

Responding to and Addressing Serious Concerns

Policy and Procedure

Version Control: 6



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Revision Number	Date Approved by the Board	Change Description	Links to Other Policies	Review Date:
Four	24 April 2018	Reviewed re; 'Think Family' approach	TSAB Inter-agency Policy and Procedures	April 2020
4.1	Not required, minimal changes on 10.08.2020	Updated 5.3.1 and 5.3.2	TSAB Inter-agency Policy and Procedures	April 2022
4.2	22 April 2021	Slight amendment to Lessons Learned Form. Document made accessible.	TSAB Inter-agency Policy and Procedures	April 2022
5.	19 June 2023 (Approved by Statutory Partners)	Included roles and responsibilities Consideration of non-commissioned services Appendix 3 amended	TSAB Inter-agency Policy and Procedures	June 2025
6.	9 April 2025	Included Section 7. Communication and amends to appendices – communication plan, learning for provider	TSAB Inter-agency Policy and Procedures	April 2027

1. Introduction

1.1 The Teeswide Safeguarding Adults Board (TSAB) is the statutory body that sets the strategic direction for safeguarding and is responsible for protecting adults who are experiencing, or who are at risk of abuse or neglect living in the Boroughs of Hartlepool, Middlesbrough, Redcar & Cleveland and Stockton-on-Tees. Everyone has a responsibility to take a 'Think Family' approach. 'Think Family' is an approach that requires all agencies to consider the needs of the whole family from working with individual members of it, making sure that support provided by children's, adults and family services is coordinated and takes account of how individual problems affect the whole family.¹

1.2 The Care Act 2014,² created a new legal framework for Adult Safeguarding. The supporting statutory guidance, issued by the Department of Health in October 2014, updated in March 2016 and revised in February 2017;³ outlines that safeguarding is not a substitute for:

- providers' responsibilities to provide safe and high-quality care and support
- commissioners regularly assuring themselves of the safety and effectiveness of commissioned services
- the Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action
- the core duties of the police to prevent and detect crime and protect life and property

1.3 The statutory guidance also states that one of the aims of safeguarding is to clarify how responses to safeguarding concerns derived from the poor quality and inadequacy of service provision, including patient safety in the health sector, should be responded to.

2. Definitions

Serious Concern	A single issue, or an accumulation of issues in relation to the operation of a care provider, or the quality of care provided by an organisation, which puts service users, staff or visitors to the service at serious risk.
Organisational Abuse	The Teeswide Safeguarding Adults Inter-Agency Policy defines Organisational Abuse as follows: "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".
Safeguarding Adults Review (SAR)	<p>A Safeguarding Adults Review is a statutory requirement of the Care Act 2014 (Section 44).</p> <p>The Care Act 2014 sets out the criteria for carrying out a SAR and Safeguarding Adults Boards (SABs) must carry out a review if:</p> <ol style="list-style-type: none"> i. There is reasonable cause for concern about how the Safeguarding Adult Board (SAB), its members or other persons involved worked together to safeguard the adult; and ii. The adult has died, and it is known or suspected that the death resulted from abuse or neglect, including self-neglect; or iii. The adult is alive, but it is known or suspected that they have experienced serious abuse or neglect, including self-neglect

¹ [Think Family Guidance – Safeguarding Adults, Children and Families, Think Family – Safeguarding Adults, Children and Families Checklist](#)

² The Care Act 2014, Sections 42-46

³ Care and Support Statutory Guidance, updated 24 February 2017

	SABs can also carry out a SAR in any other situations involving an adult in its area with needs for care and support and there is value in doing so: this is called a discretionary review.
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3. Purpose

This policy and procedure sets out the framework for dealing with serious concerns on a multi-agency basis whilst maintaining the focus on the adult(s) experiencing or, at risk of abuse or neglect. The purpose is to bring professionals from relevant agencies together to:

- Share information and discuss concerns about a service provider, organisation or complex individual case of alleged abuse
- Consider the level of risk and agree a proportionate response
- Plan the investigative framework
- Confirm the outcomes of any investigations
- Formulate a multi-agency action plan
- Conclude the process when the necessary changes/improvements have been made.

