



4LSAB Large Scale S42 Safeguarding Enquiry Protocol

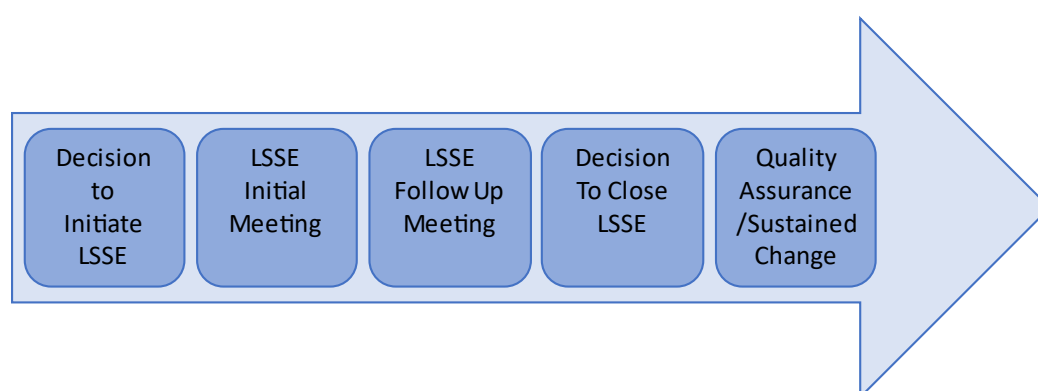
Executive Summary

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect, as well as promoting good practice for responding to concerns on a multi-agency basis. The Care Act 2014 sets out the Local Authority and partner organisations' responsibility for protecting adults with care and support needs from abuse or neglect. All Large Scale Safeguarding Enquiries are carried out under the statutory framework of section 42 of the Care Act 2014. This involves working in partnership with individuals and with organisations.

The implementation of the 4 Local Safeguarding Adults Board Protocol for Managing Large Scale Safeguarding Enquiries, (LSSE), is a collaborative responsibility for which all agencies are accountable. The procedure applies to all care and support provision other than prisons and approved premises, whether directly commissioned or not by a Local Authority or Integrated Care Board (ICB)/Integrated Care Partnership (ICP) or NHS England; and irrespective of whether it is included in CQC market oversight. Services managed by the Local Authority or NHS are subject to the same level of scrutiny as independent care providers. This protocol complements and supplements The Multi-Agency Safeguarding Policy and Procedures (2023) and the Safeguarding Concerns Guidance.

The purpose of this Protocol is to promote a consistent and proportionate response to Large Scale Safeguarding Enquiries. It is not the intention of this Protocol to be punitive when working with providers, but to provide clarity regarding how all parties will work together to address identified risks and support the provider to develop sustainable change and assist providers to provide high quality care for their residents.

The five stages of a LSSE are detailed in the protocol:

