



# Investigating Institutional Abuse, Supplementary Guidance

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Author/Originator of title:	Policy, Protocols and Procedures Sub-group
Sub-group Chair:	Kieron Smith, Leeds Safeguarding Adult Partnership Support Unit
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## 1. What Is Institutional Abuse?

Not all abuse that occurs within the context of a care service will be institutional, often it will not. Incidents between service users or actions of individual members of staff may occur without any failings on the part of the organisation. However, sometimes institutional abuse does occur. Identifying, investigating and managing institutional abuse raises particular challenges and this guidance has been produced to assist with this process.

Institutional abuse refers to those incidents of abuse that derive, to a significant extent, inadvertently or otherwise, from an organisation's practice, culture, policies and or procedures. There is no universally accepted single definition of Institutional Abuse, however the following descriptions should be considered instructive:

Institutional abuse includes individual acts or omissions and managerial failings in which the regime of the institution itself may be abusive (Royal College of Psychiatrists).

Institutional abuse... features poor care standards, lack of responses to complex needs, rigid routines, inadequate staffing and an insufficient knowledge base within the service (No Secrets 2000, p.12).

Institutional abuse occurs when the rituals and routines of a service result in the lifestyles and needs of individuals being sacrificed in favour of the needs of the institution (Commission for Healthcare Audit and Inspection 2007).

Neglect and poor professional practice... may take the form of isolated incidents of poor or unsatisfactory practice, at the one end of the spectrum through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems and this is sometimes referred to as institutional abuse (No Secrets 2000, p.10).

Institutional abuse can occur within any service provision setting, it may include domiciliary care, residential and nursing homes, hospitals, day centres, sheltered housing schemes, group or supported housing projects. Institutional abuse is often associated with a number of adults at risk being abused however this is not a necessary condition. Institutional abuse can occur where an allegation/concern relates to a single adult at risk.

## 2. Identifying Institutional Abuse

Although there is no single universal definition of institutional abuse, the consideration of three key questions will inform decision making as to the presence of institutional abuse. The decision about the occurrence of institutional abuse will need to be professional judgement, based upon all the circumstances. The Safeguarding Adult Partnership Procedures should be followed where institutional abuse is indicated.

### Considerations In Determining Whether Institutional Abuse is occurring.

1. Is the incident of a *type* to indicate institutional abuse?
2. Is the incident of a *nature* to indicate institutional abuse?
3. Is the incident of a *degree* to indicate institutional abuse?

## 2.1 Is the incident of a *type* to indicate institutional abuse?

Institutional abuse occurs within the context of some form of service provision. It is the root cause of the abuse rather than its form that indicates its presence. Hence, the signs and symptoms of physical, sexual, financial, emotional/psychological and discriminatory abuse will also be relevant in determining whether institutional abuse is present.

However the service provision context of institutional abuse indicates a further range of signs and symptoms that typify institutional abuse:

- Inappropriate or poor care
- Misuse or inappropriate use of medication
- Neglect of service user(s)
- Misuse of restraint or inappropriate restraint methods
- Sensory deprivation e.g. denial of use of spectacles, hearing aid etc
- Lack of respect shown to personal dignity
- Restricted access to toilet or bathing facilities
- Restricted access to appropriate medical or social care
- Lack of flexibility and choice e.g. mealtimes and bedtimes, choice of food
- Lack of personal clothing or possessions
- Denial of visitors or phone calls
- Lack of privacy
- Lack of adequate procedures e.g. for medication, financial management
- Controlling relationships between staff and service users
- Poor professional practice
- High number of complaints, accidents or incidents
- An unauthorised Deprivation of Liberty (see Appendix C)
- Non-adherence to the Mental Capacity Act

Please refer also to the Section: Safeguarding Stage: Prevention on Page 5. Some of the early indicators listed in this section, where they are of a degree, may also constitute actual indicators of institutional abuse.

**NB:** Any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

## 2.2 Is the incident of a *nature* to indicate institutional abuse?

Institutional abuse may take a number of forms and be indicated by a range of signs and symptoms. However, institutional abuse is also defined by certain characteristics.

- It is **widespread** within the setting (e.g. the abusive practice is not confined to the practice of a single staff member)
- It is evidenced by **repeated** instances of poor care/professional practice
- It is generally **accepted** – it is not seen as poor practice
- It is **sanctioned** – it is encouraged or condoned by line managers
- There is an **absence of effective monitoring or management oversight** by managers has allowed the practice to have occurred.
- There are **environmental factors** (e.g. unsuitable buildings, lack of equipment, many temporary staff) that adversely affect the quality of care
- It is **systemic** e.g. factors such as a lack of training, poor operational procedures, poor supervision and management all significantly contribute to the development of institutionally abusive practice

**NB:** Institutional Abuse may also be indicated by a number of adversely affected service users. However, institutional abuse may also occur in relation to a single service user.

It is not necessary for each of these characteristics to be present. However, the presence of one or more characteristic increases the likelihood that institutional abuse is taking place.

### **2.3 Is the incident of a *degree* to indicate institutional abuse?**

No Secrets (2000) recognises the need for assessment and judgement in determining when poor practice becomes a safeguarding adult issue.

Neglect and poor professional practice... may take the form of isolated incidents of poor or unsatisfactory practice, at the one end of the spectrum through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems and this is sometimes referred to as institutional abuse (No Secrets 2000:10)

Where a person experiences harm (or is placed at a risk of harm) as a result of institutional practices, then abuse or neglect will be indicated

Harm is defined within No Secrets (2000) as:

‘ ... includ[ing] not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development’ (No Secrets 2000:09)

## STAGES OF THE SAFEGUARDING PROCESS

### 3. Safeguarding Stage: Prevention

Institutional abuse is often a consequence of an organisation's practice, culture, policies and or procedures. Irrespective of whether the abuse was intended or not, the impact on individuals is particularly powerful.

There is a need for service providers to ward against the potential for institutional abuse occurring. These early indicators highlighted here are not exhaustive, but where identified and acted upon, will reduce the likelihood of institutional abuse occurring. Where some of these early indicators are of a degree, they may also be actual indicators of institutional abuse.

