for the review and the terms of reference.

- Analysis of our involvement

Consider the events that occurred, the decisions made, and the actions taken or not taken. Where judgements were made, or actions taken, which indicate that practice or management could be improved, try to get an understanding not only of what happened but why. Assess practice against guidance or legislation. Where staff or others are interviewed, a written record should be made and shared with the interviewee.

- What do we learn from this case?

Are there lessons from this case for the way in which this organisation works to safeguard children or adults at risk of abuse or neglect and promote their welfare? Is there good practice to highlight, as well as ways in which practice or methodology can be improved? Are there implications for ways of working; training; management and supervision; working in partnership with other organisations? Are there any specific messages regarding how resources were used?

- Recommendations for action

Recommendations should focus on the key findings. What specific actions should be taken by whom and when? What outcomes should these actions bring, and how will the organisation evaluate whether they have been achieved?

- List of documents

All documents used during your review and your methodology should be listed. Documents can include policies, procedures and protocols but can also include research material and other information available, such as articles on the Internet. All information used in your review must be listed here.

- Key of professionals involved

It is important that all names used in the Report are anonymised and this is usually done by using initials of job titles and numbers (e.g.SW1, GP1). This is generally agreed by the Review Panel so that all organisations are using the same key codes. This key gives you the opportunity to list the codes you have used for individuals and to give further information about their involvement.

Author's considerations may include the following:

- Lack of availability of policy/guidance – if "yes", in which areas?
- Policy/guidance not clear – if "yes", in which areas?
- Policy/guidance out of date - if "yes", in which areas?
- How were people who use the service involved in our work?
- Was our action sensitive to the racial, cultural, linguistic, religious identity and issues of disability considerations? (need updating?)
- Lack of analysis of cumulative concerns
- Safeguarding concerns are not identified?
- Lack of staff training - if "yes", in which areas?
- Issues with management oversight/decision making
- Staffing issues, sickness, vacancies etc.
- Poor communications/information not shared
- Were we responsive to information? If not, why not?

Children's IMR reports

The above format may also be suitable for writing an IMR regarding children. In some cases, local authorities may provide a set format.

Quality Assuring IMR reports

The IMR once drafted needs to be quality assured and agreed by the respective DCI. The purpose of quality assuring IMR reports is to promote consistency across the organisation, ensure they are fit for legal challenge and external scrutiny. The factors that an effective IMR will include are:

- Comprehensive chronology
- Clear history of our involvement
- Identification of strengths
- Critical analysis
- Well-focused, SMART recommendations

Follow-up action

On completion of the IMR report there should be a process of feedback and debriefing for the staff involved in the case. There should also be a follow-up feedback session with these staff once the SAR/SCR report has been completed. It is important that the SAR/SCR process supports an open, just and learning culture and is not perceived as a disciplinary type process which may intimidate and undermine the confidence of staff.

Appendix 5 – Types of abuse and neglect

An adult at risk (*as defined in the Care Act 2014*) safeguarding duties apply to an adult who:

- **has needs for care and support (whether or not the local authority is meeting any of those needs) and;**
- **is experiencing, or at risk of, abuse or neglect; and**
- **as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.**

Elderly and frail

- ill-health
- physical disability
- Impairment e.g. stroke.

Personality disorder

- inability to recognise consequences of behaviour,
- particularly in cases of '**self-neglect**' which results in harm to themselves whether physical or psychological

Learning disability,

- learning difficulty
- Autism or Asperger's.
- Communication difficulties, either verbal or in reasoning or being able to understand if something is bad or wrong.
- Particularly vulnerable and can be targeted and exploited financially or sexually.

Physical disability

- Rely upon others for assistance through care and support.
- To be an adult at risk they would have to be in a position of being unable to protect themselves from those delivering care or from others.
- Wheelchair users for example, living independently and being assisted with personal care are not an adult at risk unless unable to protect themselves as above.

Mental health needs,

- Includes dementia.
- Fluctuating mental capacity
- Difficulty in recognising what is happening to them
- Inability to consent to what is happening or to tell someone else.

Alcohol or substance misuse

- Resulting in poor living conditions or risks associated with the people they live
- They may live on the street, become incapacitated and therefore unable to assess risks or give consent.

Sensory impairment

- Not all people with a sensory impairment would be considered an adult at risk,
- There would be a need for support as a result of other disability/illness/impairment – the sensory loss is an additional vulnerability

Long term illness and conditions (e.g. Parkinson's disease or Chronic Obstructive Pulmonary Disease)

- We are concerned about those who are isolated or have communication difficulties or who are reliant on others on a day to day basis.

