National Institute for Health and Care Excellence

FINAL

Safeguarding adults in care homes

[I] Embedding organisational learning about safeguarding

NICE guideline NG189

Evidence reviews

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Final

These evidence reviews were developed by the National Guideline Alliance which is part of the Royal College of Obstetricians and Gynaecologists

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Embedding organisational learning about safeguarding

This evidence review supports recommendations 1.2.3, 1.2.4, 1.2.5, 1.2.10, 1.2.14, 1.2.16, 1.2.23, 1.3.1, 1.3.2, 1.3.5, 1.3.10, 1.3.11, 1.3.13, 1.3.15, 1.3.16, 1.3.18, 1.3.19, 1.3.20, 1.13.1, 1.13.2.

Review questions

This evidence report contains information on 2 mixed methods reviews (including a quantitative and a qualitative element) about embedding organisational learning; one review addresses safeguarding to prevent abuse and the other review addresses safeguarding to prevent neglect. The committee anticipated that relevant studies would have an overlapping focus on abuse and neglect. For this reason, they agreed it would be appropriate for the reviews to be analysed and reported together in a single evidence report. The review questions were:

- What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse?
- What is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse? What are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent abuse?
- What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect?
- What is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect? What are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent neglect?

Introduction

The aim of this review is to establish how to embed organisational learning about safeguarding in order to enhance the overall quality of care and to prevent future abuse and neglect. In this context, it is relevant that the Care Quality Commission standards *What can you expect from a good care home?* defines a 'well-led' organisation as being one that is continually learning and making improvements.

It is widely recognised that ongoing, preferably interprofessional, safeguarding training is essential and should form part of mandatory training for any organisation. However, embedding organisational learning requires more than effective staff training – it requires organisations to learn from previous safeguarding events (for example, through a process of root cause analysis or significant event analysis). Such processes are beneficial to organisations in terms of enhancing identifying and sharing best practice between care homes, sharing best practice within staff team through reflective practice and group supervision sessions, and developing and embedding effective policy and procedure.

Various resources exist to support the embedding of knowledge. The RCN has produced guidance which identifies the Roles and Competencies in adult safeguarding that are needed by health care staff, but which are equally relevant in social care contexts including care homes. The Ann Craft Trust provide free resources to help service provider organisations develop and maintain a 'culture of safeguarding'. However, more evidence is needed to establish the most effective means of embedding organisational learning in care home settings, including the cost-effectiveness of different approaches.

1 Summary of the protocol

2 Please see Table 1 and Table 2 for a summary of the Population, Intervention, Comparison
3 and Outcome (PICO) characteristics of these reviews.

4 **Table 1: Summary of the protocol (PICO table) – What is the effectiveness and**
5 **acceptability of approaches to embedding organisational learning about**
6 **safeguarding in care homes and what are the barriers and facilitators to**
7 **embedding organisational learning to prevent abuse?**

Population	• People working in care homes. • People working with care homes. • Practitioners in local authorities and local health organisations. • People visiting care homes. • Adults (aged over 18 years) accessing care and support in care homes (and their friends and families).
Intervention/exposure/test	For part a) assessing effectiveness: Approaches to embedding organisational learning about safeguarding to prevent abuse including: • Intervention 1: One-to-one safeguarding supervision. • Intervention 2: Systematic analysis of safeguarding reviews involving the identification and implementation of lessons learned (for example, through root cause analysis, significant event analysis or use of reflective practice). • Intervention 3: Sharing best practice between care homes (for example, multi-agency partnership and information-sharing; Safeguarding Adults Boards sub-groups). • Intervention 4: A 'well led' provider (focussed on embedding training, for example, through close working between management and front line care staff). For part b) assessing acceptability: Views, perceptions, and/or lived experiences about the barriers and facilitators which may promote or hinder the implementation of organisational learning about safeguarding in care homes aiming to prevent abuse.

Comparison	• Comparison 1:
	  ○ 'Natural history' (no service) control.
	  ○ Different kinds of intervention 1 (for example, group supervision).
	• Comparison 2:
	  ○ Non-systematic analysis of safeguarding reviews.
	  ○ 'Natural history' (no service) control.
	• Comparison 3:
	  ○ Usual practice.
	  ○ 'Natural history' (no service) control.
	• Comparison 4:
	  ○ Usual practice.
	  ○ 'Natural history' (no service) control.
	  ○ Different management cultures (for example, those which would not be typified as 'well led' according to the CQC's definition).

Outcomes	**Critical outcomes** Part a) assessing effectiveness:

	• Workforce skills in safeguarding (as defined by the studies, but examples include knowledge and skills for identifying a safeguarding concern and attitudes towards reporting). • Healthcare contacts* related to suspected safeguarding concerns (for example, A&E, hospital admissions). • Reports of proven safeguarding cases. Part b) assessing acceptability: Themes will be identified from the literature. The committee identified the following potential themes (however, they are aware that not all of these themes will necessarily be found in the literature and that additional themes may be identified): • Satisfaction with approaches to embedding learning about safeguarding. • Perceived appropriateness of the approach to embedding learning. • Ideas for improvement in the approach to embedding learning about safeguarding. • Barriers and facilitators to embedding organisational learning about safeguarding. Important outcomes • Quality of life or health or social care-related quality of life of adults living in or using care homes.

A&E: accident and emergency; CQC: Care Quality Commission

**The interpretation of 'healthcare contacts' and 'reports of proven safeguarding cases' will be informed by the research objectives and scale direction reported by the individual studies.*

Table 2: Summary of the protocol (PICO table) - What is the effectiveness and acceptability of approaches to embedding organisational learning about safeguarding in care homes and what are the barriers and facilitators to embedding organisational learning to prevent neglect?

Population	• People working in care homes. • People working with care homes. • Practitioners in local authorities and local health organisations • People visiting care homes. • Adults (aged over 18 years) accessing care and support in care homes (and their friends and families).
Intervention/exposure/test	For part a) assessing effectiveness: Approaches to embedding organisational learning about safeguarding to prevent neglect including: • Intervention 1: One-to-one safeguarding supervision. • Intervention 2: Systematic analysis of safeguarding reviews involving the identification and implementation of lessons learned (for example, through root cause analysis, significant event analysis or use of reflective practice). • Intervention 3: Sharing best practice between care homes (for example, multi-agency partnership and information-sharing; Safeguarding Adults Boards sub-groups). • Intervention 4: A 'well led' provider (focussed on embedding training, for example, through close working between management and front line care staff. For part b) assessing acceptability: Views, perceptions, and/or lived experiences about the barriers and facilitators which may promote or hinder the implementation of

	organisational learning about safeguarding in care homes aiming to prevent neglect.

Comparison	• Comparison 1:
	  ○ 'Natural history' (no service) control.
	  ○ Different kinds of intervention 1 (for example, group supervision).
	• Comparison 2:
	  ○ Non-systematic analysis of safeguarding reviews.
	  ○ 'Natural history' (no service) control.
	• Comparison 3:
	  ○ Usual practice.
	  ○ 'Natural history' (no service) control.
	• Comparison 4:
	  ○ Usual practice.
	  ○ 'Natural history' (no service) control.
	  ○ Different management cultures (for example, those which would not be typified as 'well led' according to the CQC's definition).

Outcomes	**Critical outcomes** Part a) assessing effectiveness: • Workforce skills in safeguarding (as defined by the studies, but examples include knowledge and skills for identifying a safeguarding concern and attitudes towards reporting). • Healthcare contacts* related to suspected safeguarding concerns (for example, A&E, hospital admissions). • Reports of proven safeguarding cases. Part b) assessing acceptability: Themes will be identified from the literature. The committee identified the following potential themes (however, they are aware that not all of these themes will necessarily be found in the literature and that additional themes may be identified): • Satisfaction with approaches to embedding learning about safeguarding. • Perceived appropriateness of the approach to embedding learning. • Ideas for improvement in the approach to embedding learning about safeguarding. • Barriers and facilitators to embedding organisational learning about safeguarding. **Important outcomes** • Quality of life or health or social care-related quality of life of adults living in or using care homes.

A&E: accident and emergency; CQC: Care Quality Commission

**The interpretation of 'healthcare contacts' and 'reports of proven safeguarding cases' will be informed by the research objectives and scale direction reported by the individual studies.*

For further details see the review protocols in appendix A.

Methods and process

This evidence review was developed using the methods and process described in Developing NICE guidelines: the manual. Methods for this review question are described in the review protocol in appendix A and the methods document.

Evidence

Included studies

These 2 reviews were mixed-methods reviews so qualitative and quantitative studies were eligible for inclusion. The objectives of these reviews were to:

- Assess the effectiveness of different approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse and/or neglect.
- Establish which individual, organisational and systemic factors promote or hinder the implementation of organisational learning about safeguarding in care homes to prevent abuse and/or neglect.
- Explore views and lived experiences about the acceptability of different approaches to embedding organisational learning about safeguarding in care homes to prevent abuse and/or neglect.

Quantitative component of the review

No studies were identified which fulfilled the protocol for this component of the review.

Qualitative component of the review

Three studies were included. One study focussed solely on physical abuse (Braaten 2017), while 2 studies (Lawrence 2010, Ochieng 2018) focussed on safeguarding in general. Study screening and selection were conducted for both review questions simultaneously. The 3 included studies are relevant to embedding learning to prevent abuse **and** neglect, thus the findings for both questions were extracted and themes developed to address the area more broadly, that is, embedding learning about safeguarding.

Two of the included studies were conducted in the UK (Lawrence 2010, Ochieng 2018). As per the protocol, because insufficient UK based qualitative studies were available, studies from Europe (including the Republic of Ireland), Australia and Canada were considered. One study was identified from Norway (Braaten 2017). The 3 included studies provided data in relation to the acceptability of approaches to embedding learning about safeguarding. Braaten (2017) did not implement an approach to embedding organisational learning but assessed nursing home staff's understanding and experiences with preventing physical abuse of nursing home residents and the measures they considered useful in daily practice. Lawrence (2010) examined the impact of the Croydon care home support team model (an initiative to improve standards of care within care homes), as perceived by care home staff. Ochieng (2018) assessed the effect of safeguarding of vulnerable adults continuing professional development (SOVA-CPD) training on nurses working in both primary and secondary care settings.

The study populations included care home and nursing home staff (managers, deputy manager, registered and licensed nurses, social educators, and healthcare workers) or qualified nurses working in primary and secondary care. Data collection methods included in-depth one-to-one or small group interviews, or open-ended online questionnaires.

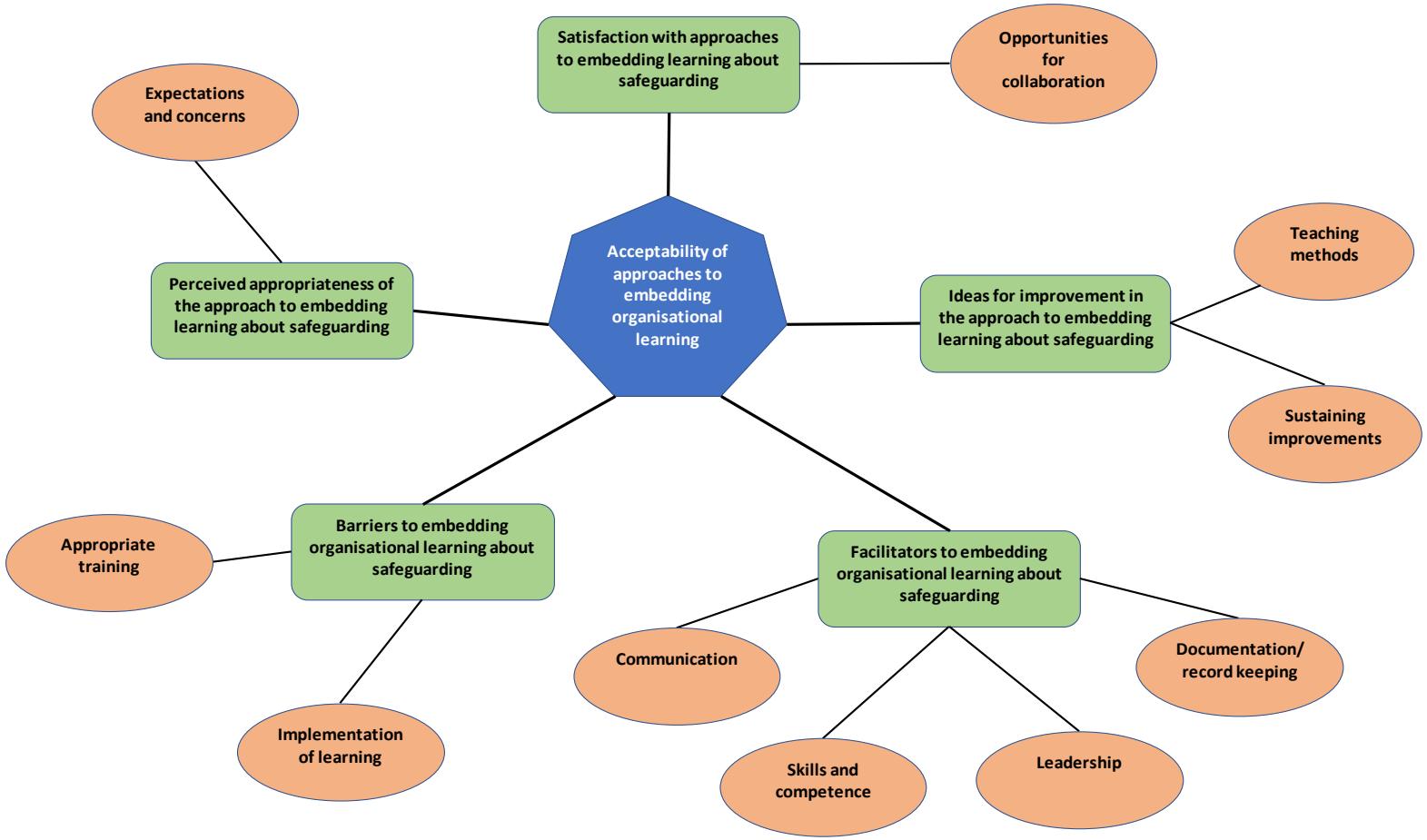
The following concepts were identified through analysis of the included studies:

- Satisfaction with approaches to embedding learning about safeguarding.
- Perceived appropriateness of the approach to embedding learning about safeguarding.
- Ideas for improvement in the approach to embedding learning about safeguarding.
- Barriers to embedding organisational learning about safeguarding.
- Facilitators to embedding organisational learning about safeguarding.

As shown in the theme map (Figure 1), these concepts have been explored in a number of central themes and sub-themes. The overarching theme is shown below in blue, central themes in green, and sub-themes in brown.

See the literature search strategy in appendix B and study selection flow chart in appendix C.

Figure 1: Theme map – acceptability of approaches to embedding organisational learning



1 Excluded studies

2 Studies not included in this review with reasons for their exclusions are provided in
3 appendix K.

4 Summary of studies included in the evidence review

5 A summary of the studies that were included in this review is presented in Table 3.

6 **Table 3: Summary of included studies**

Study and aim of the study	Participants	Methods	Themes
Braaten 2017 **Study design:** Focus groups/interviews **Aim of the study:** To investigate nursing home staff's experience and understanding with regard to prevention of physical abuse of nursing home residents and the measures considered useful to implement in their daily work. **Norway**	**Sample size** • Nursing homes: N=3 **Characteristics** • Registered nurses: n=3 • Social educator: n=1 • Licensed practical nurses: n=4 • Healthcare worker: n=6) Sex (female): N=14 Age - range (years): 24 to 53 Experience (years): All had more than 1 year experience (range 2 to 20)	**Data collection** • Three focus groups conducted at each of the participating nursing homes; interviews took place during working hours. • Interviews were tape-recorded.	• Barriers to embedding organisational learning about safeguarding: ○ appropriate training. • Facilitators to embedding organisational learning about safeguarding: ○ communication ○ skills and competence ○ leadership ○ documentation/record keeping.
Lawrence 2010 **Study design:** In-depth interviews **Aim of the study:** To evaluate the impact of the CHST as perceived by care home staff. **England**	**Sample size** • Care homes: N=14 **Characteristics** • Managers: n=14 • Deputy managers: n=5 • Registered general nurses (RGNs): n=5 • Senior healthcare assistants (HCAs/senior support workers): n=5 • HCAs/support workers: n=10 Care home with nursing: n=6 Care home only: n=8	**Data collection** • In-depth interviews explored participant's expectations of the CHST and their concerns or hopes regarding the intervention. • Interviews were tape-recorded.	• Satisfaction with approaches to embedding learning about safeguarding: ○ opportunities for collaboration. • Perceived appropriateness of the approach to embedding learning about safeguarding: ○ expectations and concerns. • Ideas for improvement in the approach to embedding learning about safeguarding: ○ teaching methods ○ sustaining improvements. • Barriers to embedding organisational learning about safeguarding:

Study and aim of the study	Participants	Methods	Themes
	Care categories - number of care homes: Old age, Alzheimer's/Dementia: n=5 Learning disabilities: n=4 Old age, Alzheimer's/Dementia, mental disorder: n=2 Old age, mental disorder: n=1 Old age: n=2		○ implementation of learning. • Facilitators to embedding organisational learning about safeguarding: ○ communication ○ skills and competence.
Ochieng 2018 **Study design:** Questionnaire **Aim of the study:** To assess the effectiveness of SOVA-CPD training on nurses working in primary and secondary care. **England**	**Sample size** • Qualified nurses: N=51 (cohort 2012: n=14; 2013: n=9; 2014: n=28) **Characteristics** Sex: Male: n=10 Female: n=41 Age (years): 25 to 44: n=27 45 to 65: =24 Length of service in current role: 10 months to 21 years	**Data collection** • Online questionnaire consisting of closed and open-ended questions.	• Satisfaction with approaches to embedding learning about safeguarding: ○ opportunities for collaboration. • Barriers to embedding organisational learning about safeguarding: ○ implementation of learning. • Facilitators to embedding organisational learning about safeguarding: ○ communication.

