The Commission for Social Care Inspection (CSCI) has recently agreed a protocol with the Association of Directors of Social Services and the Association of Chief Police Officers concerning the safeguarding of adults. The detailed protocol sets out how the three agencies will collaborate in an attempt to reduce the risk of abuse and neglect of people who use regulated care services.

The protocol sets out how CSCI will interact with the appropriate bodies and sets out three important levels of engagement for CSCI in response to allegations of abuse or neglect. The first level of engagement is where there are concerns about a person’s safety: CSCI will consider whether there is any need for regulatory action in addition to an investigation or assessment. The second level is engaged if the referral received by the local council suggests that there may be breaches of the regulations and standards: CSCI may decide to conduct a random inspection as part of the multi agency strategy. Third and finally, where there is no indication of serious risk requiring a need for immediate regulatory action, CSCI will await the outcome of any investigation undertaken by a partner agency or care provider and consider whether regulatory action is then required.

Inevitably, the protocol relies heavily on information sharing between the various agencies, and the protocol notes that ‘local councils hold the lead responsibility for establishing and co-ordinating the local inter-agency framework concerning safeguarding adults in accordance with the government guidance “No Secrets”’.

There is a multi stage process once an allegation has been received by a CSCI inspector. First the inspector must bring the allegation to the attention of the lead regulatory inspector (or duty inspector or equivalent). The lead regulatory inspector (or equivalent) then reviews the allegation and an initial view must be formulated without delay which should be discussed with a regulation manager.

The next stage is for the regulation manager to consider what action should be taken. If it is agreed that the matter is one relating to Safeguarding Adults, an alert should be passed to the appropriate officer at the council. If there is a concern of criminal activity the police will also be contacted.

When the regulatory inspector or regulatory manager contacts the local council to provide them with details of the allegations or their concerns, a form entitled “Safeguarding Adults Alert Form” will be filled in by CSCI and sent to the local authority. The protocol provides for the local council to consider the information on the form and decide whether or not they accept it as a formal alert. If the referral is not accepted the council will inform CSCI and the protocol sets out additional action that may be taken. If the council accepts the referral, a multi agency plan for assessing the risks and addressing any immediate protection needs must be set

2 Ibid. p 3
up and agreed. This is done by holding a safeguarding assessment strategy meeting. Where CSCI were not the original referrers, they will be informed of a strategy meeting if it concerns a regulated service concerning CSCI.

The protocol also states that prior to the strategy meeting CSCI will provide various information concerning the registered provider.

The protocol details the various issues which should be discussed at a strategy meeting, including assessment of the current information regarding the risk to people using the service and establishing who will undertake the risk assessment and/or investigation. A communication strategy between the relevant agencies will be agreed. The protocol confirms that along with the various agencies, registered providers, managers and those who use the service or their representative will generally attend the meeting or be involved with the discussions. There may however be times where it will not be appropriate for a registered person to attend the meeting or be involved with the process.

The protocol sets out 6 possible forms of investigation that could take place in relation to allegations. These are:

1. Police investigations
2. Social services’ led investigations
3. Healthcare organisations’ investigations
4. Healthcare Commission investigations
5. Registered provider investigations and, finally,
6. CSCI enquiries and/or random inspections

Where concurrent investigations may take place, (i.e. the Police investigate an alleged criminal incident and at the same time CSCI are investigating alleged breaches of the regulations), the lead individual at the local council will be provided with reports from the bodies involved so as to ensure that each does not harm the other’s investigations.

An important aspect of the protocol is that where investigations have taken place, the various bodies involved will share the outcome of those investigations with CSCI where they relate to a regulated service. If there is concern that abuse has taken place, a multi agency meeting to consider the current risk will take place to decide how to properly prevent abuse occurring again. CSCI’s involvement will relate to service providers compliance with regulations and standards and, in particular, there may be concerns about whether or not the service provider has made the appropriate referral to the protection of vulnerable adults list (POVA) and/or any other professional body that may be relevant. The protocol notes that whilst the responsibility for making a referral to the POVA list is usually on the employer, CSCI can make such a referral if the registered person themselves is subject to a referral or they have failed to make an appropriate referral. The protocol specifically indicates that “where a registered provider fails to fulfil their statutory duty to make referrals to the POVA list, this may call into question their fitness”

Comment
The protocol is a detailed document which sets out how CSCI responds in conjunction with other bodies to allegations of abuse and neglect in a care home setting. Whilst in the main this protocol is designed for CSCI’s internal use, it does provide care home providers with useful insight as to the procedure that will be followed should there be any allegation of neglect or abuse within a care home. It is also important to note the importance placed on the registered provider’s duty to refer to the POVA list.

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3 Ibid. p 16