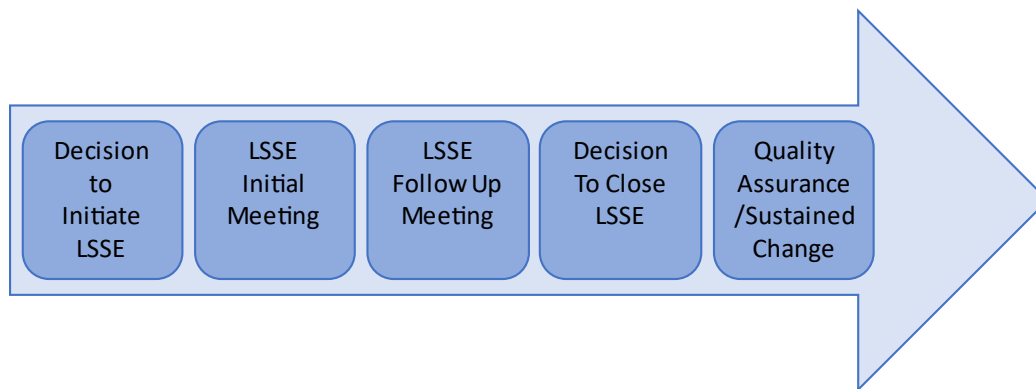


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1. Introduction

- 1.1 Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect, as well as promoting good practice for responding to concerns on a multi-agency basis.
- 1.2 The Care Act 2014 sets out the Local Authority's responsibility for protecting adults with care and support needs from abuse or neglect. All Large Scale Safeguarding Enquiries are carried out under the statutory framework of section 42 of the Care Act 2014.
- 1.3 The implementation of the 4LSAB Protocol for Managing Large Scale Safeguarding Enquiries, (LSSE), is a collaborative responsibility for which all agencies are accountable. The procedure applies to all care and support provision other than prisons and approved premises, whether directly commissioned or not by a Local Authority or Integrated Care Board (ICB)/Integrated Care Partnership (ICP) or NHS England; and irrespective of whether it is included in CQC market oversight. Services managed by the Local Authority or NHS are subject to the same level of scrutiny as independent care providers. This protocol complements and supplements The Multi-Agency Safeguarding Policy and Procedures (2023) and the Safeguarding Concerns Guidance.
- 1.4 A safeguarding enquiry into concerns about organisational abuse or neglect must be undertaken as part of the S42 enquiry response. The instigation of a Large Scale Safeguarding Enquiry will most likely be in response to allegations or concerns of organisational abuse where there is a high level of risk and/or complexity that places several service users at risk of harm or abuse. These circumstances mean that a high level of management influence and co-ordination, by the Local Authority, is required over and above what is required in other safeguarding enquiries. The aim of this protocol is to provide an overarching framework to guide place based local procedures.
- 1.5 The purpose of this Protocol is to promote a consistent and proportionate response to Large Scale Safeguarding Enquiries. It is not the intention of this Protocol to be punitive when working with providers, but to provide clarity regarding how all parties will work together to address identified risks and support the provider to develop sustainable change and assist providers to provide high quality care for their residents.

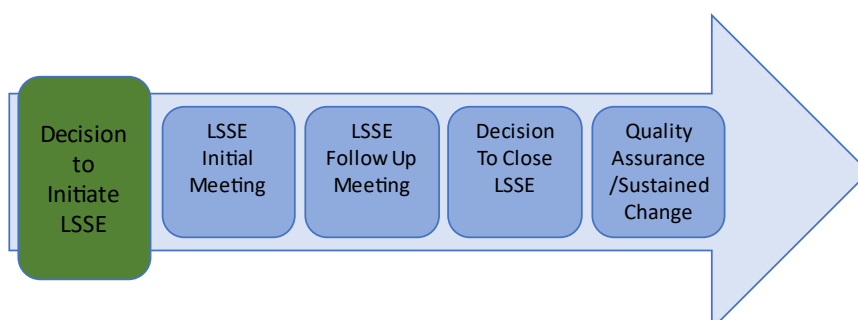


2. Organisational Abuse and Neglect

- 2.1 The Care and Support Statutory Guidance states that "Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse". It goes on to state that organisational abuse "includes 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". Such abuse violates the person's dignity and represents a lack of respect for their human rights.
- 2.2 Abuse and neglect may take the form of isolated incidents of poor or unsatisfactory practice, at one end of the spectrum, through to pervasive ill treatment whether intentional or unintentional at the other. Not all abuse that occurs within settings that provide health or social care will be organisational; incidents between service users or actions by individual members of staff may occur without any failings on the part of the organisation.
- 2.3 Concerns or referrals about organisational abuse may result from:
- Information from various sources i.e., Police/Adult Social Care/Commissioners/ICB & ICP/Integrated Quality Assurance Team/Local Authority Contracts/Care Quality Commission/Healthwatch/health professionals/ wider system partners/whistle-blowers indicate serious systemic concern about a care provider
 - Accumulated complaints about the same service by people accessing the service, their families or members of the public, which amounts to serious safeguarding concerns

- Serious concerns of a safeguarding nature following several visits by professionals or individual reviews in the service
- Serious concerns of a safeguarding nature following contract compliance reviews or quality assurance visits of the service
- Reports of serious safeguarding concerns from other professional services / organisations involved in the service
- Serious concerns following a S42 enquiry or MARM involving an adult at risk where there is clear evidence that other adults are at risk of or experiencing serious abuse or neglect
- Collective safeguarding concerns (this is where several concerns are received at the same time, over a period of time in the same care setting).
- A provider has failed to engage with other safeguarding activities to date resulting in continued harm or continued risk of harm to one or more adult at risk.
- There is clear evidence that despite contract monitoring, quality assurance and/ or Care Quality Commission rating review action planning; there is insufficient evidence of improvements within the service resulting in continued harm or continued risk of harm to one or more adult at risk
- There are significant public protection/community safety concerns/criminal concerns in a care setting
- Serious non-compliance of minimum care standards are raised about a provider that has or is likely to result in a number of adults at risk of or experiencing abuse or neglect.
- Following evidence given to an inquest, a narrative verdict and/or a Coroners request for a Regulation 28 prevention of future deaths report