CHST: Croydon care home support team; HCA: Healthcare Assistant; RGN: Registered general nurse; SOVA-CPD: Safeguarding of vulnerable adults continuing professional development

See the full evidence tables in appendix D. No meta-analysis was conducted (and so there are no forest plots in appendix E).

Quality assessment of outcomes included in the evidence review

A summary of the strength of evidence (overall confidence), assessed using GRADE-CERQual, and quality of the evidence (overall methodological concerns), assessed using the critical appraisal skills programme (CASP) checklist for qualitative studies, is presented according to the main themes:

Barriers

- Satisfaction with approaches to embedding learning about safeguarding:

  - Opportunities for collaboration. Overall methodological concerns were considered to be moderate, and the overall confidence in this sub-theme was judged to be very low.
- Perceived appropriateness of the approach to embedding learning about safeguarding:
  - Expectations and concerns. Overall methodological concerns were considered to be moderate, and the overall confidence in this sub-theme was judged to be very low.
- Ideas for improvement in the approach to embedding learning about safeguarding:
  - Teaching methods. Overall methodological concerns were considered to be moderate, and the overall confidence in this sub-theme was judged to be very low.
  - Sustaining improvements. Overall methodological concerns were considered to be moderate, and the overall confidence in this sub-theme was also judged to be very low.
- Barriers to embedding organisational learning about safeguarding:
  - Appropriate learning. Overall methodological concerns were considered to be minor, and the overall confidence in this sub-theme was judged to be very low.
  - Implementation of learning. Overall methodological concerns were considered to be moderate, and the overall confidence in this sub-theme was also judged to be very low.
- Facilitators to embedding organisational learning about safeguarding:
  - Communication. Overall methodological concerns were considered to be moderate, and the overall confidence in this sub-theme was judged to be low.
  - Skills and competence. Overall methodological concerns were considered to be minor, and the overall confidence in this sub-theme was also judged to be low.
  - Leadership. Overall methodological concerns for this sub-theme were also considered to be minor, and the overall confidence in this sub-theme was judged to be very low.
  - Documentation/record keeping. Overall methodological concerns for this sub-theme were also considered to be minor, and the overall confidence in this sub-theme was also judged to be very low.

Findings from the qualitative studies are summarised in GRADE-CERQual tables. See the evidence profiles in appendix F for further details.

Economic evidence

Included studies

A systematic review of the economic literature was undertaken but no economic studies were identified which were applicable to this review question.

Excluded studies

No economic studies were identified which were applicable to this review question.

Summary of studies included in the economic evidence review

No economic studies were identified which were applicable to this review question.

Economic model

No quantitative evidence was found for this evidence review and therefore no economic modelling was undertaken for this evidence review.

The committee's discussion of the evidence

Interpreting the evidence

The outcomes that matter most

This review focused on the effectiveness of different approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse and neglect, and the acceptability of approaches and barriers and facilitators to embedding organisational learning about safeguarding in care homes in order to prevent abuse and neglect. To address this issue the review was designed to include both quantitative and qualitative data (that is, mixed-methods). The committee agreed that the review protocol should not specify follow-up times for outcome data because they considered all timepoints to be important for the purpose of decision making.

For the quantitative component of the review, interventions 1, 2, 3, and 4 (that is, one-to-one safeguarding supervision; systematic analysis of safeguarding reviews involving the identification and implementation of lessons learned; sharing best practice between care homes; and a 'well led' provider intervention) were not assessed against each other because the committee did not feel that these approaches to embedding learning were, in practice, mutually exclusive. For the quantitative part of the review, workforce skills in safeguarding, healthcare contacts related to suspected safeguarding concerns, and reports of proven safeguarding cases were considered critical outcomes. Quality of life (QoL) or health or social care-related QoL of adults living in care homes were identified as important outcomes. No studies were identified that met the inclusion criteria for quantitative studies outlined in the review protocol.

For the qualitative component of the review, the committee could not specify in advance the data that would be located. Instead they identified the main themes which they expected to emerge from the data. Suggested themes included:

- Satisfaction with approaches to embedding learning about safeguarding.
- Perceived appropriateness of the approach to embedding learning about safeguarding.
- Ideas for improvement in the approach to embedding learning about safeguarding.
- Barriers and facilitators to embedding organisational learning about safeguarding.

The qualitative component of the review provided data relating to all 4 themes, however, the evidence was limited in relation to the level of detail reported. Reported sub-themes were opportunities for collaboration; teaching methods; sustaining improvements; documentation/record keeping; leadership; skills and competence; communication; implementation of learning; appropriate training; and expectations and concerns.

The quality of the evidence

As per the protocol, because insufficient UK based qualitative studies were available, studies from Europe (including the Republic of Ireland), Australia and Canada were considered.

No studies were identified that met the criteria for quantitative studies outlined in the review protocol.

Evidence was available from 3 qualitative studies; 2 studies were conducted in the UK and 1 in Norway.

The evidence was assessed using GRADE-CERQual methodology and the overall confidence in the review findings was found to be low or very low. As a result, the recommendations were drafted partly based on these statements, but supplemented with the committee's own expertise, the requirements of statutory guidance (for example, the Care Act 2014), and also with reference to related NICE guidelines. The review findings were generally downgraded because of the methodological limitations of the included study, for example, the provision of limited detail on analytical methods. The evidence was also downgraded because of the relevance of the findings because it was unclear whether 1 study related exclusively to safeguarding or to improving quality of care overall, data from 1 study did not relate exclusively to care homes, and the third study did not include a specific approach/intervention to embed organisational learning about safeguarding (that is, the study included focus groups discussing nursing home staff's understanding and experience about prevention of physical abuse and what measures they considered useful to implement in their daily work). However, the committee recognised that some themes identified in the study still applied to care home settings and they agreed the data from other settings could be extrapolated to inform the recommendations.

The evidence was also downgraded because of the adequacy of data, the themes were often supported by only 1 study, and data provided by the studies were generally thin or the studies did not provide any relevant quotes.

The committee recognised the limitations of the evidence, including the use of indirect evidence from other care settings which required extrapolation to a care home setting, and this prevented the committee from reaching firm conclusions. However, the committee felt strongly about the issues identified from the evidence and they therefore drew on their own experiences and expertise to make recommendations to ensure that health and social care professionals engage with learning and comply with all safeguarding requirements, for example, in accordance with Health and Social Care Act 2008 (regulated activities) Regulations 2014; ultimately protecting care home users from harm and ensuring they receive the best quality care.

The limited evidence base also prompted the committee to prioritise an area that would benefit from research to inform future guidelines. They were in strong agreement that Safeguarding Adults Reviews (SARs) provide a valuable source of learning but that in practice care homes do not necessarily maximise their potential value. In order to overcome this, the committee wanted to recommend research to improve knowledge about the challenges that care homes experience in applying the lessons from SARs. They therefore made a research recommendation to highlight the need for qualitative data about perceptions and experiences of using findings from SARs to improve practice.

Benefits and harms

Despite a lack of quantitative evidence and qualitative data that were rated low or very low, the committee agreed that they could make strong recommendations based on this review. This was largely because of the implications of not having guidance and recommendations in place for care homes to embed organisational learning to

prevent abuse and neglect – namely, continued variation in practice and care home residents remaining at risk.

Induction and training in care homes

What mandatory training should cover

Recommendations based on data relating to teaching methods

The evidence presented to the committee highlighted a recurring theme relating to methods of training, including accreditation of training providers and the need for validation of any work that care staff complete in relation to training. The overall confidence in the evidence was considered to be very low and the committee were aware that it may be difficult to make recommendations around accrediting trainers because of the official requirements involved in accreditation. However, the issue of validating the training work completed by care home staff links with discussions and recommendations made for evidence review H: The effectiveness and acceptability of safeguarding training. As a result of their discussions, the committee felt that they could not make any recommendations relating to accreditation of trainers because this was not within the remit of the guideline.

Based on the limited evidence, but also their own expertise and knowledge, the committee were keen to emphasise the need for the inclusion of problem-solving as part of teaching methods, and this was reflected in their recommendation. The evidence presented to the committee suggested this was viewed with enthusiasm but was only achieved as a result of the approachability and encouragement of trainers. The committee also agreed that providing care teams with (anonymous) examples that show the differences between good and poor practice may be beneficial and could encourage staff to reflect on their own practice and implement any necessary changes for the benefit of residents. However, the committee were also aware of the potential harms that training courses/sessions (particularly provided by accredited trainers) could have on care homes. For example, potential implications on staff time and care home resources. Furthermore, if external providers of courses/sessions are used these may have cost implications and therefore may not be feasible for all care homes to provide for staff.

On balance the committee considered that the benefits of interactive training are likely to outweigh the potential harms because the knowledge and skills acquired through such training methods may enable staff to make positive changes in practice. However, the committee acknowledged that there might be some resource implications, especially where the training was undertaken by accredited trainers, and this would need to be taken into consideration by individual care homes to identify the most effective and feasible method of providing training for their staff.

Care home culture, learning and management

Management skills and competence

Recommendations based on data relating to skills and competence

The overall confidence in the evidence highlighting the importance of highly skilled staff and training staff to a higher educational level to increase understanding and expertise among staff and their own expertise, was considered to be low. The committee therefore also drew on their own expertise and knowledge and made a recommendation designed to ensure that registered managers and providers of regulated care comply with all safeguarding requirements in accordance with the Health and Social Care Act 2008 (regulated activities) Regulations 2014 (regulations 12 and 13).

The committee agreed that, overall, the potential benefits far outweigh the potential harms because increased understanding and expertise among staff is likely to result in increased staff confidence which in turn will increase their ability to improve the care provided to vulnerable adults.

Recommendations based on data relating to leadership and implementation of learning

Evidence suggested that managers/leaders were seen as role models and that their attitudes and values were important for improving attitudes towards learning from mistakes and improving practice in care homes. The committee were keen to include within their recommendations the need for care home managers and safeguarding leads to lead by example in maintaining the currency of their professional knowledge on safeguarding. However, because the overall confidence in the evidence was considered very low, the committee also based the recommendations on their expertise and experience. The evidence also suggested that some staff may not embrace training as fully as others, and that potential positive effects of training may be curtailed if managers are unable or unwilling to allow learning to be implemented within the care home and cascaded down to other members of staff.

Based on the limited evidence and their own experience, the committee recognised that managers have important roles to play in improving quality and enhancing safety in care homes. The committee therefore felt that the potential benefits far outweigh the potential harms; if care home managers and safeguarding leads keep up-to-date on safeguarding they are more likely to disseminate their knowledge and expertise, promoting best practice throughout the care home.

Line management and supervision

Recommendations based on data relating to leadership

Based partly on the evidence suggesting that managers/leaders were seen as role models, and also on their own experience because of very low overall confidence in the evidence, the committee recognised that management have important roles to play in improving quality and enhancing safety in care homes. As leaders, management should also support open working environments to encourage staff to communicate with each other, and also to provide opportunities for staff to attend courses. The committee therefore made recommendations to ensure that line managers acknowledge how staff have learned from their experience of identifying, reporting and managing safeguarding concerns, through supervision and appraisals.

The committee felt that the potential benefits far outweigh the potential harms for residents because competent managers in terms of supervision, encouraging a culture of accountability and having the ability to challenge abusive practice, may mitigate potential harm to care home users by reducing vulnerability and risk.

Care home culture

Recommendations based on evidence relating to opportunities for collaboration

The evidence presented suggested that opportunities to discuss problems at work and to network with other professionals helped care staff to identify, share and implement good practice. However, the evidence also suggested that it took time to transfer theory into practice, but ongoing discussions with others helped this process. The overall confidence in the evidence was considered to be very low and the committee therefore drew on their own expertise and knowledge to strengthen and support the recommendations. The committee discussed whether there was a need to make specific reference to people working anti-social hours/nights/without regular

supervision who may rarely get to meet or share information with colleagues. The committee were keen to reflect the need for staff to share relevant and important information in a timely manner (for example, at each shift handover or transfer of care), because this should ensure that all staff are kept up-to-date on any safeguarding issues and any changes that may need implementing in terms of care home resident care or support plans. The committee were also keen to recommend that care home managers make sure there are regular opportunities for all staff to share best practice in safeguarding, and to challenge poor practice or discuss uncertainty around practice and abuse or neglect. This was reflected in their recommendations, emphasising the importance in involving staff who work alone or who get very little supervision in opportunities for learning.

Knowledge and understanding of the differences between poor practice and abuse/neglect helps professionals to recognise when safeguarding concerns arise. Based on their own knowledge and expertise, the committee were aware of on-line resources that provide advice and guidance on how to achieve best practice in safeguarding and assist with understanding safeguarding adults policies and legislation, which may be beneficial in increasing knowledge and understanding of what good practice looks like and how to implement it. The committee also recognised that the opportunity to discuss examples of good practice with other professionals may be useful as a means for reflective practice and to improve understanding of when and how to report incidents when appropriate.

However, there may be potential harms (or disadvantages) in terms of providing opportunities to discuss problems at work and network with other professionals, because this may take resources away from the care setting, for example, staff time and implementation.

On balance the committee considered that the benefits achieved in reducing professional isolation through discussions and engaging with other professionals are likely to outweigh the potential harms by increasing staff safeguarding skills and competency.

Multi-agency working and learning with other organisations

Recommendations based on data relating to expectations and concerns, and implementation of learning

Concerns expressed by care home managers and staff about working with care home support teams were evident from the evidence presented, in terms of the roles of the care home support teams and apprehension from care home staff in building trust and interacting openly with support teams. The committee acknowledged that the findings suggest that staff feel judged and that this links in with the need for a positive learning culture, but they were also aware that the overall confidence in the evidence was considered to be very low. Based on the limited evidence, but also drawing on their own expertise and experience, the committee discussed the need for any recommendations to reflect that staff may be resistant, suspicious or apprehensive about training that involves reflecting on mistakes or safeguarding issues, and that staff may feel apprehensive about external oversight of their practices and may need time to build relationships with external trainers or agencies. These discussions were reflected in the recommendations made by the committee, highlighting that some staff might need time to build relationships with external agencies to enable effective learning to take place.

The committee were aware of the potential harms that may arise if trainers/care support teams are perceived to be judgmental or critical. Staff may become defensive and not fully embrace working with trainers or care support teams, which

could ultimately result in embedding learning taking longer. Emphasising a collaborative relationship and the view that the trainers/support team will be working with staff to achieve a common goal from the outset may reduce staff apprehension and concerns.

Based on their own expertise and experience, the committee also agreed to make recommendations to reflect the need for care home managers and care home providers to share their experiences of managing safeguarding concerns with Safeguarding Adults Boards, in order to facilitate wider learning across multiple provider organisations, which should, in turn provide benefits in terms of promoting understanding of good practice and enhancing effective communication and teamwork.

Overall, the committee agreed that the benefits in making trainers/support teams aware that staff may be apprehensive about their presence are likely to outweigh the potential harms because this may provide trainers/support teams with the opportunity to allay any fears through, for example, discussions at initial meetings.

Recommendations based on data relating to communication

The evidence presented to the committee suggested that enhanced teamwork within care homes through improved communication increased awareness of staff roles and responsibilities and highlighted the importance of ethical reflection between colleagues and constructive criticism of working methods in order to enhance good practice. Based on the evidence but also their own expertise because of the low overall confidence in the evidence, the committee agreed to make a recommendation to reflect that care homes should work together with the local authority and local agencies to establish a local strategic partnership agreement about safeguarding adults in care homes and that this should cover areas such as information sharing and communication protocols, and definitions of good practice and poor practice and the indicators of abuse and neglect that should result in safeguarding action (based on the indicators outlined in this guideline).

The committee also made a recommendation highlighting the need for Safeguarding Adults Boards to encourage care homes and care home providers to provide opportunities for care home staff and residents to learn together from recent safeguarding experiences. The committee were also aware that it is important for management to persuade staff to engage with these approaches.

On balance the committee agreed that the potential benefits far outweigh the disadvantages, because organisational cultures in which care home staff are able to talk with one another and with care home users openly and to engage in ethical reflection may be an important way to encourage staff to look at situations from different perspectives and ultimately challenge poor practice.

Record keeping

Recommendations based on data relating to documentation/record keeping

The committee agreed that the evidence presented in relation to documentation forming part of staff co-operation to prevent abuse reflected the message that documentation should be clear and accurate, as well as factual and focused on the care home resident. The committee acknowledged that timely information sharing among colleagues is important for the benefit of care home residents because staff will be up-to-date with care plans and this will ensure that residents receive the appropriate care to ensure their well-being. Based on the evidence but also their own expertise because the overall confidence in the evidence was considered to be very

low, the committee agreed that documentation needs to be fit for the purposes of ensuring/supporting the quality of care of individuals. The committee also made recommendations for care home managers to ensure that staff record the actions they take within the home in order to safeguard residents and that these records are shared with other care home staff. All records should also be focused on the well-being of the individual resident. Records should also be clear and easily accessible for purposes such as learning and development, audits or court proceedings.

