



North Yorkshire **Safeguarding Adults Board**

Organisational Safeguarding Procedure

Working with Care and Support Providers across North Yorkshire

Title	Organisational Safeguarding Procedure
Version	5.2
Date	22.12.2025
Authors	Safeguarding Systems Lead and Policy and Procedures Officer (Health and Adult Services, HAS) on behalf of the Confident Practice and Learning Subgroup.

Issue Date	Approved by NYSAB Executive 26.05.26.
Review Date	26.05.28
Reviewing Officer	Assistant Director, (HAS), Safeguarding Systems Lead (HAS) Policy and Procedures Officer (HAS)

Area	Amendment
Roles changed due to Operational Restructure within HAS	Change: Service Manager to Operational Manager or Practice Lead
Escalation to Senior Managers within Health and Adult Services (North Yorkshire Council)	Change: Operational Manager or Practice Lead will notify their Group Manager or Senior Group Manager, who will notify their Head of Service. Head of Service will notify the Assistant Director.

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1 Introduction

1.1 Who does the Organisational Safeguarding procedure apply to?

1.1.1 Safeguarding is everybody's business. This Organisational Safeguarding procedure is supported by partner organisations across North Yorkshire and applies to all providers, whether directly commissioned by North Yorkshire Council or Commissioners of Health Care. It considers a range of issues about quality and safety, positive practice and safeguarding concerns and is underpinned by a positive culture of partnership working, cooperation and information sharing. This procedure should be read in conjunction with the following documents:

- Available on this link: [Joint Multi-Agency Safeguarding Adults Policy and Procedures](#), and also,
- Available on this link: [Managing Concerns about a Person in a Position of Trust \(PiPoT\)](#).

1.2 Safeguarding Principles

1.2.1 All safeguarding adults work is underpinned by the six safeguarding principles, as defined by the Care Act 2014. These principles have been applied in the context of this procedure, as follows:

- **Empowerment** – This procedure aims to ensure that people have a voice in influencing how services are delivered and where there are safeguarding concerns, how their views and experiences influence improvements. Adults with care and support needs can expect to receive a safe and quality service. Making Safeguarding Personal (MSP) and supporting people to have their voices heard and their choices and wishes respected, will be integral. Where necessary the person will be supported by their family/ representative. Advocacy services will be involved where appropriate.
- **Prevention** – Particular actions that might be taken in response to concerns about quality-of-care issues will reduce the risk of escalation to safety and safeguarding concerns for people in receipt of a service. Action should be taken to prevent safeguarding concerns from re-occurring.
- **Proportionality** – Any action taken in response to a safeguarding concern should always be proportionate with the least intrusive response that will effectively manage the level of risk presented. It is not the intention of this document to be punitive in its approach, but to implement quality and safeguarding principles, through working in partnership with providers and partner organisations.

- **Protection** – It is important for providers of services to take appropriate action in response to a safeguarding concern to protect adults in their care. Recognising potential harm or abuse, including lessons learnt will inform future practice and support the delivery of safe quality care services.
- **Partnership** – All partner organisations are expected to work in a collaborative and transparent way, to achieve shared goals of best practice and safe quality care. An open dialogue will only be achieved where there is trust and a willingness by all parties to work together.
- **Accountability** – All partner organisations involved in safeguarding adults are accountable for their practice. Providers are responsible for having their own policies and procedures in place and for meeting the expected standards of care, as per contracts and commissioning arrangements, and in meeting the adults' care and support needs, as agreed in individual support plans.

1.3 Providers of Care and Support

1.3.1 A provider service for the purposes of this procedure is any care or health provider who delivers support and care to a group of people. The following list is not exhaustive:

- Domiciliary Care Providers
- Residential Care Homes
- Nursing Homes
- Supported Living
- Extra Care
- Private Hospital
- NHS Provision
- Day Care Opportunities/Providers
- Residential colleges
- Voluntary Community Services (VCS)

1.3.2 Providers are expected to:

- have a robust quality assurance framework in place that evidences a commitment to prevention and early intervention.
- undertake regular staff training, supervision and appraisals, self-audits and make changes as a result to reduce the risk of matters escalating to safeguarding action.
- publish an open and transparent complaints procedure with the assurance of no retribution and offer ways of gaining feedback from people who use the service, their families, or representatives, which supports empowerment and quality assurance.
- gather feedback from people using the service, their families and

representatives, and any advocacy services involved to ensure that services are improved by people who use them.

1.4 Unreasonably Persistent Complainants Policy

- 1.4.1 The Unreasonably Persistent Complainants Policy applies to complaints relating to North Yorkshire Safeguarding Adults Board (NYSAB) and not its partners. There may be complainants who, because of the frequency of their contact with the NYSAB office, hinder their ability to deliver the statutory duties of the Board. Such complainants are referred to as “unreasonably persistent complainants”.
- 1.4.2 Where a complaint is received by North Yorkshire Safeguarding Adults Board (NYSAB) that relates to an individual partner organisation, it will be passed on to the relevant partner organisation, and the complainant will be advised to contact the partner organisation Complaints Team directly. This policy applies to complaints received by the NYSAB office in any form, including verbally, in writing, by email, through the NYSAB website and via social media channels.
- 1.4.3 The policy is available on this link: [Unreasonable Persistent Complainants Policy](#).

1.5 Working in partnership with providers

- 1.5.1 A shared goal between all parties is that people who use services can expect to receive a safe, quality service. Integral to the effectiveness of partnerships is the need to work in a fair, transparent, and open way. To ensure market sustainability and support a vibrant local market which can deliver high quality care, this Organisational Safeguarding procedure supports the care market and enables identification of ‘poor’ practice and ‘best’ practice.
- 1.5.2 Where there are concerns about quality or safety these should be evidenced, and parties provided with information and the opportunity to take action to address concerns. Feedback from people who use the service, their families or representatives and their views and experiences are crucial to making improvements.
- 1.5.3 The Quality Pathway in North Yorkshire is underpinned by prevention, where early identification and actions taken to support providers at risk of failing standards are monitored and supported by the Quality and Service Continuity Team, see Appendix 1.
- 1.5.4 In North Yorkshire providers are expected to deliver the services in accordance with any standards set out in the following:
- Approved Provider List (APL) Agreement including the relevant specification, any standards for reporting to the Council including,
 - Risk Notification Return (RNR) process,

- Professional visit feedback (PERSON)
 - Person centred
 - Environment
 - Responsive
 - Safety
 - Opportunity
 - Nutrition and hydration
- the Accessible Information Standard
- the Standards and Outcomes Framework, and
- the Individual Service Contract (ISC)
- Care Quality Commission – Fundamental Standards of Care.

1.6 Commissioning Responsibilities under the Care Act – Non-Commissioned Services

1.6.1 The Local Authority has the duty to promote diversity and quality in service provision. The Care Act statutory guidance states that high quality personalised care and support can only be achieved where there is a vibrant, responsive market of services available. The Local Authority role is seen as critical and under section 5 of the Care Act, the duty to shape and maintain an efficient market of services for meeting care and support needs for the local area is firmly placed with them.

1.6.2 The duty applies in relation to services that the local authority commissions directly, but also to other non-commissioned services in its area (including those used by people funding their own care), universal services and services provided by partners such as health or charitable services that together create the marketplace. The market that is shaped should ensure that any person requiring care and support or support services:

- has a variety of providers supplying a variety of services to choose from,
- has a variety of high-quality services to choose from, and
- has sufficient information to make an informed decision about how to meet the needs in question.

1.6.3 In order to fulfil its duty to promote diversity and quality in service provision the Local Authority must ensure it has effective strategies to share the marketplace and commission the right services.

1.7 Independent Care Group (ICG) supporting Independent Providers

1.7.1 The Independent Care Group (ICG) is the recognised representative body for independent care providers (private and voluntary) in North Yorkshire and York. The Independent Care Group works on behalf of care providers for all groups of people including care homes, domiciliary care agencies, supported living and extra care housing providers, and day care in the private and voluntary parts of the independent sector.

- 1.7.2 On behalf of care providers, the Independent Care Group works with North Yorkshire Council, City of York Council (CYC), the Integrated Care Boards (ICB's) in North Yorkshire and York, and the Care Quality Commission (CQC).
- 1.7.3 The Independent Care Group (ICG) will pass on the views and concerns of providers and the requirements of commissioners in an each-way process. ICG aims to achieve the best possible solution for the independent sector on all issues including fee rates, contract terms and assistance through training. More information is available: <https://independentcaregroup.co.uk/>

1.8 Multiple Care Provision

- 1.8.1 Where providers support adults in, or from several different establishments across North Yorkshire, care should be taken that one establishment is not seen in isolation. This is to ensure that any failings are not endemic and embedded in corporate cultures and systems. This may impact on the capacity and capability of the provider to implement agreed improvements but ensures that sustained improvements are made. Providers managed by the North Yorkshire Council, or the NHS, are subject to the same level of scrutiny as independent care providers.

1.9 Care Quality Commission (CQC) Inspection Regime

- 1.9.1 This document is relevant to all providers, not just those in the Care Quality Commission Inspection regime. The CQC are responsible for inspecting and monitoring providers registered under the [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#) and [Care Quality Commission \(Registration\) Regulations 2009](#).
- 1.9.2 The CQC has statutory powers to inspect how well services are performing against 'Fundamental Standards' of quality and safety and can take proportionate enforcement action to ensure providers improve where standards fall below those expected.

1.10 Duty of Candour

- 1.10.1 The duty of candour is to promote a culture of openness, transparency and candour in all organisations providing care and support. The duty is part of the fundamental standard requirements for all providers.
- 1.10.2 It applies to all NHS Trusts, Foundation Trusts and Special Health Authorities from October 2014 and for all other service providers or Registered Managers, from April 2015, [under Regulation 20 of the Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#).

1.11 Commissioners

- 1.11.1 Commissioners are responsible for ensuring that the service meets the assessed needs of adults and that regular reviews are carried out.
- 1.11.2 Commissioners of Health Care will support and contribute to the Organisational Safeguarding process and the Clinical Lead identified for the provider has a responsibility to ensure that they coordinate actions identified in Organisational Safeguarding.
- 1.11.3 The following framework sets out clearly the safeguarding roles and responsibilities of all individuals in providers of NHS- funded care settings and NHS commissioning organisations:
<https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework/>

1.12 People who use services, their families, representative or advocate

- 1.12.1 As with all section 42 enquiries/ safeguarding other (non-statutory) enquiries, it is essential that people using the service, their family or representative are spoken to and encouraged and supported to raise complaints and concerns. This includes when care or support is not provided according to the support plan or is not delivered when expected or is not provided with dignity and respect.

1.13 People who fund their own care

- 1.13.1 People who arrange their own care and support may not be known to either the Local Authority or its partner organisations. To safeguard them and meet the duty of care to offer protection to all people who are in need of care and support, and who are unable to protect themselves, providers are required to work with the Local Authority and partner organisations, to ensure that information and advice is readily available, and that information is shared, when required.