#### A. The behaviours, actions and decisions of managers.

Such early indicators might include signs of:

- Weak, ineffective leadership
- Managers unable to challenge staff practices
- Lack of supervision and staff meetings
- Managers are unsupported within their organisations
- Unprofessional relationships within management team
- Managers who lack knowledge or experience of working with adults at risk
- Services dependent upon bank or agency staff; high staff turnover, staff shortages, high staff sickness
- Managers are not open about their services ability to meet service users needs
- Training needs are not recognised or provided for
- Failure to learn from previous incidents

#### B. The behaviours and actions of staff.

Such early indicators might include signs of:

- Staff lacking knowledge and skills in important areas of practice
- Lack of understanding around restraint and de-escalation
- Staff lack necessary communication skills
- Lack of professional boundaries
- Choice; members of staff saying that a person has choices without thinking about whether the person is able to understand risks and consequences
- Consent; members of staff not understanding how people communicate their consent
- Focus on staff interests rather than service user interests
- Failure to listen and recognise individuals' choices
- Staff not having a clear understanding of important concepts such as choice, capacity, consent, privacy and dignity
- Concerns and incidents are not properly reported and acted upon
- Favouritism or 'scape-goating' of service users

#### C. The behaviours and actions of adults at risk.

Such early indicators might include signs of:

- Individuals behaving differently between care settings or with different members of staff;
- Individuals not developing and flourishing as expected
- Frequent complaints or no complaints
- High numbers of accidents or incidents

#### D. Isolation.

Such early indicators might include signs of:

- Contact with families, friends and professionals not being encouraged
- The organisation becomes 'inward looking', resistant to change, critical of new ideas
- Staff are cut off from information and ideas about best or contemporary practice;
- The staff team are dismissive of criticisms, defensive, feeling they are being unfairly picked upon by external bodies.
- Lack of service user forums

#### E. Service design, placement planning and commissioning.

Such early indicators might include signs of:

- Service users having incompatible needs
- Unhelpful environment to accommodate specific needs
- Needs identified within assessments and care plans are not reviewed
- Service users (and family members) not involved in care planning
- Risk assessments are not undertaken or not updated. Risk taking is not balanced with empowerment.
- Lack of adaptation to changing service user needs.

#### F. Fundamental care and the quality of the environment.

Such early indicators might include signs of:

- Staff issues, funding issues, business issues all start to overshadow service user issues
- Complacency about service provision
- Service provision not monitored/audited
- Organisational performance targets do not include service quality and service user experience
- Service users, family or carers are not involved or consulted in service provision
- Staff/managers feel they know better than commissioners and or regulators
- Limited provision for service users.

#### **4. Safeguarding Stage: Alert**

Process for Alert should be adhered to as detailed in the Leeds Safeguarding Adult Partnership Procedures.

#### **5. Safeguarding Stage: Referral**

The Referral process should be adhered to as detailed in the Leeds Safeguarding Adult Partnership Procedures.

##### **5.1 Whistleblowing - Public Interest Disclose Act 1998**

Sometimes with institutional abuse, it is members of staff working within the organisation that are most aware and most concerned about the practice taking place. However, sometimes in such situations people are concerned about the impact on their employment if they were to report their concerns.

Where these concerns exist, people should refer to their employer's Public Interest Disclosure policy, sometimes called the 'Whistle-blowing policy'. The policy is so named, because provides advice in relation to those circumstances when an employee is protected for reporting concerns.

Where an employer does not have a 'whistle-blowing policy' or the policy is unclear or if further advice is needed. Independent advice can be obtained from 'Public Concern at Work'. Public Concern at Work (PCaW) independent authority on public interest whistle-blowing.

Free Helpline: 020 3117 2520 / 020 7404 6609 (9 am to 6 pm, Monday to Friday)

Email on [helpline@pcaw.co.uk](mailto:helpline@pcaw.co.uk)

Website: [www.pcaw.co.uk/](http://www.pcaw.co.uk/)

## 6. Safeguarding Coordination: Safeguarding Decision

A process of information gathering may be required to determine the appropriate response to a referral. This will assist in establishing:

- Whether the concern/allegation occurs within a service?
- Whether the concern/allegation amounts to poor quality care or abuse?
- Whether the concern/allegation indicates institutionalised abuse?

The decision to investigate under Safeguarding Adult Procedures should take into account the sections:

- Definitions of Institutional Abuse (page 2)
- Identifying Institutional Abuse (page 2)
- Deprivation of Liberty Safeguards (page 26)

The following individuals/departments/organisations may hold information or advice that is pertinent in determining those questions:

- Relevant Contracting Departments
- Care Quality Commission
- Supporting People
- Complaint Departments
- Health and Safety Departments
- Other agencies involved with that service
- Safeguarding Coordinators of other recent/current safeguarding investigations with that service provider
- Line Manager

In deciding whether adult safeguarding guidelines should be used, the Leeds Safeguarding Adult Partnership policy advises that “staff should assume relevance until and unless, information suggests that this is not the case”.

### Investigation Type:

Institutional abuse will always be investigated by either a Type 3 or more commonly a Type 4 Investigation as indicated below:

Type 3:	Serious or complex concerns or allegations in relation to a single adult at risk. The abuse may be of an institutional nature but no other services users are at risk abuse. This may occur where a service user is the sole user of a service or has differing needs to other service users.
Type 4:	Serious or complex concerns or allegations in relation to more than one adult at risk. The abuse may be of an institutional nature and more than one service user is at risk of abuse.

## **7. Safeguarding Coordination: Safeguarding Strategy**

### **7.1 Strategy Meeting/Discussion:**

The role, purpose and management of Strategy Meetings/Discussions and Strategy Review meetings are detailed within the Leeds Safeguarding Adult Partnership procedures ([www.leedssafeguardingadult.org.uk](http://www.leedssafeguardingadult.org.uk)).

Institutional abuse will need to be investigated as either a Type 3 or Type 4 investigation.

It will be necessary to hold a Strategy Meeting/Discussion in order to plan the investigation and devise an appropriate interim protection plan.

Appendices A & B provide additional guidance in respect to invitees, their role, and how meetings should be managed.