Based on their own expertise and experience, the committee agreed that records should be reviewed by care home managers for accuracy, quality and appropriateness because this will ensure that staff are keeping records up-to-date and sharing information with other care home staff, which will ultimately benefit the care home residents.

The committee agreed that the benefits achieved through documenting how various measures and methods work to ensure that information transfers to colleagues, far outweighs the harms because clear and accurate documentation helps to support the continuity, quality and safety of residents, which may mitigate the occurrence of safeguarding concerns.

Learning for care homes from safeguarding concerns, referrals and enquiries

Recommendations based on data relating to implementation of learning

The committee agreed that the identification of learning from safeguarding concerns is not something that happens consistently in care homes and drafted a recommendation which emphasises the key role that local agencies, care home providers, and care home managers play in ensuring that this happens. The committee wished to be clear that learning can arise from a range of sources such as safeguarding concerns, referrals, enquiries and SARs both within the care home itself and across the local (and national) area. The committee also agreed that this learning must be incorporated into the care home culture at all levels (including individual staff, the care home, and care home providers). The recommendations also resulted in part from discussions regarding the evidence presented to the committee, which suggested that some staff do not always engage in training that is relevant to them (for example, continued professional development training), and that some staff may take longer to amend their working methods following training. The evidence also suggested that although there may be positive effects arising from training, these can be outweighed by the unwillingness of managers to implement any learning or difficulties in sharing learning because of a lack of support to alter ways of working. However, because the overall confidence in the evidence was considered to be very low, the recommendations were also based partly on the committee's own expertise and experience.

The committee acknowledged the harms/disadvantages that can arise from training, as reflected by the evidence presented to them which highlighted that some staff did not embrace training as fully as others, and this may have resource implications because there may be a possibility that staff who are most opposed to change will eventually leave the workplace.

On balance the committee agreed that the potential benefits achieved through embedding lessons learned from safeguarding concerns, referrals and enquiries far outweigh the disadvantages of such approaches; supporting and supervising staff and implementing changes to procedure, policy and learning is likely to stimulate a supportive environment for the introduction and implementation of change in practice.

Cost-effectiveness and resource use

This review did not find comparative evidence and therefore a formal assessment of cost-effectiveness of the recommendations arising from this review was not possible. Therefore, the committee made a qualitative assessment of the cost-effectiveness of their recommendations.

The committee made a recommendation that training should be interactive as they believed that such methods would help facilitate staff in making positive changes from training to the benefit of care home residents. The committee acknowledged that there might be some resource impact especially where the training was undertaken by accredited trainers but the recommendation did not stipulate this.

The committee considered that their recommendations relating to skills and competence would not have a significant resource impact and reflected best current practice. Furthermore, even where practice varies, any changes required to implement the recommendations would often amount to improved communication and a more open organisational culture with little if any requirement for additional resources. The committee also noted that their recommendations promoted compliance with the legislative requirements for safeguarding and contractual arrangements with local authorities to support good practice.

The committee considered that their recommendations to promote opportunities for collaboration would benefit care home residents by improving staff safeguarding skills and competency and that this would be achieved with a relatively small opportunity cost arising from setting up collaboration opportunities and discussions.

The committee considered that their recommendations with respect to documentation and record keeping would be cost-effective. They did not anticipate that this recommendation would have a large cost impact and thought that timely information sharing had potentially large benefits to care home residents as it would promote appropriate care to support their well-being.

The committee considered that, as these recommendations were likely to promote good safeguarding practice, then some “downstream” savings could be expected.

Other factors the committee took into account

Given the limitations of the evidence, the committee drew on their own experience and expertise to make social value judgements about what training should be provided to health and social care professionals and organisations to ensure the safety of care home residents, which then informed the recommendations.

When making the recommendations, the committee also aimed to respect individual needs and basic human rights, at the same time aiming to provide the most benefit for the greatest number of people. The committee were also aware that safeguarding adults involves a wider range of individuals and organisations (including the care homes and care home providers, individual health and social care practitioners who work with care home residents, and also local authorities and commissioners). The committee were also aware of the need to consider the inequalities that exist between different agencies to ensure fairness and least impact on resources. For example, different care homes will have varying levels of staffing and finances.

References

Braaten 2017

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Braye, S., Orr, D., and Preston-Shoot, M. Learning lessons about self-neglect? An analysis of serious care reviews. Journal of Adult Protection, 17 (1). 3-18, 2015

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Lawrence, V., Banerjee, S., Improving care in care homes: a qualitative evaluation of the Croydon care home support team, Aging & mental health, 14, 416-24, 2010

Ochieng 2018

Ochieng, B., Ward, K., Safeguarding of vulnerable adults training: assessing the effect of continuing professional development, Nursing Management (Harrow) Nurs Manage (London), 25, 30-35, 201

Appendices

Appendix A – Review protocols

Review protocol for review question I:

- **What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse?**

- **What is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse? And what are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent abuse?**

Table 4: Review protocol

ID	Field (based on PRISMA-P)	Content
0.	PROSPERO registration number	CRD42019160542
1.	Review title	Embedding organisational learning about abuse prevention
2.	Review question	• What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse? • What is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse? And what are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent abuse?
3.	Objective	• To assess the effectiveness of different approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse. • To establish which individual, organisational and systemic factors promote or hinder the implementation of organisational learning about safeguarding in care homes to prevent abuse. • To explore views and lived experiences about the acceptability of different approaches to embedding organisational learning about safeguarding in care homes to prevent abuse.

ID	Field (based on PRISMA-P)	Content
4.	Searches	The following databases will be searched: • Cochrane Database of Systematic Reviews (CDSR) • Cochrane Central Register of Controlled Trials (CENTRAL) • MEDLINE & Medline in Process • Embase • CINAHL • PsycINFO • ASSIA • IBSS • Social Policy and Practice • Social Science Database • Social Services Abstracts • Sociological Abstracts. Searches will be restricted by: • date limit - 2008 onwards (see rationale under Section 10) • English language • human studies. Other searches: Additional searching may be undertaken if needed (for example, reference or citation searching). With the agreement of the guideline committee the searches will be re-run 6 weeks before final submission of the review and further studies retrieved for inclusion. The full search strategies for MEDLINE database will be published in the final review. For each search, the principal database search strategy is quality assured by a second information scientist using an adaptation of the PRESS 2015 Guideline Evidence-Based Checklist.

ID	Field (based on PRISMA-P)	Content
5.	Condition or domain being studied	Organisational learning aimed at preventing abuse. Studies will be included if their main focus is on embedding organisational learning approaches within the adult care home context in order to prevent abuse. Views, perceptions, and/or lived experiences of people working in, working with, visiting and accessing care and support , family/friends of people living in or using care homes, and people living in or using care homes about organisational learning approaches aiming to prevent abuse within the adult care home context.
6.	Population	Inclusion: • People working in care homes. • People working with care homes. • Practitioners in local authorities and local health organisations. • People visiting care homes. • Adults accessing care and support in care homes (and their friends and families). Exclusion: The scope of the guideline is safeguarding adults in care homes. Therefore, people under 18 years of age who accessing support in care homes are excluded.
7.	Intervention/Exposure/Test	For part a) effectiveness of embedding learning Approaches to embedding organisational learning about safeguarding to prevent abuse including: Intervention 1 • One to one safeguarding supervision. Intervention 2 • Systematic analysis of Safeguarding reviews involving the identification and implementation of lessons learned (for example, through root cause analysis, significant event analysis or use of reflective practice). Intervention 3 Sharing best practice between care homes, for example:

ID	Field (based on PRISMA-P)	Content
		• Multi-agency partnership and information-sharing. • Safeguarding Adults Boards sub-groups. Intervention 4 A 'well led' provider (focussed on embedding training for example through close working between management and front line, care staff). Studies will be included if the main focus is to embed learning about safeguarding to prevent abuse. If this is not the main aim, studies will be excluded. For part b) acceptability of approaches to embedding safeguarding learning Views, perceptions, and/or lived experiences about the barriers and facilitators which may promote or hinder the implementation of organisational learning about safeguarding in care homes aiming to prevent abuse.
8.	Comparator/Reference standard/Confounding factors	Comparison 1 • Usual practice. • 'Natural history' (no service) control. • Different kinds of intervention 1 (for example, group supervision). Comparison 2 • Non-systematic analysis of safeguarding reviews. • 'Natural history' (no service) control. Comparison 3 • Usual practice. • 'Natural history' (no service) control. Comparison 4 • Usual practice.

ID	Field (based on PRISMA-P)	Content
		• 'Natural history' (no service) control. • Different management cultures (for example, those which would not be typified as 'well led' according to the CQC's definition). Different approaches to embedding learning will not be compared with each other. The committee is interested in data on the effectiveness of these approaches but they are not considered to be mutually exclusive.
9.	Types of study to be included	For part 'a' about the effectiveness of embedding learning: Experimental studies (where the investigator assigned intervention or control) including: o Randomised controlled trials. o Non-randomised controlled trials (for example, case control, case series [uncontrolled longitudinal study]). o Before and after study or interrupted time series. • Observational studies (where neither control nor intervention were assigned by the investigator) including: o Prospective cohort studies. o Retrospective cohort studies. o Cross-sectional study. o Review on associations. o Before and after study or interrupted time series. • Systematic reviews of studies using the above designs. For part 'b' about the acceptability of approaches to embedding safeguarding learning: • Published full-text papers only. • Qualitative studies (for example, studies that use interviews, focus groups, or observations). • Surveys using open ended questions and a qualitative analysis of responses including, Personal Social Services Survey of Adult Carers, Health and Digital Behaviours Survey 2017 (Teva Pharmaceutical Industries) and Think Local Act Personal (TLAP) Care Act 2014 survey.
10.	Other exclusion criteria	• Conference abstracts

ID	Field (based on PRISMA-P)	Content
		• Articles published before 2008. • Papers that do not include methodological details will be excluded because they do not provide sufficient information to evaluate risk of bias/quality of study (for example, editorials and opinion pieces). • Non-English language articles. • Only studies conducted in care homes will be included. This excludes other congregate care settings and acute hospital settings. Only studies conducted in the UK will be included. If insufficient* UK based studies are available for any of the interventions then studies from the following high income (according to the World Bank) countries, will be considered: Europe, including the Republic of Ireland, Australia and Canada. *for part a (quant) this means at least 5 studies with a sample size of 50 or more. *for part b (qual) this means a total of at least 10 studies providing rich data and which cover all the populations of interest.
11.	Context	No previous guidelines will be updated by this review question.
12.	Primary outcomes (critical outcomes)	For part a) assessing effectiveness • Workforce skills in safeguarding (as defined by the studies but examples include knowledge and skills for identifying a safeguarding concern and attitudes towards reporting). (MID: statistically significant difference). • Healthcare contacts related to suspected safeguarding concerns (for example, A&E, hospital admissions) (MID: statistically significant difference). • Reports of proven safeguarding cases (MID: statistically significant difference). The interpretation of data on 'healthcare contacts' and 'reports of proven safeguarding cases' will be informed by the research objectives and scale direction reported by the individual studies. For part b) assessing acceptability

ID	Field (based on PRISMA-P)	Content
		Qualitative themes will be identified from the available literature. The committee agreed the following potential themes for which they need data to inform the qualitative element of the review question. If other relevant themes are identified they will be extracted and reported: • Satisfaction with approaches to embedding learning about safeguarding. • Perceived appropriateness of the approach to embedding learning. • Ideas for improvement in the approach to embedding learning about safeguarding. • Barriers and facilitators to embedding organisational learning about safeguarding.
13.	Secondary outcomes (important outcomes)	• Quality of life (QoL) or health or social care-related quality of life of adults living in or using care homes.
14.	Data extraction (selection and coding)	For details please see section 4.5 of Developing NICE guidelines: the manual 2014.
15.	Risk of bias (quality) assessment	• The methodological quality of each study will be assessed using a preferred checklist. For full details please see section 6.2 of Developing NICE guidelines: the manual.
16.	Strategy for data synthesis	Part a If pairwise meta-analyses are undertaken, they will be done using Cochrane Review Manager (RevMan). 'GRADEpro' will be used to assess the quality of evidence for each outcome. Part b Confidence in each of the review findings will be evaluated using an adaptation of the 'Grading of Recommendations Assessment, Development and Evaluation (GRADE) Confidence in the Evidence from Reviews of Qualitative Research' developed by the international GRADE working group https://www.cerqual.org. Where data allow, the quantitative and qualitative evidence will be integrated for presentation to the committee. The aim will be to provide a synthesis of data about what works in terms of safeguarding training and what is and is not acceptable about those approaches. For a full description of methods see supplementary material A.

<table>
<tr><th>ID</th><th>Field (based on PRISMA-P)</th><th>Content</th></tr>
<tr><td>17.</td><td>Analysis of sub-groups</td><td>Subgroup analysis will be conducted wherever possible, for example if appropriate data is reported in relation to different models of learning and different characteristics of the service users (for example, dementia status, age and learning disability of service users within care homes). The provided recommendations will be applied to the whole population unless we find clear evidence of a difference for a particular subgroup.</td></tr>
<tr><td>18.</td><td>Type and method of review</td><td>☒ Intervention
☐ Diagnostic
☐ Prognostic
☒ Qualitative
☐ Epidemiologic
☐ Service Delivery
☐ Other (please specify)</td></tr>
<tr><td>19.</td><td>Language</td><td>English</td></tr>
<tr><td>20.</td><td>Country</td><td>England</td></tr>
<tr><td>21.</td><td>Anticipated or actual start date</td><td>July 2019</td></tr>
<tr><td>22.</td><td>Anticipated completion date</td><td>October 2020</td></tr>
<tr><td>23.</td><td>Stage of review at time of submission</td><td><table><tr><th>Review stage</th><th>Started</th><th>Completed</th></tr><tr><td>Preliminary searches</td><td>Yes</td><td>Yes</td></tr><tr><td>Piloting of the study selection process</td><td>Yes</td><td>Yes</td></tr><tr><td>Formal screening of search results against eligibility criteria</td><td>Yes</td><td>Yes</td></tr><tr><td>Data extraction</td><td>Yes</td><td>Yes</td></tr><tr><td>Risk of bias (quality) assessment</td><td>Yes</td><td>Yes</td></tr><tr><td>Data analysis</td><td>Yes</td><td>Yes</td></tr></table></td></tr>
<tr><td>24.</td><td>Named contact</td><td>5a. Named contact</td></tr>
</table>

ID	Field (based on PRISMA-P)	Content
		National Guideline Alliance **5b Named contact e-mail** SafeguardingAdults@nice.org.uk **5c Organisational affiliation of the review** National Institute for Health and Care Excellence (NICE) the National Guideline Alliance
25.	Review team members	From the National Guideline Alliance: • Jennifer Francis [Technical lead] • Ted Barker [Technical analyst] • Fiona Whiter [Technical analyst] • Ifigeneia Mavranezouli [Health economist] • Elise Hasler [Information scientist]
26.	Funding sources/sponsor	This systematic review is being completed by the National Guideline Alliance which receives funding from NICE.
27.	Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
28.	Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual. Members of the guideline committee are available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/gid-ng10107/documents.
29.	Other registration details	
30.	Reference/URL for published protocol	https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42019129887
31.	Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as:

ID	Field (based on PRISMA-P)	Content
		• notifying registered stakeholders of publication • publicising the guideline through NICE's newsletter and alerts • issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.
32.	Keywords	Abuse of adults/ elder abuse/ care homes/ organisational learning/ prevention/ views and lived experiences.
33.	Details of existing review of same topic by same authors	
34.	Current review status	☐ Ongoing ☒ Completed but not published ☐ Completed and published ☐ Completed, published and being updated ☐ Discontinued
35.	Additional information	[Provide any other information the review team feel is relevant to the registration of the review.]
36.	Details of final publication	www.nice.org.uk

CDSR: Cochrane Database of Systematic Reviews; CENTRAL: Cochrane Central Register of Controlled Trials; CQC: Care Quality Commission; DARE: Database of Abstracts of Reviews of Effects; GRADE: Grading of Recommendations Assessment, Development and Evaluation; HTA: Health Technology Assessment; MID: Minimally important difference; NICE: National Institute for Health and Care Excellence; QoL: Quality of life; TLAP: Think Local Act Personal

Review protocol for review question I:

- **What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect?**
- **What is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect? And what are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent neglect?**

Table 5: **Review protocol**

ID	Field (based on PRISMA-P)	Content
0.	PROSPERO registration number	CRD42019160545
1.	Review title	Embedding organisational learning about neglect prevention
2.	Review question	• What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect? • What is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect? And what are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent neglect?
3.	Objective	• To assess the effectiveness of different approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect. • To establish which individual, organisational and systemic factors promote or hinder the implementation of organisational learning about safeguarding in care homes to prevent neglect. • To explore views and lived experiences about the acceptability of different approaches to embedding organisational learning about safeguarding in care homes to prevent neglect.
4.	Searches	The following databases will be searched: • Cochrane Database of Systematic Reviews (CDSR) • Cochrane Central Register of Controlled Trials (CENTRAL) • MEDLINE & Medline in Process • Embase