- **The vulnerability of an adult at risk is related to being able to make and carry out informed choices (consent) free from pressure or undue influence.**
- **The risk of harm will be affected by how well they are able to protect themselves from abuse or neglect.**

Consider older people living in the community with no close friends or family; people in residential or nursing care or in mental health hospitals with no family or professional contacts such as a social worker; and those in receipt of dementia services who may possess an added vulnerability of fluctuating mental capacity in either being able to understand if something is wrong or to know how or who to tell about it.

The more dependent and isolated an individual is, the greater the associated risks.

A Child at risk (*as defined in Working Together 2015*)

Children
A child is defined as anyone who has not yet reached their 18th birthday. Child Protection is a part of safeguarding and promoting the welfare of the child and refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Working Together (2015) defines child abuse as
'A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.'

Safeguarding and promoting the welfare of children is defined as:

• protecting children from maltreatment;
• preventing impairment of children's health or development;
• ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
• taking action to enable all children to have the best outcomes.

Professionals should, in particular, be alert to the potential need for early help for a child who:

• is disabled and has specific additional needs;
• has special educational needs;
• is a young carer;
• is showing signs of engaging in anti-social or criminal behaviour;
• is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems and domestic violence;
• has returned home to their family from care; and/or
• is showing early signs of abuse and/or neglect.

Adults

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion
- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Children

- **Abuse** – a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be

abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the Internet). They may be abused by an adult or adults, or another child or children.

- **Physical abuse** – a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child
- **Emotional abuse** – the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or "making fun" of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
- **Sexual abuse** – Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
- **Neglect** – The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:
  - provide adequate food, clothing and shelter (including exclusion from home or abandonment);
  - protect a child from physical and emotional harm or danger;
  - ensure adequate supervision (including the use of inadequate care-givers); or
  - ensure access to appropriate medical care or treatment.

Appendix 6 – Safeguarding alerts and concerns

It is important that we are able to distinguish between safeguarding alerts and concerns, as different actions and timescales apply to both.

Safeguarding alert

Information is an alert when:

- CQC is the first statutory agency to receive the information about actual or alleged abuse or neglect; and/or
- CQC will or may need to take immediate regulatory action as a result of the information

For example, during an inspection, a person using the service tells an inspector that they have been abused. The person has not told anyone else, so the inspector is the first person to receive the information. This is a safeguarding alert. The inspector or inspection manager must respond to the alert on the same day and decide on any appropriate regulatory action required. As lead safeguarding authority, the local council should be informed as soon as possible (within 24 hours) using the agreed contact route.

Safeguarding concerns

Information is treated as a safeguarding concern when:

- CQC is not the first statutory agency to receive the information; **and**
- There is no need for CQC to take immediate regulatory action

For example, the local safeguarding authority tells us about abuse, possible abuse, or alleged abuse in a regulated setting. They have opened an enquiry about the case. This is a safeguarding concern.

The action you take will depend on whether you decide the information is an alert or a concern.

Appendix 7 – Factors to consider when making decisions after receiving information about abuse or neglect

Summary

This guidance describes the factors that inspectors should take into account when making decisions about safeguarding information. You can use it when you receive relevant information about regulated services and refer to the government's safeguarding principles.

1. Safeguarding alerts and concerns

To respond to information about abuse, you first need to decide whether it is a safeguarding alert or concern or a different piece of information.

Safeguarding alerts

Information is an alert when:

- CQC is the first statutory agency to receive the information about actual or alleged abuse or neglect; and/or
- CQC will or may need to take immediate regulatory action as a result of the information

For example, during an inspection, a person using the service tells an inspector that they have been abused. The person has not told anyone else, so the inspector is the first person to receive the information. This is a safeguarding alert. The inspector or inspection manager must respond to the alert on the same day and decide on any appropriate regulatory action required. As lead safeguarding authority, the local council should be informed as soon as possible (within 24 hours) using the agreed contact route.

Safeguarding concerns

Information is treated as a safeguarding concern when:

- CQC is not the first statutory agency to receive the information; **and**
- There is no need for CQC to take immediate regulatory action

For example, the local safeguarding authority tells us about abuse, possible abuse, or alleged abuse in a regulated setting. They have opened an enquiry about the case. This is a safeguarding concern.

The action you take and how quickly will depend on whether you decide the information is an alert or a concern and how serious the information is. Note that serious concerns may require a prompt regulatory response.