### **7.2 Determination of Safeguarding Coordination Role**

1. There should only be one safeguarding coordinator for each institutional abuse investigation. This enables one person to have oversight of all the investigative strands and protective measures required and to coordinate these effectively.
2. Inter-agency local agreements determine which agency will fulfil the safeguarding coordination role in each given circumstance.
3. Institutional abuse may involve service users placed by non-Leeds commissioning authorities. ADSS: Protocol for Inter-Authority Investigation of Vulnerable Adults Abuse provides the guiding principles for determining Safeguarding Coordination responsibilities between local authority areas.
  - The area where the abuse occurs will have the responsibility to coordinate any investigations of institutional abuse.
  - However, the placing/commissioning authority will have a continuing duty of care to the adult at risk. Although the guidance refers to local authority agreements, this continuing duty of care applies equally to health commissioners.

The full guidance can be located at: [www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk)

4. Where institutional abuse is alleged within an agency that also holds a safeguarding coordination role, their commissioning body (where applicable) and Care Quality Commission should be advised accordingly.

Where indicated by perceived or actual risks of partiality, partner agencies could be requested to fulfil the role of safeguarding coordinator or investigator, or an independent authority commissioned to fulfil such roles.

### 7.3 Additional Considerations: Media Interest:

Agencies should not underestimate the level of media interest within institutional abuse investigations. **Under no circumstances should a member of staff give a comment or interview to the press.**

Where media interest is known or anticipated each agency should refer to their relevant internal policy or notify/seek advice from their relevant department/advisor as follows.

These details are listed below for certain statutory agencies:

Statutory Agencies	Advice in relation to media interest
Adult Social Care	<p>In the case of Adult Social Care, the Director's office should be notified (via <a href="mailto:Shirley.johnson@leeds.gov.uk">Shirley.johnson@leeds.gov.uk</a>).</p> <p>All direct approaches from the media should be referred to the Council's Media Unit 0113 247 4713.</p>
NHS Leeds Community Healthcare	Media interest should be reported to Gillian Neild - Communications Manager (Contact via the switchboard 0113 2220 8500), or 'out of hours' contact the Director on Call
Leeds Partnership Foundation Trust	<p>All direct approaches by the media regarding safeguarding concerns should be directed to Gary Bouch, LPFT Communications Team (<a href="mailto:gary.bouch@leedspft.nhs.uk">gary.bouch@leedspft.nhs.uk</a>)</p> <p>Michelle Moran, Director of Care Services should also be notified and copied into any correspondence regarding media inquiries (<a href="mailto:michele.moran@leedspft.nhs.uk">michele.moran@leedspft.nhs.uk</a>)</p>
Leeds Teaching Hospital Trust	<p>Advice and media interest concerns should be reported to the LTHT Marketing and Communications Team</p> <p>Refer to the LTHT Internal website for further guidance - <a href="http://lthweb/sites/marketing-and-communications">http://lthweb/sites/marketing-and-communications</a></p>

## 7.4 Investigation Strategy

This section details supplementary guidance to the Leeds Safeguarding Adult Partnership Procedures.

Where institutional abuse is indicated or suspected, it is helpful to consider each of three investigative strands. Collectively, these strands address risks to specific individuals, risk to service users generally, and any elements of an organisation that are contributing to these risks.

- Investigation Plan: Specific Individuals
  - Investigation into the concerns/allegations relating to particular individuals.
  - Identifying any service deficits that may contribute to the occurrence of these concerns/allegations
- Investigation Plan: Other Service Users
  - Identifying which, if any, other service users are at risk
  - Service user reviews – where the need is indicated.

Service Users Reviews can be considered a protective measure, as their purpose is to ensure that services user's needs are being met. However, they also form part of the investigative process as they will serve to identify risks to service uses, deficits in service provision and potentially, incidents of abuse. Findings from service user reviews should inform any ongoing investigation process.

Where placements are commissioned by non-Leeds authorities, responsibility for those service user reviews lie with the commissioning authority who will need to be notified accordingly. Standardised letter in Appendix F can be used to assist with this. However, close liaison with non-Leeds authorities will be required to ensure their findings contribute to the overall investigation process.

Service providers can be asked to provide a list of all service users alongside details of their commissioning authorities where required.

- Investigation Plan: Service Issues

Investigation may need to include an assessment of the service providers systems and processes including:

  - Policy,
  - Procedures,
  - Processes,
  - Culture,
  - Staff Knowledge, Attitudes And Practice,

The investigation strategy may need to be continually adapted in response to information learnt as the investigation progresses.

Service users, their representatives and or friends/family members will hold a wealth of information about the service provided. Even if not directly approached within the planned investigation, people may come forward with additional concerns/allegations.

The Safeguarding Coordinator may wish to convene regular Strategy Review Meetings with just each agency's Investigation Leads, in order to specifically review the investigation process, share findings, coordinate actions and amend investigation plans. Where there are a large and diverse range of investigative issues to be addressed, as may occur in institutional abuse investigations. There may be occasions where there is benefit in using different strategy review meetings to address different aspects of the investigation.

## 7.5 Roles Within The Investigative Process

### **Inset A: Role of Safeguarding Coordinator within investigations**

The role and responsibilities of the Safeguarding Coordinator are defined within the Leeds Safeguarding Adult Partnership procedures.

The role includes defining and coordinating all the various investigative strands within the investigation.

Specific agencies will have a legal framework for their intervention, in particular the Police and Care Quality Commission will within their areas of responsibility have statutory obligations to fulfil. However, each agency has a responsibility to the partnership and the adults at risk in question to work together to ensure the overall needs of an investigation and not just those of a single agency.

### **Inset B: Role of Investigators**

There may be the need for more than one safeguarding investigator, addressing different concerns or allegations. However the scope of each investigators role needs to be decided by the safeguarding coordinator, who will maintain oversight of all the investigations being undertaken. There may be benefit in particular investigators addressing different aspects of the investigation plan.

The Investigator(s) should be proactive in keeping the safeguarding coordinator informed of progress, and findings.

### **Inset C: The Role of the Police within Investigations**

The role of the police is to investigate alleged or actual criminal offences. Investigative actions should be coordinated with the safeguarding coordinator, who should be notified of the lead person with whom to liaise in respect of the investigative process. Police Officers should be proactive in keeping the safeguarding coordinator informed of actions undertaken and their outcome.