ID	Field (based on PRISMA-P)	Content
		• CINAHL • PsycINFO • ASSIA • IBSS • Social Policy and Practice • Social Science Database • Social Services Abstracts • Sociological Abstracts. Searches will be restricted by: • date limit - 2008 onwards (see rationale under Section 10) • English language • human studies. Other searches: Additional searching may be undertaken if needed (for example, reference or citation searching). With the agreement of the guideline committee the searches will be re-run 6 weeks before final submission of the review and further studies retrieved for inclusion. The full search strategies for MEDLINE database will be published in the final review. For each search, the principal database search strategy is quality assured by a second information scientist using an adaptation of the PRESS 2015 Guideline Evidence-Based Checklist.
5.	Condition or domain being studied	Organisational learning aimed at preventing neglect. Studies will be included if their main focus is on embedding organisational learning approaches within the adult care home context in order to prevent neglect. Views, perceptions, and/or lived experiences of people working in, working with, visiting and accessing care and support , family/friends of people living in or using care homes,

ID	Field (based on PRISMA-P)	Content
		and people living in or using care homes about organisational learning approaches aiming to prevent neglect within the adult care home context.
6.	Population	Inclusion: • People working in care homes. • People working with care homes. • Practitioners in local authorities and local health organisations. • People visiting care homes. • Adults accessing care and support in care homes (and their friends and families) Exclusion: The scope of the guideline is safeguarding adults in care homes. Therefore, people under 18 years of age who accessing support in care homes are excluded.
7.	Intervention/Exposure/Test	For part a) effectiveness of embedding learning Approaches to embedding organisational learning about safeguarding to prevent neglect including: Intervention 1 • One-to-one safeguarding supervision. Intervention 2 • Systematic analysis of Safeguarding reviews involving the identification and implementation of lessons learned (for example, through root cause analysis, significant event analysis or use of reflective practice). Intervention 3 Sharing best practice between care homes, for example, • Multi-agency partnership and information-sharing. • Safeguarding Adults Boards sub-groups. Intervention 4

ID	Field (based on PRISMA-P)	Content
		• A 'well led' provider (focussed on embedding training for example through close working between management and front line, care staff) Studies will be included if the main focus is to embed learning about safeguarding to prevent neglect. If this is not the main aim, studies will be excluded. For part b) acceptability of approaches to embedding safeguarding learning Views, perceptions, and/or lived experiences about the barriers and facilitators which may promote or hinder the implementation of organisational learning about safeguarding in care homes aiming to prevent neglect.
8.	Comparator/Reference standard/Confounding factors	Comparison 1 • Usual practice. • 'Natural history' (no service) control. • Different kinds of intervention 1 (for example, group supervision). Comparison 2 • Non-systematic analysis of safeguarding reviews. • 'Natural history' (no service) control. Comparison 3 • Usual practice. • 'Natural history' (no service) control. Comparison 4 • Usual practice. • 'Natural history' (no service) control. • Different management cultures (for example, those which would not be typified as 'well led' according to the CQC's definition).

ID	Field (based on PRISMA-P)	Content
		Different approaches to embedding learning will not be compared with each other. The committee is interested in data on the effectiveness of these approaches but they are not considered to be mutually exclusive.
9.	Types of study to be included	For part 'a' about the effectiveness of embedding learning: Experimental studies (where the investigator assigned intervention or control) including: o Randomised controlled trials. o Non-randomised controlled trials (for example, case control, case series [uncontrolled longitudinal study]). o Before and after study or interrupted time series. Observational studies (where neither control nor intervention were assigned by the investigator) including: o Prospective cohort studies. o Retrospective cohort studies. o Cross-sectional study. o Review on associations. o Before and after study or interrupted time series. • Systematic reviews of studies using the above designs. For part 'b' about the acceptability of approaches to embedding safeguarding learning: Published full-text papers only. Qualitative studies (for example, studies that use interviews, focus groups, or observations). • Surveys using open ended questions and a qualitative analysis of responses including, Personal Social Services Survey of Adult Carers, Health and Digital Behaviours Survey 2017 (Teva Pharmaceutical Industries) and Think Local Act Personal (TLAP) Care Act 2014 survey.
10.	Other exclusion criteria	• Conference abstracts. • Articles published before 2008.

ID	Field (based on PRISMA-P)	Content
		• Papers that do not include methodological details will be excluded because they do not provide sufficient information to evaluate risk of bias/quality of study (for example, editorials and opinion pieces). • Non-English language articles. • Only studies conducted in care homes will be included. This excludes other congregate care settings and acute hospital settings. Only studies conducted in the UK will be included. If insufficient* UK based studies are available for any of the interventions then studies from the following high income (according to the World Bank) countries, will be considered: Europe, including the Republic of Ireland, Australia and Canada. *for part a (quant) this means at least 5 studies with a sample size of 50 or more. *for part b (qual) this means a total of at least 10 studies providing rich data and which cover all the populations of interest.
11.	Context	No previous guidelines will be updated by this review question.
12.	Primary outcomes (critical outcomes)	For part a) assessing effectiveness • Workforce skills in safeguarding (as defined by the studies but examples include knowledge and skills for identifying a safeguarding concern and attitudes towards reporting). (MID: statistically significant difference). • Healthcare contacts related to suspected safeguarding concerns (for example, A&E, hospital admissions) (MID: statistically significant difference). • Reports of proven safeguarding cases (MID: statistically significant difference). The interpretation of data on 'healthcare contacts' and 'reports of proven safeguarding cases' will be informed by the research objectives and scale direction reported by the individual studies. For part b) assessing acceptability

ID	Field (based on PRISMA-P)	Content
		Qualitative themes will be identified from the available literature. The committee agreed the following potential themes for which they need data to inform the qualitative element of the review question. If other relevant themes are identified they will be extracted and reported:: • Satisfaction with approaches to embedding learning about safeguarding. • Perceived appropriateness of the approach to embedding learning. • Ideas for improvement in the approach to embedding learning about safeguarding. • Barriers and facilitators to embedding organisational learning about safeguarding.
13.	Secondary outcomes (important outcomes)	• Quality of life (QoL) or health or social care-related quality of life of adults living in care homes.
14.	Data extraction (selection and coding)	For details please see section 4.5 of Developing NICE guidelines: the manual 2014
15.	Risk of bias (quality) assessment	• The methodological quality of each study will be assessed using a preferred checklist. For full details please see section 6.2 of Developing NICE guidelines: the manual
16.	Strategy for data synthesis	Part a If pairwise meta-analyses are undertaken, they will be done using Cochrane Review Manager (RevMan). 'GRADEpro' will be used to assess the quality of evidence for each outcome. Part b Confidence in each of the review findings will be evaluated using an adaptation of the 'Grading of Recommendations Assessment, Development and Evaluation (GRADE) Confidence in the Evidence from Reviews of Qualitative Research' developed by the international GRADE working group https://www.cerqual.org Where data allow, the quantitative and qualitative evidence will be integrated for presentation to the committee. The aim will be to provide a synthesis of data about what works in terms of safeguarding training and what is and is not acceptable about those approaches. For a full description of methods see supplementary material A.

<table>
<tr><th>ID</th><th>Field (based on PRISMA-P)</th><th>Content</th></tr>
<tr><td>17.</td><td>Analysis of sub-groups</td><td>Subgroup analysis will be conducted wherever possible, for example if appropriate data is reported in relation to different models of learning and different characteristics of the service users (for example, dementia status, age and learning disability of service users within care homes). The provided recommendations will be applied to the whole population unless we find clear evidence of a difference for a particular subgroup.</td></tr>
<tr><td>18.</td><td>Type and method of review</td><td>☒ Intervention
☐ Diagnostic
☐ Prognostic
☒ Qualitative
☐ Epidemiologic
☐ Service Delivery
☐ Other (please specify)</td></tr>
<tr><td>19.</td><td>Language</td><td>English</td></tr>
<tr><td>20.</td><td>Country</td><td>England</td></tr>
<tr><td>21.</td><td>Anticipated or actual start date</td><td>July 2019</td></tr>
<tr><td>22.</td><td>Anticipated completion date</td><td>October 2020</td></tr>
<tr><td>23.</td><td>Stage of review at time of submission</td><td><table>
<tr><th>Review stage</th><th>Started</th><th>Completed</th></tr>
<tr><td>Preliminary searches</td><td>Yes</td><td>Yes</td></tr>
<tr><td>Piloting of the study selection process</td><td>Yes</td><td>Yes</td></tr>
<tr><td>Formal screening of search results against eligibility criteria</td><td>Yes</td><td>Yes</td></tr>
<tr><td>Data extraction</td><td>Yes</td><td>Yes</td></tr>
<tr><td>Risk of bias (quality) assessment</td><td>Yes</td><td>Yes</td></tr>
<tr><td>Data analysis</td><td>Yes</td><td>Yes</td></tr>
</table></td></tr>
<tr><td>24.</td><td>Named contact</td><td>5a. Named contact</td></tr>
</table>

ID	Field (based on PRISMA-P)	Content
		National Guideline Alliance **5b Named contact e-mail** SafeguardingAdults@nice.org.uk **5c Organisational affiliation of the review** National Institute for Health and Care Excellence (NICE) the National Guideline Alliance
25.	Review team members	From the National Guideline Alliance: Jennifer Francis [Technical lead] Ted Barker [Technical analyst] Fiona Whiter [Technical analyst] Ifigeneia Mavranezouli [Health economist] Elise Hasler [Information scientist]
26.	Funding sources/sponsor	This systematic review is being completed by the National Guideline Alliance which receives funding from NICE.
27.	Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
28.	Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual. Members of the guideline committee are available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/gid-ng10107/documents

ID	Field (based on PRISMA-P)	Content
29.	Other registration details	
30.	Reference/URL for published protocol	https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=160545
31.	Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: • notifying registered stakeholders of publication • publicising the guideline through NICE's newsletter and alerts • issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.
32.	Keywords	Neglect of adults/ elder neglect/ care homes/ organisational learning/ prevention/ views and lived experiences.
33.	Details of existing review of same topic by same authors	
34.	Current review status	☐ Ongoing ☒ Completed but not published ☐ Completed and published ☐ Completed, published and being updated ☐ Discontinued
35.	Additional information	
36.	Details of final publication	www.nice.org.uk

CDSR: Cochrane Database of Systematic Reviews; CENTRAL: Cochrane Central Register of Controlled Trials; CQC: Care Quality Commission; DARE: Database of Abstracts of Reviews of Effects; GRADE: Grading of Recommendations Assessment, Development and Evaluation; HTA: Health Technology Assessment; MID: Minimally important difference; NICE: National Institute for Health and Care Excellence; QoL: Quality of life; TLAP: Think Local Act Personal

Appendix B – Literature search strategies

Literature search strategies for review questions I:

A combined search was conducted for the following 2 review questions:

- **What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse?**
- **What is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse? And what are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent abuse?**
- **What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect?**
- **What is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect? And what are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent neglect?**

Database(s): Medline & Embase (Multifile)
Last searched on **Embase Classic+Embase** 1947 to 2019 September 04, **Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily** 1946 to September 04, 2019
Date of last search: 4th September 2019
Multifile database codes: emczd = Embase Classic+Embase; ppez= MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily

#	Searches
1	Elder Abuse/ use ppez
2	(elder abuse/ or elderly abuse/) use emczd
3	((elder$ or aged or old-age$ or older adult$ or old people$ or older people$ or geriatric$ or resident$) adj (abus$ or mistreat$ or neglect$ or self-neglect$)).mp.
4	((elder$ or aged or old-age$ or older adult$ or old people$ or older people$ or geriatric$ or resident$) adj3 (abus$ or mistreat$ or neglect$ or self-neglect$)).tw.
5	((vulnerable$ adult$ or vulnerable people$ or vulnerable patient$ or incompetent$ or incapacitat$ or older adult$ or older people$) adj4 (safeguard$ or protect$)).mp.
6	((abuse$ or neglect$ or self-neglect$ or violen$ or safeguard$) adj5 (dementia$ or alzheimer$ or learning disab$ or learning impair$ or learning disorder$ or intellectual disab$ or intellectual impair$ or mentally-ill or mentally ill or mentally-disabl$ or mentally disabl$ or disabl$ adult$ or disabl$ people$ or disabl$ person$ or disabl$ population$)).tw.
7	((adult adj safeguard$) or (safeguard$ adj adult$) or (adult adj protection$) or (protect$ adj adult$)).mp.
8	(adult$ social$ care$ or adult$ protective$ service$ or elder$ protective$ service$).mp.
9	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8
10	"Organization and Administration"/ use ppez
11	clinical supervision/ use emczd
12	(supervision$ adj4 (staff$ or work$ or peer or training or education or handling or risk$ or right$)).mp.
13	(supervision$ and training).mp.
14	(supervision$ adj (program$ or session$)).mp.
15	((clinical$ or professional$ or restorativ$) adj supervision$).mp.
16	(teamcoach$ or team-coach$ or team coach$ or teamlearn$ or team-learn$ or team learn$).mp.
17	(team$ adj5 intervention$).mp.
18	(practice adj supervis$).mp.
19	(supervision$ and (training or good practi?e or learning or development or quality assurance)).mp.
20	sub$ group$.mp.
21	Clinical Competence/ use ppez
22	clinical competence/ use emczd
23	(reflective$ adj (practice$ or learning or process$ or approach$ or framework$ or intervention$ or question$ or point$ or assignment$ or exercise$ or journal$ or essay$ or review$ or account$ or analy$ or online)).mp.

#	Searches
24	((critical$ or case$) adj reflect$).mp.
25	*Education/ or Education, Continuing/ or Education, Medical/ or Education, Nursing/ or Education, Medical, Continuing/ or Education, Nursing, Continuing/
26	25 use ppez
27	*education/ or continuing education/ or medical education/ or nursing education/
28	27 use emczd
29	Health Knowledge, Attitudes, Practice/ use ppez
30	training/ use emczd
31	"education and training".mp.
32	"learning and development".mp.
33	"knowledge and training".mp.
34	(organi?ation$ adj learn$).mp.
35	((training or education$ or competenc$ or skill or skills) adj3 (model$ or program$ or workshop$ or framework$ or module$ or curricul$ or intervention$ or need or needs or requirement$)).mp.
36	embed$.mp.
37	"core competenc$".mp.
38	coaching.mp.
39	capacity building.mp.
40	((one-to-one or face-to-face) adj3 training).mp.
41	(elearn$ or e-learn$).mp.
42	learning/
43	*Leadership/ use ppez
44	*leadership/ use emczd
45	Personnel Management/ use ppez
46	personnel management/ use emczd
47	Organizational Culture/ use ppez
48	organizational culture/ use emczd
49	leadership.mp.
50	(staff adj (educat$ or learn$ or train$ or develop$)).mp.
51	(workforce$ adj2 (educat$ or learn$ or train$ or develop$ or transform$)).mp.
52	"well-led".mp.
53	(awareness adj train$).mp.
54	(train adj3 trainer$).mp.
55	lived experience.mp.
56	(safeguard$ adj2 train$).mp.
57	(supervis$ or competenc$ or reflect$ or educat$ or knowledge$ or train$ or skills or awareness).m_titl.
58	10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 26 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57
59	9 and 58
60	limit 59 to english language
61	limit 60 to yr="2008 -Current" General exclusions filter applied.