1.14 Healthwatch North Yorkshire

- 1.14.1 Part of the local Healthwatch North Yorkshire programme is to carry out 'Enter and View' visits. 'Enter and View' visits are conducted by a small team of trained volunteers or staff, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises. Healthwatch Enter and View volunteers will enter the premises and ask patients/staff questions about their experiences of using a particular NHS or Social Care service.
- 1.14.2 Enter and View is the opportunity for Healthwatch North Yorkshire to:
- Enter publicly funded health and social care premises to see and hear first-hand experiences about the service.

- Observe how the service is delivered, often by using a themed approach.
- Collect the views of patients and residents, at the point of service delivery.
- Collect the views of carers and relatives through evidence-based feedback by observing the nature and quality of services.
- Provide a report on their findings to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

1.14.2 Enter and View visits are carried out as ‘announced’ visits where arrangements are made with the service provider, or, if certain circumstances dictate, as ‘unannounced’ visits. Enter and View visits can happen where a problem is raised with Healthwatch about a service but, equally, they can occur when services have a good reputation to enable examples to be shared of what a service does well.

1.14.3 For information click on this link here:
<https://www.healthwatchnorthyorkshire.co.uk/>

2 Organisational Abuse

2.1 What is Organisational Abuse?

2.1.1 Organisational abuse is defined as,

“.. 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.” (Care and support statutory guidance, updated March 2024)

2.1.2 Organisational abuse can occur in any setting providing health and social care and occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice, which affects the whole setting and denies, restricts, or curtails the dignity, privacy, choice, independence, or fulfilment of adults at risk. Organisational safeguarding is a broad concept and is not just applicable to high profile cases.

2.1.3 Several inquiries into care in residential settings have highlighted that organisational abuse is most likely to occur when staff:

- receive little support from management.
- are inadequately trained.

- are poorly supervised and poorly supported in their work; and
- receive inadequate guidance.

2.2 Types and indicators of abuse

2.2.1 For types of abuse and indicators of abuse, including organisational abuse, see the Social Care Institute for Excellence (SCIE), link here: [Types of organisational or institutional abuse: SCIE](#). The list of possible indicators and examples of behaviours are not exhaustive, and people may be subject to more than one type of abuse at the same time.

2.2.3 National Institute for Health and Care Excellence (NICE) have produced a guide: [Safeguarding Adults in Care Homes](#) which includes keeping adults in care homes safe from abuse and neglect and includes recommendations on policy, training, and care home culture, to improve care home staff awareness of safeguarding and ensure people can report concerns where needed. NICE have also produced a guide for Managers of Care Homes: [Creating a safeguarding culture](#).

2.3 Early identification of Organisational abuse

2.3.1 [Hull University \(Abuse in Care Project, 2012\)](#) identified over ninety individual indicators or warning signs for concern. A summary of factors which can increase the likelihood of abuse occurring within provider settings are drawn from these indicators:

- management and leadership
- staff skills, knowledge, and practice
- residents' behaviours and wellbeing
- the service resists the involvement of external people and isolating individuals
- the way services are planned and delivered
- the quality of basic care and the environment

2.3.2 It is important to note that a pattern of concerns is not proof of abuse and abuse can happen when concerns aren't apparent.

2.4 Section 42 Enquiries linked to Organisational Safeguarding procedures

2.4.1 Where safeguarding concerns are raised about an individual these should be progressed under either a section 42 enquiry, or safeguarding other (non-statutory) enquiry; please refer to the [Multi-agency Safeguarding Adults Policy and Procedures](#).

2.4.2 The outcome of any individual section 42 enquiry related to a provider, where there is an Organisational Safeguarding process in place, should be fed back into the Organisational Safeguarding process.

- 2.4.3 Where there is evidence or suspicion of organisational abuse by commissioned provider services, or the omission to provide care that puts adults at risk, action will be undertaken through this Organisational Safeguarding Procedure.
- 2.4.4 Where there is proof or suspicion of abuse or organisational abuse by omission, for example that which was highlighted at [Winterbourne View](#) and [Whorlton Hall](#) as omission to provide care and support that puts people who use the service at risk, action will be taken through this Organisational Safeguarding Procedure.
- 2.4.5 [Section 14 of the Care and Support Statutory Guidance](#) states that safeguarding is not a substitute for:
- providers' responsibilities to provide safe and high-quality care and support
 - commissioners regularly assure 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.

2.5 How to raise a safeguarding concern about organisational abuse

- 2.5.1 All organisations should follow their own Safeguarding Adults procedures. For professionals to raise a safeguarding concern click on this link:
<https://www.northyorks.gov.uk/safeguarding-vulnerable-adults>

3 Health

- 3.1 The Patient Safety Incident Response Framework (PSIRF) replaced the NHS Serious Incident Framework in (2015) in 2024.
- 3.1.1 The PSIRF sets out the approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety within the NHS
<https://www.england.nhs.uk/patient-safety/incident-response-framework>.
- 3.1.2 The level of investigation completed following an incident will be determined by the NHS provider and will be proportionate to the incident. There are nationally mandated incident types that require a full patient safety incident investigation, these include: never events; deaths clinically assessed as more likely than not due to problems in care; maternity and neonatal incidents meeting HSIB (Health Services Investigations Body) criteria; child deaths; deaths of persons with learning disabilities; and certain safeguarding incidents.

3.1.3 Not all patient safety incidents constitute a safeguarding concern. However, PSIRF is not a substitute for safeguarding and where the criteria for section 42 safeguarding enquiries are met, a safeguarding concern should also be raised with the local authority.

3.1.4 Initial responses and fact finding by the NHS provider under PSIRF may be useful in section 42 enquiries and where appropriate, contact should be made with the NHS provider's safeguarding adult lead professional, to ascertain if the concern has been raised under the framework and agree a joint approach. This may help avoid duplication of effort and unnecessary distress to the individuals involved and/or their families.

3.2 The Integrated Care Board (ICB) Designated Professional Safeguarding Adults

3.2.1 The Integrated Care Boards (ICB) Designated Professional Safeguarding Adults are the point of contact for any discussions relating to safeguarding concerns about health providers.

3.2.3 ICB contact details are available internally, to adult social care.

3.3 Cross Boundary Issues and Inter- Authority Safeguarding Arrangements in North Yorkshire

3.3.1 In North Yorkshire, Adult Social Care is the lead agency for coordinating the Organisational Safeguarding process including safeguarding actions in consultation with North Yorkshire Police, partner organisations and Regulators.

3.3.2 Health and Adult Services will also be responsible for coordinating either a section 42 safeguarding enquiry or safeguarding other (non-statutory) enquiry. This will be either as an informal response or a formal response, coordinated by an Enquiry Officer or Safeguarding Coordinator, respectively. An Operational Manager or Practice Lead, will lead within these procedures for organisational safeguarding concerns.

3.3.3 With reference to the ADASS Cross Boundary protocol see **Appendix 2** for how cross boundary issues will be managed.

4 Police

4.1 Safeguarding concerns where there is a concern that a crime has been committed

4.1.1 The Police must be notified in the first instance of any safeguarding concerns regarding abuse or neglect where there is a concern that a crime has been committed. The Police will decide on what action to take.

4.1.2 As much information should be shared with the provider as possible without compromising any subsequent lines of enquiry. For more information regarding criminal investigations – [See Joint Multi-Agency Safeguarding Adults Policy and Procedures](#)

4.1.3 Possible offences which may apply include the specific offences, as follows:

- [Section 44 of the Mental Capacity Act 2005](#) makes it a specific criminal offence to willfully ill-treat or neglect a person who lacks capacity.
- [Section 127 of the Mental Health Act 1983](#) creates an offence in relation to staff employed in hospitals or mental health nursing homes where there is ill-treatment or willful neglect.
- Sections 20 to 25 of the [Criminal Justice and Courts Act 2015](#) relate to offences by care workers and care providers.

4.1.4 Under this Procedure the Police (Vulnerable Assessment Team, VAT) are the agreed point of contact for Adult Social Care when responding to concerns about Organisational Safeguarding.

5 Mental Capacity Act and Deprivation of Liberty Safeguards (DoLs)

5.1 People who may lack the relevant mental capacity

5.1.1 The care and treatment of people who may lack the relevant mental capacity must always be guided by the principles of the Mental Capacity Act 2005 (MCA) and may in some cases include the safeguards provided by the Deprivation of Liberty Safeguards (DoLs).

5.1.2 Deprivations of Liberty Safeguards (DoLs) applies only to individuals receiving care or treatment in a hospital or Care Home. If a person is living in their own home, a supported living placement or Shared Lives Scheme or equivalent, their deprivation of liberty can only be authorised by the Court of Protection, the application for which would be made through an allocated Social Worker or Nurse (for Continuing Healthcare Costs).

5.1.3 If you have any questions relating to Deprivation of Liberty, contact the MCA DoLs Team, North Yorkshire Council. Generic e-mail: dols@northyorks.gov.uk or 01609 536829.

5.1.4 Community DoL will be overseen by the adult social care teams, not the DoLs Team and information would need to be communicated to them.

5.2 Reporting Deprivation of Liberty related safeguarding concerns

- 5.2.1 Failure to use the Mental Capacity Act and Deprivation of Liberty Safeguards correctly can result in abuse and breaches of a person's human rights, including the potential for unlawful Deprivation of Liberty (DoL) occurring. The DoLS assessment process may also give rise to some concerns that need to be investigated under Safeguarding Adults procedures. Safeguarding responses need to be proportionate and appropriate, with each situation being considered on its own merit according to the [Joint Multiagency Safeguarding Adults Policy and Procedures](#).
- 5.2.2 Refer to the Mental Capacity Act 2005 Resource and Practice Toolkit available [here](#). This resource will support practitioners in statutory social care and healthcare to understand the Act and practice confidently when supporting people to make decisions, assessing mental capacity, and applying the Best Interests principle.

6 Advocacy

6.1 The duty of the Local Authority

- 6.1.1 The Local Authority has an advocacy duty under the Care Act 2014, to adults who are the subject of a safeguarding enquiry or safeguarding adults review (SAR) if:
- they have care and support needs
 - they have 'substantial difficulty' in being involved in decision-making
 - there is no appropriate person available to support them and represent their wishes.
- 6.1.2 Under the Mental Capacity Act (2005), the Local Authority, the NHS and other Responsible Bodies have a duty to make sure that an Independent Mental Capacity Advocate (IMCA) is available to represent an adult who lacks capacity to make specific decisions for themselves and who does not have a family member or friend to support them. IMCAs have a particular remit not just to support and represent the person, but also to make sure that the Mental Capacity Act is being followed. In a safeguarding enquiry, an IMCA can be used even if a suitable family member or friend is also available.
- 6.1.3 When undertaking a safeguarding enquiry in relation to organisational abuse, consideration should be given as to whether applications for DoLs authorisations are being made appropriately by the care home or hospital to the supervisory body. If this is not the case this could be an indication that further training and/or guidance is needed.
- 6.1.4 Adult social care should also consider advocacy, if a service is closing, and should also consider whether there is a statutory advocacy role for the change of accommodation and refer for advocacy if the criteria are met. Refer to local Practice Guidance.

