



# Learning from reviews: care providers

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# Our sector learning briefing series

**Our sector learning briefing series has been produced to share learning from our reviews, including learning reviews and Safeguarding Adults Reviews.**

Each sector learning briefing is aimed at a different area of the adult safeguarding sector and draws out particularly relevant learning from our published reviews. This is not to say that there isn't wider learning to be taken from our reviews, but that the learning contained in these briefings is particularly pertinent to the sector.

These sector learning briefings are intended to be a concise exploration of key themes identified in our reviews. They will be updated with any new identified learning or themes, as needed.

## The scope of this briefing

**This briefing includes learning from reviews published since 2021 and is intended for use by the care provider sector. This includes care homes and domiciliary care providers.**

It draws primarily on learning from the following [published West Sussex reviews](#):

*Organisational Learning Review in respect of Kingswood (2021)*

*Safeguarding Adults Review in respect of Robert (2022)*

*Safeguarding Adults Review in respect of Beverley (2023)*

*Safeguarding Adults Review in respect of John (2023)*

*Meta-analysis of Safeguarding Adults Reviews featuring self-neglect (2024)*

*Safeguarding Adults Review in respect of Tom (2024)*

*Provider Learning Review (2025)*



# Safeguarding Thresholds Guidance

**All staff working with adults with care and support needs should be aware of, and regularly referring to, the Sussex Safeguarding Adults Thresholds.**

These thresholds are designed to support staff, partners, and providers to decide on whether to report a safeguarding concern for an adult with care and support needs. They are intended to support professional judgement, and to provide examples of when incidents may be 'non-reportable', 'require consultation', or are 'reportable'.

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**We know from our reviews of the importance of timely and accurate reporting of safeguarding concerns, to support staff to provide the help you need, when you need it.**

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Make sure you're up-to-date with your [safeguarding thresholds](#) knowledge, as well as [what needs reporting to the Care Quality Commission](#). If, after referring to the safeguarding thresholds you are still unsure of whether a safeguarding referral is appropriate, please call 03302 228400 to speak with a social care practitioner in the Safeguarding Adults Hub.

## Care planning and delivery

**Appropriate care plans, which are reviewed regularly and delivered accordingly, are integral to supporting adults with care and support needs and who are in receipt of care.**

In order to ensure you are following the principles of Making Safeguarding Personal, you need to ensure that when you are developing care plans, you are involving the adult, and where appropriate, their family, friends, or other carers, in the process. This is essential to ensuring that you are remaining focussed on what is important to the adult, and on the outcomes that they want for their life (referred to as being 'person-centred').



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**We know from our reviews that care plans are often developed without adequate reference to the adult's wishes, and without sufficient input from other services involved in the adult's care.**

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When working with adults with multiple or compound needs, care planning will often need to include input from other services, such as health. It's important that you involve these services at every stage of the care planning process, including when you are reviewing care plans. Furthermore, all staff involved in the care of the adult need to be aware of the contents of the care plans and have the skills to deliver it. We will look at this further in the next section.

## Training and qualifications

**When working with adults with multiple or compound needs, it's important that the staff responsible for their care have the appropriate training and qualifications to deliver the care needed, according to their care plan.**

When recruiting new staff, or using agency staff, care providers need to make sure that they are checking training records and qualifications. Failure to do so can mean that inadequate care is provided, or care that falls below what has been advertised by the provider, or what is required by the Care Quality Commission (CQC).

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**Our reviews tell us that in some cases, staff lack the confidence, qualifications, or training to deliver the care needed when looking after adults with complex needs.**

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As a staff member, it's your responsibility to make sure that you know what is included in an adult's care plan, and to ensure that you have the skills, qualifications, and confidence, to deliver the care plan, as required.



If you are unsure at any point, it's important that you speak with your manager, so that you can access support with your role, and so that the adult can receive the appropriate care.

## Multi-agency working

**When working with adults with care and support needs, and particularly those with multiple and compound needs, it is essential that you engage in multi-agency working.**

This means working closely and well together (i.e. collaboratively) with staff from the involved agencies. This will ensure that everybody involved in an adult's care is aware of, and understands, each other's work and views so that the adult has the best experience of a co-ordinated approach.

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**We have learned from our reviews that multi-agency working is important for effective risk assessment, capacity assessments, and care planning.**

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To support multi-agency working you should consider:

- Convening a multi-agency meeting, either in-person or virtually. This is the best way to ensure that there is effective information-sharing and communication and is the ideal opportunity to agree an action plan for the adult, or to review the care plan.
- Sharing information with the right people, at the right time. This should include sharing the adult's wishes with all involved agencies. See our [information sharing resources](#) for more information.
- Undertaking a multi-agency risk assessment. You can find a template for this in our [Complex Needs Toolkit](#).



# Recognising and responding to self-neglect

**Self-neglect can describe a wide range of situations or behaviours experienced by a person. Each circumstance is unique.**

It could be someone whose personal care or health is deteriorating due to a lack of attention, or where they are not maintaining their home environment for so long that it becomes unsafe to their health or the wellbeing of others.