Database(s): Cochrane Library
Last searched on **Cochrane Database of Systematic Reviews**, Issue 9 of 12, Sept 2019, **Cochrane Central Register of Controlled Trials**, Issue 9 of 12, Sept 2019
Date of last search: 9th September 2019

#	Searches
#1	MeSH descriptor: [Elder Abuse] this term only
#2	(((elder* or aged or old-age* or "older adult*" or "old people*" or "older people*" or geriatric* or resident*) NEAR/3 (abus* or mistreat* or neglect* or self-neglect*))):ti,ab,kw
#3	((("vulnerable* adult*" or "vulnerable people*" or "vulnerable patient*" or incompetent* or incapacitat* or "older adult*" or "older people*") NEAR/4 (safeguard* or protect*))):ti,ab,kw
#4	(((abuse* or neglect* or self-neglect* or violen* or safeguard*) NEAR/5 (dementia* or alzheimer* or "learning disab*" or "learning impair*" or "learning disorder*" or "intellectual disab*" or "intellectual impair*" or mentally-ill or "mentally ill" or mentally-disabl* or "mentally disabl*" or "disabl* adult*" or "disabl* people*" or "disabl* person*" or "disabl* population*"))):ti,ab,kw
#5	((("adult safeguard*") or ("safeguard* adult*") or ("adult protection*") or ("protect* adult*"))):ti,ab,kw
#6	(("adult* social* care*" or "adult* protective* service*" or "elder* protective* service*")):ti,ab,kw
#7	#1 OR #2 OR #3 OR #4 OR #5 OR #6 Publication Year from 2008 to current

Database(s): Cinahl Plus
Date of last search: 9th September 2019

#	Searches
S46	S45 Limiters - Publication Year: 2008-2019; English Language
S45	S7 AND S44

#	Searches
S44	S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35 OR S36 OR S37 OR S38 OR S39 OR S40 OR S41 OR S42 OR S43
S43	TI (supervis* or competenc* or reflect* or educat* or knowledge* or train* or skills or awareness)
S42	TI (safeguard* N2 train*) OR AB (safeguard* N2 train*)
S41	TI "lived experience" OR AB "lived experience"
S40	TI (train N3 trainer*) OR AB (train N3 trainer*)
S39	TI (awareness N1 train*) OR AB (awareness N1 train*)
S38	TI "well-led" OR AB "well-led"
S37	TI (workforce* N2 (educat* or learn* or train* or develop* or transform*)) OR AB (workforce* N2 (educat* or learn* or train* or develop* or transform*))
S36	TI (staff N1 (educat* or learn* or train* or develop*)) OR AB (staff N1 (educat* or learn* or train* or develop*))
S35	TI leadership OR AB leadership
S34	(MH "Organizational Culture")
S33	(MH "Personnel Management")
S32	(MM "Leadership")
S31	(MH "Learning")
S30	TI (elearn* or e-learn*) OR AB (elearn* or e-learn*)
S29	TI ((one-to-one or face-to-face) N3 training) OR AB ((one-to-one or face-to-face) N3 training)
S28	TI "capacity building" OR AB "capacity building"
S27	TI coaching OR AB coaching
S26	TI "core competenc*" OR AB "core competenc*"
S25	TI embed* OR AB embed*
S24	TI ((training or education* or competenc* or skill or skills) N3 (model* or program* or workshop* or framework* or module* or curricul* or intervention* or need or needs or requirement*)) OR AB ((training or education* or competenc* or skill or skills) N3 (model* or program* or workshop* or framework* or module* or curricul* or intervention* or need or needs or requirement*))
S23	TI (organi?ation* N1 learn*) OR AB (organi?ation* N1 learn*)
S22	TI ("education and training") OR ("learning and development") OR ("knowledge and training") OR AB ("education and training") OR ("learning and development") OR ("knowledge and training")
S21	(MH "Education, Continuing") OR (MM "Education") OR (MH "Education, Medical") OR (MH "Education, Medical, Continuing") OR (MH "Education, Nursing") OR (MH "Education, Nursing, Continuing")
S20	TI ((critical* or case*) N1 reflect*) OR AB ((critical* or case*) N1 reflect*)
S19	TI (reflective* N1 (practice* or learning or process* or approach* or framework* or intervention* or question* or point* or assignment* or exercise* or journal* or essay* or review* or account* or analy* or online)) OR AB (reflective* N1 (practice* or learning or process* or approach* or framework* or intervention* or question* or point* or assignment* or exercise* or journal* or essay* or review* or account* or analy* or online))
S18	(MH "Clinical Competence")
S17	TI ("sub* group*") OR AB ("sub* group*")
S16	TI (supervision* and (training or “good practi?e” or learning or development or “quality assurance”)) OR AB (supervision* and (training or “good practi?e” or learning or development or “quality assurance”))
S15	TI (practice N1 supervis*) OR AB (practice N1 supervis*)
S14	TI (team* N5 intervention*) OR AB (team* N5 intervention*)
S13	TI (teamcoach* or team-coach* or “team coach*” or teamlearn* or team-learn* or “team learn*”) OR AB (teamcoach* or team-coach* or “team coach*” or teamlearn* or team-learn* or “team learn*”)
S12	TI ((clinical* or professional* or restorativ*) N1 supervision*) OR AB ((clinical* or professional* or restorativ*) N1 supervision*)
S11	TI (supervision* N1 (program* or session*)) OR AB (supervision* N1 (program* or session*))
S10	TI (supervision* and training) OR AB (supervision* and training)
S9	TI (supervision* N4 (staff* or work* or peer or training or education or handling or risk* or right*)) OR AB (supervision* N4 (staff* or work* or peer or training or education or handling or risk* or right*))
S8	(MH "Clinical Supervision")
S7	S1 OR S2 OR S3 OR S4 OR S5 OR S6
S6	TI (“adult* social* care*” or “adult* protective* service*” or “elder* protective* service*”) OR AB (“adult* social* care*” or “adult* protective* service*” or “elder* protective* service*”)
S5	TI ((adult N1 safeguard*) or (safeguard* N1 adult*) or (adult N1 protection*) or (protect* N1 adult*)) OR AB ((adult N1 safeguard*) or (safeguard* N1 adult*) or (adult N1 protection*) or (protect* N1 adult*))
S4	TI ((abuse* or neglect* or self-neglect* or violen* or safeguard*) N5 (dementia* or alzheimer* or “learning disab*” or “learning impair*” or “learning disorder*” or “intellectual disab*” or “intellectual impair*” or mentally-ill or “mentally ill” or mentally-disabl* or “mentally disabl*” or “disabl* adult*” or “disabl* people*” or “disabl* person*” or “disabl* population*”)) OR AB ((abuse* or neglect* or self-neglect* or violen* or safeguard*) N5 (dementia* or alzheimer* or “learning disab*” or “learning impair*” or “learning disorder*” or “intellectual disab*” or “intellectual impair*” or mentally-ill or “mentally ill” or mentally-disabl* or “mentally disabl*” or “disabl* adult*” or “disabl* people*” or “disabl* person*” or “disabl* population*”))
S3	TI ((“vulnerable* adult*” or “vulnerable people*” or incompetent* or incapacitat* or “older adult*” or “older people*”) N3 (safeguard* or protect*)) OR AB ((“vulnerable* adult*” or “vulnerable people*” or incompetent* or incapacitat* or “older adult*” or “older people*”) N3 (safeguard* or protect*))
S2	TI ((elder* or aged or old-age* or “older adult*” or “old people*” or “older people*” or geriatric* or resident*) N3 (abus* or mistreat* or neglect* or self-neglect*)) OR AB ((elder* or aged or old-age* or “older adult*” or “old people*” or “older people*” or geriatric* or resident*) N3 (abus* or mistreat* or neglect* or self-neglect*))
S1	(MH "Elder Abuse")

Database(s): Social Policy and Practice, PsycINFO 1806 to August Week 4 2019
Date of last search: 4th September 2019

#	Searches
1	((elder$ or aged or old-age$ or older adult$ or old people$ or older people$ or geriatric$ or resident$) adj (abus$ or mistreat$ or neglect$ or self-neglect$)).mp.
2	((elder$ or aged or old-age$ or older adult$ or old people$ or older people$ or geriatric$ or resident$) adj3 (abus$ or mistreat$ or neglect$ or self-neglect$)).tw.
3	((vulnerable$ adult$ or vulnerable people$ or vulnerable patient$ or incompetent$ or incapacitat$ or older adult$ or older people$) adj4 (safeguard$ or protect$)).mp.
4	((abuse$ or neglect$ or self-neglect$ or violen$ or safeguard$) adj5 (dementia$ or alzheimer$ or learning disab$ or learning impair$ or learning disorder$ or intellectual disab$ or intellectual impair$ or mentally-ill or mentally ill or mentally-disabl$ or mentally disabl$ or disabl$ adult$ or disabl$ people$ or disabl$ person$ or disabl$ population$)).tw.
5	((adult adj safeguard$) or (safeguard$ adj adult$) or (adult adj protection$) or (protect$ adj adult$)).mp.
6	(adult$ social$ care$ or adult$ protective$ service$ or elder$ protective$ service$).mp.
7	1 or 2 or 3 or 4 or 5 or 6
8	(supervision$ adj4 (staff$ or work$ or peer or training or education or handling or risk$ or right$)).mp.
9	(supervision$ and training).mp.
10	(supervision$ adj (program$ or session$)).mp.
11	((clinical$ or professional$ or restorativ$) adj supervision$).mp.
12	(teamcoach$ or team-coach$ or team coach$ or teamlearn$ or team-learn$ or team learn$).mp.
13	(team$ adj5 intervention$).mp.
14	(practice adj supervis$).mp.
15	(supervision$ and (training or good practi?e or learning or development or quality assurance)).mp.
16	sub$ group$.mp.
17	(reflective$ adj (practice$ or learning or process$ or approach$ or framework$ or intervention$ or question$ or point$ or assignment$ or exercise$ or journal$ or essay$ or review$ or account$ or analy$ or online)).mp.
18	((critical$ or case$) adj reflect$).mp.
19	"education and training".mp.
20	"learning and development".mp.
21	"knowledge and training".mp.
22	(organi?ation$ adj learn$).mp.
23	((training or education$ or competenc$ or skill or skills) adj3 (model$ or program$ or workshop$ or framework$ or module$ or curricul$ or intervention$ or need or needs or requirement$)).mp.
24	embed$.mp.
25	"core competenc$".mp.
26	coaching.mp.
27	capacity building.mp.
28	((one-to-one or face-to-face) adj3 training).mp.
29	(elearn$ or e-learn$).mp.
30	leadership.mp.
31	(staff adj (educat$ or learn$ or train$ or develop$)).mp.
32	(workforce$ adj2 (educat$ or learn$ or train$ or develop$ or transform$)).mp.
33	"well-led".mp.
34	(awareness adj train$).mp.
35	(train adj3 trainer$).mp.
36	lived experience.mp.
37	(safeguard$ adj2 train$).mp.
38	(supervis$ or competenc$ or reflect$ or educat$ or knowledge$ or train$ or skills or awareness).m_titl.
39	8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 26 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38
40	7 and 39
41	limit 40 to english language
42	limit 41 to yr="2008 -Current"

Databases ASSIA, IBSS, Social Science Database, Social Services Abstracts and Sociological Abstracts were also searched.
Date of last search: 10th September 2019

Grey literature databases HMIC, OpenGrey and PsycEXTRA were also searched.
Date of last search: 4th September 2019

Economics Search

Database(s): Medline & Embase (Multifile)
Embase Classic+Embase 1947 to 2019 December 03, **Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily** 1946 to December 03, 2019
Date of last search: 4th December 2019
Multifile database codes: emczd = Embase Classic+Embase; ppez= MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily

#	Searches
1	*Long-Term Care/ use ppez
2	*long term care/ use emczd
3	((long term$ or long-term$) adj care).tw.
4	Respite Care/ use ppez
5	respite care/ use emczd
6	(respite$ adj care).tw.
7	institutional practice/ use ppez
8	institutional care/ use emczd
9	exp Nursing Homes/ use ppez
10	Group Homes/ use ppez
11	nursing home/ use emczd
12	residential facilities/ use ppez
13	residential home/ use emczd
14	homes for the aged/ use ppez
15	home for the aged/ use emczd
16	(nursing adj home$1).tw.
17	(care adj home$1).tw.
18	((elderly or old age) adj2 home$1).tw.
19	((nursing or residential) adj (home$1 or facilit$)).tw.
20	(home$1 for the aged or home$1 for the elderly or home$1 for older adult$).tw.
21	residential aged care.tw.
22	("frail elderly" adj2 (facilit$ or home or homes)).tw.
23	(residential adj (care or facilit$ or institution$ or setting$ or service$ or provider$)).tw.
24	((long-term or long term) adj2 (facility or facilities)).tw.
25	((mental health or mental-health) adj (facilit$ or institution$ or setting$ or service$)).tw.
26	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25
27	Physical Abuse/ use ppez
28	physical abuse/ use emczd
29	Restraint, Physical/ use ppez
30	*Violence/ use ppez
31	*violence/ use emczd
32	emotional abuse/ use emczd
33	Sex Offenses/ use ppez
34	Rape/ use ppez
35	sexual abuse/ use emczd
36	rape/ use emczd
37	neglect/ use emczd
38	Domestic Violence/ use ppez
39	domestic violence/ use emczd
40	Spouse Abuse/ use ppez
41	Intimate Partner Violence/ use ppez
42	partner violence/ use emczd
43	exp Human Rights Abuses/ use ppez
44	exp human rights abuse/ use emczd
45	self neglect/ use emczd
46	abuse/ use emczd
47	patient abuse/ use emczd
48	((physical$ or emotional$ or sexual$ or psychological$ or financial$ or organi?tional$ or institutional$ or discriminat$ or depriv$) adj abus$).tw.
49	(domestic$ adj violen$).tw.
50	(modern$ adj3 slave$).tw.
51	(neglect or self-neglect or self neglect).tw.
52	((significant$ or persistent$ or deliberat$ or inflict$ or unexplained or non-accident$ or nonaccident$ or non-natural$) adj (injur$ or trauma$)).tw.
53	(safeguard$ or safe-guard$ or safe guard$).mp.
54	27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53
55	Elder Abuse/ use ppez

#	Searches
56	(elder abuse/ or elderly abuse/) use emczd
57	((elder$ or aged or old-age$ or older adult$ or old people$ or older people$ or geriatric$ or resident$) adj (abus$ or mistreat$ or neglect$ or self-neglect$)).mp.
58	((elder$ or aged or old-age$ or older adult$ or old people$ or older people$ or geriatric$ or resident$) adj3 (abus$ or mistreat$ or neglect$ or self-neglect$)).tw.
59	(adult$ social$ care$ or adult$ protective$ service$ or elder$ protective$ service$).mp.
60	(adult$ adj3 (safeguard$ or safe-guard$ or safe guard$ or protection$)).mp.
61	((vulnerable$ adult$ or vulnerable people$ or incompetent$ or incapacitat$ or older adult$ or older people$) adj3 protect$).mp.
62	((abuse$ or neglect$ or self-neglect$ or violen$ or safeguard$) adj5 (dementia$ or alzheimer$ or learning disab$ or learning impair$ or learning disorder$ or intellectual disab$ or intellectual impair$ or mentally-ill or mentally ill or mentally-disabl$ or mentally disabl$ or disabl$ adult$ or disabl$ people$ or disabl$ person$ or disabl$ population$)).tw.
63	(family adj violence$).tw,kw.
64	55 or 56 or 57 or 58 or 59 or 60 or 61 or 62 or 63
65	(elderly or old age or aged or older adult$ or frail or vulnerabl$ or mental health or mental-health or residential or institution$ or respite$ or long term$ or long-term$ or nursing home$1 or care home$1 or home care$).m_titl.
66	(abuse$ or restrain$ or violen$ or rape or neglect$ or selfneglect$ or self-neglect$ or slave$ or safeguard$ or safe-guard$ or mistreat$ or protect$ or harm$).m_titl.
67	Economics/ use ppez
68	Value of life/ use ppez
69	exp "Costs and Cost Analysis"/ use ppez
70	exp Economics, Hospital/ use ppez
71	exp Economics, Medical/ use ppez
72	Economics, Nursing/ use ppez
73	Economics, Pharmaceutical/ use ppez
74	exp "Fees and Charges"/ use ppez
75	exp Budgets/ use ppez
76	health economics/ use emczd
77	exp economic evaluation/ use emczd
78	exp health care cost/ use emczd
79	exp fee/ use emczd
80	budget/ use emczd
81	funding/ use emczd
82	budget*.ti,ab.
83	cost*.ti.
84	(economic* or pharmaco?economic*).ti.
85	(price* or pricing*).ti,ab.
86	(cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)).ab.
87	(financ* or fee or fees).ti,ab.
88	(value adj2 (money or monetary)).ti,ab.
89	or/67-88
90	26 and 54 and 89
91	64 and 89
92	54 and 65 and 89
93	26 and 66 and 92
94	90 or 91 or 92 or 93
95	limit 94 to yr="2014 -Current"
96	Quality-Adjusted Life Years/ use ppez
97	Sickness Impact Profile/
98	quality adjusted life year/ use emczd
99	"quality of life index"/ use emczd
100	(quality adjusted or quality adjusted life year*).tw.
101	(qaly* or qal or qald* or qale* or qtime* or qwb* or daly).tw.
102	(illness state* or health state*).tw.
103	(hui or hui2 or hui3).tw.
104	(multiattibute* or multi attribute*).tw.
105	(utilit* adj3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*)).tw.
106	utilities.tw.
107	(eq-5d* or eq5d* or eq-5* or eq5* or euroqual* or euro qual* or euroqual 5d* or euro qual 5d* or euro qol* or euroqol*or euro quol* or euroquol* or euro quol5d* or euroquol5d* or eur qol* or eurqol* or eur qol5d* or eurqol5d* or eur?qul* or eur?qul5d* or euro* quality of life or european qol).tw.
108	(euro* adj3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*)).tw.
109	(sf36 or sf 36 or sf thirty six or sf thirtysix).tw.
110	(time trade off*1 or time tradeoff*1 or tto or timetradeoff*1).tw.
111	Quality of Life/ and ((quality of life or qol) adj (score*1 or measure*1)).tw.
112	Quality of Life/ and ec.fs.
113	Quality of Life/ and (health adj3 status).tw.
114	(quality of life or qol).tw. and Cost-Benefit Analysis/ use ppez
115	(quality of life or qol).tw. and cost benefit analysis/ use emczd

#	Searches
116	((qol or hrqol or quality of life).tw. or *quality of life/) and ((qol or hrqol* or quality of life) adj2 (increas* or decreas* or improv* or declin* or reduc* or high* or low* or effect or effects or worse or score or scores or change*1 or impact*1 or impacted or deteriorat*)).ab.
117	Cost-Benefit Analysis/ use ppez and cost-effectiveness ratio*.tw. and (cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.
118	cost benefit analysis/ use emczd and cost-effectiveness ratio*.tw. and (cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.
119	*quality of life/ and (quality of life or qol).ti.
120	quality of life/ and ((quality of life or qol) adj3 (improv* or chang*)).tw.
121	quality of life/ and health-related quality of life.tw.
122	Models, Economic/ use ppez
123	economic model/ use emczd
124	care-related quality of life.tw,kw.
125	((capability$ or capability-based$) adj (measure$ or index or instrument$)).tw,kw.
126	social care outcome$.tw,kw.
127	(social care and (utility or utilities)).tw,kw.
128	96 or 97 or 98 or 99 or 100 or 101 or 102 or 103 or 104 or 105 or 106 or 107 or 108 or 109 or 110 or 111 or 112 or 113 or 114 or 115 or 116 or 117 or 118 or 119 or 120 or 121 or 122 or 123 or 124 or 125 or 126 or 127
129	26 and 54 and 128
130	64 and 128
131	54 and 65 and 128
132	26 and 66 and 128
133	129 or 130 or 131 or 132
134	95 or 133