4. Roles and Responsibilities

4.1 Host Local Authority

The Host Local Authority is the Authority in the area where the abuse or neglect has occurred, and is responsible for:

- Liaising with the regulator if any concerns are identified about a Registered Provider
- Determining if any other Local Authorities or ICBs are making placements, alerting them, liaising with them regarding the issues in question and inviting them to attend the initial meeting
- Co-ordinating any action required under safeguarding
- Ensuring that advocacy arrangements are in place, where needed, and care management responsibilities are clearly defined and agreed with placing authorities
- Ensuring that there is a Chairperson and administration for meetings, and that robust records are maintained and shared with TSAB as per this policy and procedure

4.2 Placing Authority

The Local Authority or Integrated Care Board (ICB) that has commissioned the service for an individual delivered by a Provider. The Placing Authority/ICB is responsible for:

- Having a duty of care to the people it has placed to ensure their needs continue to be met
- Contributing to safeguarding activities as requested by the Host Authority, and maintain overall responsibility for the individual they have placed
- Ensuring the Provider has arrangements in place for safeguarding, as determined in service specifications
- Undertaking specific mental capacity assessments, or best interest decisions for the people they have placed
- Reviewing the contract specification, monitoring the service provided and negotiating changes to the care plan in a robust and timely way
- All care management responsibilities as outlined in the Care Act 2014
- Assessments under the Deprivation of Liberty Safeguard (DoLS)

- Keeping the Host Authority informed of any changes in individual needs and/or service provision
- Ensuring appropriate representation and engagement in relevant meetings as determined by this policy and procedure

4.3 Care Quality Commission (CQC)

The CQC acts independently and is a valued partner in the process of information sharing and working to tackle areas of concern. Their expertise in working with providers and standard setting may support safeguarding processes. The CQC can only use its civil and criminal enforcement powers in relation to breaches of legal requirements as set out in the Health and Social Care Act 2012. CQC must evidence that a breach has occurred before they can proceed with enforcement powers. The CQC's approach to inspection and enforcement focuses on five key questions about care:

- Is it safe?
- Is it effective?
- Is it responsive?
- Is it caring?
- Is it well-led?

Where there has been a recent inspection it may be helpful for providers to share pre-publicised reports, to support the principle of openness and transparency. In some instances, providers may be addressing issues identified by inspections and adult safeguarding and these should be addressed through joint processes rather than in isolation.

4.4 Lead Agency

A Lead Agency will be identified at the initial meeting and is responsible for co-ordinating work in response to the serious concerns. The Lead Agency will usually be the Host Local Authority, however, if they do not commission the service and do not have people placed there it will be appropriate for another agency to take the lead, dependant on the presenting issues. In addition, there may be a regional approach to resolving the issues if there are a number of Placing Authorities involved; this may sit outside of the TSAB Responding to and Addressing Serious Concerns policy and procedure, however, it is important that TSAB are informed of the issues and the actions being taken.

5. Scope

5.1 Who does the policy and procedure apply to?

A provider, for the purposes of this policy, is an organisation or institution which provides care to an individual or group of people within the Tees area. Commissioned and non-commissioned services are subject to this policy and procedure ensuring the Local Authority safeguarding duties as defined in the Care Act 2014 are met. Provision includes, but is not limited to:

- Care homes: including nursing and care home services provided 'in-house'
- Home Care Providers
- Supported Living
- Private hospitals
- Day Services/ day opportunity Providers
- Local Authority in-house provision
- Rehabilitation Services
- Voluntary agencies

This policy and procedure does not apply to NHS Foundation Trusts as there are separate arrangements in place to manage serious concerns in these settings.

5.2 When does the Policy and Procedure apply?

5.2.1 The policy and procedures should be applied if a situation arises indicating there are serious safeguarding concerns about a service provided for adults. This policy and procedure should also be used in conjunction with children's services when it is identified that there is an indication of a serious safeguarding risk to service provision by providers of both adults and children's services.

5.2.2 The TSAB Decision Support Guidance⁴ should be used to identify the level of **seriousness** of an individual concern and assist Adult Social Care services and other agencies in determining the most appropriate level of response to initial safeguarding adult concerns. It is important that the level of response to a safeguarding concern is kept under constant review and is proportionate, as additional information becomes available.

