

# Guidance on Organisational Safeguarding Concerns

Southend, Essex & Thurrock (SET)  
Safeguarding Adults Boards

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Essex Safeguarding  
Adults Board



## Document Control Sheet

<b>Title of guidance:</b>	SET Guidance on Organisational Safeguarding Concerns
<b>Purpose of guidance:</b>	To give clarity on organisational safeguarding concerns and how they will be managed
<b>Type of guidance:</b>	Operational guidance
<b>Target audience:</b>	Everyone involved in commissioning, providing, supporting or delivering
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<b>This guidance should be read alongside:</b>	<a href="#">SET Safeguarding Adults Guidelines</a> <a href="#">SET MCA and DoLS Policy</a> <a href="#">Care Act 2015</a> <a href="#">ECC Decision Support Guide</a> Local Authority Suspension of Care Services Protocol Local Authority Market Provider Failure Guidance ADASS Inter authority
<b>Leads/ Author</b>	Alison Clark - Service Manager – Essex County Council
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## **1. INTRODUCTION**

The purpose of this document is to provide guidance on organisational safeguarding concerns. This guidance does not cover Market Provider Failure; Investigation and Suspension of Care Services Protocol; Managing of Adults' Finances and Property. Please refer to local policies and Care Act guidance.

## **2. DEFINITION OF ORGANISATIONAL ABUSE**

“Organisational abuse...neglect and poor care practice within an institution or specific care setting such as hospitals, care homes, 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 result of the structure, policies, processes and practices within an organisation” (Care and Support Guidance 2016, Para 14.17).

Organisational abuse occurs when the routines, systems and regimes of an organisation 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 (SCIE 2010).

## **3. INDICATORS OF ORGANISATIONAL ABUSE**

Organisational abuse can occur in any setting providing health and social care. Enquiries into care in organisational settings have highlighted that organisational abuse is most likely to occur when there is:

- No registered manager/ ineffective manager/management system
- Too few staff
- Poor training
- A lack of staff supervision/support
- Rigid routines and inflexible practices
- A lack of not person-centred care plans and risk assessments in place
- Defensive to criticism/feedback
- A lack of openness/transparency
- An acceptance of poor standards
- A closed culture, whereby managers and staff collude with poor practice as opposed to reporting it
- Lack of, out of date or poor policies.



Organisational types of abuse can often be the most misunderstood type of concern, as sometimes assumptions are made that any safeguarding issue that arises in a care home or care service is an organisational concern, which is not the case.

There are two examples below showing what would be classed as organisational abuse (example 1) and what wouldn't be (example 2).

**Example 1** - Poor care and risk identified at inspection. Two concerns were raised one re unsafe moving and handling/transfers. Further concerns noted re unsafe staff recruitment. People with bed rails but lack of risk management plans increasing risks of injuries; unsafe management of medication; lack of care planning and risk assessment e.g. mobility; diabetes; tissue viability; behaviour support; lack of call bell access; unclear monitoring records; lack of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS); lack of choice for people e.g. food and drinks.

**Example 2** - A local social work team advised they had received four individual safeguards which all related to medication errors, although no significant harm was caused to the adults as a result. Upon further discussion, it transpired that the medication errors had all occurred during one medication round. The provider had raised the safeguards and had taken appropriate action in relation to the carer. They were taken off medication duties until re-trained and completed new competency assessments, demonstrating that they were competent. Therefore, this did not constitute organisational abuse and failure, because the provider took appropriate steps to ensure the welfare of adults.

When determining if a concern is organisational abuse, the following may be considered:

- Are people at risk or experiencing harm, abuse, mistreatment or neglect?
- Do the concerns relate to quality or contractual concerns as opposed to safeguarding?
- Were concerns raised at the last assessment or review for the individual?
- Are any trends or patterns emerging from data that suggests poor quality care in the organisation?
- Are there repeated concerns for the adult or have previous concerns been ineffectively dealt with?
- Are a group of individuals alleged to be causing harm?
- Is there a history of quality issues; suspensions/terminations relating to the provider?
- Is the service rated as safe (according to Care Quality Commission (CQC) reports)?
- Have criminal offences been reported to the police?

Please see appendix 1 for further factors.