Database(s): CRD: NHS Economic Evaluation Database (NHS EED), HTA Database
Date of last search: 4th December 2019

Line	Search
1	MeSH DESCRIPTOR Long-Term Care EXPLODE ALL TREES
2	(((((long term* or long-term*) NEAR1 care)))
3	MeSH DESCRIPTOR Respite care EXPLODE ALL TREES
4	((respite* NEAR1 care))
5	MeSH DESCRIPTOR institutional practice EXPLODE ALL TREES
6	MeSH DESCRIPTOR Nursing Homes EXPLODE ALL TREES
7	MeSH DESCRIPTOR Group Homes EXPLODE ALL TREES
8	MeSH DESCRIPTOR residential facilities EXPLODE ALL TREES
9	MeSH DESCRIPTOR homes for the aged EXPLODE ALL TREES
10	((nursing NEAR1 home*))
11	((care NEAR1 home*))
12	(((elderly or old age) NEAR2 home*))
13	(((nursing or residential) NEAR1 (home* or facilit*)))
14	((home* for the aged or home* for the elderly or home* for older adult*))
15	(residential aged care)
16	(("frail elderly" NEAR2 (facilit* or home or homes)))
17	((residential NEAR1 (care or facilit* or institution* or setting* or service* or provider*)))
18	(((long-term or long term) NEAR2 (facility or facilities)))
19	(((mental health or mental-health) NEAR1 (facilit* or institution* or setting* or service*)))
20	#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19
21	MeSH DESCRIPTOR Physical Abuse EXPLODE ALL TREES
22	MeSH DESCRIPTOR Restraint, Physical EXPLODE ALL TREES
23	MeSH DESCRIPTOR Violence EXPLODE ALL TREES
24	MeSH DESCRIPTOR Sex Offenses EXPLODE ALL TREES
25	MeSH DESCRIPTOR Rape EXPLODE ALL TREES
26	MeSH DESCRIPTOR Domestic Violence EXPLODE ALL TREES
27	MeSH DESCRIPTOR Spouse Abuse EXPLODE ALL TREES
28	MeSH DESCRIPTOR Intimate Partner Violence EXPLODE ALL TREES
29	MeSH DESCRIPTOR Human Rights Abuses EXPLODE ALL TREES
30	(((physical* or emotional* or sexual* or psychological* or financial* or organisational* or organizational* or institutional* or discriminat* or depriv*) NEAR1 abus*))
31	((domestic* NEAR1 violen*))
32	((modern* NEAR3 slave*))
33	((neglect or self-neglect or self neglect))
34	(((significant* or persistent* or deliberat* or inflict* or unexplained or non-accident* or nonaccident* or non-natural*) NEAR1 (injur* or trauma*)))
35	((safeguard* or safe-guard* or safe guard*))
36	#21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35
37	MeSH DESCRIPTOR Elder Abuse EXPLODE ALL TREES

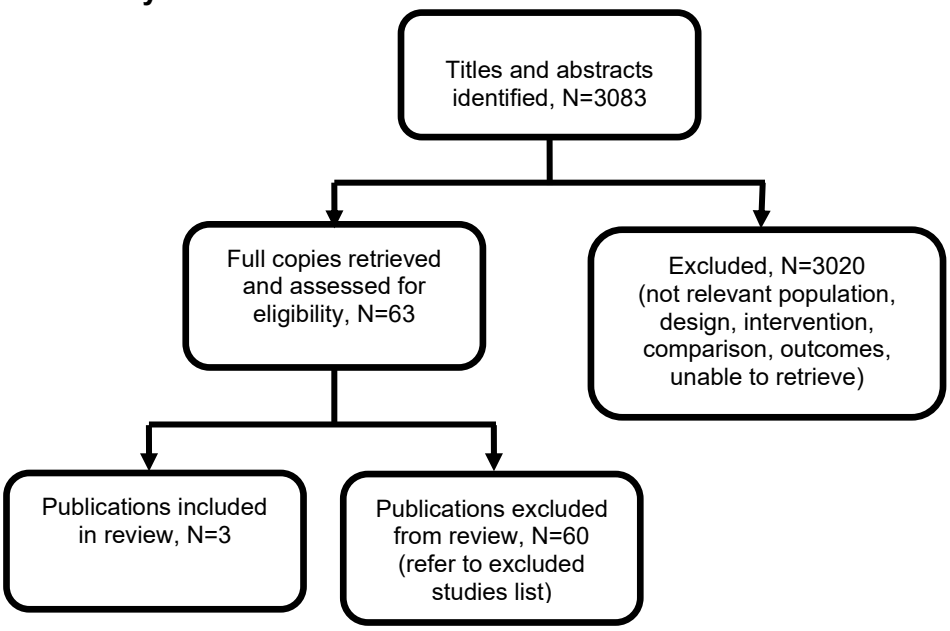
Line	Search
38	(((elder* or aged or old-age* or older adult* or old people* or older people* or geriatric* or resident*) NEAR3 (abus* or mistreat* or neglect* or self-neglect*)))
39	((adult* social* care* or adult* protective* service* or elder* protective* service*))
40	((adult* NEAR3 (safeguard* or safe-guard* or safe guard* or protection*)))
41	(((vulnerable* adult* or vulnerable people* or incompetent* or incapacitat* or older adult* or older people*) NEAR3 protect*))
42	(((abuse* or neglect* or self-neglect* or violen* or safeguard*) NEAR5 (dementia* or alzheimer* or learning disab* or learning impair* or learning disorder* or intellectual disab* or intellectual impair* or mentally-ill or mentally ill or mentally-disabl* or mentally disabl* or disabl* adult* or disabl* people* or disabl* person* or disabl* population*)))
43	((family NEAR1 violence*))
44	#37 OR #38 OR #39 OR #40 OR #41 OR #42 OR #43
45	((elderly or old age or aged or older adult* or frail or vulnerabl* or mental health or mental-health or residential or institution* or respite* or long term* or long-term* or nursing home* or care home* or home care*)):TI
46	((abuse* or restrain* or violen* or rape or neglect* or selfneglect* or self-neglect* or slave* or safeguard* or safe-guard* or mistreat* or protect* or harm*)):TI
47	#20 AND #36
48	#20 AND #46
49	#36 AND #45
50	#44 OR #47 OR #48 OR #49
51	* IN NHSEED, HTA
52	#50 AND #51
53	((care-related quality of life)) IN NHSEED, HTA
54	(((((capability* or capability-based*) NEAR1 (measure* or index or instrument*)))) IN NHSEED, HTA
55	((social care outcome*)) IN NHSEED, HTA
56	((social care NEAR (utility or utilities))) IN NHSEED, HTA
57	#52 OR #53 OR #54 OR #55 OR #56

Appendix C – Evidence study selection

Study selection for review questions I:

- **What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse?**
- **What is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse? And what are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent abuse?**
- **What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect?**
- **What is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect? And what are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent neglect?**

Figure 2: Study selection flow chart



Appendix D – Evidence tables

Table 6: Evidence tables for review questions I:

- **What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse?**
- **What is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse? And what are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent abuse?**
- **What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect?**
- **What is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect? And what are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent neglect?**

Study details	Participants	Methods	Findings	Limitations
Full citation Braaten, K. L., Malmedal, W., Preventing physical abuse of nursing home residents- as seen from the nursing staff's perspective, Nursing OpenNurs, 4, 274-281, 2017 **Ref Id** 853861 **Aim of the study**	**Sample size** Nursing homes: N=3 (registered nurses: n=3; social educator: n=1; licensed practical nurses: n=4; healthcare worker: n=6) **Characteristics** Sex - number (female) 14 Age - range (years) 24 to 53 Experience - years	**Setting** Participants worked within 3 nursing homes in 1 city in central Norway. **Sample selection** Convenient sample of participants recruited through nursing home managers. **Data collection** Three focus group interviews were conducted in a meeting	The authors reported data about the following themes and sub-themes: • Barriers to embedding organisational learning about safeguarding: o Appropriate training (lack of appropriate training for new employees if culture of safety missing from workplace). "More	**Limitations (assessed using the CASP checklist for qualitative studies)** **Clear statement of aims and appropriate methodology?** Yes. **Was the research design appropriate to address the study aims?** Yes. The authors used focus groups to explore the views of care home staff nursing home staff's understanding and experiences about prevention of physical

Study details	Participants	Methods	Findings	Limitations
To investigate nursing home staff's experience and understanding with regard to prevention of physical abuse of nursing home residents and the measures considered useful to implement in their daily work. **Country/ies where study carried out** Norway. **Study dates** Data were collected between December 2015 and February 2016. **Source of funding** None.	All had more than 1-year experience (range 2 to 20) <u>Education - number</u> High school level: n=10 Bachelor level: n=4 **Inclusion criteria** • Male and female staff who had been permanently or temporarily employed for at least 1 year on one of the selected 3 nursing homes in 1 city in central Norway. **Exclusion criteria** Not reported.	room at each of the participating nursing homes; interviews took place during working hours. A short film from the e-learning programme "Elder abuse in nursing homes" was shown to participants, and an interview guide was used which consisted of open-ended questions relating to the film and to the research questions. **Data analysis** Interviews were recorded and transcribed verbatim. Text was analysed using systematic text condensation, as described by Malterud (2011). Themes were identified and categorised.	funds should have been set aside and invested in training and skills development; how else can we manage with high levels of sick leave and a tight economy?" (One informant). [Braaten 2017, p. 279] "In order to prevent abuse, it is important to dare to speak up about bad culture" (One participant). [Braaten 2017, p. 279] • Facilitators to embedding organisational learning about safeguarding: • Communication (ability to ethically reflect together with colleagues and be constructively critical of own practice). "With regard to abuse it is important to have a culture where colleagues can talk together and engage in ethical reflection" (One informant). [Braaten 2017, p.278] • Skills and competence (importance of highly skilled staff to prevent abuse). "By increasing our expertise, we understand better how	abuse. Qualitative methods were used to provide context around the conversation and add to the knowledge obtained. **Was the recruitment strategy appropriate to the study aims?** Unclear. The authors provided some explanation as to how participants were selected but did not explain the reasons for selecting the 3 nursing homes in 1 city of central Norway. **Data collected in a way that addressed the research issue?** Yes. The authors used interview guides which used open-ended questions and provided a checklist of key questions on the topic. A third focus group was introduced so the saturation point was reached after 3 focus group because no new themes emerged. **Relationship between researcher and participants adequately considered?** Yes. The authors mentioned the importance that the researcher is critical to their own role in the research process. **Ethical issues taken into consideration?** Yes. Permission for participation of nursing home staff was sought through nursing home managers.

Study details	Participants	Methods	Findings	Limitations
			to help residents" (One informant). [Braaten 2017, p. 279] "By taking a course, we get a lot of tools to avoid using force and avoid disruptive behaviour" (One informant). [Braaten 2017, p. 279] "The method is worth gold. We have used it many times in the nursing home" (One informant). [Braaten 2017, p. 279] • Leadership (importance of leaders as role models in terms of improving attitudes towards learning from mistakes and improving practice). "it is important to have an open working environment so employees can talk about mistakes that are made or if the patients' safety is threatened" (One informant) [Braaten 2017, p. 279] • Documentation/record keeping (documentation as part of staff co-operation to prevent abuse). "It is crucial to	Participants were provided with information on the research and anonymity was assured. Each participant signed a consent form prior to the interview. **Was the data analysis sufficiently rigorous?** Yes. The author describes how emerging themes were identified and categorised through thematic analysis; 2 authors performed the data analysis. The authors stated that it is important that the researchers are aware that the analysis will always consist of subjective interpretations. **Is there a clear statement of findings?** Yes. The authors stated that the findings revealed similarities and differences in some research areas. The authors stated that systematics, thoroughness and a thorough and well-documented analysis were needed for the credibility of the research. **Value of research:** The authors discuss the study findings in relation to relevant research. The authors stated that the nursing homes in the study differed in size and location and that they believed the results are valid for other nursing homes. **Overall methodological concerns:** Minor **Other information**

Study details	Participants	Methods	Findings	Limitations
			be conscious of how we document and that we follow-up documentation" (One informant). [Braaten 2017, p. 279]	"Abuse". *The study does not include an approach to embedding organisational learning about safeguarding in care homes to prevent abuse but does provide some data relating to measures considered to be useful by nursing home staff to implement in their daily work.
Full citation Lawrence, V., Banerjee, S., Improving care in care homes: a qualitative evaluation of the Croydon care home support team, Aging & mental health, 14, 416-24, 2010 **Ref Id** 853188 **Aim of the study** To evaluate the impact of the Croydon care home support team (CHST) as perceived by care home staff. **Country/ies where study carried out** England. **Study dates** Not reported. **Source of funding** Croydon Council, Croydon Primary Care Trust and South	**Sample size** Care homes: N=14 (managers: n=14; deputy managers: n=5; registered general nurses (RGNs): n=5; senior healthcare assistants (HCAs/senior support workers): n=5; HCAs/support workers: n=10). **Characteristics** Care home with nursing: n=6 Care home only: n=8 <u>Care categories - number of care homes</u> Old age, Alzheimer's/Dementia: n=5 Learning disabilities: n=4 Old age, Alzheimer's/Dementia, mental disorder: n=2 Old age, mental disorder: n=1 Old age: n=2 **Inclusion criteria** • Care homes that the CHST had worked with within its first year of activity. **Exclusion criteria**	**Setting** Participants worked within care homes (with or without nursing) in Croydon. Croydon CHST: a joint initiative between Croydon NHS Primary Care Trust, Croydon Council and South London & Maudsley NHS Foundation Trust. The 3 core objectives are to: improve the quality of care provided within care homes in Croydon; enable staff in care homes to sustain improved quality of care; prevent safeguarding issues. The CHST develops support plans in response to safeguarding issues in conjunction with care home managers and provide workshops; facilitate access to e-learning, community services and formal training; undertake audits; and provide managerial support. The CHST is a small focused, multi-disciplinary team comprising 1 district nurse, 1 community psychiatric nurse (CPN) and 1 social worker.	The authors reported data about the following themes and sub-themes: • Satisfaction with approaches to embedding learning about safeguarding: ○ Opportunities for collaboration (practical relevance of interactive sessions with CHST; opportunity to discuss problems). "We learnt information from them, but it is hard for us to, in an instance, it is hard for to us to implement, but later on as we go and take time telling and adjusting to the attitude and behaviour of our residents, and talking to the CHST in particular, yes we gradually applied it" (Care Assistant). [Quote: Lawrence 2010, p. 420] • Perceived appropriateness of the approach to	**Limitations (assessed using the CASP checklist for qualitative studies)** **Clear statement of aims and appropriate methodology?** Yes. **Was the research design appropriate to address the study aims?** Yes. The authors used individual interviews to explore the views of care home staff in relation to the CHST. Qualitative methods were used because the area was new and knowledge in the area was limited. **Was the recruitment strategy appropriate to the study aims?** Yes. The authors provided some explanation as to how and why participants were selected. **Data collected in a way that addressed the research issue?** Yes. The authors used interview guides which were refined through discussion with an experienced qualitative researcher. Theoretical

Study details	Participants	Methods	Findings	Limitations
London & Maudsley NHS Foundation Trust.	Not reported.	**Sample selection** Invitation letters were sent to managers of the 16 care homes that had worked with the CHST within its first year of activity. Following the initial interview, permission was sought to invite care staff to participate in the research. Purposive sampling was used to select care staff with a range of characteristics. **Data collection** In-depth interviews explored participant's expectations of the CHST and their concerns or hopes regarding the intervention. Open questions asked about the specific input of the CHST, including how the CHST presented themselves, how the input was decided and what the input involved. Interview guides derived from a literature review were used and refined through discussion with an experienced qualitative researcher. Interviews lasted between 32 and 57 minutes and were conducted in the participants' workplace. **Data analysis** Data collection became progressively focussed and themes that emerged were tested in the following interviews (that is, ongoing feedback and	embedding learning about safeguarding: ○ Expectations and concerns (uncertainty and apprehension towards working with CHST). "They were really frightened. What are these four people doing here looking at us, it is embarrassing, because they all knew that considering all the problems and all the issues and paper articles, all the staff were really, really, they were not motivated, they were really on the verge of leaving actually ... so it took some time" (Manager). [Quote: Lawrence 2010, p. 420] • Ideas for improvement in the approach to embedding learning about safeguarding: ○ Teaching methods (accreditation of trainers and provision of certificates to care home staff to enhance credibility of care home team). No relevant quotes presented. ○ Sustaining improvements (follow-up session by CHST to assist in maintaining good practice). "At the	saturation was achieved through initially interviewing one junior and one senior member of care staff within each home; additional staff would have been recruited if significant new themes had continued to emerge from the analysis of the interviews. **Relationship between researcher and participants adequately considered?** No. The authors did not discuss their own role in the formulation of the research questions or how they responded to events during the study. **Ethical issues taken into consideration?** Yes. Research Governance approval was obtained, and permission was sought to invite care staff to participate in the research. **Was the data analysis sufficiently rigorous?** Yes. The author describes how emerging themes were identified and categorised, and that themes and interpretations were regularly discussed in team meetings. **Is there a clear statement of findings?** Yes. The authors stated how participants with different perspectives (that is, negative experiences of the CHST) were purposefully sought to capture the full

Study details	Participants	Methods	Findings	Limitations
		advice transferred knowledge into practice). Interviews were recorded and transcribed verbatim. Emerging themes were coded and similarities and differences between codes were used to develop categories and sub-categories. NVivo was used to manage the transcript and assist in coding, organising and retrieving concepts.	beginning it was a bit of a struggle because people don't like change, nobody likes change, especially with paperwork, nobody likes it but then we had a little, you know meeting also and everybody said we don't want to go back into the past" (Manager). [Lawrence 2010, p. 422] • Barriers to embedding organisational learning about safeguarding: ○ Implementation of learning (lack of acceptance and challenges by some staff to approaches to embedding learning). No relevant quotes presented. • Facilitators to embedding organisational learning about safeguarding: ○ Communication (increased awareness of staff's own roles and responsibilities and colleagues' roles and responsibilities). "I think they probably got together again as teams. I think before it was very much the nurse in charge, telling people what to do but I am now noticing that actually the care assistants are saying	complexity of the data. Themes and interpretations were discussed regularly in team meetings. **Value of research:** The authors discuss the study findings in relation to relevant research and discussed ambiguity in terms of relevant policies. The authors did not discuss whether or how finding can be transferred to other populations. **Overall methodological concerns**: Moderate **Other information** "Abuse and neglect".