### **Inset D: Role of Non-Leeds Commissioning Authorities**

The authority where the abuse occurred should always take the initial lead on the referral and co-ordinate initial information gathering, background checks and ensure a prompt notification to the placing/commissioning authority and other relevant agencies.

- The area where the abuse has occurred will have the responsibility to coordinate an investigation of institutional abuse.
- Non-Leeds Commissioners should be invited to attend strategy meeting/case conferences where the person placed by them has been (allegedly) abused. They could be asked to submit a written report in relation any current or prior

concerns in relation to the service provider.

Any non-Leeds commissioning authority should be asked to nominate a link person for liaison purposes during the investigation.

**Inset E: The Role of Contracting Departments/Authorities within Investigations:**

Contract officers will neither fulfil the role of Safeguarding Coordinator or Investigator within the Safeguarding Adult procedures.

However, a Contracts Officer may need to support the Safeguarding Coordinator/Investigator in obtaining information and will need to assess the service provider's performance relative to their contractual requirements.

Such actions may include, but should not be limited to:

- Obtaining from the service provider all relevant policies and procedures
- Identifying areas where the service provider has not met their contractual requirements.
- Undertaking a review of systems or records.
- Advising on expected standards
- Advising on past service performance issues and agreed actions to address concerns
- Inspecting areas of organisational practice (separately or alongside the Investigating Officer).
- Sharing findings with the safeguarding coordinator/investigating officer

Contract Officers should be proactive in keeping the safeguarding coordinator informed of actions undertaken and their outcome. There should be an identified lead person with whom the safeguarding coordinator can liaise.

**Inset F: The Role of Care Quality Commission within Investigations:**

The Care Quality Commission investigatory powers are established within the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009.

These provide for two kinds of investigations:

- Random Inspections – often unannounced and in respect to a specific issue such as a particular concern, complaint or safeguarding issue
- Thematic inspections – based upon a particular theme, for example medication management or safeguarding.

CQC investigatory powers relate to regulatory standards. With regards to safeguarding the focus will be on Outcome 7, safeguarding and safety (Regulation 11). However, effective safeguarding requires compliance with a whole range of registration requirements as illustrated in the table below:

Section	Outcome	Regulation	Title
Safeguarding and safety	7	11	Safeguarding people who use services from abuse
Safeguarding and safety	9	13	Management of medicines
Safeguarding and safety	10	15	Safety and suitability of premises

Safeguarding and safety	11	16	Safety, availability and suitability of equipment
Suitability of staffing	12	21	Requirements relating to workers
Suitability of staffing	13	22	Staffing
Suitability of staffing	14	23	Supporting workers
Quality and management	17	19	Complaints

'Our Safeguarding Protocol' (CQC 2010) states:

"CQC's function in response to safeguarding concerns is primarily, as a regulator, to ensure that commissioners and providers of care have adequate systems in place to ensure the safety of children, young people and adults whose circumstances make them vulnerable to abuse.

While working in partnership with other agencies, CQC will not suspend its own statutory enforcement responsibilities pending the outcome of another (for example, criminal) process, where to do so would run counter to the safety and well-being of the people who use the service.

Where a safeguarding alert suggests a breach of regulations or the registered person not being fit for the role, we will consider what regulatory action is needed by the Commission and undertake that work in partnership with other agencies"

#### **Inset G: Role of Specialist Expertise Within Investigations**

Sometimes an investigation requires specialist expertise in relation to a specific area of practice. Such expertise may sometimes be available within the partnership but not within a particular agency. Assistance however should be provided between agencies wherever possible in achieving the aims of the Safeguarding Adult Partnership procedures.

This kind of support might include, where agreed appropriate:

- A specialist report for the investigator e.g. a continence nurses' review of how a continence is managed by a service provider; a dieticians review of a provided diet
- Supporting the investigator during specified interviews
- The person with specialist expertise could be interviewed as part of an investigation in respect of their specialist knowledge.

Specialist services should be contacted directly for assistance with any such issues.

### **Inset H: The Role of the Service Provider Within Investigations**

It may not be appropriate for a service provider to be directly involved in undertaking elements of an investigation where institutional abuse is indicated, although their role in supporting the investigation is an important and significant one.

Where the strategy meeting considers that elements of the investigation could be coordinated with the service providers own disciplinary processes or reviews of practice/service, this can occur. It would need to be clearly established that there are no risks to the impartiality of the investigation.

## **7.6 Interim Protection Plan**

### **Elements of the Interim Protection Plan**

Where institutional abuse is indicated, the Strategy Meeting will need to consider whether an interim protection plan is required. The considerations fall into three broad categories. Each category may not be applicable to every investigation.

- Interim Protection Plan Arrangements: Specific Individuals
  - Where specific individuals are identified to have been abused or at risk of being abused, amendments to care plans and service provision may be required to ensure the risk of harm is minimised.
  - An individual risk assessment may be required to ensure that all risks have been addressed and that that actions taken are sufficient to safeguard that individual.
  - Plans should be clear and specific, and should be monitored to ensure they have been implemented and are effective.
- Interim Protection Plan Arrangements: Service User Reviews
  - 'Service user reviews' will not always be required. However, where the nature of the allegation indicates that service users may not be receiving services tailored towards their particular needs, service user reviews may be required to address any such concerns.
  - In some circumstances, it may be that concerns are raised in relation to specific named individuals; in other circumstances it will be necessary to hold full scale reviews of all residents, or a proportion thereof to indicate the need for such a full scale review.
  - Where placements are commissioned by non-Leeds Commissioning authorities, the reviews will need to be undertaken by that commissioning authority. Such commissioning authorities will need to be advised of the reason why Statutory Agencies in Leeds are undertaking reviews, to enable them to decide whether to review their own service users. The 'Other Commissioners Letter' in Appendix F can be used to highlight the need for a review to be considered. However, close liaison with non-Leeds authorities will be required to ensure their findings contribute to the overall investigation and protection process.