2. Making decisions – factors to consider

a. When I first receive information about abuse or neglect

(i) What is happening, has happened, or is alleged to be happening or have happened?
(ii) Did any person experience, or were they put at risk of, abuse or neglect?
(iii) Are any other people at risk of abuse or neglect?
(iv) Has medical attention been sought?
(v) Is/are the alleged victim/s safe now?
(vi) Does any other statutory agency know about the incident or event?
(vii) If they do not know, do I need to tell them?
(viii) If they do know, are they acting on the information?

b. The person using the service

(i) What are the person's wishes about how the information should be dealt with?
(ii) Does the person lack capacity to make decisions relevant to the information and their own safety and wellbeing?
(iii) If the person lacks capacity, who is representing them?
(iv) Can the person advocate for themselves?

c. The alleged incident or event

(i) What is the actual or potential nature and impact on the person of the actual or possible abuse or neglect?
(ii) Might other agencies have information that could affect our judgement/ assessment about the impact and likelihood of abuse or neglect, or the wishes of the person where these are not known?
(iii) If the likelihood and/or impact of abuse or neglect is low, are there other concerns that when considered together suggest the person is or may be at higher risk of abuse or neglect?
(iv) Is there evidence or reasonable cause to suspect negligence, incompetence or recklessness as the cause of abuse or neglect?
(v) Is it likely to be a Police matter?

d. The location and provider

(i) Are there themes and trends – is this a recurring pattern for the location and/or provider? Is it part of a bigger picture?

(ii) What other relevant information do we already have about the location and/or provider (for example, other concerns, existing or other safeguarding concerns, notifications, previous or ongoing enforcement action)?
(iii) What is the provider's capacity and capability to respond appropriately?

As services vary between sectors and regions, inspectors will need to use informed judgement based on intelligence, evidence and available information to help them decide on future action.

3. Next steps

Once you have decided whether the information is an alert or a concern, and considered the factors in section 3 above, you need to consider the next steps.

(a) Have you recorded in CRM your decision whether to refer the information as an alert to the relevant local safeguarding authority and/or Police force? Have you also recorded the reasons?
(b) Do you need to share this information with anyone e.g. Corporate Provider Team?
(c) Does the immediate action taken adequately ensure the safety and welfare of the relevant person/people? If not, what other action may be required?
(d) Do you or others need to begin any regulatory processes?

4. Strategy Meetings

The local authority should keep us informed of actions relating to safeguarding issues about regulated providers. We may be invited to a strategy meeting to discuss the incident(s) and where action will be agreed by the LA and others. It is for inspectors to exercise their professional judgement, seeking advice from your buddy or line manager as appropriate. Please consider that unless at this early stage we are planning to take some action, there should not be a need to attend a strategy meeting, however we do need to receive minutes and there should be a conversation with the LA about our level of involvement to ensure we are aware of all facts and evidence.

Appendix 8 – References and links to further guidance

Children

Department for Education guidance

Safeguarding children and young people from sexual exploitation (currently under review)

Safeguarding children who may have been trafficked

Safeguarding children and young people who may have been affected by gang activity

Forced marriage

Safeguarding children from abuse linked to faith or belief

Safeguarding children from female genital mutilation

Radicalisation - Prevent Strategy

Radicalisation - Channel guidance

Guidance from external sources

Meeting the needs of young people with learning disabilities who experience or are at risk of sexual exploitation Barnardos and Comic Relief (2015)

Adults

Violence and aggression - short term management in mental health and community health settings NICE (May 2015)

Skills for Care Safeguarding care certificate workbook – identifying signs of abuse and neglect, (pp4-6)

SCIE: Adult Safeguarding here

ADASS: Directors of Adult Social Services here

Disclosure and Barring Service here

Mental Capacity Act 2005 here

Multi-agency Public Protection Arrangements (MAPPA) guidance here

Home Office: Strategy to end Violence to Women and Girls 2016-2020 here

Appendix 9 – Glossary

Adult	Any person over the age of 18 years
Child	Anyone who has not yet reached their 18th birthday; this definition therefore covers children and young people
DBS	Disclosure and Barring Service – the body that processes criminal records checks which provides information on a person's criminal history and which can add people who are a risk to children and adults to a barring list to prevent them working in regulated activity.
KLOE	Key Line of Enquiry – detailed questions that directly relate to the five key questions (safe, caring, effective, responsive, well-led) to help inspectors gather and record information and evidence to inform inspection judgements
Local Authority	Organisation that is officially responsible for all the public services and facilities in a particular area
LSCB	Local Safeguarding Children Board
My portfolio	Area of CRM where inspectors and inspection managers can access or have an overview of the services they or their team manage
NAS	National Advisors for Safeguarding – experts within CQC who can provide advice and guidance on safeguarding policy and practice
PIR	Provider Information Return/Request
SAR	Safeguarding Adult Review
SAB	Safeguarding Adults Board
SCR	Safeguarding Child Review
Sector Support	Internal Team which act as business partners to Inspection Directorates for performance reporting, business planning, systems support and scheduling
Service Analytics	A tool in CRM which can produce reports on Management Information and Inspection reports
SET	Safety Escalation Team – who handle and process information about safeguarding in NCSC
SFR	Prefix signifying a report on Safeguarding run in Service Analytics