3. Circumstances under which a Large Scale S42 Safeguarding Enquiry will be considered



3.1 Each Local Authority may have specific guidance about the criteria to be used. If there is a concern that the criteria may be met, an initial meeting should be held. A non-exhaustive list of examples of when the criteria are met include:

- One incident or concern occurs that indicates that systemic safeguarding concerns may exist that affect multiple service users
- A series of safeguarding and/or quality concerns have been raised about the same organisation and/or unit that indicate systemic concerns exist. This could include care provided in people's own homes. These may include concerns in relation to the overall standards of care, for example omissions in care, safeguarding concerns/enquiries, a lack of risk management processes, a lack of leadership issues, and staffing concerns, as well as a lack of governance procedures, including missed calls, ineffective recording and reporting.
- Where a provider is found to require improvement or inadequate following a CQC inspection.
- One off concern, of such severity, for example a choking incident that caused a death, fall with harm, lack of pressure ulcer prevention. Where it is considered that this failure would be judged to present significant risks to others receiving care by the same provider,
- Poor quality care following a quality assurance audit and lack of response from the provider to recommendations/actions.
- Failure to comply with contractual obligations

3.2 During the course of a Large Scale Safeguarding Enquiry, individual adult safeguarding S42 enquiries will continue alongside to ensure individual adults identified as at risk are safeguarded.

4. Referral and next steps

4.1 There are a number of routes through which concerns indicating the need for a Large Scale Safeguarding Enquiry might be identified and then referred on, and these are specific to the following service areas:

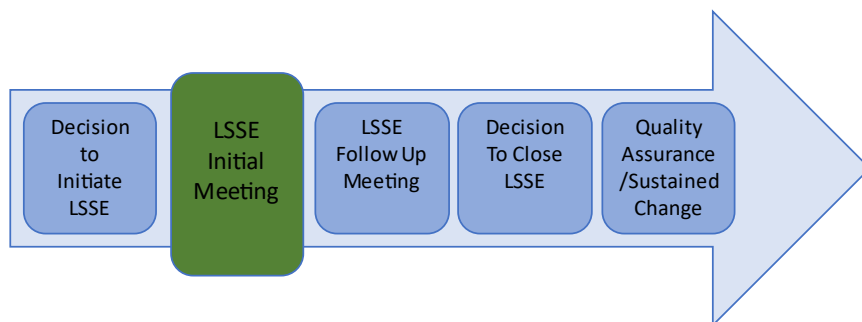
- Adult Social Care Operational Teams
- Adult Social Care Commissioning and Partnerships
- Adult Social Care Safeguarding Team

- 4.2 Irrespective of where the initial decision to escalate is taken, the authority for initiating a Large Scale Safeguarding Enquiry rests with the Local Authority Operational Lead for Adult Safeguarding or in their absence a more senior officer.
- 4.3 The lead Council for all LSSEs is the Council for the location of the Provider. For care homes this should be clear; however, it can be the case that Domiciliary/Home Care Providers will have their registered base in one Council's area (the host area), but predominantly provide their service in another Council's area. Therefore, where it is the case that the concerns are identified in a non-host Council's locality, there needs to be consultation between representatives of both Councils to make a decision about which Council leads the LSSE. This decision needs to take into account evidence of the concerns known to each Council.
- 4.4 If the concern relates to a service commissioned exclusively by an ICB/ICP then the decision to implement the Large Scale Safeguarding Enquiry procedure should be made in conjunction with the Local Authority Operational Lead for Adult Safeguarding, the Continuing Health Care Representative, and/or the Designated nurse for Adult Safeguarding from the ICB. It is for the local authority to determine the appropriateness of the outcome of an enquiry. Once enquiries are completed, the outcome should be notified to the local authority which should then determine with the adult what, if any, further action is necessary and acceptable'. This is the case too where the local authority causes the health provider to make an enquiry.
- 4.5 Once sufficient information is available, the Local Authority Operational Lead for Adult Safeguarding, or in their absence a more senior officer, will make a decision as soon as practically possible. The safety and well-being of adults at risk is paramount and the principle of 'no delay' must apply.
- 4.6 The decision to initiate a Large Scale Safeguarding Enquiry should be communicated to all relevant internal and external contacts and partner agencies.
- 4.7 Where there is considered to be cause to dispute decisions made about or within a LSSE, the 4LSAB Escalation procedure should be used to consider or inform potential action.
- 4.8 Once the decision has been made to initiate the Large Scale Safeguarding Enquiry, the following actions should be taken promptly and overseen by the Local Authority

Operational Lead for Adult Safeguarding, or in their absence a more senior officer or a senior officer within a delegated Council service:

- Immediate actions to ensure adults are adequately safeguarded
- Information shared with those that need to know
- Appointment of a Large Scale Safeguarding Enquiry Chair
- Arrange an initial planning meeting

5. Large Scale S42 Safeguarding Enquiry Initial Meeting



5.1 It is imperative that a meeting be held with all relevant agencies at the earliest opportunity and within five working days of the decision to progress to a Large Scale Safeguarding Enquiry. The purpose of the initial meeting is to decide what action needs to be taken and by whom.