6.2 Who is eligible for a referral to advocacy?

6.2.1 Not everyone is entitled to advocacy under the Care Act, there are two conditions,

- the person has substantial difficulty in being fully involved with their assessment, care and support planning and review of safeguarding; (under the Care Act), and
- there is no one appropriate and available to support and represent their wishes.

6.3 How to make a referral to Advocacy.

6.3.1 Cloverleaf Advocacy can be contacted if advice is required on what type of advocate the person needs. Telephone 01609 765355 or via referrals@cloverleaf-advocacy.co.uk

6.3.2 Make referral online here: <https://www.cloverleaf-advocacy.co.uk/content/referral-form>

6.3.3 If an advocate is needed outside of North Yorkshire in an area which Cloverleaf do not cover, please contact the Quality and Service Continuity Team. Email HASQuality@northyorks.gov.uk or telephone: 01609 797042.

7. North Yorkshire Fire and Rescue

North Yorkshire Fire and Rescue Service work with anyone in the community. Fire Safety Inspectors will conduct audits and risk assessments regarding fire safety provision, which can be booked via the website: <https://www.northyorksfire.gov.uk/your-safety/book-a-visit/>

8 Escalation of Risk

8.1 Escalation of risk(s) within Adult Social Care

8.1.1 When the Operational Manager, Practice Lead or Quality Team is advised by the provider that they are unable to make sustained improvement, or where there is no evidence of required improvement, or possible service interruptions or service failure, this must be escalated to Senior Managers.

8.1.2 The Operational Manager or Practice Lead will notify their Group Manager or Senior Group Manager, by completing the Briefing note template within LLA. The Group Manager or Senior Group Manager will notify their Head of Service, who will then notify the Assistant Director.

8.2 Escalation process within Adult Social Care

8.3.1 Following escalation, a Senior Manager within Adult Social Care, will liaise with the Quality Team to convene a meeting or a discussion with Senior Managers of partner organisations to provide an agreed joint response, which will include,

1. assessing current risk(s) based on the Provider Risk Rating, the Organisational Safeguarding Risk Assessment, and the Provider Improvement Plan, and
2. the impact on people using the service to determine commissioning decisions, and,
3. any additional action(s).

8.3.2 Where the safeguarding concern(s) relate to a service exclusively commissioned by health then the decision to implement the Organisational Safeguarding procedures must be made in conjunction with the Safeguarding Lead of the relevant commissioned health care service, Integrated Care Board (ICB).

9 The Coroner - sudden death investigations in North Yorkshire and Safeguarding Adult Reviews (SARs)

9.1 The role of a coroner

9.1.1 A coroner is an independent judicial holder, appointed by a local council. A coroner usually has a legal background but will also be familiar with medical terms.

9.1.2 Coroners investigate deaths reported to them if it appears:

- the death was violent or unnatural,
- the cause of death is unknown; or
- the person died in prison or police custody or another type of state detention.

9.1.3 In these cases, coroners must investigate to find out, for the benefit of bereaved people and for official record, who has died, how, when and where they died.

9.2 When is a death reported to the coroner?

9.2.1 In most cases a death will not need to be reported to the coroner. A hospital doctor or GP can certify the medical cause of death, and the death can be registered in the usual way. For more information on when the police, a registrar, doctor, or other person must report deaths to the coroner, click on the link below for "Frequently asked questions":

<https://www.northyorks.gov.uk/coroners-and-sudden-death-investigations-north-yorkshire-and-york>

9.3 Confirming the cause of death

9.3.1 Where Operational Manager or Practice Leads are not clear on the cause of death, they would need to check with the deceased persons GP or the Hospital Doctor respectively, to confirm the medical cause of death, if known. If required liaise with the relevant leads, by referring to the health contacts as follows:

- Primary Care Leads liaise with the Integrated Care Board (ICB) who will advise the named contact for the respective GP Practice.
- Secondary Care leads liaise with the relevant Hospital Safeguarding Team

9.4 Safeguarding Adult Reviews (SARs)

9.4.1 [Section 44 of the Care Act 2014](#) stipulates that Safeguarding Adults Boards must arrange a SAR when an adult in its area with care and support needs dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.

9.4.2 North Yorkshire Safeguarding Adults Board (NYSAB) must also arrange a SAR if the adult in their area did not die but the NYSAB knows or suspects that the adult has experienced serious abuse or neglect.

9.4.3 The NYSAB will also liaise with the coroner when a SAR referral has been received to ensure that any Coronial or Judicial proceedings take precedence.

9.4.4 The Care Act 2014 requires that a local authority must arrange for an Independent Advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adults Review (SAR).

9.4.5 If you think that a case meets the criteria for a SAR, you should discuss this with the Safeguarding Lead for your organisation.

- Refer to NYSAB's SAR policy by clicking on the following link: <https://safeguardingadults.co.uk/sar-policy>
- A SAR referral form is available here: <https://safeguardingadults.co.uk/learning-research/sar-referral-form/>
- Refer to 'Criteria for a SAR' from the SAR policy when completing this form: <https://safeguardingadults.co.uk/sar-criteria>
- Send the completed SAR referral form to the North Yorkshire Safeguarding Adults Board at nysab@northyorks.gov.uk

10 Organisational Safeguarding Process

10.1 Five Stage Process



10.1.1 The Organisational Safeguarding Process is a five staged approach with a clear end to end process.

10.1.2 This is a multi-agency, and supportive approach which identifies interventions required to enable providers to meet safe standards of care. It considers safeguarding concerns quality and safety issues, positive practice, and is underpinned by a positive culture of cooperation, and information sharing.

10.1.3 The ethos of meetings should be non-adversarial and promote a culture of partnership ensuring a fair and just process.

10.1.4 This process will support transparent decision making where there are concerns about organisational abuse or neglect and quality of care issues. This will also promote, drive improvement and sustainability in the adult social care market in North Yorkshire.

11 Organisational Safeguarding Stages with indicative timescales

Stage	Who	What happens	Indicative timescales:
11.1 Stage 1: Decision to initiate organisational safeguarding	Operational Manager or Practice Lead and the Quality Team	<ul style="list-style-type: none"> • Operational Manager or Practice Lead and Quality Team completes the Organisational Safeguarding Information Gathering and Risk Assessment, using the Risk Tool and records the decision. <p>Adult Social Care:</p> <ul style="list-style-type: none"> • Safeguarding - new safeguarding concerns and outcomes from safeguarding enquiries (s42 or safeguarding other) <p>Identify people who may require:</p> <ul style="list-style-type: none"> ○ A review - if funded by NYC/ICB/out of area commissioners and/or ○ Care Act assessment if they are self-funding <p>Quality and Service Continuity Team:</p> <ul style="list-style-type: none"> • Residential or Nursing Care, • Community Based Support, • Home based support, • Supported Living 	<p>Initial meeting needs to be convened within 5 days of the decision being made.</p> <p>Operational Manager or Practice Lead to email the Provider a completed Summary of the Concerns template, 3 days prior to the initial meeting.</p> <p>All partner organisations, including CQC (if appropriate) are invited to the initial meeting and are to be sent a copy of the Summary of Concerns Template, prior to the meeting.</p> <p>N.b. Where the timescale is not met, a detailed rationale must be recorded by the Operational Manager or Practice Lead.</p>

		<p>Clarify with provider:</p> <ul style="list-style-type: none">• if residential or nursing care, who lives in the home and funding arrangements incl. people self-funding.• If community-based support Who is using the service, how many people are funded by NYC, jointly funded with health/ paying privately?• If supported living: Who is living in the household/ property; clarify funding arrangements incl. those who are self-funding? • Serious Incidents• Risk Notification Returns• Professional visit feedback (PERSON)<ul style="list-style-type: none">○ Person centred○ Environment○ Responsive○ Safety○ Opportunity○ Nutrition and hydration <p>Quality Assessment</p> <ol style="list-style-type: none">1. Involvement and information2. Personalised care and support3. Safeguarding and strategy4. Suitability and staffing5. Quality of management	
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		<p>Intervention requirements and support to the provider:</p> <ul style="list-style-type: none">• Quality Market interventions (via the Quality Pathway)• Commissioners of Healthcare,• Infection Prevention Control (IPC)• Serious Incidents or Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, RIDDOR Health and Safety Executive, HSE)• Consider escalation to Senior Managers. <p>Actions:</p> <p>Consider the following actions, which may be required:</p> <ul style="list-style-type: none">• Immediate checks of people using the service• Consult with the Police, if applicable• Consult with CQC, if applicable• Update regarding any decisions regarding contractual or commissioning (if applicable)• Liaise with Health Commissioner Integrated Care Board (ICB), if applicable). ICB to liaise with primary care, as appropriate	
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		<ul style="list-style-type: none"> • Liaise with Safeguarding Lead Secondary health, as appropriate • Liaise with Review/DoLS Team (re DoLs) and any other relevant teams (re DoL) of the decision to progress into Organisational Safeguarding • Communication with people who use the service their families, representatives, or advocate • Consider interventions to support the provider • Review RAG rating • Record decision to progress into Organisational Safeguarding and the rationale if timescales are not met. • 	
<p>11.2 Stage 2: Initial organisational safeguarding meeting</p>	<p>Operational Manager or Practice Lead (Chair)</p> <p>Attendees include:</p> <ul style="list-style-type: none"> • Quality Team Manager • Police (if required) • CQC (if 	<p>Discuss the summary of concerns template which was shared with the provider.</p> <p>Adult Social Care</p> <p>Safeguarding - new safeguarding concerns and outcomes from safeguarding enquiries (s42 or safeguarding other)</p> <p>Identify people who require:</p> <ul style="list-style-type: none"> • A Review - if they are known to NYC/ICB/out of area commissioners and/or 	<p>The Provider must submit the Provider Improvement Plan to the Operational Manager or Practice Lead within 5 working days following the initial meeting.</p> <p>The Operational Manager or Practice Lead must liaise with the Quality Team Manager to validate this within two working days of receipt of the Provider Improvement Plan - to ensure the Provider Improvement Plan has a proportionate approach to manage the identified risk(s) and is timely. The Operational Manager or Practice Lead will feedback to the Provider if the Provider Improvement is acceptable/not acceptable.</p>