Study details	Participants	Methods	Findings	Limitations
			this is the way you do it, don't do it that way, so I think that's a great big plus" (Manager). [Lawrence 2010, p. 421] ○ Skills and competence (enhancing good practice and teamwork). "You feel more competent to perform your work and then the clients get more satisfaction knowing that they are being looked after, they can feel it, so it's good for everybody here" (Support Worker). [Lawrence 2010, p. 421] "They are caring, but now it's more professional. They can not only talk but now then can write in the records the appropriate language, the appropriate things that they should write, the care notes especially" (Manager). [Lawrence 2010, p. 422]	
Full citation Ochieng, B., Ward, K., Safeguarding of vulnerable adults training: assessing the	**Sample size** Qualified nurses: N=51 (cohort 2012: n=14; 2013: n=9; 2014: n=28)	**Setting** Participants worked in primary and secondary care in east England.	The authors reported data about the following themes and sub-themes:	**Limitations (assessed using the CASP checklist for qualitative studies)**

Study details	Participants	Methods	Findings	Limitations

effect of continuing professional development, Nursing Management (Harrow)Nurs Manage (London), 25, 30-35, 2018
 	
Ref Id
 	
1107889
 	
Aim of the study
 	
To assess the effectiveness of safeguarding of vulnerable adults continuing professional development (SOVA-CPD) training on nurses working in primary and secondary care.
 	
Country/ies where study carried out
 	
England.
 	
Study dates
 	
Data were collected between August and November 2015.
 	
Source of funding
None reported.
	Characteristics
	
	<u>Sex - number</u>
	Male: 10
	Female: 41
	
	<u>Age (years)</u>
	25 to 44: n=27
	45 to 65: n=24
	
	<u>Length of service in current role</u>
	10 months to 21 years
	
	Study participants included staff nurses and matrons working in primary and secondary care, clinical leadership and development managers, complex discharge planning nurses, ward managers, nursing home managers and tissue viability nurses.
	
	Inclusion criteria
	
	• Qualified nurses who had received SOVA-CPD training in 2012, 2013 and 2014;
	• Working in primary or secondary care in east England.
	
	Exclusion criteria
	
	Not reported.
		SOVA-CPD course: to improve leadership skills in safeguarding adults in participants' practice areas and interdisciplinary working; to inform effective adoption of local and national safeguarding multi-disciplinary guidelines; to improve adult safeguarding policy and practice in participants' employing organisations' guidance; and to achieve long-term improvements in the care and practice of safeguarding adults at risk.
		
		The course was delivered to 3 different cohorts for one day a month over 7 months in 2012, 2013, and 2014 (covering the following areas: safeguarding in clinical practice, Mental Capacity Act 2005 and the Mental Health Act 2007, learning disabilities, serious case reviews, legal and ethical aspects of safeguarding and communication, leadership and discharge planning.
		
		Sample selection
		
		Participants were recruited from 3 cohorts of the SOVA-CPD training that had been delivered in 2012, 2013 and 2014 to nurses, doctors and allied health professionals (convenience sample).
		
		Data collection
		
		Data were collected through an online self-administered
			• Satisfaction with approaches to embedding learning about safeguarding:
			  ○ Opportunities for collaboration (networking and to collaborate with colleagues to reduce professional isolation). No relevant quotes presented.
			• Barriers to embedding organisational learning about safeguarding:
			  ○ Implementation of learning (difficulties faced by staff in implementing new knowledge and skills gained through SOVA-CPD, because of a lack of support and unwillingness of care home managers to implement changes, and lack of acceptance by other colleagues). No relevant quotes presented.
			
			• Facilitators to embedding organisational learning about safeguarding:
			  ○ Communication (increased knowledge and self-assurance to improve provision of care and share knowledge with colleagues). No
				Clear statement of aims and appropriate methodology? Yes.
				Was the research design appropriate to address the study aims? Yes. The authors stated that the questionnaire used to collect data would provide an in-depth examination of the effectiveness and effect of SOVA-CPD training for nurses in primary and secondary care.
				
				Was the recruitment strategy appropriate to the study aims? Yes. The authors provided some explanation as to how and why participants were selected.
				
				Data collected in a way that addressed the research issue? Yes. The authors administered an adapted questionnaire (developed from literature reviews and experts in the field), which consisted of closed and open-ended questions. However, the authors did not discuss saturation of data.
				
				Relationship between researcher and participants adequately considered? No. However, the authors did state that use of a questionnaire put greater social distance between researchers and participants which reduces the number of socially desirable answers; and

Study details	Participants	Methods	Findings	Limitations
		questionnaire (which was developed from literature reviews and experts in the field) comprising closed and open-ended questions covering the purpose of SOVA-CPD; acquisition of knowledge and skills; perceived changes in practice; description of how participants do things differently at work as a result of training; challenges experienced in changing practice. **Data analysis** Data were coded and categories identified using NVivo 10. Similarities and differences between participants' responses were identified before focusing on the benefits of the SOVA-CPD and the barriers to or challenges of implementing SOVA-CPD in practice.	relevant quotes presented.	fosters participants' honesty without influence. **Ethical issues taken into consideration?** Yes. Ethics approval for the research was not needed because it was an evaluation by the local NHS Trust. Participants were provided with information regarding the research and assured of confidentiality and anonymity. **Was the data analysis sufficiently rigorous?** Yes. The author describes how emerging themes were identified and categorised. **Is there a clear statement of findings?** Yes. The authors stated that the findings revealed similarities and differences between participants' responses. However, the authors did not discuss the credibility of their findings. **Value of research:** The authors discuss the study findings in relation to relevant research. However, they do not discuss whether or how the findings can be transferred to other populations. **Overall methodological concerns:** Moderate **Other information** "Abuse and neglect".

CHST: Croydon care home support team; HCA: Healthcare Assistant; NHS: National Health Service; SOVA-CPD: *safeguarding of vulnerable adults continuing professional development*

Appendix E – Forest plots

Forest plots for review questions I:

- **What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse?**

- **What is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse? And what are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent abuse?**

- **What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect?**

- **And what is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect? What are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent neglect?**

No meta-analysis was undertaken for these 2 review questions and so there are no forests plots.

Appendix F – GRADE CERQual tables

GRADE CERQual tables for questions I:

- **What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse?**
- **What is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse? And what are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent abuse?**
- **What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect?**
- **What is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect? And what are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent neglect?**

Overarching theme I: Acceptability of approaches to embedding organisational learning

Table 7: Evidence summary (GRADE-CERQual) Theme I1.1: Satisfaction with approaches to embedding learning about safeguarding

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme I1.1.1 – Opportunities for collaboration						
2 studies • Lawrence 2010	Data from 2 studies indicate that staff welcomed opportunities to discuss	Moderate concerns[1]	Minor concerns[2]	Moderate concerns[3]	Serious concerns[4]	VERY LOW

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Interviews conducted in 14 care homes (managers: n=14; deputy managers: n=5; registered general nurses (RGNs): n=5; senior healthcare assistants (HCAs/senior support workers): n=5; HCAs/support workers: n=10). • Ochieng 2018 Online self-administered questionnaire completed by 51 qualified nurses (cohort 2012: n=14; 2013: n=9; 2014: n=28)	problems they were having within work, and to network with other professionals. Staff admitted that it took time to transfer theory into practice, but the ongoing opportunities for discussion facilitated this process. Networking and collaborating with others enabled them to identify, share and implement good practice from other areas. For example, "We learnt information from them, but it is hard for us to, in an instance, it is hard for to us to implement, but later on as we go and take time telling and adjusting to the attitude and behaviour of our residents, and talking to the CHST in particular, yes we gradually applied it" (Care Assistant). [Quote: Lawrence 2010, p. 420] [No relevant quotes provided by Ochieng 2018].					

HCA: Healthcare Assistant; RGN: Registered general nurse
1 Moderate concerns about methodological limitations of the evidence as per CASP qualitative checklist.

2 No data that contradict the review findings; no ambiguous data (minor concerns in relation to the level of detail provided for interpretation and exploration of the data supporting this theme).
3 Moderate concerns about the relevance of data (unclear whether data from Lawrence (2010) related exclusively to safeguarding or to improving quality of care in other areas; data from Ochieng (2018) not exclusively related to care homes).
4 Serious concerns about the adequacy of data (2 studies supported the review's findings offering thin data; no relevant quotes provided).

Table 8: Evidence summary (GRADE-CERQual) Theme I1.2: Perceived appropriateness of the approach to embedding learning about safeguarding

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme I1.2.1 – Expectations and concerns						
1 study • Lawrence 2010 Interviews conducted in 14 care homes (managers: n=14; deputy managers: n=5; registered general nurses (RGNs): n=5; senior healthcare assistants (HCAs/senior support workers): n=5; HCAs/support workers: n=10).	Data from 1 study indicate that managers recalled their apprehension about working with the CHST; there was uncertainty about their roles and it took time for managers and staff to establish trust and interact openly with the CHST. Staff admitted to having initial concerns, often suspecting that the CHST might 'interfere with their work', or worse still, be 'inspectors', 'undercover' or 'spies'. For example, "They were really frightened. What are these four people doing here looking at us, it is embarrassing, because they all knew that considering all the problems and all the issues and paper articles, all	Moderate concerns[1]	Minor concerns[2]	Moderate concerns[3]	Serious concerns[4]	VERY LOW

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	the staff were really, really, they were not motivated, they were really on the verge of leaving actually ... so it took some time" (Manager). [Quote: Lawrence 2010, p. 420]					

CHST: Croydon care home support team; HCA: Healthcare Assistant; RGN: Registered general nurse
1 Moderate concerns about methodological limitations of the evidence as per CASP qualitative checklist.
2 No data that contradict the review findings; no ambiguous data (minor concerns in relation to the level of detail provided for interpretation and exploration of the data supporting this theme).
3 Moderate concerns about the relevance of data (unclear whether data from Lawrence (2010) related exclusively to safeguarding or to improving quality of care in other areas).
4 Serious concerns about the adequacy of data (1 study supported the review's findings offering thin data).

Table 9: Evidence summary (GRADE-CERQual) Theme I1.3: Ideas for improvement in the approach to embedding learning about safeguarding

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme I1.3.1 – Teaching methods						
1 study • Lawrence 2010 Interviews conducted in 14 care homes (managers: n=14; deputy managers: n=5; registered general nurses (RGNs): n=5; senior healthcare assistants (HCAs/senior support workers): n=5; HCAs/support workers: n=10).	Data from 1 study highlight a recurrent issue related to the members of the CHST not being accredited trainers; managers suggested that being 'proper trainers' and providing staff with recognised certificates would validate the work that the care staff had completed, to improve the transfer of theory into practice (that is, embed learning), and also enhance the credibility of the team of care workers in the home. [No relevant quotes provided]	Moderate concerns[1]	Minor concerns[2]	Moderate concerns[3]	Serious concerns[4]	VERY LOW
Sub-theme I1.3.2 – Sustaining improvements						
1 study • Lawrence 2010 Interviews conducted in 14 care homes (managers: n=14; deputy managers: n=5; registered general nurses (RGNs): n=5; senior healthcare assistants (HCAs/senior support workers): n=5; HCAs/support workers: n=10).	Data from 1 study indicate that it was generally considered that the foundations had been laid, but maintaining good practice needed ongoing energy and commitment. Participants reflected that the CHST assisted in maintaining standards by acting as a	Moderate concerns[1]	Minor concerns[2]	Moderate concerns[3]	Serious concerns[4]	VERY LOW

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	continued source of information and advice, but it was suggested that it would be helpful for the CHST to return to each care home for a one-off visit to act as a 'refresher', and to provide a forum for discussing difficulties that had arisen and validate the achievements that had been made. For example, "At the beginning it was a bit of a struggle because people don't like change, nobody likes change, especially with paperwork, nobody likes it but then we had a little, you know meeting also and everybody said we don't want to go back into the past" (Manager). [Lawrence 2010, p. 422]					

CHST: Croydon care home support team; HCA: Healthcare Assistant; RGN: Registered general nurse
1 Moderate concerns about methodological limitations of the evidence contributing to the review finding as per CASP qualitative checklist.
2 No data that contradict the review findings; no ambiguous data (minor concerns in relation to the level of detail provided for interpretation and exploration of the data supporting this theme).
3 Moderate concerns about the relevance of data (unclear whether data from Lawrence (2010) related exclusively to safeguarding or to improving quality of care in other areas).
4 Serious concerns about the adequacy of data (1 study supported the review's findings offering thin data).

Table 10: Evidence summary (GRADE-CERQual) Theme I1.4: Barriers to embedding organisational learning about safeguarding

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme I1.4.1 – Appropriate learning						
1 study • Braaten 2017 Focus group interviews with 3 nursing homes in Norway (registered nurses: n=3; social educator: n=1; licensed practical nurses: n=4; healthcare worker: n=6)	Data from 1 study suggest that the nursing home management should take responsibility for ensuring that employees have the opportunity to take courses and gain higher qualifications to improve quality and enhance patient safety in the nursing home. It may be easier for staff with a higher level of education and more experience to speak out. For example, "More funds should have been set aside and invested in training and skills development; how else can we manage with high levels of sick leave and a tight economy?" (One informant). [Braaten 2017, p. 279] "In order to prevent abuse, it is important to dare to speak up about bad culture" (One	Minor concerns[1]	Minor concerns[2]	Serious concerns[3]	Serious concerns[4]	VERY LOW

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	participant). [Braaten 2017, p. 279]					
Sub-theme I1.4.2 – Implementation of learning						
2 studies • Lawrence 2010 Interviews conducted in 14 care homes (managers: n=14; deputy managers: n=5; registered general nurses (RGNs): n=5; senior healthcare assistants (HCAs/senior support workers): n=5; HCAs/support workers: n=10). • Ochieng 2018 Online self-administered questionnaire completed by 51 qualified nurses (cohort 2012: n=14; 2013: n=9; 2014: n=28)	Data from 2 studies suggest that some staff did not embrace the training (which included end of life care, support with literacy and advanced safeguarding vulnerable adults) as fully as others; some took longer to amend their working methods, while others who were most opposed to change eventually left the home. Potential positive effects of the SOVA-CPD were curtailed by the inability and perceived unwillingness of managers to allow the learning to be implemented and cascaded. Some participants stated that implementing change had been left to individuals, without a strategy for transforming their organization or unit. Some participants had great difficulty in implementing and managing change in practice,	Moderate concerns[5]	Minor concerns[6]	Moderate concerns[7]	Serious concerns[8]	VERY LOW

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	wanting follow-up after the training to share their experiences. Participants had gained new knowledge and skills, but they stated that they could not make significant changes in practice because they had no capacity or support to consider how their current ways of working could be altered, or to provide the best care for people in line with this new knowledge. Some colleagues found it difficult to accept the new guidance and protocols they had introduced after the CPD training because of competing priorities. [No relevant quotes provided]					

HCA: Healthcare Assistant; RGN: Registered general nurse; SOVA-CPD: Safeguarding of vulnerable adults continuing professional development
1 Minor concerns about methodological limitations of the evidence as per CASP qualitative checklist.
2 No data that contradict the review findings; no ambiguous data (minor concerns in relation to the level of detail provided for interpretation and exploration of the data supporting this theme).
3 Serious concerns about the relevance of data (the study did not include an approach/intervention to embed organisational learning about safeguarding in care homes to prevent abuse, but did provide some data relating to training; unclear how relevant study is to UK).
4 Serious concerns about the adequacy of data (1 study supported the review's findings offering thin data; unclear training because no description provided).
5 Moderate concerns about methodological limitations of the evidence as per CASP qualitative checklist.
6 No data that contradict the review findings; no ambiguous data (minor concerns in relation to the level of detail provided for interpretation and exploration of the data supporting this theme).

7 Moderate concerns about the relevance of data (unclear whether data from Lawrence (2010) related exclusively to safeguarding or to improving quality of care in other areas; data from Ochieng (2018) not exclusively related to care homes).
8 Serious concerns about the adequacy of data (2 studies supported the review's findings offering thin data; no relevant quotes provided).