5.2 The core group for Large Scale Safeguarding Enquiry should be:

- Local Authority Adult Service Manager or a senior manager within a delegated Council service where the provider is based (lead local authority)
- Representatives of other funding authorities where care is commissioned from the provider
- Team Manager for Adult Social Care
- Local Authority Adult Safeguarding specialist
- Safeguarding lead for the ICB/ICP
- Hampshire Police
- Care Quality Commission
- Strategic Commissioning Manager
- Continuing Healthcare
- Senior Provider representation e.g. Nominated Individual / Registered Manager/ Directors etc

On a case by case basis, as appropriate other representatives could include:

- Representatives of other commissioners of services
- Legal representative from the Local Authority
- Healthwatch
- Probation
- Advocacy services / IMCA service
- Representative from Children's Services
- Health providers
- Primary Care Network
- Out of Hours GP

5.3 The Chair is responsible for ensuring that partner and provider agencies have an appropriate level of seniority in attendance, and that their attendance at LSSE meetings is consistent. Providers which have services on multiple sites should assign the area/regional manager; smaller providers the registered manager; voluntary sector the chairperson and manager/CEO of the trust or management committee.

6. The Role of the Large Scale S42 Safeguarding Enquiry Chair

6.1 The Chair of the Large Scale Safeguarding Enquiry will be the Local Authority Operational Lead or nominated senior manager in Adult Social Care or Health.

6.2 The key responsibilities of the Chair and/or a delegated lead professional are to:

- Arrange a Large Scale Safeguarding Enquiry meetings as required: frequency of the subsequent meeting to be agreed at the end of each meeting
- Secure essential membership and representation at all Large Scale Safeguarding Enquiry meetings
- Consider the appropriateness and timing of care provider involvement
- Ensure the highest level of confidentiality and appropriate information sharing
- Ensure that there are clear records of decision-making
- Promote best practice multi-agency working
- Ensure relevant stakeholders are updated
- Ensure that the views and wishes of the adults at risk and their families/representatives are considered throughout
- Ensure an overview of actions and outcomes and ensure actions are progressed in a timely manner.

- Share the nature of the concerns with the CQC and invite them to the initial planning meeting
- Communicate with the provider and ensure they are aware of the requirement to produce an action plan
- Ensure police led enquiries are included to ensure best evidence and manage pending investigations
- Ensure that there is an overarching action plan, chronology and risk assessment

7. Engagement with Adults at Risk, Their Relatives and/or Their Representatives

- 7.1 When a decision is taken to proceed to Large Scale Safeguarding Enquiry, the adult(s), and their family/representatives (with consent), should be formally contacted via letter or email to advise that safeguarding concerns have been raised and enquiries are being made. This will be undertaken by the provider and the content of the letter/email agreed with the Large Scale Safeguarding Enquiry Chair before it is sent. Care must be taken at this stage to ensure that any direct contact is based on factual information reflecting the Duty of Candour (Section 81 Care Act 2014) (Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).
- 7.3 If an adult at risk is funded by another local authority agreement should be sought as to who will contact family/representatives with the funding authority.
- 7.2 Initial contact must be made as soon as possible after the decision to proceed with a Large Scale Safeguarding Enquiry has been made and include agreed points of contact for further information. This will usually include details for the provider and the Chair of the Large Scale Safeguarding Enquiry. Records of contacts must be made by the provider adhering to data protection policy and procedures. Copies of any written correspondence are shared with the Large Scale Safeguarding Enquiry Chair.
- 7.4 For the adult at risk who has mental capacity, their consent should be sought and recorded regarding what information can be shared with relatives/representatives, or Care Act Advocate.
- 7.5 If the adult at risk lacks capacity to consent to the sharing of information and has no Lasting Power of Attorney or Deputyship for Personal Welfare, then a Best Interests

decision should be reached regarding who is the most appropriate representative to be contacted. This could be for example a family member, friend or IMCA service.

