

Safeguarding

Indicative score:

3 - Evidence shows a good standard

What people expect:

"I feel safe and am supported to understand and manage any risks."

The local authority commitment:

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

The Safeguarding Adults Board Strategy clearly set out the identified risks for the area and had work streams that were monitored to ensure action was being taken to address the risks effectively. Information about safeguarding and how to make a referral to the safeguarding team was available on the local authority website, including specific information for unpaid carers. All the frontline staff we spoke with had a focus on safeguarding and ensuring that risks for people were reduced in line with their right to make their own decisions. All staff were confident in the safeguarding policies and processes.

National data shows that the local authority is in line with the national average in the numbers of people who received a service, and unpaid carers reporting that the service they received makes them feel safe.

The local authority was clear in its adherence to the Care Act definition of safeguarding and section 42 enquiries. A s42 enquiry is where the local authority believes that someone is at risk of harm or abuse and therefore further enquiries need to be made. The local authority's own audits of safeguarding referrals and subsequent action taken show that it had met its Care Act responsibilities in terms of safeguarding. The most recent internal audit also showed that 96% of people who were subject to a safeguarding enquiry reported satisfaction with the way in which it was carried out and the outcomes.

All safeguarding referrals went to the safeguarding team where they were triaged. Decisions were made at that point as to whether the referral would proceed to a s42 enquiry and if so, who should carry that out. If it did not meet the criteria for the enquiry, then a decision was made as to who should be responsible for further discussion about the issue. The out-of-hours duty team consists of Approved Mental Health Professionals (AMHPs) who were responsible for reviewing the s42 responses carried out by regulated providers. The overall oversight of these enquiries remained with the safeguarding officer.

There was guidance available for partner agencies regarding what the Care Act criteria was for a safeguarding referral and s42 enquiry and the local authority had carried out learning sessions with partner organisations. However, these were not well understood by all partner organisations, which could lead to differences of opinion about whether safeguarding concerns had been dealt with appropriately.

Learning from safeguarding enquiries as well as Safeguarding Adult Reviews was collated and shared with front line teams.

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