	<ul style="list-style-type: none"> required) • Provider (representative must be of appropriate seniority i.e., Registered Manager or Nominated Individual) • CQC if required, • Other Commissioners • N.b. This list is not exhaustive 	<ul style="list-style-type: none"> • Care Act assessment if they are self-funding? • Referrals to advocacy – Anyone who is eligible for advocacy support (see section 6). • Identify a named contact: <ul style="list-style-type: none"> ○ To liaise with advocacy regarding Community DoL issues ○ To liaise with Review/DoLs Team regarding Deprivation of Liberty Safeguards (DoLs) <p>Quality Team</p> <ul style="list-style-type: none"> • Serious Incidents • Risk Notification Returns • Professional visit feedback (PERSON) <ul style="list-style-type: none"> ○ Person centered ○ Environment ○ Responsive ○ Safety ○ Opportunity ○ Nutrition and hydration <p>Quality Assessment</p> <ol style="list-style-type: none"> 1. Involvement and information 2. Personalised care and support 3. Safeguarding and strategy 4. Suitability and staffing 5. Quality of management 	
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		<p>CQC Update or Feedback via Quality Team.</p> <p>Provider</p> <ul style="list-style-type: none"> • Listen to the views of the provider • Review the Provider Improvement Plan • Intervention requirements and support to the provider • Quality Market interventions (via the Quality Pathway) • Commissioners of Healthcare • Infection Prevention Control (IPC) • Serious Incidents or Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, RIDDOR Health and Safety Executive, HSE) <p>Consider Action required</p> <ul style="list-style-type: none"> • Health Commissioner Integrated Care Board (ICB) If required ICB to liaise with primary health regarding sharing information/ linking into the meeting. • Safeguarding Lead secondary health, linking into the meeting. • Update re any decisions regarding contractual or commissioning e.g., 	
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		<p>suspension (if applicable)</p> <ul style="list-style-type: none"> • Communication with people who use the service, their families, representatives, or any advocacy service involved. • Review RAG rating • Date for the next meeting 	
<p>11.3 Stage 3: Provider Review Meeting</p>	<p>Operational Manager or Practice Lead (Chair)</p> <ul style="list-style-type: none"> • Quality Team • Police (if required) • CQC (if required) • Provider (representative must be of appropriate seniority i.e., Registered Manager or Nominated 	<p>Discuss</p> <p>Adult Social Care:</p> <ul style="list-style-type: none"> • Safeguarding – new concerns, ongoing safeguarding enquiries • Update from contact regarding: <ul style="list-style-type: none"> Reviews Care Act Assessments • Referrals to advocacy – Anyone who is eligible for advocacy support. <p>Update from the named contact regarding:</p> <ul style="list-style-type: none"> • Community DoL issues (any relevant team) • Review/DoLs team <p>Quality and Service Continuity Team</p> <ul style="list-style-type: none"> • Serious incidents • Risk Notification Returns • Professional visit feedback. 	<p>The Provider must submit the Provider Improvement Plan to the Operational Manager or Practice Lead within 5 working days following the Review meeting.</p> <p>The Operational Manager or Practice Lead must liaise with the Quality Team to validate this within two working days of receipt of the Provider Improvement Plan - to ensure the Provider Improvement Plan has a proportionate approach to manage the identified risk(s) and is timely. The Operational Manager or Practice Lead will feedback to the Provider if the Provider Improvement is acceptable/not acceptable.</p> <p>Initial review may be at 2 to 6 weeks. NB This can be sooner if required.</p> <p>Follow up review (s) can be at 3 months, as required.</p>

	<p>Individual)</p> <ul style="list-style-type: none"> • CQC, • Other Commissioners • N.b. This list is not exhaustive 	<ul style="list-style-type: none"> ○ PERSON <ul style="list-style-type: none"> ▪ Person centered ▪ Environment ▪ Responsive ▪ Safety ▪ Opportunity ▪ Nutrition and hydration <p>Quality Assessment</p> <ol style="list-style-type: none"> 1. Involvement and information 2. Personalised care and support 3. Safeguarding and strategy 4. Suitability and staffing 5. Quality of management <p>Provider</p> <p>Listen to the views of the provider</p> <p>Review the Provider Improvement Plan</p> <p>Intervention requirements and support to the provider:</p> <ul style="list-style-type: none"> • Quality Market interventions (via the Quality Pathway) • Commissioners of Healthcare, • Infection Prevention Control (IPC), or • Serious Incidents or Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, RIDDOR Health and Safety Executive, HSE) 	
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		<ul style="list-style-type: none"> • Update from ICB/ Primary health, as appropriate • Update from Secondary health, as appropriate <p>Review RAG rating</p> <p>Update re any decisions regarding contractual or commissioning e.g., suspension (if applicable)</p> <p>Communication with people who use the service, their families, representatives, or any advocacy service involved</p> <p>Date for the next meeting</p>	
<p>11.4 Stage 4 Quality Assurance: 3 & 6-month review</p>	<p>Operational Manager or Practice Lead (Chair)</p> <ul style="list-style-type: none"> • Quality Team, • Police (if required) • Provider (representative must be of appropriate seniority i.e., 	<p>Adult Social Care update</p> <ul style="list-style-type: none"> • Safeguarding – new concerns, ongoing safeguarding enquiries • Update from named contact regarding: <ul style="list-style-type: none"> Reviews Care Act Assessments • Referrals to advocacy – Anyone who is eligible for advocacy support. <ul style="list-style-type: none"> • Update from named contact regarding: <ul style="list-style-type: none"> • Community DoL issues • Review/ DoLs Team 	<p>3-to-6-month review to be undertaken.</p> <p>The Provider must submit the Provider Improvement Plan to the Operational Manager or Practice Lead within 5 working days following the Review meeting.</p> <p>The Operational Manager or Practice Lead must liaise with Quality Team to validate this within two working days of receipt of the Provider Improvement Plan - to ensure the Provider Improvement Plan has a proportionate approach to managing the identified risk(s) and is timely. The Operational Manager or Practice Lead will feedback to the Provider if the Provider Improvement is acceptable/not acceptable.</p> <p>If sustained improvement is achieved, exit Organisational Safeguarding to the Quality Pathway.</p> <p>If improvements are not made then the Operational Manager or Practice Lead and Quality Team are to escalate to Senior</p>

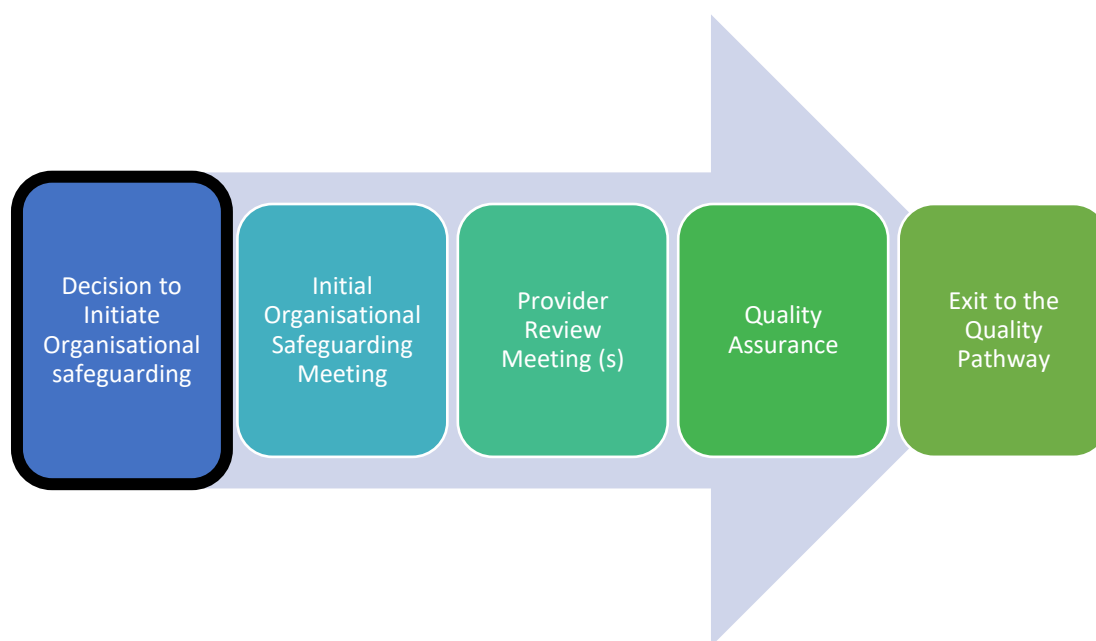
	<p>Registered Manager or Nominated Individual)</p> <ul style="list-style-type: none"> • CQC, • Other Commissioners • N.b. list not exhaustive 	<p>Quality Service and Continuity Team update</p> <ul style="list-style-type: none"> • Serious Incidents • Risk Notification Returns • Professional visit feedback <ul style="list-style-type: none"> ○ PERSON <ul style="list-style-type: none"> ▪ Person centered ▪ Environment ▪ Responsive ▪ Safety ▪ Opportunity ▪ Nutrition and hydration <p>Quality Assessment</p> <ol style="list-style-type: none"> 1. Involvement and information 2. Personalised care and support 3. Safeguarding and strategy 4. Suitability and staffing 5. Quality of management <p>Provider update</p> <p>Listen to the views of the provider</p> <p>Review the Provider Improvement Plan</p> <p>Intervention requirements and support to the provider:</p> <ul style="list-style-type: none"> • Quality Market interventions (via the Quality Pathway) • Commissioners of Healthcare, • Infection Prevention Control (IPC), • Serious Incidents or Reporting of Injuries, Diseases and Dangerous 	<p>Managers within Adult Social Care, completing the briefing note summary.</p>
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		<p>Occurrences Regulations 2013, RIDDOR Health and Safety Executive, HSE)</p> <ul style="list-style-type: none"> • Update from ICB/ primary health, as appropriate • Update from secondary health, as appropriate <p>Review RAG rating</p> <p>Update re any decisions regarding contractual or commissioning e.g., suspension (if applicable)</p> <p>Communication with people who use the service, their families, representatives, or any advocacy service involved</p> <p>Date for the next meeting</p>	
<p>11.5 Stage 5 Exit to the Quality Pathway</p>	<p>Operational Manager or Practice Lead (Chair)</p> <ul style="list-style-type: none"> • Quality Team • Police (if required) • Provider (representative must be 	<p>Adult Social Care</p> <p>Safeguarding – new concerns, ongoing safeguarding enquiries</p> <ul style="list-style-type: none"> • Update from named contact regarding: <ul style="list-style-type: none"> Reviews Care Act Assessments <p>Referrals to advocacy – Anyone who is eligible for advocacy support.</p>	<p>If improvements are not made then the Operational Manager or Practice Lead and Quality Team are to escalate to Senior Managers within Adult Social Care, completing the briefing note summary.</p>

	<p>of appropriate seniority i.e., Registered Manager or Nominated Individual)</p> <ul style="list-style-type: none"> • CQC, • Other Commissioners <p>N.b. list not exhaustive</p>	<p>Update from named contact regarding:</p> <ul style="list-style-type: none"> • Community DoL issues • Review/DoLs Team <p>Quality Service and Continuity Team</p> <ul style="list-style-type: none"> • Serious Incidents • Risk Notification Returns • Professional visit feedback • PERSON <ul style="list-style-type: none"> ○ Person centred ○ Environment ○ Responsive ○ Safety ○ Opportunity ○ Nutrition and hydration <p>Quality Assessment</p> <ol style="list-style-type: none"> 1. Involvement and information 2. Personalised care and support 3. Safeguarding and strategy 4. Suitability and staffing 5. Quality of management <p>Provider</p> <p>Listen to the views of the provider</p> <p>Review the Provider Improvement Plan</p> <p>Intervention requirements and support to the provider:</p> <ul style="list-style-type: none"> • Quality Market interventions (via the Quality Pathway) 	
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		<ul style="list-style-type: none"> • Commissioners of Healthcare, • Infection Prevention Control (IPC), • Serious Incidents or Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, RIDDOR Health and Safety Executive, HSE) • ICB/ primary health, as appropriate • Secondary health, as appropriate <p>Review RAG rating</p> <p>Update re any decisions regarding contractual or commissioning e.g., suspension (if applicable)</p> <p>Communication with people who use the service, their families, representative, or any Advocacy service involved.</p>	
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12 Stage 1: Decision to initiate Organisational Safeguarding Procedures



12.1 Organisational Safeguarding Information Gathering and Risk Assessment

12.1.1 The Operational Manager or Practice Lead will lead on the Organisational Safeguarding process and completes the Organisational Safeguarding Information Gathering and Risk Assessment template with support from the Quality and Service Continuity Team. A decision must be recorded regarding the decision to initiate organisational safeguarding procedures. The Operational Manager or Practice Lead will lead the Organisational Safeguarding Process and will Chair the initial Organisational Safeguarding Meeting and subsequent meetings.