#### **4. PROCESS FOR S42 ORGANISATIONAL SAFEGUARDING ENQUIRIES**

All safeguarding concerns about organisational abuse will follow the process as outlined in the SET Safeguarding Adult Guidelines. Specifically complete the safeguarding adults concern form (SET SAF1) and send to the local authority.

- In Essex, all organisational safeguarding concerns will be referred to Organisational Safeguarding Team (OST).
- In Southend, the Access Team will refer all organisational safeguarding's through to the relevant locality team.
- In Thurrock, all organisations safeguarding's will be referred to the safeguarding adult's team.

Where an adult lives in the greater Essex area, but is funded by another local authority, the host authority (Southend, Essex or Thurrock) will take the lead on the enquiry but invite the funding authority to take part. The host authority may also support the funding authority with reviews.

In addition to the safeguarding process as outlined in the SET Safeguarding Adult Guidelines, there may be additional actions that may be undertaken for organisational safeguarding enquiries such as:

- Adults to be offered reviews or Care Act Assessments if privately funded.
- Ensure that the Director's and Senior Managers for the local authority are aware of the concerns which have been raised when initial enquiries suggest there is substance to the concerns raised.
- Notify and liaise with all relevant internal and external partners involved in provision, including contracts, Clinical Commissioning Group (CCG), CQC, Police.
- Convene an organisational safeguarding adults meeting to include all relevant internal and external partners involved in provision, such as contracts, CCG, CQC, Police as appropriate.
- Ensure that Directors/senior managers and all key partners are kept updated as to findings and progress of enquiries, ensuring that level of risk is highlighted
- Depending on levels of risk and impact of risk to adults using the service, consideration may need to be given to formally suspending a service from accepting new admissions, whilst they work through the concerns. If this happens, all relevant partners should be notified
- Decide whether there is a need to hold relatives' meetings.
- Ensure residents and their relatives are updated and are able to voice any concerns they have.
- Ensure support mechanisms in place for residents and their relatives.
- Share evidence about potential breaches in contracts with contracts department.
- Assist with any urgent actions required.
- Liaise with press and comms team if needed, especially if the enquiry results in media interest due to severity of concerns or as a result of a home closure.

Police investigations should be coordinated with the local authority who may support other actions but should always be police led. Where the police are investigating a potential crime, social care should still make early safeguarding interventions to keep the adult safe. Close liaison with the police is important to inform them what is being done to reduce the risk.

Organisational abuse enquiries may also be subject to a contractual action plans, which will be monitored by adult social care/CCG jointly when this is appropriate. This is to ensure any actions required are implemented and sustained. Where it is not necessary for a formal contractual action plan, risks will still be identified through the safeguarding process, which will include recommendations/actions from both

enquiries and safeguarding adults meetings for implementation to improve services. An organisational safeguard should not be closed until the local authority are satisfied that improvements to reduce risks have been made and will be sustained.

There may be times when it would be appropriate to consider whether there is a need for lessons learned workshop for professionals involved, particularly when there has been a significant media interest and or a home closure.

## **5. ENGAGEMENT WITH ADULTS, CARERS, FAMILIES AND ADVOCATES**

Adults (wherever possible) should be involved in any decision making that could impact their care, impact and wellbeing. The Care and Support Guidance (para 14.10) makes clear that we must arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them.

The Guidance also makes clear that we must consider the provision of advocacy for a carer in cases where the carer has harmed or been harmed by the adult at risk.

For organisational safeguarding enquiries where a number of adults may be involved, there may be occasions where relatives' meetings are held. The Senior Management Team within the Local Authority/Mental Health Trust/Clinical Commissioning Group will make the decision if and when they should be held in conjunction with the provider and other key partners. The relatives meeting will be followed up with a letter or phone call to all relatives outlining concerns and proposed actions.

If the decision is not to hold a relatives meeting, there is still a responsibility to ensure that adults and families/carers/advocates (as appropriate and in accordance with adults wishes) are kept informed about what is happening.

If residents are privately funded, they will be offered an assessment, in line with our duties under para 6.28 of the Care and Support Guidance 2016.

