

This Factsheet should be read in conjunction with the Provider Enquiry Template; it is designed to assist in the completion of a

## Safeguarding Adults—Provider S42 Enquiry

### Overview of the S42 Enquiry Process:

- The Local Authority retains responsibility for Safeguarding Adults S42 Enquiries within their area, however they can ask provider organisations to undertake an internal Enquiry on their behalf. This Enquiry function cannot be delegated in its entirety, the need to ensure that all appropriate actions have been taken remains with the Local Authority.
- When a provider or partner is asked to undertake a Safeguarding Adults S42 Enquiry, the MASH or relevant Social Care Locality Team will provide an email address to where the completed report should be submitted within an agreed timescale.
- The Safeguarding Lead Practitioner will review the safeguarding enquiry report and decide as to whether it meets the requirements of a thorough and robust enquiry. This will include looking at proportionate consideration of service outcomes and actions required with an action plan which has been embedded into organisational practice.
- It may be necessary to agree a review period if there are outstanding actions. This may happen if a staff disciplinary process is ongoing and there is a potential need for a referral to be made to the Disclosure and Barring Service (DBS) or applicable professional regulatory body.
- When a provider organisation is asked to undertake an internal Enquiry they should ensure that the person this responsibility is delegated to is of sufficient seniority within their organisation; consideration needs to be given to possible conflicts of interests regarding the concern and the position of the person undertaking the enquiry
- The Safeguarding Enquiry process must include speaking to the adult at risk concerned and/or their representative (with consent, Best Interests decision making, or legal status as applicable to the individual case), reviewing documentation, medication records, and interviews with staff and other witnesses. It may be necessary to refer to recruitment and/or training records of staff, and to confirm levels and status of professional qualifications, for example in relation to registered health care professionals in hospitals or care homes registered with CQC for the delivery of nursing care.
- In summary, the person undertaking the S42 Enquiry must reach a conclusion which reflects the findings and list remedial actions taken. In some instances, the person undertaking the S42 Enquiry may find it difficult to make any findings due to a lack of available evidence. In such cases, it is advisable to contact the co-ordinating Safeguarding Lead Practitioner for discussion. It is not necessary to prove **beyond reasonable doubt** that an incident of abuse or neglect has occurred, but to consider whether on the **balance of probability** this is the case.
- The findings of the enquiry where abuse is proven may lead to disciplinary process, or be included as part of a Disclosure and Barring Service (DBS) referral or a referral to Nursing and Midwifery Council (NMC) or other governing body so it is important that a full explanation is given as to why each conclusion was reached.

**NB: When undertaking a S42 Enquiry, should concerns of a criminal nature be raised Police involvement must be sought at the first available opportunity and be discussed with the MASH or co-ordinating Safeguarding Lead Practitioner.**

**Refer to the Cambridgeshire and Peterborough Safeguarding Adults Board Multi Agency Policy & Procedure for further guidance on working with the Police.**

## Factors to consider when completing the Provider S42 Enquiry:

- A. **Nature of concern:** It is important that the contents of the originating concern are included in any enquiry report. This will be provided by the Local Authority co-ordinating Safeguarding Lead Practitioner.
- B. **Enquiry Process (the plan):** The enquiry process must involve the adult at risk and/or their representative throughout. The report should describe **the methods by which the concerns were looked into**. It is important to demonstrate why the enquiry took the course it did and to explain in detail why it was that certain people were spoken to and others were not. It will also be helpful to outline the various stages that the enquiry took. Action Plan & Chronology Templates are included to assist.
- C. **Views of adult at risk:** In line with The Care Act 2014 and Safeguarding Adults Board's commitment to "**Making Safeguarding Personal**", safeguarding enquiries should ensure that adults at risk are supported to make choices and have control in how they choose to live their lives. Achieving a good outcome for the adult at risk is the key measure of success. The focus should be on improving their safety and wellbeing and supporting them to reach the resolution that is right for them and/or the risks that potentially impact on their safety, health and wellbeing. It is essential to have the voice of the adult at risk who is the subject of the concern wherever possible. If the adult at risk does not lack mental capacity, **their consent must be sought** before discussing the enquiry with any representative, including their family.
- D. **Views of the adult at risk's representative (in line with the adult at risk's human rights and consent):** When an adult at risk lacks mental capacity to consent to the safeguarding enquiry a representative or independent advocate must be consulted with to act on their behalf. Assessment of mental capacity must always be **decision and time** specific and adhere to the Mental Capacity Act (2005) and associated Code of Practice.

Examples of representatives include friends, family members, a solicitor, a formal safeguarding advocate etc. The enquiry must include the report from the advocate where appropriate.

- E. **Conclusions & Decision:** The summary and conclusion of the enquiry report should make clear statements as to whether the concern, on the **balance of probability** have been **proven or disproven**. Reference should also be made to any actions which the organisation intends to take as a consequence of the enquiry. It is essential to explain the reasons why each conclusion has been reached, and to demonstrate that the process has included all relevant sources of information. Regardless of the outcome of the enquiry, there will often be opportunities to improve the provision of care for individuals. This should be integrated into any learning taken forward.
- F. **Learning/actions moving forward:** Enquiries into concerns of abuse or neglect are often not easy. There is often a presumption that something must have gone wrong within the organisation, this is not always the case as any organisation can find itself at the centre of a safeguarding enquiry. The true test of a provider of services is not how many safeguarding concerns originate from within their service but how well they respond to these challenges. After an enquiry has been completed it is usual to reflect on the findings of the report and conclude that there may be improvements to the way the service is delivered in the future. This will happen irrespective of whether the concern is proven or not and will provide positive outcomes for the organisation. A "Next Steps - Action Plan & Monitoring Arrangements" section is included.

# Making Safeguarding Personal

## PRINCIPLES .....

### **Empowerment**

People being supported and encouraged to make their own decisions and informed consent.

'I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.'

'I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.'

### **Prevention:**

It is better to take action before harm occurs.

### **Proportionality:**

The least intrusive response appropriate to the risk presented.

'I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.'

'I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.'

### **Protection:**

Support and representation for those in greatest need.

### **Partnership:**

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

'I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.'

'I understand the role of everyone involved in my life and so do they.'

### **Accountability:**

Accountability and transparency in delivering safeguarding.