- Interim Protection Plan Arrangements: Service Issues

The Safeguarding Coordinator will need to consider what service level actions are required of the service provider in order to ensure adults at risk are safeguarded from harm. This may include:

- Reviews of policies, procedures and protocols
- Review service provision arrangements
- Training needs being addressed by the service provider
- Review staffing numbers and supervision/support arrangements
- Developing staff and service user information

The service level nature of these issues however requires contracting and regulatory authorities to work closely with the safeguarding coordinator in addressing the presenting concerns.

## 7.7 Roles Within Protection Planning

### **Inset I: Interim Protection Plan: Role of Safeguarding Coordinator**

The Safeguarding Coordinator is responsible for compiling the 'interim' multi-agency protection plan, for coordinating actions agreed within the plan, monitoring its overall effectiveness and for adapting the plan according to changes in circumstances, identified needs, as well as the views and wishes of adults at risk.

Each individual agency is responsible for its contributions and adherence to the safeguarding plan and should be proactive in advising the safeguarding coordinator of any emerging risks or difficulties implementing the protection plan.

The Safeguarding Coordinator may convene Strategy Review meetings in relation to the protection planning arrangements as detailed in the Safeguarding Adult Partnership Procedures.

### **Inset J: Interim Protection Plan: Care Quality Commission**

The Care Quality Commission hold particular powers, as set out in the Care Standards Act 2008, and detailed in the CQC: Enforcement Policy in relation to regulated service providers. The powers of the CQC include cautions, warnings, prosecutions and financial penalties to providers that fail to meet required standards. However, its powers include protective measures such as the power to:

- **Impose, Vary or Remove Conditions:** Actions refer to the conditions of the providers registrations, possibly with immediate effect. This may include stopping further admissions.
- **Suspend Registration:** For a specified but extendable period. It will be an offence for the provider to operate during a period of suspension.
- **Cancel Registration:** Where people who use the services are put at such risk, and where care is so unsafe or of such poor quality, that no other action would be appropriate.

Details of CQC Enforcement Policy and Guidance about Compliance can be located at [www.cqc.org.uk](http://www.cqc.org.uk)

### **Inset K: Interim Protection Plan: In-House Service Provider**

In the event that services are provided 'in house' by the safeguarding coordinator's organisation, rather than via a contractual relationship. Where institutional abuse is indicated or suspected a senior manager will need to review the need to suspend additional placements or the service itself pending the investigation outcome.

This could apply to a range of services such as a day centre service, a hospital ward, an in-house home care service, an in-house residential service etc. Actions and decision making should be shared with the Safeguarding Coordinator.

### **Inset L: Interim Protection Plan: Role of Contracting Authorities/Departments**

Where the organisations practice, culture, policies and or procedures are identified as contributing to the occurrence of abuse, contracting authorities/departments have particular responsibilities in relation to securing the necessary changes and improvements.

This includes, but is not limited to:

- Requiring the service provider to evidence that agreed safeguarding systems are in place as agreed through the contract.
- Monitoring, reviewing and or inspecting the service where required in relation to the contracted requirements, helping to ensure the safety of service users pending the outcome of the safeguarding investigation.
- Requiring evidence of improved/agreed practice
- Sharing findings of any such intervention with the Safeguarding Coordinator and Care Quality Commission.
- Considering whether the suspension of placements with the service provider is necessary and appropriate.

Suspension: The decision to suspend placements with the service provider will need to be made in accordance with each partner agency's 'suspension policy'.

### **Inset M: Non-Leeds Commissioning Authorities**

The area where the abuse occurred should always take the initial lead on referral. This may include taking immediate action to protect the adult at risk.

However, the placing/commissioning authority will be responsible for providing support to the adult at risk and planning their future care needs.

This means that:

- The safeguarding coordinator as well as the placing/commissioning authority have responsibilities to 'make safe' the adult at risk
- The safeguarding coordinator is responsible for coordinating protective arrangements in relation to the service provider
- Service user reviews should be carried out by the placing/commissioning authority
- Changes in service provision or service provider for a particular service user is the responsibility of the placing/commissioning authority

The safeguarding coordinator should maintain good communication with other placing/commissioning authorities to ensure that the needs of any individual are not overlooked. This includes prompt notification of the originating concern. Standard letter in Appendix F can be used to supplement this process. The placing/commissioning authority should be asked to nominate a link person for liaison purposes.

Refer to: ADSS: Protocol For Inter-Authority Investigation Of Adult at risk Abuse located at [www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk) for additional guidance

#### **Inset N: Interim Protection Planning: Service Provider's**

Service providers involvement within protection planning is invaluable, they will be able to advise as to potential protective measures and how such measures can be implemented. Service providers will have an understanding of their internal systems and processes and the other demands they are managing. Service providers need to be regarded as partners in this process, identifying problems, solutions and measuring their effectiveness.

## **8. Protection Plan & Review**

### **8.1 Case Conference:**

The role of the Case Conference and the Case Conference Chair is fully defined within the Leeds Safeguarding Adult Partnership procedures ([www.leedsafeguardingadult.org.uk](http://www.leedsafeguardingadult.org.uk)).

Where there are a large and diverse range of issues to be addressed within a case conference, as may occur in institutional abuse investigations. There may be occasions where there is benefit in convening more than one case conference, dealing with different allegations/concerns. Where there are benefits to this, each case conference should have the same chair to enable overview and coordination of both the issues and decision making.

### **8.2 Case Conference Invitations**

The Safeguarding Coordinator will advise the Case Conference Chair of the appropriate invitees to the meeting, who will subsequently convene the Case Conference meeting. Only those invited to attend should do so, where an individual or organisation would like to bring additional representation they should agree this in advance with the Case Conference Chair.

See Appendices A & B for additional guidance in respect to invitees and how attendance and involvement should be managed.

### **8.3 Case Conference Decisions**

The role and purpose of the Case Conference is defined within the Leeds Safeguarding Adults Partnership procedures. In summary, the Case Conference will need to address key issues:

- The Case Conclusion: Whether abuse has occurred, and if so what type.

In reaching a decision about the occurrence of institutional abuse the following guidance can be referred to:

- Definitions of Institutional Abuse
- Identifying Institutional Abuse

The decision reached will need to be taken collectively by the Case Conference meeting based upon the 'balance of probabilities'.

NB: Abuse occurring within a service provision context will often not amount to institutional abuse. The guidance in relation to institutional abuse should be consulted in deciding that abuse of an institutional nature has occurred. It will be necessary for the reasons for the decision to be recorded.