5.2.3 Indicators that trigger consideration for invoking this procedure include:

- Serious concerns are raised following individual or multiple safeguarding enquiries/investigations
- Contract compliance visits identify systemic issues within a care setting and there are significant concerns about the quality of care provided and the ability of the provider to improve the service
- CQC inspections result in placing services into special measures, issuing warning notices or inadequate ratings for safety
- Multi-agency concerns about systemic problems within a service or organisation
- A series of safeguarding concerns are made about the same provider indicating that the provider is not operating a safe service
- A safeguarding enquiry raises serious concerns about a service or organisation
- A number of safeguarding allegations are made against more than one member of staff
- A cluster of concerns are received about similar issues e.g. pressure ulcers; individuals not properly nourished or hydrated
- It is alleged that a number of perpetrators are suspected of abusing or neglecting adults, experiencing, or at risk of abuse and neglect
- A whistle-blower makes serious allegations about the management or regime of a service
- An individual case of alleged abuse is serious or complex e.g. the alleged perpetrator holds a position of authority within a care setting/organisation
- An individual case of alleged abuse meets the criteria for a Safeguarding Adults Review

5.2.4 By invoking this policy and procedure there can be a detrimental effect on the operating business of care providers. There is an expectation that commissioners will have procedures in place to actively monitor concerns at an early stage and ensure measures are taken to support the care provider to improve thereby minimising the escalation of risk and the need to apply this policy and procedure.

5.2.5 The distinction between abuse and poor care practice is difficult to define and therefore any conclusion reached should be evidence based using the outcome of investigation/s and advice/information received from appropriate professionals and regulatory bodies.

5.3 When does the Policy and Procedure not apply?

5.3.1 Most safeguarding enquiries/investigations within provider services will not lead to a wider investigation under this policy and procedure, although most cases could have implications for a larger group of adults than the individual at risk initially identified.

5.3.2 This policy and procedure does not replace the normal contract compliance and quality assurance processes, although it may run alongside these.

⁴ [TSAB Decision Support Guidance](#)

5.3.3 The Care Act 2014 introduces responsibilities in relation to *provider failure* and other service interruptions. The Act imposes clear legal responsibilities on local authorities where a care provider fails. The Act also makes it clear that local authorities have a temporary duty to ensure that the needs of adults continue to be met if their care provider becomes unable to carry on providing care because of business failure, no matter what type of care they are receiving. This is regardless of whether the adult pays for their care themselves, the local authority pays for it, or whether it is funded in any other way.

In these circumstances, the local authority must take steps to ensure that the adult does not experience a gap in the care they receive as a result of the provider failing. Therefore, there is a clear difference between business failures as defined by the Care Act 2014 and when a provider comes under this process due to the safety in the delivery of care and services from a safeguarding perspective. It should be noted that there may be instances in which a provider fails under the definition of provider failure within the Care Act **and** there are concerns relating to safeguarding and the quality of care. In these circumstances, agreement on which area will lead is to be negotiated, e.g. safeguarding or commissioning.

6. Procedure

6.1 Who decides whether the Policy and Procedure applies?

Senior Managers/Heads of Service/Assistant Directors within the Hosting Local Authority, in consultation with other relevant and investigating authorities, will make the decision to invoke this policy and procedure and convene the Initial Serious Concerns meeting. A record of the discussion and decision making should be retained by the Hosting Local Authority.

6.2 Who should attend the initial serious concerns meeting?

The following should attend **as appropriate**, and particularly where they hold relevant information and have had direct involvement with the service:

- An Adult Social Care Senior Manager responsible for managing serious concerns about a provider (chairperson)
- Adult Safeguarding Lead/Manager
- Lead Commissioners
- Officer/s responsible for any relevant individual safeguarding investigations or assessments
- Care Quality Commission Inspector
- Contracts Manager / Quality Assurance Officer
- Representatives from Health care providers (e.g. acute trusts and mental health trusts)
- Representatives from agencies funding placements within the service, including: Integrated Care Boards (ICBs), other Local Authorities and Continuing Health Care (CHC)
- ICB Safeguarding Team
- NECS: e.g. MUST team, Medicines Management Team, Infection Control Team
- Police representative
- Local Authority legal representative
- Children's Commissioners

Prior to the initial serious concerns meeting, the chairperson will determine how to involve and communicate with the provider. The provider may be invited to all or part of the meeting and following the meeting they will be informed in writing of the presenting issues and the actions to be taken.