8. Referrer/Whistle Blower

8.1 Consideration should be given to how the person making any initial referral is involved in the enquiries. This will vary depending on the circumstances of the case. However, in all cases the Core Group should ensure that the referrer as far as possible, having regard for confidentiality, receives feedback about the progress of the Large Scale Safeguarding Enquiry.

8.2 All agencies involved should refer to their own Whistle Blowing Policy and Procedures. Where a concern is raised by a whistle-blower, the person receiving the concerns should ensure that the whistle-blower has followed their own organisations whistleblowing procedures. Information should be obtained from the whistle-blower as to whether they want their anonymity maintained. Although all efforts should be made to ensure this, they must be advised that this cannot always be guaranteed. Where a whistle-blower does not wish to leave their contact details it is vital wherever possible that as much detailed information is obtained in relation to any specific service users or incidents to support an investigation to take place. Further information for whistle-blowers can be obtained from the following websites:

Public Concern at Work: [Protect - Speak up stop harm - Whistleblowing Homepage](#)

This is an independent Whistle Blowing Charity.

NHS Employers: [NHS Employers](#)

This provides a Whistle Blowing Help Line for NHS and Social Care Staff and was launched in January 2012.

Care Quality Commission: <http://www.cqc.org.uk>

This provides whistleblowing guidance for providers who are registered with CQC and guidance for raising a concern with CQC.

9. The Role of the Provider

9.1 Clear information must be given to the provider regarding the nature, reasons for, and timescales of Large Scale Safeguarding Enquiry and individual S42 enquiries along with realistic outcomes, including their responsibilities.

- 9.2 Partnership working with the provider is crucial. This includes (but is not limited to) working with the provider in ensuring information is provided regarding individual adults at risk in respect of their names, the authority funding their placement or if they are self-funding, the adult's representative and/or their next of kin.
- 9.3 Any support/assistance necessary in undertaking any individual enquiries.
- 9.4 Assist in the Large Scale Safeguarding Enquiry through the provision of written reports, any findings and recommended actions.
- 9.5 To provide, if requested, a detailed action plan, including milestones and review dates, setting out how service deficiencies will be mitigated. Any action plan should capture the requirements of the council, ICB and Care Quality Commission to avoid duplication and multiple plans.
- 9.6 Provide appropriate representation at Large Scale Safeguarding Enquiry meetings.
- 9.7 Ensure adherence to any agreement made during the Large Scale Safeguarding Enquiry process including those relating to embargoes and responsibilities for ensuring that the individual, and other stakeholders are kept informed of any organisational safeguarding proceedings taking place.
- 9.8 Where there are concerns of provider failure, this should include details of the support that the provider is delivering. If the Large Scale Safeguarding Enquiry identifies that there is a risk of provider failure this information must be shared with the Lead Commissioner immediately. The Local Authority will implement their provider failure policy to ensure that there is effective management of this identified risk.
- 9.9 A decision could be considered by a funding authority to cease commissioning from the provider.
- 9.10 CQC have the responsibility to follow their own processes in relation to registration.
- 9.11 Any emergency action may be taken by the local authority in line with their commissioning and contract monitoring framework.

- 9.12 While appropriate and co-operative behaviour by the provider is expected, it may not always be appropriate to delegate an enquiry to the provider. This will be discussed at the Large Scale Safeguarding Enquiry planning meeting. However, due regard will be given to the provider's own mechanisms, such as disciplinary procedures, and how any intention to deploy these relates to the safeguarding concerns and aligns to any pre-existing action plans.

10. Purpose of the Initial Meeting

10.1 Planning and Operational Decisions

- Determine whether to progress with the Large Scale Safeguarding Enquiry
- Act to ensure the safety of all adults at risk - this may include taking action to suspend or relocate staff
- Consider the need for alternative accommodation or care provision for any Adults who may require this. Cross-referencing the provider failure policy if relevant.
- Whether any criminal offences are identified and whether any criminal investigations are being progressed
- Whether there are any open coroner cases
- Co-ordinate the Enquiry Action Plan - who has overall responsibility for co-ordination.
- The Provider must create an action plan to address all areas of concern
- Set out the roles and responsibilities of each organisation and individuals involved, ensuring that all are aware of how their contribution to the enquiry fits into the overall multi-agency process and any other concurrent processes.
- Challenge partners where necessary. Where they are or appear to be unwilling to actively participate in the enquiry, escalate the concern within a partner's own organisation as detailed in the Multi-Agency Safeguarding Adults Policy and Procedures
- Consider the support needed by staff throughout the enquiry process
- Ensure that actions and outcomes are fed into any individual S42 enquiry plans for adults at risk
- Set timescales and framework for ensuring all actions are completed
- Consideration if criteria for Safeguarding Adults Review has been met
- What steps are to be taken to assure the Adult's safety in future
- The provision of any support, treatment or therapy including on-going advocacy