- Consider whether the protection plan needs to be amended or discontinued in light of the case conclusion. The Case Conference Chair is responsible for compiling the multi-agency protection plan with contributions from relevant agencies

The Interim Protection Plan becomes the Protection Plan at this stage, albeit it can be subsequently updated and amended. The factors listed in Sections 7.6 and 7.7 (pages 15-16) in relation to the 'elements of the Interim Protection Plan' apply equally to any Protection Plan developed at this stage.

- Consider whether the Case Conference needs to reconvene in order to consider any additional investigative actions or to review the appropriateness or implementation of the protection plan.

The Case Conference will need to decide how the implementation and effectiveness of 'protective' measures can be measured and by whom. Depending on the circumstances, urgency and or seriousness of any risk, the Case Conference may wish to hold a Case Conference Review in order to satisfy itself that actions have been achieved or that the plan is proving to be effective.

Service Improvement plans: determined either by the Care Quality Commission or a Contracting Authority, are distinct from the protection plan. The Service Improvement plan will detail actions required of the service provider to achieve acceptable and or desired levels of service provision, and will be monitored by the CQC or Contracting Department/Authority accordingly.

Such Service Improvement plans would not ordinarily be reviewed under safeguarding procedures, unless they also include specific elements detailed within the safeguarding protection plan.

**Inset O: Contracting Departments/Authorities: Reviewing Suspension**

The reversal of the decision to suspend placements should be taken in accordance with each partners 'suspension policy'.

**Inset P: In-House Service Provider: Reviewing Suspension**

A senior manager will need to review the need to continue with suspension of a service in light of the required protection arrangements required or in place.

## 9. Case Closure

Where institutional abuse has been investigated, the Safeguarding Coordinator's Line Manager should be consulted prior to closing the safeguarding investigation episode.

The Line Manager should satisfy him/herself that all required safeguarding activities have been undertaken, and that any remaining concerns can be addressed through ongoing contract monitoring/service improvement plans and ongoing care management/service management processes.

## 10. Capturing Learning: Institutional Abuse

Where, during the course of the investigation, lessons have been learnt in relation to practice, procedural or inter-agency working issues. The Safeguarding Coordinator should write a brief overview report highlighting recommendations for future practice. These recommendations should be reported to the Safeguarding Adults Board via the Performance and Quality Sub-Group.

Any such report should focus on areas of development and learning that improves practice and positive inter-agency working.

## 11. Version Control Record

Version	Version or document being superseded	Changes from previous version (record origins of document if new)
2	Version 1 (Jan. 2011) Ratified by Leeds Safeguarding Adult Partnership Board  Version 2 ratified by sub-group 26.1.12; amendments notified to board 14.2.12	Version 1 is amended in accordance with the Leeds Safeguarding Adult Partnership Multi-Agency Policy and Procedures 2012:  Amendments comprise the replacement of references to 'significant harm with 'harm or risk of harm' and replacement of the term 'vulnerable adult' with 'adult at risk'  In addition, a version control system added and a phone number amended. Description of suspension process is replaced by reference to suspension policy. DoLS helpline times amended.

## Appendix A

<b>Invitations To and Management of Strategy/Case Conference Meetings (Professionals)</b>	
<b>Service Provider</b>	<p>In Strategy Meetings service providers have an important role in assisting the meeting to understand allegations, incidents and concerns. They also hold an important role in supporting the investigation process and developing appropriate protection plans. However, when planning an investigation it may be necessary to hold at least part of the meeting without the Service Provider being present, so as to not prejudice the impartiality of any investigation.</p> <p>In Case Conferences the service providers perspective and contribution in relation to the outcome of the investigations, the case conclusion and any ongoing protection planning is invaluable.</p> <p>However, Safeguarding Coordinator will need to consider who the appropriate representative(s) of the service provider should be at the Strategy Meeting/Case Conference. Depending on the size of the organisation, the nature of the allegation, the individuals implicated, the appropriate representative might be the Manager, the Owner, or the Regional/Company Director.</p>
<b>Police</b>	<p>Where a crime has been committed or is suspected a representative of the police should be invited to attend the Strategy Meeting and Case Conference. The police will lead on any criminal investigation required, and need to liaise with other partners regarding the effective coordination of investigative actions.</p>
<b>Contracting Departments</b>	<p>Each Leeds Statutory Partner Agency with a contractual relationship with the service provider should be invited to attend the Strategy Meeting and Case Conference. Each requires of the service provider specified standards of service provision and will have systems in place for monitoring, inspection and for supporting service providers to achieve improved standards. Each has a role in supporting the investigation and protection planning process.</p> <p>Each Leeds Statutory Partner Agency will ordinarily attend Strategy Meeting/Case Conference meetings where institutional abuse is indicated, but should nonetheless receive copies of the minutes in the event they are unable to attend.</p>
<b>Other Commissioning Authorities</b>	<p>Where specific risks are identified to services users placed by other placing/commissioning authorities they should also be invited to attend the Strategy Meeting/Case Conference. To support this process, the service provider can be asked to provide a list of all service users with details of their placing/commissioning authorities.</p> <p>At the time of the referral it will sometimes be clear which service users are at risk and which are not, and this will determine invitations to the</p>