12.2 Information gathering in Adult Social Care – safeguarding

12.2.1 Liaise with the Safeguarding Coordinators and Enquiry Officers, to establish:

- Intelligence regarding safeguarding concerns and safeguarding enquiries in the last twelve months, including ongoing s.42 enquiries and safeguarding other (non-statutory) enquiries and the outcomes of completed enquiries.

- Please note Individual safeguarding concerns should be progressed as either a section 42 enquiry, or a safeguarding other (non-statutory) enquiry and the outcomes linked to the Organisational Safeguarding process.
- Check organisational safeguarding activity within the LLA Safeguarding module and note the outcome of the meeting(s) held.

12.2.2 Identify people who may require:

- A review - if they are funded by NYC/ICB/out of area commissioners and/or
- A Care Act assessment if they are self-funding.

12.3 Quality Team

12.3.1 The Quality Team will provide current intelligence on the following:

- Serious Incidents
- Risk Notification Returns (RNR's) in the last twelve months with any action taken
- Professional visit feedback
 - Person centred
 - Environment
 - Responsive
 - Safety
 - Opportunity
 - Nutrition and hydration

12.3.2 Quality Assessment and the Provider Risk Rating (i.e., Low/ Medium/ High), including any information regarding the last visit or self-assessment (if completed), as follows:

1. Involvement and information
2. Personalised care and support
3. Safeguarding and strategy
4. Suitability and staffing
5. Quality of management

12.3.3 Consider Intervention requirements to support the provider

- Quality Market interventions (via the Quality Pathway)
- Commissioners of Healthcare
- Infection Prevention Control (IPC), or
- Serious Diseases and Dangerous Occurrences Regulations 2013. RIDDOR, Health and Safety Executive
- ICB/ primary health, as appropriate
- Secondary health, as appropriate

- Consider escalation to Senior Managers.

12.4 Risk Assessment: Professional judgement and risk assessment

12.4.1 The Operational Manager or Practice Lead will use their professional judgement, based upon the information and evidence available to them and will record action(s) taken, the RAG Rating (red, amber, green) and their decision whether to progress into organisational safeguarding procedures or not.

- If the decision is taken not to progress into organisational safeguarding, then the rationale is recorded by the Operational Manager or Practice Lead, including what action is being taken under the Quality Pathway.
- If the decision is taken to progress into organisational safeguarding, then the rationale is recorded by the Operational Manager or Practice Lead. N.b. The Quality Team must support the decision to initiate organisational safeguarding and be represented during all meetings.
- The Operational Manager or Practice Lead will notify their Group Manager or Senior Group Manager, and Head of Service by case note notification regarding the decision to progress into organisational safeguarding.

12.5 Police

12.5.1 Contacting the Police to report a crime

- If there are immediate safeguarding concerns regarding adults at risk of immediate harm, contact the Force Control Room on 999 for an immediate response.
- If there are no immediate risks North Yorkshire Police should be notified where a crime is suspected, by contacting 101. A record of the crime number must be made.
- North Yorkshire Police do not need consent from the adult at risk to record a crime if the severity of the incident is such it may be necessary to go against the wishes of the adult at risk and make a formal report.
- When the above has been completed, a request to the Vulnerable Assessment Team (VAT) needs to be made to request information or attendance at a meeting, as below.

12.5.2 Contacting the Vulnerable Assessment Team (VAT)

- The Operational Manager or Practice Lead must consult with the Vulnerable Assessment Team (VAT) about any safeguarding concern(s) where it is suspected crime has been committed. The Police will determine what action to take, if any.

- The Operational Manager or Practice Lead needs to ensure that clear accurate records are made of conversations and agreed actions, including timescales and arrangements for future contact/communication with the police.
- If a safeguarding discussion is required regarding a potential crime for a multi-agency response, email the full details of the concern including name, address, date of birth of a named person alleged to have caused harm and the circumstances.
- The Operational Manager or Practice Lead is responsible for completing the VAT form, including.
 - the details of the safeguarding concern(s) and
 - requesting either attendance at an organisational safeguarding meeting, including the name of the Chair, or
 - police information on a named person alleged to have caused harm.
- Send the completed VAT form to the Vulnerable Assessment Team, VAT enquiries in the box detailing the concerns. N.b. The VAT works Monday to Friday 8am-4pm.
- Urgent requests for information out-of-office hours should be made by calling 101. N.b. Enquiries are only urgent if they are in relation to the **immediate** safeguarding of adults at risk.
- The VAT form will then be reviewed by the receiving Detective Inspector or Sergeant, and they will contact the Operational Manager or Practice Lead for further discussion, if required.
- The discussion and outcome will be recorded on Police systems and if a crime has been committed it will be passed to an investigative team or if not, it will be closed pending further update(s).
- As much information should be shared with the provider as possible without compromising any subsequent lines of enquiry. The Police will advise on this.

12.6 Where there are concerns about the Registered Manager or Nominated Individual

- The Operational Manager or Practice Lead will also need to liaise with CQC who will advise on any initial action they may be taking.
- It may be appropriate to hold the Initial organisational safeguarding meeting without the provider, for example, if there are concerns about the Registered Manager or Nominated Individual. These situations will be exceptional.

- In these situations, liaise with the Provider Head Office in the first instance and agree a named contact person regarding the provider.

12.7 Actions

- Immediate checks on safety and wellbeing of people using the service and record actions taken, if any.
- Consider if communication is needed with people who use the service, their families' representatives, or advocate, at this point to offer reassurance that appropriate action is being taken.
- Complete the Summary of Concerns template.

12.8 Quality Service and Continuity Team

12.8.1 Clarify with the provider:

- If care home (nursing or residential): how many people are living in care home, and what are the funding arrangements including those who are self-funding.
- If domiciliary care: how many people are using the service or delivering care, how many are funded by the Local Authority, jointly funded with health and how many are paying privately.
- If Supported Living how many people are living in the household / property, and what are the funding arrangements including those who are self-funding.

12.8.2 Discuss Legal, contractual, or commissioning issues with the appropriate team.

12.9 Quality Market interventions (via the Quality Pathway)

12.9.1 Liaising with commissioners of healthcare

The list provided by the Integrated Care Board (ICB) Safeguarding Adult Designated Team can be used for support with contact details for the following:

- GP Practices: clinical leads and safeguarding leads
- Health-funded placements i.e., Continuing Healthcare/case managers
- Specialist Nurses and Allied Health Professionals i.e., Tissue Viability Services; Diabetes Specialists Services; Therapy Services etc. Contact the respective hospital trust safeguarding team
- Mental Health Services and Teams. Contact the respective mental health trust safeguarding team.

As required, the ICB Safeguarding Adult Designated Team will facilitate and support linking GP Practice clinical leads and safeguarding leads into the organisational safeguarding process and meetings.

12.9.2 Other partners

- Contact and liaise with any out of area placing authorities
- Liaise with the Care Quality Commission
 - Contact the Care Quality Commission (Regulated Service Providers only) email the Care Quality Commission by the completed summary of concerns template to the enquiries@cqc.org.uk including in the subject box, the “Provider Location ID - Organisational Safeguarding.” *for this to be directed to the appropriate CQC Inspector.* The Care Quality Commission will liaise with the Quality Team by using the following email address: HASQuality@northyorks.gov.uk
- Infection Prevention Control (IPC), or
- Serious Incidents or Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, RIDDOR Health and Safety Executive, (HSE)
- Liaise with ICB/ primary health, as appropriate.
- Liaise with secondary health, as appropriate.
- Where a decision has been made to progress into the organisational safeguarding procedure the Operational Manager or Practice Lead will advise and contact the Registered Manager or Nominated Individual or Designated Safeguarding Lead, to advise them of this, if appropriate to do so, (refer to 12.5.2, above).
- Consider escalation to Senior Managers and complete Briefing note template, if required.

12.9.3 Convene the initial organisational safeguarding meeting within 5 days of the decision being made, liaise with Safeguarding Support, see below.

- CQC are to be invited to the initial Organisational Safeguarding meeting and subsequent review meetings.
- Refer to Appendix 3, Partner Organisation/Individual involved in Organisational Safeguarding and tasks identified.

12.9.3 Target timescale: Refer to indicative timescales above (Section 10 above, Organisational Safeguarding Stages with indicative timescales).

N.b. Where the timescale is not met, a rationale must be recorded by the Operational Manager or Practice Lead.

12.10 Safeguarding Support

12.10.1 The responsibilities of Safeguarding Support are as follows:

- Invite the provider to the Initial Organisational Safeguarding meeting. Send the completed Summary of Concerns template to the provider, within 3 days prior to the initial organisational safeguarding meeting. Use the appropriate template letter.
- Invite partner organisations which have been identified by the Operational Manager or Practice Lead, to the Initial Organisational Safeguarding meeting, including the Summary of Concerns Template. Use the appropriate template letter.
- Invite the CQC Inspector to the Initial Organisational Safeguarding meeting. N.b. CQC will have already received the Summary of Concerns template via the Quality Team.

12.11 Provider Improvement Plan:

- The provider is accountable for managing identified risk(s) within their service and is responsible for producing the Provider Improvement Plan which will detail actions and solutions to mitigate against identified risk(s) and safeguarding concerns identified in the Summary of Concerns template.
- The Provider Improvement Plan must include dates for completion of actions and must be robust. If the provider has an action plan already in place for CQC, then these can be copied into the Provider Improvement plan and any subsequent actions added to it.
- Improvements need to be proportionate to the concerns identified and should include any new or ongoing concerns identified through other audits or inspections.
- The provider will present the Provider Improvement Plan in the initial meeting and will need to include an agreed review date, which is set in the Initial Organisational Safeguarding meeting.