- how best to support the Adult through any action they take to seek justice or redress;

10.2 Good practice / principles

- Due regard needs to be given as to whether the individuals can give valid and informed consent as part of the Large Scale Safeguarding Enquiry process, or whether the principles of the Mental Capacity Act needs to be applied
- Information sharing and information governance requirements (referring to each organisation's policy and procedures)
- The need to involve independent advocacy as determined under The Care Act (2014) Care and Support Statutory Guidance 2016 (section 7:93) or an Independent Mental Capacity Advocate (IMCA) - The Mental Capacity Act Code of Practice (chapter 10) or an Independent Mental Health Advocate if they are subject to The Mental Health Act 2007 (section 30)
- How to support the adults at risk and their family/carers/representatives through the enquiry process, in line with the principles of Making Safeguarding Personal
- Proportionate intervention with the least intrusive response appropriate to the risks presented
- Ensure transparency and clear lines of accountability in the conduct of the enquiry

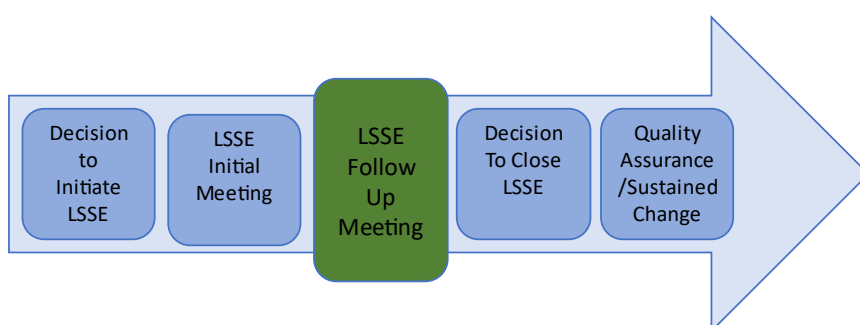
10.3 Communication

- Consider the need for an overall communications strategy, including potential media contact
- Share information with other organisations that may need to be involved or kept informed; for example, commissioners from different geographical areas
- Share information with the Adults who receive a service, their families and their representatives.
- Consider who needs to be notified of the enquiry within the Local authority, including legal services, elected members, communications departments
- To act as a conduit of communications for all partner agencies at a local and national level
- Communication with the Nominated Individual for the Provider and Registered Manager

10.4 Outcomes/planning

- How to request and receive reports and information
- identify further areas for improvement and develop action plans as appropriate
- Monitoring of progress, and the safety and well-being of adults
- Whether the nature of the concerns meet the criteria for referral for a Safeguarding Adults Review (SAR)
- Ensure that actions and outcomes are fed into the S42 enquiry plans for individual adults at risk
- Determine the need for follow up meetings
- Planning and coordination of any police investigations

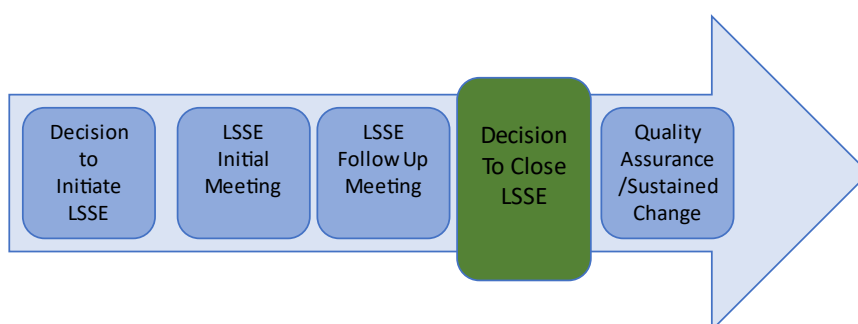
11. Follow Up Meetings



11.1 One or more follow up Meetings will continue to be held until it can be agreed that there is sufficient evidence to demonstrate that concerns have been addressed.

11.2 Follow up meetings will adhere to the same process and principles as initial meetings.

12. Large Scale S42 Safeguarding Enquiry Closure



12.1 Large Scale Safeguarding Enquiry safeguarding procedures will be closed when there is sufficient evidence demonstrating concerns have been addressed and sustained care quality improvements have been made. Any disputes over the decision to close should follow the 4LSAB Escalation Policy.