## APPENDIX 1: ORGANISATIONAL SAFEGUARDING ENQUIRIES – FACTORS TO CONSIDER

Existing systems or processes, or a deviation of current systems or processes	<ul style="list-style-type: none"> <li>• What internal/external policies or procedures are there? i.e. whistleblowing/safeguarding</li> <li>• Are these up to date, accurate, understandable, available in a range of languages/formats, available at appropriate locations and widely known?</li> <li>• Did staff follow these appropriately?</li> </ul>
Adult factors	<ul style="list-style-type: none"> <li>• Medical conditions or care needs e.g. complexity of clinical care or need, poor sleep pattern, malnourishment/ dehydration;</li> <li>• Language or communication needs;</li> <li>• Social factors - culture/religious beliefs; lifestyle choices – alcohol/drugs/smoking/diet, living conditions, support networks;</li> <li>• Mental or psychological factors e.g. motivation, stress, family pressures/financial pressures;</li> <li>• Emotional trauma, existing or new mental health needs;</li> <li>• Interpersonal relationships – Adult to staff, adult to adult, family relations</li> </ul>
Person alleged to have caused harm	<ul style="list-style-type: none"> <li>• Issues relating to carer responsibilities and support which may have resulted in additional stress to the carer</li> </ul>
Staff behaviour	<ul style="list-style-type: none"> <li>• Physical &amp; mental health e.g. fatigue, stress, depression;</li> <li>• Staff motivation e.g. boredom, low job satisfaction, overload, distraction, pre-occupation;</li> <li>• Interpersonal relationships with adults, relatives, colleagues, managers.</li> </ul>
Communication factors	<ul style="list-style-type: none"> <li>• Were verbal instructions clear and unambiguous, made to the right person, use of language correct for the situation, were established communication channels used and were they effective?</li> <li>• Written communications – were records easy to read and available in the right location when required? Are records/risk assessments complete? Are records/risk assessments missing or been tampered with?</li> <li>• Any non-verbal communication issues e.g. aggressive or intimidating behaviour, body language</li> <li>• Did communication systems (or lack of these) influence the incident/event e.g. handover, communications book, etc.?</li> </ul>
Staff training/skill	<ul style="list-style-type: none"> <li>• Level of staff knowledge, skills, length &amp; quality of experience, familiarity with tasks,</li> <li>• Access to refresher training and opportunities to ensure staff knowledge and competencies are up to date</li> <li>• The quality and content of induction training or other relevant training, for example MCA and DoLS awareness;</li> <li>• Regularity and quality of staff supervision, appraisal and/or mentoring</li> </ul>
Staff resources or work conditions	<ul style="list-style-type: none"> <li>• Skill mix, use of agency/bank staff, workload/dependency assessment. Staff turnover/retention;</li> </ul>

	<ul style="list-style-type: none"> <li>• Workload &amp; hours of work e.g. shift related fatigue, staff to adult ratio;</li> <li>• Breaks during work hours</li> <li>• Safe Recruitment processes followed?</li> </ul>
Absence or malfunction of equipment	<ul style="list-style-type: none"> <li>• Was the equipment subject to an up to date maintenance programme, correctly stored, labelled, relevant instructions in place &amp; legible, new or familiar to the user(s), fit for purpose?</li> <li>• Was the equipment familiar to those using it and if so, were they competent to use it?</li> <li>• Do care plans and risk assessments reflect equipment needs of the adult?</li> <li>• Did a safety mechanism fail?</li> </ul>
Management or leadership	<ul style="list-style-type: none"> <li>• Were the relevant roles in staff team known, understood &amp; followed?</li> <li>• Were lines of reporting and accountability clear?</li> </ul>
Culture or organisational factors	<ul style="list-style-type: none"> <li>• Organisational issues e.g. value driven practice or hierarchical/inflexible structures and routines, closed culture, not conducive to information or problem sharing/discussion, lack of safety culture</li> <li>• Organisational priorities e.g. safety driven, financially focussed, performance driven, risk averse;</li> <li>• Staff morale, motivation;</li> <li>• Style of conflict management.</li> </ul>
Environment factors	<ul style="list-style-type: none"> <li>• Design of physical environment e.g. cramped, temperature, call bells/buttons accessible, lighting, noise levels?</li> <li>• Environment issues e.g. water on the floor, a door that was locked preventing entry/exit?</li> <li>• Has the relevant environment been subject to a risk assessment?</li> <li>• Uncontrollable external factors – internal/external agency staff strike, adverse weather conditions, a failure of telephone systems, etc.</li> </ul>