6.3 What is the process?

6.3.1 The Initial Serious Concerns meeting will:

- Share information and discuss concerns about a care provider

- Be attended by all relevant agencies and include specialist input where required, for example, medicine management and nutrition support
- Consider details of a specific case where the criteria for a Safeguarding Adults Review has been met
- Share information from other meetings where concerns have been discussed, for example: Risk Summit Meetings, Assurance and Resilience Groups, Provider Review Groups, Contract and Commissioning Provider meetings
- Identify any further concerns to be investigated
- Agree the investigative framework
- Clarify roles and responsibilities in any investigation
- Ensure action is taken to minimise the risk to adults currently receiving a service
- Identify and record named contacts for each agency
- Develop a multi-agency action plan, using the [TSAB RASC action plan](#) template, for improvement which includes clear timescales and who is responsible for the actions
- Identify the Lead Agency to be Chairperson and co-ordinate future meetings and to manage any action plans resulting from discussions: this will usually be the Host Authority, however, this is dependent on circumstances/ commissioning and placement arrangements
- A record of those present, the discussions held and the agreed actions will be recorded on RASC Form 1 (at Appendix 1 in this document)

6.3.2 Where the concerns are about the quality of care and the safety of adults a number of actions may be taken including:

- Police investigations should take priority
- Assessing/reviewing individual cases
- Interviewing adults and/or family/carers
- Health investigations
- Liaising with other professionals with access to the service
- Liaising with other commissioning authorities
- Contract compliance checks
- Increased monitoring and oversight of the service
- CQC inspection / regulatory action
- Staff interviews

Suspension of new admissions to a care home:

- The decision to invoke a suspension of new admissions to a service should be through multi-agency agreement of those present at the meeting. If there is any dissent to this decision then the Chairperson of the meeting from the Lead Agency will take into consideration the presenting risks, the contract arrangements with the Provider and any Moratorium policy that is in place to determine the final decision as to whether to suspend new admissions.
- A suspension can be voluntary or imposed
- CQC, under their regulatory powers, are able to suspend new admissions to services, including when a commissioner cannot or chooses not to do so.

6.3.3 The Teeswide Safeguarding Adults Inter-Agency Procedure applies to the management of individual safeguarding cases. If this process has been instigated prior to the completion of any ongoing safeguarding enquiries or investigations then the initial serious concerns meeting must decide:

- a) If a separate process is required to consider any individual safeguarding cases
- b) How feedback will be communicated to the wider group. Care must be taken to ensure individual adults at risk are not overlooked during this process, and individual investigations should not be delayed whilst waiting for a serious concerns meeting to be convened.

6.3.4 Effective joint working is essential to ensure the process achieves its objectives. It will be important to clarify:

1. Communication with the service provider
2. Communication with adults at risk and their families/carers/advocates
3. Communication with funding authorities, such as the ICB, CHC and other Local Authorities
4. Liaison between agencies and professionals
5. Contact with the media (subject to agreement)
6. Legal advice, as appropriate
7. Security of records
8. Maintenance of a central file of minutes of meetings/action plans/records of individual safeguarding cases.

6.3.5 The action/improvement plan must identify any practice or policy changes, or improvements required, and the agency responsible for assessing any changes or improvements including timescales for completion. Any potential criminal offences or enforcement requirements must be recorded and referred on to the appropriate agency for consideration. Review meetings should be arranged at regular intervals to assess the extent of changes and improvements made according to the agreed action plan.

6.3.6 Lower level concerns which do not meet the criteria for invoking this Policy and Procedure should be communicated to the relevant commissioner to ensure ongoing monitoring can take place and therefore prevent concerns from escalating any further.

6.3.7 Any additional concerns (both general concerns and concerns about specific individuals) that are raised during the process should form the basis of an immediate discussion amongst the key agencies and then a decision made about the action to be taken in consultation with the Chairperson.

6.3.8 The TSAB Business Unit will be informed of the outcome of the initial and subsequent meetings and advised if this Policy and Procedure has been invoked. The Business Unit will maintain a record of those services and providers who have been subject to these procedures and the actions taken.

6.3.9 Review meetings will receive feedback from the investigations and other actions including progress against the action plan. The investigations and other actions may evidence serious care quality concerns but the concerns may not be so serious as to determine that organisational abuse has taken place. However, in situations of exceptionally high risk, or if partner agencies fail to reach an agreement the relevant Directors/Assistant Directors and Elected Members must be informed.