12.2 The final meeting should include the following points:

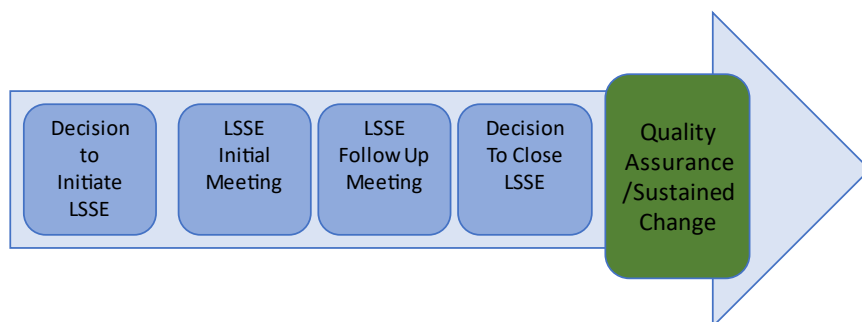
- Lessons learnt and 'best practice' identified should be identified and disseminated as appropriate
- Further consideration if criteria for Safeguarding Adults Review has been met
- Discussion of how quality assurance will be achieved going forwards
- Assurances made that service users, families and staff can raise concerns if needed
- Confirmation of commissioning and placement status
- Feedback to the Adult or representative on the outcome of the LSSE and gain their feedback on the process.

12.3 Following closure of the Large Scale Safeguarding Enquiry these additional actions are required:

- A letter sent, by the Chair of the Large Scale Safeguarding Enquiry, to all affected individuals, their family members and agencies informing them of the outcomes and closure of the Large Scale Safeguarding Enquiry and process for raising any further concerns.
- A letter is sent from the Chair to other commissioning authorities informing them of the closure.
- A letter is sent to the service provider from the Chair informing them the Large Scale Safeguarding Enquiry process has been closed.

NB – the local authority retains responsibility and accountability where it has 'caused enquiries' to be made until all necessary action has been taken to resolve the risks. The decision to end a Large Scale Safeguarding Enquiry should be made by the Local Authority Operational Lead in consultation with core partners.

13. Quality Assurance/Sustainability of Change



13.1 Throughout the whole of the LSSE process, the aim is to embed sustainable change to improve the quality of the service provision. Quality assurance following closure of the LSSE will be required from the provider organisation to demonstrate this, alongside monitoring from the Local Authority and Commissioners. Each Local Authority and partners will have their own mechanisms for this.

13.2 Any learning identified is to be shared as required with partner agencies. Learning could include quality of care issues as well as learning about the LSSE process. Feedback should be sought from all partners as well as the adults and their families/carers or advocates.

14. Recording of Minutes and Storage of Documentation

14.1 All LSSE meetings will be minuted or digitally recorded. Minutes and actions will be circulated in draft format and agreed at subsequent meetings.

14.2 Minutes and documentation must be kept securely by all parties.

15. Associated Documents

[Care Act 2014](#)

[Care and Support Statutory Guidance](#)

[4LSAB Multi-Agency Safeguarding Adults Policy and Guidance](#)

[Multi-agency framework to support decision making in relation to adult safeguarding concerns](#)

[4LSAB Multi-Agency Framework for Managing Allegations Against People in a Position of Trust](#)

[4LSAB Multi-Agency Escalation Protocol](#)

[4LSAB Multi-Agency Guidance on Safeguarding Adults in Commissioned Services](#)

Appendix 1 Organisational Abuse

Abuse and neglect may take the form of isolated incidents of poor or unsatisfactory practice, at one end of the spectrum, through to pervasive ill treatment and gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems. Organisational abuse is the mistreatment of people brought about by poor or inadequate care or support, or systematic poor practice that affects the whole care setting. It occurs when the individual's wishes and needs are sacrificed for the needs of the staff, managers, the group, service or organisation.

Why does it happen?

Organisational abuse is more likely to occur where staff are:

- Inadequately trained
- Poorly supervised
- Compassion fatigued
- Task focussed
- Not supported by management
- Have poor communication skills
- Bullied
- Fear reprisals if they report concerns
- Part of a 'closed' culture, for example a care setting where new ideas, whistleblowing is not encouraged, visitors, or other professional involvement is discouraged.

Organisational abuse can involve more than one person causing the harm or risk of harm and there might also be a number of people experiencing the same abuse or neglect.

