

62. APPENDIX 1: Quick guide for providers of care and health services

Disclosure or expression of concern of abuse

Immediate action to be taken

- Ensure the safety of the person who is alleged to have been harmed or the person alleged to have caused the harm; if in immediate danger, contact the relevant emergency services
- Support and reassure the person, recording what is said and/or what is observed but avoid asking leading questions
- Log nature of alleged abuse, any information given or witnessed, actions taken, who was present at the time
- Secure the evidence
- Do not question the person alleged to have caused the harm about the incident
- Listen to the person, ascertain their wishes and explain what will happen next
- Do not take photographs of any injuries (unless a policy on taking photographs permits this)
- Report concerns to the appropriate manager to enable the manager to assess the risk and safety needs of the adult at risk
- Ensure all discussions and decisions are recorded
- Report incident to the Police if criminal offence appears to have been committed.

Within 24 hours the manager should

- Assess the presenting risk issues and record the risk assessment
- Discuss with adult/family at risk a management plan to minimise the risk to the person and others
- Secure any evidence (records, reports, body maps, clothing)
- Consider internal disciplinary action if a member of staff is alleged to be involved
- Inform the Care Quality Commission (CQC) if in a regulated setting
- Refer to Adult Services or Out of Hours team if a manager is suspected to be implicated
- Initiate other internal processes that need to be triggered
- Record any action taken and any reasons for variation in timescales.

Information to be given at the point of referral by the manager or 'whistleblower'

- Details of the adult alleged to have been harmed (name, contact details, DOB, gender, ethnicity, language, any disability, any communication issues, NOK, and key others)
- Name and contact details of GP
- Reasons for the concerns, context of these and how they came to light
- An impression of the seriousness of the situation
- Details of any witnesses
- Any concerns or doubts about the person's mental capacity to make a decision about their protection/safety needs
- Whether the adult at risk is aware of and has consented to the safeguarding concern being raised

- Any expressed wishes of the adult at risk
- Action already taken to protect the adult or others at risk and investigations commenced.

Actions to be discussed and agreed

- Any interim measures which need to be in place
- Any reports that should be sent by the provider
- Contact with families as agreed by the adult
- If the adult lacks the capacity to make a decision about family contact discuss what is in their best interests
- Contact with funding agencies and regulators
- Agreed next steps and named contact for the provider
- Discussion with the Safeguarding Allegations Management Advisor (SAMA).

Ongoing action

- Ensure on going support and risk management to the adult(s) at risk
- Contribute to the planning discussions and attend meetings as necessary
- Undertake actions as agreed as part of the safeguarding plan
- Ensure liaison between Police and Human Resources
- Liaise with the person at risk and families as required
- Undertake internal management investigations in line with HR policies and procedures
- Ensure referral to the DBS where required and professional bodies
- Contribute to other enquiries such as Serious Incident Requiring Investigations (SIRI) and Safeguarding Adult Reviews
- Support staff and provide information on a need to know basis.