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**We know from our reviews that care providers do not always recognise self-neglect as a safeguarding issue, and so do not seek the appropriate support to manage it.**

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There are a range of explanations and contributing factors which may lead to a person self-neglecting, including:

- Physical or mental health problems, or substance dependency
- Psychological and social factors
- Diminished social networks
- Traumatic histories and life-changing events

In Sussex we have a five-step process to working with adults who are self-neglecting. These steps are set out in the [Sussex Safeguarding Adults Policy and Procedures](#) but are also relevant for self-neglect which sits outside of safeguarding processes. The steps are:

- Identifying self-neglect and requesting a social care assessment and/or raising a safeguarding concern if the threshold is met.
- Identifying a lead agency, which may or may not be the local authority.
- Sharing information between agencies, and agreeing who will take what actions, and when.
- Arranging a multi-agency meeting with involved agencies.
- Completing a comprehensive assessment of risk.



# Concerned curiosity

**The term professional or concerned curiosity, sometimes called respectful nosiness, is used to describe an in-depth interest in the adults you are working with by exploring and understanding what is happening, rather than making assumptions or accepting things at face value.**

It requires skills of looking, listening, asking direct questions, and being able to hold difficult conversations. Nurturing concerned curiosity and challenge are a fundamental aspect of working together to keep adults safe from harm.

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**We've learned that staff need to be more professionally curious, and to ensure that they are making time to speak with adults alone, and away from the influence of family, friends, or carers.**

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Concerned curiosity is vital in helping to identify abuse and neglect in cases where it may be less obvious. This could be in a care home, where abuse practices may be hidden from visiting staff. It could also be in an adult's own home, where they are not able to tell you about the abuse they are experiencing, as a result of domestic abuse or when a person is being coerced or controlled. It is important that you make time and space to have a private conversation with the adult. This will provide them with a space where they are more likely to feel able to disclose abuse or neglect without repercussions from the perpetrators.

# Mental capacity

**The Mental Capacity Act 2005 Code of Practice provides guidance to anyone who is working with adults who may lack capacity to make decisions, and particularly decisions about their care and treatment.**



Mental capacity is defined as the ability to make a specific decision, at the time that the decision needs to be made. This can include 'daily life' decisions, such as what to wear, or daily routines, or more 'complex' decisions which have more significant consequences. This could include decisions around medical treatments, move to a care home placement, or planning a will.

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**We know from our reviews that staff across the partnership require a better understanding of the Mental Capacity Act and its implementation in their practice.**

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If you are not already confident in your understanding of the Mental Capacity Act, and how it is relevant to your practice, you should take steps to address this. Visit our [Mental Capacity Act learning resources](#).

## Closed cultures and organisational abuse

**Organisational abuse, also sometimes referred to as institutional abuse, is one of the ten types of abuse and neglect defined in the Care Act (2014).**

It refers to poor care or safeguarding risks, including neglect, because of the arrangements, processes, and practices within an institution or care setting. There are a number of risk factors for organisational abuse developing, so it's important that we are aware of these.

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**We know from our reviews that staff are not always aware that they are working in a 'closed culture', and of how this can lead to organisational abuse in their workplace.**

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The main risk factors for the development of organisational abuse are:

- a lack of adequate training for staff, leaving them unprepared for the work they are undertaking;
- a lack of supervision for staff, which means that poor practice is not identified and corrected before it is embedded into everyday practice;
- insufficient management oversight and support, which means that staff are not being held accountable for their actions; and
- failure to share and embed learning in relation to good practice and new approaches to care.

We can see from these risk factors that workplace culture is hugely important when it comes to abuse and neglect within organisations. In some cases, these risk factors can indicate a 'closed culture'. The Care Quality Commission has useful information [about identifying and responding to closed cultures \(2022\)](#).

# Whistleblowing

**Every organisation faces the risk that something will go badly wrong; the first people to know of the risk will usually be those who work in or with the organisation.**

Whistleblowing is the raising of a concern, either within the workplace or externally, about a danger, risk, malpractice or wrongdoing, which affects others. Whistleblowers can provide an additional safeguard for patients or service users, where organisations are failing to act on concerns.

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**We know from our reviews that whistleblowing can play a vital part in the identification of abuse and neglect, particularly where there is suspicion of organisational abuse.**

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Your organisation should have a whistleblowing policy. In most circumstances, concerns should be raised with the organisation involved. This provides workers with the greatest degree of protection and the employer with a chance to address the concerns. However, there may be some circumstances where the person feels at risk of being victimised, dismissed by their employer, or has good reason to believe that the employer will not take the appropriate action.

The provisions of the Public Interest Disclosure Act 1998 may protect a person for raising concerns outside the workplace providing you are an employee, trainee, agency worker, or member of a Limited Liability Partnership, and you are reporting:

- a criminal offence
- someone's health and safety is in danger
- risk or actual damage to the environment
- a miscarriage of justice
- someone covering up wrongdoing

(Gov.uk, See: [Whistleblowing for employees](#))

## Additional resources

**If you would like to explore any of these themes in more depth, you can refer to our learning resources:**

- [Our learning pathway](#)
- [Core safeguarding learning resources](#)
- [Safeguarding practice learning resources](#)