Further information about Organisational Abuse can be found in the 4LSAB Safeguarding Concerns Guidance:

[4LSAB Safeguarding Concerns](#)

Organisational abuse

Is it a safeguarding concern? Note: this decision support tool is a guide showing limited illustrations of types or categories of abuse and neglect and should be used just as additional guidance to help you when making a professional judgment about raising a safeguarding concern. If you are still in any doubt, consult with the local authority.

In the short term, service users not given sufficient voice or involved in the running of the service.	One off incident of low staffing due to unpredictable circumstances, despite management efforts to address. No harm caused.	Service design where groups of service users living together are inappropriate but where commissioners and providers are working together to address the issues.	Policies and Procedures not up to date, but no evidence of risks to service users.	PROBABLY NOT A SAFEGUARDING CONCERN
Repeated denial of individuality and opportunities for service users to make informed choices and take responsible risks.	Care planning documentation for multiple service users not person centred.	Denying adult access to professional support and services, such as advocacy. Poor, ill-informed, or outmoded care practice. No significant harm.	More than one incident of low staffing levels, no contingencies in place. No harm caused.	REPORT AS A SAFEGUARDING CONCERN
Rigid or inflexible care and support routines.	Service user's dignity is undermined, e.g. lack of privacy during support with intimate care needs, shared clothing, underclothing, dentures etc.	Inappropriate or incomplete DNAR for multiple service users.	Single incident of low staffing resulting in harm to more than one adult.	
Ill-treatment or wilful neglect of multiple service users.	Repeated failure to report, monitor or improve poor care practices.	Failure to support multiple service users' access to health and/or care treatments.	Punitive responses to challenging behaviour.	

Staff misusing their position if power over service users.	Over-medication and/or inappropriate restraint used to manage behaviour of multiple service users.	Repeated concerns about system and process failures that put adults at risk.	Low staffing levels which result in serious injury to more than one adult (corporate manslaughter).	
Failure to whistle blow on serious issues when internal procedures to highlight issues are exhausted.	Repeated incidents of low staffing resulting in harm to one or more persons.	Widespread, consistent ill treatment of multiple service users.		

Appendix 2 Example Template Agenda

NAME OF PROVIDER:

DATE:

VENUE:

1. Welcome, introduction, apologies, role of attendees
2. Confidentiality statement and rules around information sharing
3. Purpose of the meeting
4. Nature of the safeguarding concerns
4. Background information of the service to include:
 - Registration status
 - Occupancy
 - Staffing / Registered Manager.
5. Previous safeguarding history and current concerns/issues to include:
 - CQC status
 - Contracts and Commissioning status
 - Police view if appropriate
 - Concerns identified by other health and social care professionals (arising from engagement, involvement or reviews)
 - History of complaints / positive aspects of the service
 - Business continuity if there are concerns around market failure or service closure.
6. Feedback from the Provider
7. Overview of adults at risk
 - Views of adults/relatives or their representatives
 - Advocacy arrangements
 - Legal status (where appropriate)
 - Funded placements
 - Out of area placements
 - Self-funders
 - FNC/CHC.
8. Legal framework
9. Any other information sharing by professionals
10. Agree communication to Provider to advice of outcomes
11. Agree communication strategy
12. Agree date for further LSSE Strategy Meeting and representatives that need to attend.

Appendix 3 Glossary of Abbreviations

4LSAB - The Portsmouth, Southampton, Hampshire and Isle of Wight Safeguarding Adults Boards.

CEO - Chief Executive Officer

CQC - Care Quality Commission. The independent regulator of all health and social care services in England.

ICB - Integrated Care Board. Brings together the NHS organisations, councils and wider partners in a defined geographical area to deliver joined up approaches to improving health and care outcomes.

IMCA - Independent Mental Capacity Advocate. The IMCA role is to support and represent the person in the decision-making process when they do not have the mental capacity to make the decision.

LSSE - Large Scale Safeguarding Enquiry

MARM - Multi-Agency Risk Management Framework

NHS - National Health Service

PIPOT - Persons in a Position of Trust

S42 enquiry - Section 42 of the Care Act 2014 requires that local authorities must make enquiries (or cause others to do so) if it believes an adult is experiencing, or is at risk of, abuse or neglect.

SAR - Safeguarding Adults Review. A multi-agency review process which Safeguarding Adults Boards must carry out to identify learning when an adult at risk dies or is seriously harmed as a result of abuse or neglect, and there are concerns about the way in which organisations worked together to safeguard the adult.