13 Stage 2: Initial Organisational Safeguarding Meeting



13.1 The purpose of the Initial Organisational Safeguarding meeting:

13.1.1 The meeting is a multi-agency meeting with the provider, partner organisations including CQC (Regulated providers only) is appropriate, to discuss the summary of concerns template shared with the provider and partner organisations, prior to the meeting.

13.1.2 The Provider may have produced a draft Provider Improvement Plan for the meeting which can be reviewed within the meeting. The meeting will discuss what actions are required to be taken by the Provider to meet safety and quality standards and to identify where support is required.

13.1.3 The meeting will consider the following:

- Adult social care – safeguarding
 - Safeguarding concerns and any new concern including ongoing s42 or safeguarding other (non- statutory) enquiries and outcomes of completed enquiries.
- Identify people who may require:
 - A Review - if they are funded by NYC/ ICB/ out of area commissioner, and/or
 - Care Act assessment if they are self-funding.
- [Referrals to advocacy](#) – Anyone who is eligible for advocacy support.
- Identify a named contact within adult social care to liaise with:
 - Advocacy regarding Community DoL issues

- Review/DoLS Team.
- Quality Service and Continuity Team
 - Serious Incidents
 - Risk Notification Returns
 - Professional visit feedback (PERSON)
 - Person centred
 - Environment
 - Responsive
 - Safety
 - Opportunity
 - Nutrition and hydration
- Quality Assessment including intelligence and feedback from the last Quality visit including the following,
 1. Involvement and information
 2. Personalised care and support
 3. Safeguarding and strategy
 4. Suitability and staffing
 5. Quality of management
- Care Quality Commission update – if applicable

13.2 The Provider

13.2.1 The attendees of the meeting should do the following:

- Listen to the views of the provider and seek feedback from them
- Review the Provider Improvement Plan which they will present at the meeting, if available.
- Intervention requirements and support to the provider, which may include Partner organisations.
 - Quality Market interventions (via the Quality Pathway)
 - Commissioners of Healthcare, examples may include mentorship from another care home for additional support or clinical support, on a case-by-case basis.
 - Infection Prevention Control (IPC), or
 - Serious Incidents or Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, RIDDOR Health and Safety Executive, HSE)
 - ICB/ primary health, as appropriate
 - Secondary health, as appropriate
- Review RAG Rating (See Appendix 4 Organisational Safeguarding Risk Rating).

- Communication with people who use the service, their families, representative or advocate.
- Communication Plan and checklist (See Appendix 5).
- Agree and record the date of the next Organisational Safeguarding Meeting, which should be within 2 to 6 weeks.

13.2.2 Target timescales: Refer to indicative timescales above (section 10, Organisational Safeguarding Stages with indicative timescales)

13.2.3 Where the concern is about a large organisation or the situation is particularly complex, actions may take longer therefore a rationale for any delay must be clearly recorded.

13.2.4 Where there are serious delays by the provider implementing improvements or the improvements are not sustained, a further meeting should always be held to consider the level of risk and appropriate action. This should be escalated to Senior Managers within Adult Social Care.

13.2.5 The Initial review may be at 2 to 6 weeks. N.b. This can be sooner if required.

13.3 Following the Initial Organisational Safeguarding meeting

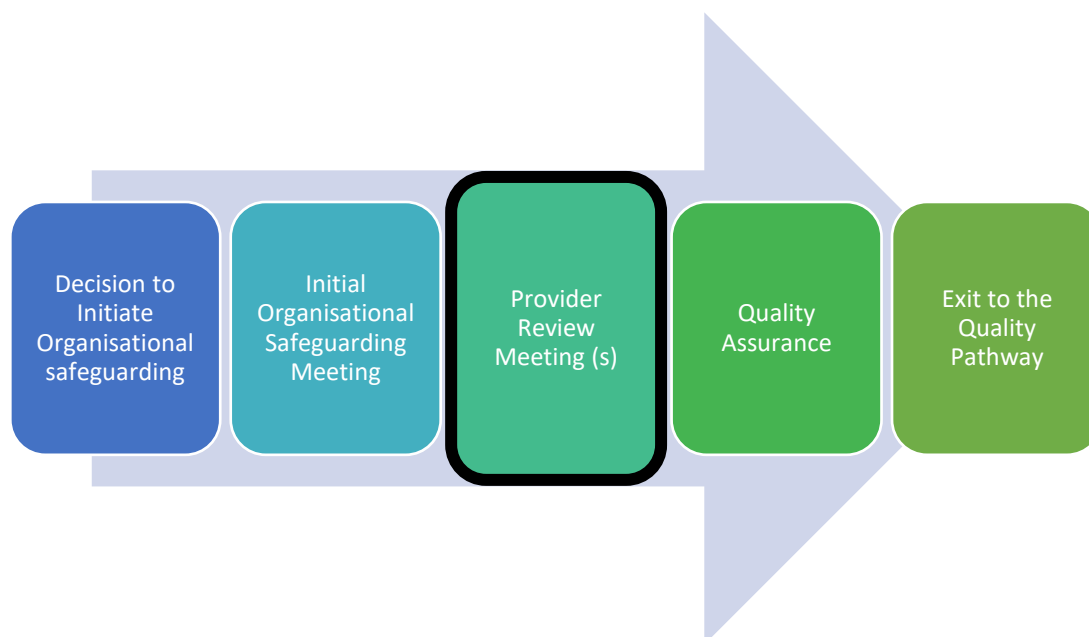
The Operational Manager or Practice Lead must record a case note summary of the meeting which includes the date of the meeting, names of the attendees, summary of the discussion and agreed actions, the current level of risk and the date of the next meeting.

13.3.1 The provider must submit the Provider Improvement Plan to the Operational Manager or Practice Lead within 5 working days, following the Initial Organisational Safeguarding meeting.

13.3.2 The Operational Manager or Practice Lead and Quality Team Manager must liaise regarding the Provider Improvement Plan and validate this within two working days of receipt of the Provider Improvement Plan, to ensure the Provider Improvement Plan has a proportionate and appropriate approach to manage the identified risk(s) and is timely.

13.3.3 The Operational Manager or Practice Lead will feedback to the Provider whether the Provider Improvement Plan is acceptable or not acceptable.

14 Stage 3: Provider Review Meeting



14.1 The purpose of the Provider Review meeting:

14.1.1 The meeting is a multi-agency meeting with the provider, partner organisations and CQC. The purpose of the Provider Review meeting is to review progress made by the provider regarding the Provider Improvement Plan.

14.2.1 The meeting will also consider safeguarding concerns, quality and safety issues, positive practice, and is underpinned by a positive culture of cooperation and information sharing.

14.3.1 The meeting will also consider the following:

- Adult social care – safeguarding
 - Any new concerns including ongoing s42 or safeguarding other (non-statutory) enquiries and outcomes of completed enquiries.
- Update from contact regarding:
 - Reviews
 - Care Act Assessments
- Update from named contact regarding:
 - Community DoLS issues
 - Review/ DoLS team
- Update from Quality Team
 - Serious Incidents
 - Risk Notification Returns
 - Professional visit feedback (PERSON)
 - Person centred
 - Environment

- Responsive
 - Safety
 - Opportunity
 - Nutrition and hydration
- Quality Assessment including intelligence and feedback from the last Quality visit including the following,
 1. Involvement and information
 2. Personalised care and support
 3. Safeguarding and strategy
 4. Suitability and staffing
 5. Quality of management
- Update on any decisions regarding contractual/commissioning e.g., suspension (if applicable)
- Care Quality Commission update – if applicable

14.2 The Provider

14.2.1 The attendees of the meeting should do the following:

- Listen to the views of the provider and seek feedback from them
- Review the Provider Improvement Plan which they will present at the meeting, if available.
- Intervention requirements and support to the provider, which may include Partner organisations.
 - Quality Market interventions (via the Quality Pathway)
 - Commissioners of Healthcare, examples may include mentorship from another care home for additional support or clinical support, on a case-by-case basis.
 - Infection Prevention Control (IPC), or
 - Serious Incidents or Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, RIDDOR Health and Safety Executive, HSE)
 - ICB/ primary health, as appropriate
 - Secondary health, as appropriate
- Review RAG Rating (See Appendix 4 Organisational Safeguarding Risk Rating).
- Communication with people who use the service, their families, representative or advocate.
- Communication Plan and checklist (See Appendix 5).

- Agree and record the date of the next Organisational Safeguarding Meeting, which should be within 2 to 6 weeks.

14.2.2 Target timescales: Refer to indicative timescales above (in section 10 above).
N.b. Where the timescale is not met, a rationale must be recorded by the Operational Manager or Practice Lead.

14.2.3 The initial review may be at 2 to 6 weeks. NB This can be sooner if required.

14.2.4 A follow up review (s) can be at 3 months. NB This can be sooner if required.

14.2.5 If sustained improvement is achieved, exit Organisational Safeguarding, to the Quality Pathway.

14.3 Following the Provider Review meeting:

14.3.1 The Operational Manager or Practice Lead must record a case note summary of the meeting which includes the date of the meeting, names of the attendees, summary of the discussion and agreed actions, the current level of risk and the date of the next meeting.

14.3.2 The provider must submit the Provider Improvement Plan to the Service Manager within 5 working days following the Review meeting.

14.3.3 The Operational Manager or Practice Lead must liaise with the Quality Team manager to validate this within two working days of receipt of the Provider Improvement Plan, to ensure the Provider Improvement Plan has a proportionate approach to manage the identified risk(s) and is timely. The Operational Manager or Practice Lead will feedback to the Provider if the Provider Improvement Plan is acceptable or not acceptable. If improvements are not made then the Operational Manager or Practice Lead and Quality Team Manger are to escalate to Senior Managers within adult social care, completing the Briefing Note Summary template.

15 Stage 4: Quality Assurance



15.1 The purpose of the meeting

15.1.1 The purpose of the meeting is to review progress made by the provider regarding the Provider Improvement Plan.

15.1.2 The discussion will consider safeguarding concerns quality and safety issues, positive practice, and is underpinned by a positive culture of cooperation, and information sharing. The Quality Team will give feedback on Quality Assurance.