6.3.10 Outcome and Lessons Learned; at the final review meeting which concludes the process, and confirms that the action/improvement plan is complete, and that the service is delivering care to a sustained, safe standard, the Chair will ask members of the meeting to consider any lessons learned from the process. The outcome of discussions will be recorded on RASC Form 3 and forwarded to the TSAB Business Unit.

7. Communication

For any organisational abuse process, it is important to consider a robust approach to communication (including media approaches), with all interested/involved parties. As a starting point, any process should give consideration to the below, with clarity of who will complete any activity and the timescale:

- Identify the methods of communication (email, telephone, correspondence)
- Identify recipients (stakeholders, adults, and/or family/carers/advocates)
- Identify the key contacts (e.g. Commissioning and Contracting, Media and Communications, Legal, Host and/or Placing Authorities)
- Sensitivity/confidential information sharing requirements (e.g. secure email requirements/document marking/redactions)
- Identify what will be shared (key messages, updates, action logs)
- Identify a centralised point of contact for information flow

- Consider the development of a communication plan to ensure that all parties are clear

The above can also be utilised for communication between agencies when an organisational abuse process has not been triggered but concerns exist.

8. Record Keeping

Meetings should be managed and recorded in the following recommended format and standard documentation.

8.1 Initial Meeting (TSAB Form RASC 1; Appendix One)

- Meeting to be convened within 5 days of the serious concerns being raised
- Purpose of meeting
- Details of safeguarding enquiries/outcome of safeguarding investigations
- Details of multi-agency concerns
- Information known about the service provider, including other services
- Outcomes from CQC inspections
- Outcomes from Contract Service Reviews
- Multi-agency assessment of risk
- Issues requiring investigation
- Clarification of roles/responsibilities in investigation framework
- Resources required to support investigation/s
- Develop an initial action plan including details of the actions required, who is responsible and timescales
- Actions required to ensure ongoing safety of adults at risk
- Consider suspension of new admissions and agree a timescale for review this decision
- Identification of any individuals specifically at risk and whether individual safeguarding procedures apply
- Agree timescales for further meetings
- Decide how to communicate with and involve the service provider or organisation (if they are not present) or adult/s at risk in future meetings
- Agree a communication plan and responsibility for keeping people informed about the process
- Ensure minutes of the meeting are written, agreed and shared with relevant parties within 14 days of the meeting
- The Teeswide Safeguarding Adults Board to be informed of the outcome of the meeting

8.2 Review meeting framework (TSAB Form RASC 2; Appendix Two):

- Purpose of meeting
- Details of any additional safeguarding concerns/multi-agency concerns
- Reports on the outcome of any investigations/actions
- Feedback from any individual safeguarding investigations/assessments
- Reach a conclusion as to whether the stated outcomes of the process have been met
- Review multi-agency assessment of risk
- Review progress in relation to implementation of the multi-agency action plan/care provider improvement plan
- Agree any further action required to ensure the ongoing safety of adults at risk
- Agree any additional contract compliance arrangements
- Agree timescales for future meetings
- Review and maintain the communication plan and responsibility for keeping people informed about the process
- Review the decision to impose a suspension on new placements

- Ensure minutes of the meeting are written, agreed and shared with relevant parties within 7 days of the meeting

8.3 Final Review meeting – Record of Multi-Agency Lessons Learned (TSAB Form RASC 3; Appendix Three):

- Summary of initial concerns
- Details of meetings held and actions taken during the RASC process
- Finalisation of action/improvement plan
- Document the decision made to conclude the process e.g. clear and sustained improvement in the quality of care delivered
- Confirmation of storage of records and agreement in relation to the information recorded on individual case files/electronic records
- Identification of lessons learned for all involved, including the provider and how changes will be implemented to reduce risks
- Follow up recommendations
- Follow up action plans (including timescales if applicable)
- Follow up communication plan
- Record any criminal proceedings/CQC sanctions/prosecutions
- Multi-agency issues and considerations
- Timescales

The completed Lessons Learned document will be forwarded to the TSAB Business Unit. The information contained therein will be considered by the SAR Sub-group for further dissemination.