	<p>Strategy Meeting. However, where this is not clear, the strategy meeting will need to consider the issue of who is at risk, in order to determine the nature of any subsequent communications with other commissioning authorities and their attendance/participation in subsequent meetings.</p> <p>The ADSS: Protocol For Inter- Authority Investigation Of Adult at risk Abuse establishes agreements between local authorities, in responding to allegations of abuse or neglect, when the abuse of a service user known to one local authority occurs in the area of another.</p> <p><a href="http://www.leedsafeguardingadult.org.uk">www.leedsafeguardingadult.org.uk</a></p>
<p><b>Care Quality Commission</b></p>	<p>The Care Quality Commission sets, monitors and enforces regulatory standards required of service providers. Where a service provider is regulated by the Care Quality Commission they should always be invited to attend Strategy Meetings and Case Conferences where institutional abuse is indicated.</p> <p>The Care Quality Commission guidance indicates they will actually attend Strategy Meetings where:</p> <ul style="list-style-type: none"> <li>• A person or people registered with CQC to provide services are directly implicated.</li> <li>• Urgent or complex regulatory action is indicated.</li> <li>• Any form of enforcement action has started, which relates to risks to people using the service or their quality of care, is under consideration in relation to the service or location involved.</li> </ul> <p>However, regardless of attendance, the CQC should receive copies of any strategy and case conference meeting minutes</p> <p>CQC will provide relevant information to the chairs of all strategy meetings convened in relation to regulated services as requested. For example, information from CQC about the quality of service and regulatory track record of the provider may be useful to the chair of the meeting in determining the provider's level of involvement in the process.</p> <p>Details of the CQC Safeguarding Protocol ('Our Safeguarding Protocol) can be accessed from <a href="http://www.cqc.org.uk">www.cqc.org.uk</a></p>
<p><b>Legal Advisor</b></p>	<p>Complex investigations may on occasion raise specific legal issues. Where this occurs the Safeguarding Coordinator should seek legal advice from their respective agency in advance of the meeting and or consider inviting legal representation to attend the Strategy Meeting/Case Conference.</p>
<p><b>Senior Representation from Safeguarding Coordinator's Agency</b></p>	<p>Where the investigation concerns:</p> <ul style="list-style-type: none"> <li>• A significant number of adults at risk, or</li> <li>• The possibility that placements with the service may be terminated, or</li> <li>• There are complex legal issues, or</li> </ul>

	<ul style="list-style-type: none"> <li>• Where there are other significant pressures,</li> </ul> <p>The safeguarding coordinator will ordinarily be supported by a senior manager within strategy meetings and case conferences.</p>
<p><b>Specialist Expertise</b></p>	<p>Where an investigation requires specialist expertise in relation to a specific area of practice, a person with said expertise should be invited to the strategy meeting and or case conference.</p> <p>Sometimes, such expertise may be available within the partnership but not within the particular agency. Each agency should be able to call upon the other in ascertaining specialist advice or assistance.</p>

## Appendix B:

### Invitations To and Management of Strategy/Case Conference Meetings (Adults at risk)

Due to the potential number of adults at risk affected by an incident of institutional abuse. There may be particular challenges in managing attendance/participation at Strategy and Case Conference meetings. The following guidance should be considered in response to each set of unique circumstances.

- On some occasions, the nature of concerns will be general. With no specific incident or adult at risk identified, there may not be an identified adult at risk to be invited to the meeting.
- People whose service provision may need to be reviewed or has been reviewed, but have not been identified as being abused will not ordinarily be invited to a strategy meeting or case conference
- On other occasions, a number of adults at risk will have been identified as being abused. Efforts should be undertaken to ensure that such persons are able to contribute to the strategy meetings and case conferences.

Where there are a number of adults at risk. The following strategies may be used to enable participation:

- Often the best response is for each adult at risk to attend part of the meeting in turn, enabling each to be heard, and be part of the process and decision making.
- Where the alleged abuse is broadly similar, and with each parties consent, more than one adult at risk could attend at any one time. Some adults at risk may find this helpful and mutually supportive, however where to do so might prejudice any subsequent investigation this should option should be avoided.
- The Case Conference Chair could meet with the adults at risk in a forum prior to a Case Conference meeting. This would only be appropriate where the adults at risk have similar issues and is arranged with their consent.
- Sometimes more than one Strategy Meeting or Case Conference may be required to consider different issues or themes within the investigation. Where this approach is undertaken it may allow for different adults at risk to attend different meetings.
- Where there are a large number of adults at risk, contributions by some or all may need to be in writing, and assistance given to ensure this is possible.
- Where there are a large number of individuals with similar concerns, an advocate could be asked where appropriate to attend on behalf of the group and represent their views.

The inclusion of all parties throughout the safeguarding process is important. However, this principle will need to be balanced with the following issues:

- Where necessary, in order to preserve the integrity of the safeguarding investigation or reasons of confidentiality, part of the meeting may need to be held without the adult at risk(s) present.
- Attempts to be fully inclusive at a strategy meeting should not unduly delay it being held, as this may have an adverse effect on interim protection plan arrangements and investigative actions.

## Appendix C: Identifying a Deprivation of Liberty

In addition to considering whether an incident indicates institutional abuse. The nature of the concerns may also indicate a deprivation of liberty and advice or a referral in relation to Deprivation of Liberty Safeguards (DoLS) may be required.

### What are Deprivation of Liberty Safeguards (DoLS)?

The Mental Capacity Act allows for adults lacking mental capacity to receive the care and treatment that they require when they are residents in care homes or hospitals, even if this requires some restriction on their freedom.

When these restrictions go beyond those for which the Mental Capacity Act provides protection special safeguards need to be considered to ensure that the patient's rights and freedoms are protected. These safeguards are called Deprivation of Liberty Safeguards (DoLS).

The difference between deprivation of liberty and restriction upon liberty is one of degree or intensity. It may therefore be helpful to envisage a scale, which moves from 'restraint' or 'restriction' to 'deprivation of liberty'.

Where an individual is on the scale will depend on the concrete circumstances of the individual and may change over time. The following circumstances are likely to indicate a deprivation of liberty:

- Restraint is used, including sedation, to admit a person to an institution where that person is resisting admission.
- Staff exercise complete and effective control over the care and movement of a person for a significant period.
- Staff exercise control over assessments, treatment, contacts and residence.
- A decision has been taken by the institution that the person will not be released into the care of others, or permitted to live elsewhere, unless the staff in the institution consider it appropriate.
- A request by carers for a person to be discharged to their care is refused.
- The person is unable to maintain social contacts because of restrictions placed on their access to other people.
- The person loses autonomy because they are under continuous supervision and control.

In the vast majority of cases, it should be possible to plan in advance so that a standard authorisation can be obtained before the deprivation of liberty begins. There may, however, be some exceptional cases where the need for deprivation of liberty is so urgent that it is in the best interests of the person for it to begin while the application is being considered. In that case the care home or hospital should issue an urgent authorisation (which lasts up to 7 days) whilst a standard authorisation is considered by the supervisory body (either NHS Leeds or Adult Social Care).