15.1.3 The meeting will also consider the following:

- Adult social care – safeguarding
 - Any new concerns including ongoing s42 or safeguarding other (non-statutory) enquiries and outcomes of completed enquiries.
- Update from named contact regarding:
 - Reviews
 - Care Act Assessments
- Update from named contact regarding:
 - Community DoLS issues
 - Review/ DoLS Team
- Update from Quality Team
 - Serious Incidents
 - Risk Notification Returns
 - Professional visit feedback (PERSON)
 - Person centred

- Environment
 - Responsive
 - Safety
 - Opportunity
 - Nutrition and hydration
- Quality Assessment, including intelligence and feedback from the last Quality visit including,
 1. Involvement and information
 2. Personalised care and support
 3. Safeguarding and strategy
 4. Suitability and staffing
 5. Quality of management
 - Update on any decisions regarding contractual/commissioning e.g., suspension (if applicable)
 - Care Quality Commission update – if applicable

15.2 The Provider

15.2.1 The attendees of the meeting should do the following:

- Listen to the views of the provider and seek feedback from them
- Review the Provider Improvement Plan which they will present at the meeting.
- Intervention requirements and support to the provider including partner organisations
 - Quality Market interventions (via the Quality Pathway)
 - Commissioners of Healthcare
 - Infection Prevention Control (IPC)
 - Serious Incidents or Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, RIDDOR Health and Safety Executive, HSE)
 - ICB/ primary health, as appropriate
 - Secondary health, as appropriate
- Review RAG Rating. (See Appendix 4, Organisational Safeguarding Risk Rating).
- Communication with people who use the service, their families, or representatives.
- Communication Plan. (See Appendix 5)
- Agree and record the date of the next Organisational Safeguarding Meeting, which should be within 2 to 6 weeks

- 15.2.2 The Quality Team and, or healthcare commissioners will undertake a follow-up visit to the provider and the outcome of this will be discussed in the meeting.
- 15.2.3 Any intervention will be reviewed until the provider can assure that their service meets quality standards.
- 15.2.4 This may involve a range of staff with the right knowledge, skills, and experience to assess the viability of the improvements. (See Appendix 3.)
- 15.2.5 Reviews will be undertaken at 3 and 6 months respectively, or sooner, if required.
- 15.2.6 Feedback from people who use the service, their families, representative or advocate will be included, in the review of the service, the Quality Team will lead on this.
- 15.2.7 Target timescales: Refer to indicative timescales above (in section 10 above).
N.b. Where the timescale is not met, a rationale must be recorded by the Operational Manager or Practice Lead.
- 15.2.8 A 3-to-6-month review is to be undertaken.

15.3 Following the Meeting:

- 15.3.1 The Provider must submit the Provider Improvement Plan to the Operational Manager or Practice Lead within 5 working days following the Review meeting.
- 15.3.2 The Operational Manager or Practice Lead must liaise with Quality Team Manager to validate this within two working days of receipt of the Provider Improvement Plan - to ensure the Provider Improvement Plan has a proportionate approach to manage the identified risk(s) and is timely. The Operational Manager or Practice Lead will feedback to the Provider if the Provider Improvement is acceptable/not acceptable.
- 15.3.3 If sustained improvement is achieved, exit Organisational Safeguarding to the Quality Pathway.
- 15.3.4 If improvements are not made then the Operational Manager or Practice Lead and Quality Manager are to escalate to Senior Managers within Adult Social Care, completing the Briefing Note Summary template.

16 Stage 5: Exit to the Quality Pathway



16.1 The end of the Organisational Safeguarding process

16.1.1 The Quality Team is responsible for reviewing the Provider Risk Profile within the Quality Assessment and will support interventions which have been identified to support the provider to work towards sustained improvement.

16.1.2 When the provider has demonstrated that they have made a sustained improvement and have reached the Green RAG Rating, the provider will exit Organisational Safeguarding procedures and return to the Quality Pathway. This will be monitored by the Quality and Service Continuity Team, and or Health Care Commissioners, as appropriate.

16.1.3 The Organisational Safeguarding process will formally come to an end and the decision will be recorded in the minutes of the Organisational Safeguarding Review meeting, as evidence-based improvement.

16.1.4 In reaching this decision the meeting will consider the following:

- Adult social care – safeguarding
 - Any new concerns including ongoing s42 or safeguarding other (non-statutory) enquiries and outcomes of completed enquiries.
- Update from named contact regarding:
 - Reviews
 - Care Act Assessments
- Update from named contact regarding:
 - Community DoLS issues
 - Review/ DoLS team

- Update from the Quality Team
 - Serious Incidents
 - Risk Notification Returns
 - Professional visit feedback (PERSON)
 - Person centred
 - Environment
 - Responsive
 - Safety
 - Opportunity
 - Nutrition and hydration

- Quality Assessment including intelligence and feedback from the last Quality visit including the following,
 1. Involvement and information
 2. Personalised care and support
 3. Safeguarding and strategy
 4. Suitability and staffing
 5. Quality of management

- Update on any decisions regarding contractual/commissioning e.g., suspension (if applicable)

- Care Quality Commission update – if applicable

16.2 Provider update

16.2.1 The attendees of the meeting should do the following:

- Review the Provider Improvement Plan which they will present at the meeting.
- Listen to the views of the provider and seek feedback from them
- Intervention requirements and support to the provider, including partner organisations:
 - Quality Market interventions (via the Quality Pathway)
 - Commissioners of Healthcare
 - Infection Prevention Control (IPC)
 - Serious Incidents or Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, RIDDOR Health and Safety Executive, HSE)
 - ICB/ Primary health, as appropriate
 - Secondary health, as appropriate

- Review RAG Rating (See Appendix 4 - Organisational Safeguarding Risk Rating).

- Communication with people who use the service, their families, representatives, or advocate.
- Exit the Quality Pathway. N.b. If exiting is not an option schedule another meeting.
- Communication Plan and checklist see Appendix 5.

16.3 Following the meeting – escalation of concerns

16.3.1 If improvements are not made, then the Operational Manager or Practice Lead and Quality Team are to escalate to Senior Managers within Adult Social Care and Quality and Service Continuity by completing the Briefing Note Summary template.

APPENDICES

Appendix 1: Quality Team

Quality Team

The Quality Team has overall responsibility for Quality Assurance of the care market in North Yorkshire

They are responsible for the following.

- Ensuring appropriate quality standards are met
- Monitoring provider performance
- Committed to working with providers to drive improvements in the care market,
- Improving the experience and outcomes for people in receipt of a service, and their families/representative.

Quality Pathway

The Quality Pathway supports early intervention and provides a programme of support for providers who are within the Organisational Safeguarding process. Visits to care providers are undertaken, to monitor and assess the standard of quality in the care market.

The Quality Team are responsible for reviewing the Provider Risk Profile and will support interventions which have been identified to support the provider to work towards sustained improvement.

The Provider Risk Profile is a tool which captures a range of Provider related data and includes information relating to business related activity as well as qualitative data. The data is used to identify the Providers most at risk of exiting the market or failing to meet quality standards.

The Quality Assessment will be used to assess the Provider's performance against the requirements of the Quality Pathway and the Standards and Outcomes Framework.

There are six sections in the Quality Assessment tool which 'triangulates' the evidence to support contractual expectations to meet the Quality Pathway and Outcomes and Standards Framework within the Approved Provider List (APL):

1. Involvement and information
2. Personalised care and support
3. Safeguarding and strategy
4. Suitability and staffing
5. Quality of management

Standards are assessed against a rating of:

- Excellent
- Good

- Requires Improvement
- Not Assessed

Domain 1	Domain 2	Domain 3	Domain 4	Domain 5
Involvement & Information	Personalised Care & Support	Safeguarding & Safety	Suitability of Staffing	Quality of Management
1. Respecting & Involving Service Users	2. Care & Welfare of Service Users	6. Safeguarding People who use the Service from Abuse	11. Requirements relating to staff	14. Assessing & Monitoring Quality of Service Provision
3. Consent	4. Meeting Nutritional Needs	7. Cleanliness & Infection control	12. Suitability of Staffing	15. Complaints
	5. Co-operating with other Providers	8. Management of Medicines	13. Supporting Staff	16. Records
		9. Safety and Suitability of Premises		
		10. Safety, Availability & Suitability of Employment		

Risk Notification Return (RNR) Guidance Tool for Providers:

The Risk Notification Return (RNR) Guidance Tool is for providers carrying out a Regulated Service/Activity or Non-Regulated Activity in North Yorkshire, such as, Day Support Service, who are required to notify the Quality Team about quality-of-care issues, by completing a Risk Notification Return (RNR). For more information and to access the Risk Notification Return Guidance Tool and Form see the following links: [Risk Notification Return Guidance Tool](#) and [Risk Notification Return Form](#).

The Risk Notification Return Guidance Tool will aid decision making for providers about when to report a quality-of-care issue, as a Risk Notification Return and/or when to raise a safeguarding concern. This tool also supports duty of candour.

PERSON approach to professional visits

The “PERSON approach to professional visits” form is intended as a prompt for professionals visiting residential settings to feedback on issues regarding quality of care.

- Person-centred
- Environment
- Responsive

- Safety
- Opportunity
- Nutrition and hydration

In the first instance the professional visiting the home should raise the issue to the home manager on duty, it is important that the home can remedy the issue immediately. If the professional visiting the home does not feel that they can raise concerns/feedback directly with the home or would like they Quality Service and Continuity Team to be made aware of it or alternatively if they want to feedback and share best practice and positive experiences from the visit with the Local Authority, the Person Feedback form is available: [PERSON Professional Feedback Form \(northyorks.gov.uk\)](https://www.northyorks.gov.uk)

Care Connected Provider Forums in North Yorkshire - Market Development

Care Connected is a Provider Forum, which is held weekly in North Yorkshire and is a constructive mechanism for sharing information with the market.

Quality and Market Support Meetings

Quality and Market Support meetings strengthen partnership working regarding sharing information from intelligence gathered on quality and safeguarding.

Quality and Market Support Meetings are held weekly and aim to:

- Enhance the standards of care and support by sharing intelligence about providers
- Target resources effectively to reduce duplication
- Support prevention strategies
- Support continuous service improvements
- Intelligence gathered and views of those in attendance at the Quality Market Support Meeting may result in a safeguarding concern being raised regarding organisational abuse.

Provider Sustainability Framework

Where it is identified that a provider requires support around financial sustainability, relevant information will be shared in an open and transparent way with the Local Authority. The Local Authority has a procedure to support sustainability requests.

Contingency planning

Contingency planning should sit alongside other emergency planning activities. Not all situations where a service has been interrupted or closed will warrant Local Authority or Statutory Partner involvement, because not all cases will have the same risks associated with organisational safeguarding. The aim is to return to 'Business as Usual', wherever possible, and with the least disruption to people who use the service.

Business Failure, Service Interruptions, and the Implications for Safeguarding

Local Authorities should have a knowledge of market vulnerabilities in order to respond effectively to [service interruptions](#). Where there is a danger of a provider going into liquidation, commissioners and health care commissioners should be informed so adequate safeguards can be put in place for adults currently using the service. See this link for more Information:

<https://www.gov.uk/government/publications/adult-social-care-market-shaping/adult-social-care-market-shaping>

The Quality Team will lead on the Provider Failure and Service Interruption process with partner organisations.