In the event that a care home or hospital realises that it has deprived someone of their liberty without applying for deprivation of liberty safeguards, it must:

- Alter the way services are provided such that the deprivation of liberty is no longer occurring; or

- Apply for Deprivation of Liberty Safeguards authorisation.

In the event that any other person (this may be a friend or family member, a social worker, a nurse, an advocate or any other professional) identifies that a hospital or care home has or may have deprived a person of their liberty without applying for authorisation, they should:

- Formally advise the care home or hospital of the possible deprivation of liberty.
- If the care home or hospital does not bring the deprivation of liberty to an end or apply for Deprivation of Liberty Safeguards authorisation within a reasonable period (normally considered to be 24hours), the concerned person should formally notify the supervisory body (either NHS Leeds or Adult Social Care). The supervisory body can then arrange an assessment to determine if a deprivation of liberty is occurring.

If any person needs advice as to whether a deprivation of liberty occurring, or advice as to how or to whom they raise their concerns, they can telephone the Leeds Deprivation of Liberty Safeguards Helpline: (0113) 2952347 (Monday to Thursday 09.00 – 17:00; Friday 09:00 – 16:30)

When addressing safeguarding referrals that involve restrictive practices by a care home or hospital, consideration should be given as to whether the restrictions amount to a deprivation of liberty and the need for a DoLS authorisation process. Similarly, in addressing applications for a DoLS, consideration should be given as to whether a safeguarding adult referral is also required.

For more detailed explanation and guidance in relation to Deprivation of Liberty Safeguards, refer to the Deprivation of Liberty Safeguards: Code of Practice and other guidance on the Department of Health website: [www.dh.gov.uk](http://www.dh.gov.uk) and or [www.safeguardingadults.org.uk](http://www.safeguardingadults.org.uk)

## Appendix D

### RELATIVES LETTER REVIEWS OF NEEDS/SERVICE PROVISION

#### **Full Postal Address**

*Direct Line:*

*Fax:*

*Email:*

*Our Ref:*

*Date:*

<Title. Name >  
<Address\_Line\_1>  
<Address\_Line\_2>  
<Address\_Line\_3>  
<Town>>  
<Postcode>>

Dear <Title. Name>

**Re: <Name\_of\_Home>,**

I am writing to inform you that due to a number of concerns relating to the care provided at the <Name\_of\_Home>, <Leeds Adult Social Care/NHS Leeds>, have temporarily stopped making any further placements at the home.

<Leeds Adult Social Care/NHS Leeds>, and the Care Quality Commission are monitoring the situation and plans are in place to assess residents in the home to ensure that their individual care needs are being appropriately met.

If you have any questions relating to the above or to someone who is placed at the <Name\_of\_Home>, please contact < Name>, <Title> (allocated social worker/reviewing officer or safeguarding coordinator) <phone number>.

Please be assured we are working together with <Name\_of\_Home> to address the concerns raised.

**Yours sincerely**

**<Name > (Safeguarding Coordinator)**  
**<Position>**

## Appendix E

### SERVICE USERS LETTER: REVIEWS OF NEEDS/SERVICE PROVISION

#### **Full Postal Address**

*Direct Line:*

*Fax:*

*Email:*

*Our Ref:*

*Date:*

<Title. Name >  
<Address\_Line\_1>  
<Address\_Line\_2>  
<Address\_Line\_3>  
<Town>>  
<Postcode>>

Dear <Title. Name>

**Re: <Name\_of\_Home>,**

I am writing to inform you that due to a number of concerns relating to the care provided by *Name\_of\_Service Provider*, <Leeds Adult Social Care/NHS Leeds> have stopped making any further placements at the home.

<Leeds Adult Social Care/NHS Leeds> and the Care Quality Commission are monitoring the situation and plans are in place to assess residents placed in the home to ensure that their individual care needs are being appropriately met.

<Named worker > will be in touch with you shortly in order to review with you how your care needs are being met.

If you have any questions relating to the above please contact <Name, Title (allocated social worker/reviewing officer or safeguarding coordinator)>; <phone number>.

Please be assured we are working together with <Name\_of\_Service Provider> to address the concerns raised.

**Yours sincerely**

<Name > (Safeguarding Coordinator)  
<Position>

## Appendix F

### OTHER COMMISSIONERS LETTER

#### **Full Postal Address**

*Direct Line:*

*Fax:*

*Email:*

*Our Ref:*

*Date:*

Title. Name  
Address\_Line  
Address\_Line  
Address\_Line  
Town  
Postcode

**Dear Title. Name**

**Re: Name(s). Date of Birth:**

We are currently undertaking a Safeguarding Investigation with regard to *Name\_Service\_Provider*.

As a consequence we are currently undertaking reviews of <some or all> service users commissioned by <Leeds Adult Social Care/NHS Leeds>, and invite you to satisfy yourself that:

- The needs of above named individuals are being adequately and safely provided for within the current service provision.
- Relatives or advocates are appropriately informed of any such review and its outcome.
- That all appropriate representatives of <commissioning authority > are informed of these circumstances.

I would be grateful if you could advise me of a liaison person for the purposes of:

- Sharing outcomes in relation to any such review(s) undertaken
- Invitation to any Strategy Meeting and Case Conference and/or submission of written reports for these purposes

Should you need to discuss the contents of this notification, please do not hesitate to contact me on <phone number>

Yours sincerely

**<Name > (Safeguarding Coordinator)**  
<Position

## Appendix G: Useful Telephone Numbers:

<b>Adult Social Care: Contracts Department:</b>		
Home Care	Contact Person: Maggie King	0113 2477 972
Residential and Nursing Care	Contact Person: Tony Hockney	0113 2243 417
Learning Disabilities	Contact Person: Linda Woodbine	0113 24 78923
<b>NHS Leeds: Continuing Health Care</b>		
Brian Ladd	Contact Person: Brian Ladd	0113 3057 617
<b>NHS Leeds:</b>		
Safeguarding Adults	Contact Person: Luke Turnbull	0113 3057484
<b>Supporting People</b>		
Supporting People Team	Supporting People Team	0113 395 0486
<b>Care Quality Commission</b>		
Care Quality Commission	General Enquiries – Central Contact Number	03000 616161