Appendix 2: Cross Boundary Issues and Inter- authority safeguarding arrangements

With reference to the [ADASS Cross Boundary protocol](#), cross boundary issues will be managed as follows:

Host Authority – The Local Authority and Commissioners of Health Care in the area where abuse or neglect has occurred.

The host authority is responsible for:

- Liaising with the Regulator if any concerns are identified about a Registered Provider.
- Determining if any other Local Authorities are making placements, alerting them and liaising with them over the issues in question/under investigation.
- Coordinating action under safeguarding and has overall responsibility to ensure that appropriate action is taken and monitoring the quality of the service provided.
- 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 Chair and the administration of meetings, providing a clear audit trail of agreements and identifying responsible leads for actions and timescales.
- Taking on the lead commissioner role in relation to monitoring the quality of the service provision. For example, care homes within the North Yorkshire Boundary and domiciliary care providers delivering care within the North Yorkshire Boundary.

Placing Authority – The Local Authority or Commissioners of Health Care that has commissioned the service for an individual(s) delivered by a Provider, where there is Organisational Safeguarding concerns.

The placing authority is responsible for:

- Duty of care to people it has placed that their needs continue to be met.
- Contributing to safeguarding activities as requested by the host authority and maintaining overall responsibility for the individual they have placed.
- Ensuring that the Provider, in service specifications, has arrangements in place for safeguarding.
- Ensuring the placement continues to meet the individual's needs.
- Undertaking specific mental capacity assessments, or best interest decisions for individuals they have placed.

- Reviewing the contract specification.
- Assessments under the Deprivation of Liberty Safeguards (DoLs).
- Keeping the host authority informed of any changes in individual needs and/or service provision.

Appendix 3: Partner Organisation/Individual involved in Organisational Safeguarding and tasks identified

Throughout the Organisational Safeguarding process, several tasks and actions will be identified. The table below highlights suggested roles with examples of tasks; however, actions should be determined on a case-by-case basis.

Partner organisation/ individual	Examples of Tasks
Adult Social Care	Raising safeguarding concerns.
Principal Social Worker	The Principal Social Worker has a leadership role when ensuring Making Safeguarding Personal (MSP) is at the heart of statutory duties being discharged. This means promoting and supporting an outcome focussed and person-led approach to safeguarding adults.
Social Workers	Review support plans and risk assessments Analyse staff rotas. Check incident/ accident reports.
Best Interests Assessors (BIA's)	Mental Capacity Assessments (MCA) and Best Interests Assessment for Deprivation of Liberty Safeguards (DoLS).
Principal Occupational Therapist	The Principal Occupational Therapist offers a strategic, supportive approach regarding best practice standards relating to Occupational Therapy practice in adult social care.
Occupational Therapists (OT's)	Moving and Handling of people, personalised assessments; safety and use of equipment e.g., hoists, risk assessments, posture, and positioning, linking with multi-disciplinary professionals across Local Authority and Health and other Sectors.
Principal Nurse North Yorkshire Council Quality Team	Link with GP leads and Stakeholders Quality Assurance Visits, Quality Assurance Improvement
Commissioners	Review policy and procedures

Public Health	Raising safeguarding concerns. The Public Health team works in partnership to reduce health inequalities through health place shaping and targeted work with vulnerable groups / communities. This includes the commissioning and monitoring of services to improve health and wellbeing and to protect the population's health.
Healthwatch North Yorkshire	Raising safeguarding concerns. Enter and View Representatives: Enter and View visits are undertaken by trained volunteers/staff, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises. See the Healthwatch North Yorkshire website for more information: https://www.healthwatchnorthyorkshire.co.uk/enter-and-view-representatives
Specialist nurse, examples include: GP Leads for Care Homes Advanced Nurse Practitioners Cardiac Dementia Learning Disability Multiple Sclerosis (MS) Falls Practitioners Practice Nurses Tissue Viability Nurses (TVN's) Primary Care Teams	Raising safeguarding concerns. Undertake assessments/review nursing and treatment plans, provide specialist advice. Falls policies and strategies to reduce falls.
Mental Health Team Quality/ Nursing representatives District Nurses	Education and advice, movement tailored to exercise and physical activity advice, manual therapy.
Infection Prevention Control (IPC) Team	Infection control.
Behavioural therapists	Behaviour psychotherapy.
Community Pharmacy	Medicines management.
Speech and Language Therapist (SALT) Nutrition Therapists	Speech and language, swallowing assessments Dietary advice.
General Practitioners	Raising safeguarding concerns Maintaining a programme for monitoring individual patient care plans.

North Yorkshire Police: Vulnerable Assessment Team (VAT) Criminal Investigations Department (CID) Neighborhood Policing Team	Raising safeguarding concerns. Criminal investigations – including willful neglect. Provide expertise on investigative practice. Crime prevention visits.
Legal Services	Advice where there are legal challenges to safeguarding or contractual matters, Advice on decommissioning decisions, Advice on Office of the Public Guardian
Advocacy Services	Raising safeguarding concerns. Supporting people with assessments of need, safeguarding and changes in accommodation; Relevant Person's Representative (RPR) for DoLS monitoring and Independent Mental Capacity Advocate (IMCA) for best interest's decision processes. Under safeguarding procedures, advocacy will consider advocacy referrals under the Care Act, Mental Capacity Act, or in a non-statutory advocacy role. Representing the person through the organisational safeguarding process.
North Yorkshire Fire and Rescue	Raising safeguarding concerns. Home fire safety visits.
Independent Care Group	Raising safeguarding concerns Support to providers, who are members. https://independentcaregroup.co.uk/
Care Quality Commission	Raising safeguarding concerns. The Care Quality Commission (CQC) has civil and criminal enforcement powers. CQC's role is to monitor, inspect and regulate services to make sure they meet the fundamental standards of quality and safety. For safeguarding, they will do this by; checking that care providers have effective systems and processes to help keep children and adults safe from abuse and neglect. See this link to the CQC website: https://www.cqc.org.uk/
Integrated Care Board's (ICB) and Integrated Care Partnership's (ICP)	Raising safeguarding concerns. Core NHS services including funding, commissioning. Humber and North Yorkshire Integrated Care Board: Humber and North Yorkshire Health Care Partnership www.humberandnorthyorkshire.org.uk

West Yorkshire Integrated Care Board:
Bradford District and Craven Health and Care
Partnership
www.bdcpartnership.co.uk

Appendix 4: Organisational Safeguarding - Risk Rating Tool

Level of Risk (RAG)	Impact on people using the service	Indicative frequency of monitoring
Red	<p>People who use the service are not protected from unsafe or inappropriate care. The provision of care does not meet quality and safety standards.</p>	<p>Following suspension from the Approved Provider List (APL) or Block Contract, a formal meeting will be undertaken with the provider, and the provider will produce a Provider Improvement Plan.</p> <p>Where a Provider Improvement Plan is already in place this will be monitored, and further meetings will be held until the Provider Improvement Plan is met.</p> <p>Monitoring will be undertaken via the Multi-Agency Quality and Market Review Board, as well as monitoring improvements in Quality by the Quality Team, which may include announced and unannounced Quality Improvement Visits, self-assessments and feedback from professionals, people who use services, their families, representative or advocate, will be sought, where possible.</p>
Amber	<p>People who use the service are generally safe, but there is a risk to their health or wellbeing.</p> <p>Provision of care is inconsistent and may not always meet quality and safety standards.</p>	<p>Quality Team will undertake a heightened level of monitoring of improvement in quality which may include announced and unannounced Quality Improvement Visits, self-assessments and feedback from people and their families will be regularly sought, where possible. A suspension may be considered.</p> <p>An Organisational Safeguarding meeting/review meeting with the provider will take place to discuss, concerns made and progress made, and agree or review the Provider Improvement Plan.</p> <p>Progress against the Provider Improvement Plan will be monitored, and further meetings will be held, until the Provider Improvement Plan is met.</p> <p>Contractual action may also be taken.</p>
Green	<p>People who use the service are safe. Provider is meeting quality and safety standards</p>	<p>Quality Team will undertake an assessment of risk to determine the risk level applicable to the provider and support improvements work via the Quality Pathway levels of intervention. For sustainability providers will have a 3- and 6-month review to exit Organisational Safeguarding.</p>

Appendix 5: Communication plan and checklist

Communication with people who use services, their families, and representatives or advocate

People who use services, their families, representative or advocate will be kept central to the organisational safeguarding process.

A point of contact for people who use services, their family, representative or advocate should be identified, and they should be provided with the means of sharing their experiences independently of the provider. The Operational Manager or Practice Lead will liaise with the Quality Team regarding agreeing who the point of contact will be and this will be communicated to people their families and representatives.

Provider responsibilities

Information sharing should always include people who use the service, their family, representative or advocate, that they are able to make informed choices and retain their independence.

In a residential or nursing setting, people who use the service, their families, representative or advocate, may become anxious about increased activity, for example, seeing more visiting professionals in their home and they have the right to be informed. Care should be taken not to raise their anxiety.

The Communication plan and checklist should include:

Communication and sharing information with people who use the service, their families, representative or advocate.

- The Provider is responsible for writing to and informing people who use service, their families, representative or advocate, in a timely way, that there are concerns about their service and they are working with the local authority, partner organisations and the Care Quality Commission (only if they are a Regulated service provider). Support is available from the Quality Team with producing correspondence.
- Consideration needs to be given, for the opportunity for the Operational Manager or Practice Lead or Health Commissioners, to attend meetings with people who use the service, their families, representative or advocate, to give them an opportunity to discuss concerns in confidence, if required. This should be communicated to people who use the service, their families, representative or advocate, to advise them of this in a timely way
- Consideration about how information and advice is provided to include people who fund their own care, ensuring that people who use the service, have a representative or advocate, where required.

- Information sharing with the provider about how on-going communication will be managed.
- Agree who key points of contact will be with the provider and if there are concerns about the Registered Manager or Nominated Individual, liaise with the Provider Head Office.
- The Quality Team may support the provider by attending staff meetings and provide reassurance, if required.

Communication with external parties

- Complete a briefing note for the Chief Executive, Elected Member, Executive Member, and North Yorkshire Safeguarding Adults Board (NYSAB) Independent Chair. This should include notice of provider failure or service interruption, overview of the current situation, current risks, and safeguarding concerns within the service, CQC involvement, summary of ongoing support undertaken, and any action being undertaken to ensure the ongoing safety of people using the service. A template is available, with the Quality Team.
- Liaison with the Adult Social Care Communication Team, as appropriate.
- Consider any commissioning intentions and notify placing authorities regarding any suspension of the agreement, this includes legal or additional contractual implications.
- If there is a suspension of the agreement, this must be communicated to front line practitioners and other commissioners in a timely way.

Appendix 6

Resources

East of England ADASS (2021) Section 42 Adult safeguarding enquiries in secure settings

<https://static1.squarespace.com/static/62ea37b2f412d231ae2c2f35/t/6399a3a119fd4118015e10a1/1671013283380/>

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