Table 11: Evidence summary (GRADE-CERQual) Theme I1.5: Facilitators to embedding organisational learning about safeguarding

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme I1.5.1 – Communication						
3 studies • Braaten 2017 Focus group interviews with 3 nursing homes in Norway (registered nurses: n=3; social educator: n=1; licensed practical nurses: n=4; healthcare worker: n=6) • Lawrence 2010 Interviews conducted in 14 care homes (managers: n=14; deputy managers: n=5; registered general nurses (RGNs): n=5; senior healthcare assistants (HCAs/senior support workers): n=5; HCAs/support workers: n=10). • Ochieng 2018 Online self-administered questionnaire completed by 51 qualified nurses (cohort 2012: n=14; 2013: n=9; 2014: n=28)	Data from 3 studies suggest that, through enhanced teamwork within the care home, participants gained an increased awareness of each other's roles and responsibilities and encouraged each other to follow the correct procedures. Participants described how they had established an interest group in their area of work to share safeguarding experiences, or developed training for colleagues and becoming a 'point of contact' for providing learning materials and guidance on national legislation and local safeguarding policies. Participants also highlighted the importance in the ability to ethically reflect together with colleagues and be constructively critical of their own practices. For example, "With regard to abuse it is	Moderate concerns[1]	Minor concerns[2]	Moderate concerns[3]	Minor concerns[4]	LOW

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	important to have a culture where colleagues can talk together and engage in ethical reflection" (One informant). [Braaten 2017, p.278] "I think they probably got together again as teams. I think before it was very much the nurse in charge, telling people what to do but I am now noticing that actually the care assistants are saying this is the way you do it, don't do it that way, so I think that's a great big plus" (Manager). [Lawrence 2010, p. 421]					
Sub-theme I1.5.2 – Skills and competence						
2 studies • Braaten 2017 Focus group interviews with 3 nursing homes in Norway (registered nurses: n=3; social educator: n=1; licensed practical nurses: n=4; healthcare worker: n=6) • Lawrence 2010 Interviews conducted in 14 care homes (managers: n=14; deputy managers: n=5; registered general nurses	Data from 2 studies indicate the importance of highly skilled staff, the importance of training new employees and the need for staff to have a higher educational level, in order to facilitate a more in-depth understanding and expertise among staff. Participants suggested feeling more knowledgeable and skilled in their roles following	Minor concerns[5]	Minor concerns[6]	Moderate concerns[7]	Serious concerns[8]	LOW

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
(RGNs): n=5; senior healthcare assistants (HCAs/senior support workers): n=5; HCAs/support workers: n=10).	training (which included end of life care, support with literacy and advanced safeguarding vulnerable adults), which increased their confidence. Workshops had enhanced participants' awareness of good practice and what was expected of them personally and of the care home as a whole. Self-assurance had improved the care that staff provide to vulnerable adults in their workplace, describing knowledge as 'essential to enabling good practice'. For example, "By increasing our expertise, we understand better how to help residents" (One informant). [Braaten 2017, p. 279] "By taking a course, we get a lot of tools to avoid using force and avoid disruptive behaviour" (One informant). [Braaten 2017, p. 279] "The method is worth gold. We have used it many times in the					

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	nursing home" (One informant). [Braaten 2017, p. 279] "You feel more competent to perform your work and then the clients get more satisfaction knowing that they are being looked after, they can feel it, so it's good for everybody here" (Support Worker). [Lawrence 2010, p. 421] "They are caring, but now it's more professional. They can not only talk but now then can write in the records the appropriate language, the appropriate things that they should write, the care notes especially" (Manager). [Lawrence 2010, p. 422]					
Sub-theme I1.5.3 – Leadership						
1 study • Braaten 2017 Focus group interviews with 3 nursing homes in Norway (registered nurses: n=3; social educator: n=1; licensed	Data from 1 study suggest that participants saw leaders as important role models in relation to attitudes and values to improve attitudes towards learning from mistakes and improving practice. For	Minor concerns[9]	Minor concerns[10]	Serious concerns[11]	Serious concerns[12]	VERY LOW

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
practical nurses: n=4; healthcare worker: n=6)	example, "it is important to have an open working environment so employees can talk about mistakes that are made or if the patients' safety is threatened" (One informant) [Braaten 2017, p. 279]					
Sub-theme I1.5.4 – Documentation/record keeping						
1 study • Braaten 2017 Focus group interviews with 3 nursing homes in Norway (registered nurses: n=3; social educator: n=1; licensed practical nurses: n=4; healthcare worker: n=6)	Data from 1 study indicate that documentation must form part of staff co-operation to prevent physical abuse; through documenting how various measures and methods work, and ensuring information transfers between colleagues for the benefit of residents. For example, "It is crucial to be conscious of how we document and that we follow-up documentation" (One informant). [Braaten 2017, p. 279]	Minor concerns[9]	Minor concerns[10]	Serious concerns[11]	Serious concerns[12]	VERY LOW

HCA: Healthcare Assistant; RGN: Registered general nurse
1 Moderate concerns (Lawrence 2010 and Ochieng 2018) and minor concerns (Braaten 2017) about methodological limitations of the evidence as per CASP qualitative checklist.
2 No data that contradict the review findings; no ambiguous data (minor concerns in relation to the level of detail provided for interpretation and exploration of the data supporting this theme).
3 Moderate concerns about the relevance of data (Braaten (2017) did not include an approach/intervention to embed organisational learning about safeguarding in care homes to prevent abuse, but did provide some data relating to training; unclear how relevant study is to UK; unclear whether data from Lawrence (2010) related exclusively to safeguarding or to improving quality of care in other areas; data from Ochieng (2018) not exclusively related to care homes).

4 Three studies supported the review's findings offering moderately rich data (unclear training because no description provided by Braaten 2017; Ochieng 2018 did not provide relevant quotes).
5 Minor concerns (Braaten 2017) and moderate concerns (Lawrence 2010) about methodological limitations of the evidence as per CASP qualitative checklist.
6 No data that contradict the review findings; no ambiguous data (minor concerns in relation to the level of detail provided for interpretation and exploration of the data supporting this theme).
7 Moderate concerns about the relevance of data (Braaten 2017 did not include an approach/intervention to embed organisational learning about safeguarding in care homes to prevent abuse, but did provide some data relating to training; unclear how relevant study is to UK; unclear whether Lawrence 2010 related exclusively to safeguarding or to improving quality of care in other areas).
8 Serious concerns about the adequacy of data (2 studies supported the review's findings offering thin data; unclear training in Braaten 2017 because no description provided).
9 Minor concerns about methodological limitations of the evidence as per CASP qualitative checklist.
10 No data that contradict the review findings; no ambiguous data (minor concerns in relation to the level of detail provided for interpretation and exploration of the data supporting this theme).
11 Serious concerns about the relevance of data (the study did not include an approach/intervention to embed organisational learning about safeguarding in care homes to prevent abuse, but did provide some data relating to training; unclear how relevant study is to UK).
12 Serious concerns about the adequacy of data (1 study supported the review's findings offering thin data; unclear training because no description provided).

Appendix G – Economic evidence study selection

Economic evidence study selection for review questions I:

- **What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse?**

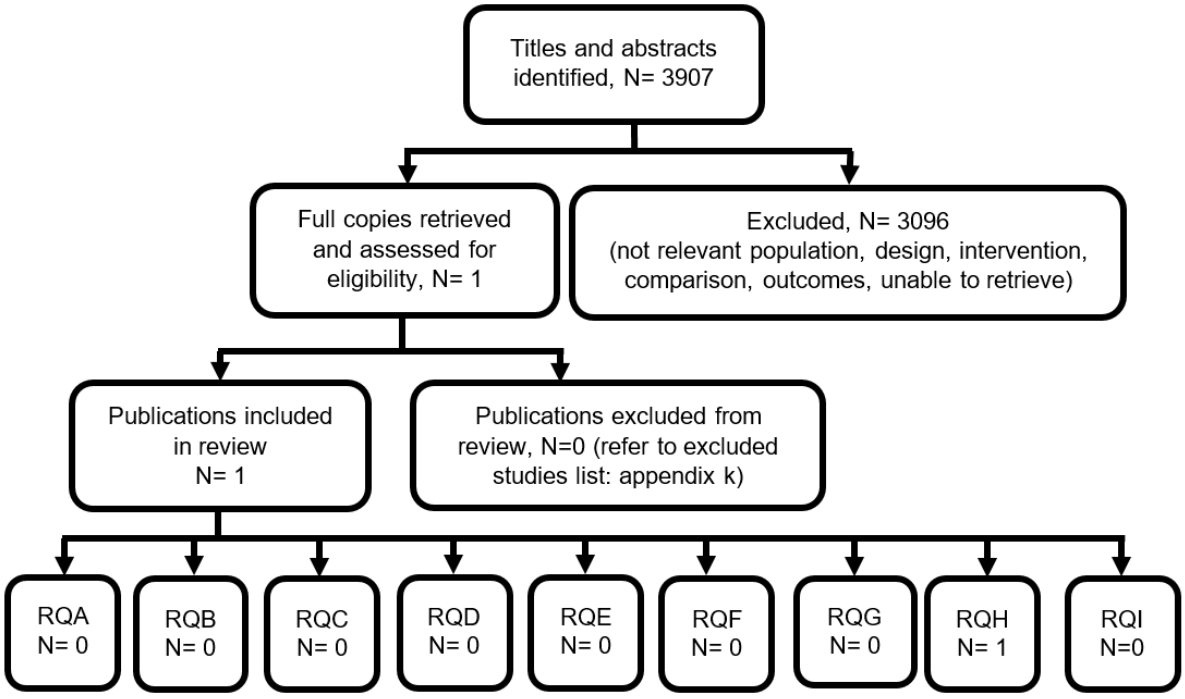
- **What is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse? And what are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent abuse?**

- **What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect?**

- **What is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect? And what are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent neglect?**

A global economic literature search was undertaken for safeguarding adults in care homes. This covered all 16 review questions, which were reported in 9 evidence reports in this guideline. As shown in **Figure 3** below, no economic evidence was identified which was applicable to this evidence review.

Figure 3: Economic study selection flowchart



Appendix H – Economic evidence tables

Economic evidence tables for review questions I:

- **What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse?**

- **What is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse? And what are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent abuse?**

- **What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect?**

- **What is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect? And what are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent neglect?**

No evidence was identified which was applicable to these 2 review questions.

Appendix I – Economic evidence profiles

Economic evidence profiles for review questions I:

- **What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse?**

- **What is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse? And what are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent abuse?**

- **What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect?**

- **What is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect? And what are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent neglect?**

No evidence was identified which was applicable to these review questions.

Appendix J – Economic analysis

Economic evidence analysis for review questions I:

- **What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse?**

- **What is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse? And what are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent abuse?**

- **What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect?**

- **What is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect? And what are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent neglect?**

No economic analysis was conducted for these 2 review questions.

Appendix K – Excluded studies

Excluded studies for review questions I:

- **What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse?**
- **What is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse? And what are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent abuse?**
- **What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect?**
- **What is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect? And what are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent neglect?**

Table 12: Excluded studies and reasons for their exclusion

Study	Reason for exclusion
Alon, S., Berg-Warman, A., Treatment and prevention of elder abuse and neglect: where knowledge and practice meet-a model for intervention to prevent and treat elder abuse in Israel, Journal of Elder Abuse & Neglect, 26, 150-71, 2014	Study setting does not meet protocol eligibility criteria - study conducted in Israel.
Alt, K. L., Nguyen, A. L., Meurer, L. N., The Effectiveness of Educational Programs to Improve Recognition and Reporting of Elder Abuse and Neglect: A Systematic Review of the Literature, Journal of Elder Abuse and Neglect, 23, 213-233, 2011	Systematic review - inclusion criteria stated that studies of interventions focused on the prevention of abuse in institutional settings (for example, nursing homes) were not included – other references checked.
Anderson, A., NURSES' SELF-EFFICACY FOR MANAGING ELDER ABUSE, Nurses' Self-Efficacy for Managing Elder Abuse, 1-1, 2015	Study does not meet protocol eligibility criteria - PhD thesis; conducted in the US; not specific to care home setting.
Ayalon, L., Lev, S., Green, O., Nevo, U., A systematic review and meta-analysis of interventions designed to prevent or stop elder maltreatment, Age & Ageing Age Ageing, 45, 216-27, 2016	Systematic review including studies for eligible and non-eligible countries in various settings – references checked.
Baker, P. R., Francis, D. P., Hairi, N. N., Othman, S., Choo, W. Y., Interventions for preventing abuse in the elderly, Cochrane Database of Systematic Reviews, CD010321, 2016	Cochrane review including studies from non-eligible countries - 2 UK studies screened for eligibility.
Bern-Klug, M., Sabri, B., Nursing home social services directors and elder abuse staff training, Journal of gerontological social work, 55, 5-20, 2012	Study setting and outcomes do not meet protocol eligibility criteria - conducted in the US; not effectiveness or acceptability, or barriers.
Campbell, M., Adult protection training for community nurses: evaluating knowledge following delivery using participant-favoured	Study does not meet protocol eligibility criteria - not care home staff; not effectiveness or

Study	Reason for exclusion
training methods, Journal of Adult Protection, 16, 17-28, 2014	acceptability or barriers and facilitators to embedding learning approaches.
Clawson, R., Kitson, D., Significant Incident Learning Process (SILP) - the experience of facilitating and evaluating the process in adult safeguarding, Journal of Adult Protection, 15, 237-245, 2013	Study does not meet protocol eligibility criteria - discusses lessons learned from serious case reviews but not effectiveness or acceptability or barriers and facilitators to embedding organisational learning about safeguarding in care homes.
Connell-Carrick, K., Scannapieco, M., Adult protective services: state of the workforce and worker development, Gerontology & Geriatrics Education, 29, 189-206, 2008	Study does not meet protocol eligibility criteria - conducted in the US; discusses training but not in the context of effectiveness and acceptability or barriers and facilitators to embedding organisational learning in care homes.
Cooper, C., Huzzey, L., Livingston, G., The effect of an educational intervention on junior doctors' knowledge and practice in detecting and managing elder abuse, International Psychogeriatrics, 24, 1447-1453, 2012	Study setting does not meet protocol eligibility criteria - 2 NHS Trusts (hospital and community secondary psychiatric care); not care homes.
Davis, R. C., Medina, J., Avitabile, N., Reducing repeat incidents of elder abuse: results of a randomized experiment: final report, 2001	Study setting does not meet protocol eligibility criteria - conducted in the US assessing residents of public housing.
DeHart, D., Webb, J., Cornman, C., Prevention of elder mistreatment in nursing homes: competencies for direct-care staff, Journal of Elder Abuse & NeglectJ Elder Abuse Negl, 21, 360-78, 2009	Study does not meet protocol eligibility criteria - conducted in the US; identification of training needs for elder mistreatment prevention, not effectiveness or acceptability or barriers and facilitators to embedding organisational learning.
Desy, P. M., Prohaska, T. R., The Geriatric Emergency Nursing Education (GENE) Course: An Evaluation, Journal of Emergency Nursing, 34, 396-402, 2008	Study setting does not meet protocol eligibility criteria - conducted in the US; not in the context of care homes (emergency department).
Du Mont, J., Kosa, D., Yang, R., Solomon, S., Macdonald, S., Determining the effectiveness of an Elder Abuse Nurse Examiner Curriculum: A pilot study, Nurse Education Today, 55, 71-76, 2017	Study setting does not meet protocol eligibility criteria - not specific to care homes.
Ellis, J. M., Ayala Quintanilla, B. P., Ward, L., Campbell, F., Implementation and evaluation of an education programme for nursing staff on recognising, reporting and managing resident-to-resident elder mistreatment in aged care facilities, Journal of Advanced Nursing, 75, 187-196, 2019	No study outcomes reported - protocol only.
Ellis, J. M., Ayala Quintanilla, B. P., Ward, L., Campbell, F., Hillel, S., Downing, C., Teresi, J., Ramirez, M., A systematic review protocol of educational programs for nursing staff on management of resident to resident elder mistreatment in residential aged care homes, Journal of Advanced Nursing, 74, 1975-1983, 2018	Study design does not meet protocol eligibility criteria - protocol only.
Embregts, P. J., Heestermans, M., van den Bogaard, K. J., A training course for psychologists: Learning to assess (alleged) sexual abuse among victims and perpetrators who have intellectual disabilities, Sexuality and Disability, 35, 39-44, 2017	Study setting does not meet protocol eligibility criteria - setting not stated (that is, not clear whether in the context of care homes).

Study	Reason for exclusion
Garma, C. T., Influence of health personnel's attitudes and knowledge in the detection and reporting of elder abuse: An exploratory systematic review, Psychosocial Intervention, 26, 73-91, 2017	Systematic review including studies from eligible and non-eligible countries in various settings - relevant references checked.
Goulding, H., Riordan, S. A., What kind of support and training do junior qualified nurses working with women with learning disabilities in a secure setting require when dealing with violence and aggression, Journal of Intellectual Disabilities and Offending Behaviour, 7, 140-150, 2016	Study setting does not meet protocol eligibility criteria - not care home setting (NHS secure forensic establishment).
Harries, P., Davies, M., Gilhooly, K., Gilhooly, M., Tomlinson, C., Educating novice practitioners to detect elder financial abuse: a randomised controlled trial, BMC medical education, 14, 21, 2014	Study setting does not meet protocol eligibility criteria - not in the context of care homes (participants included pre-registration clinical university students); not embedding organisational learning.
Hirst, S. P., Penney, T., McNeill, S., Boscart, V. M., Podnieks, E., Sinha, S. K., Best-Practice Guideline on the Prevention of Abuse and Neglect of Older Adults, Canadian Journal on Aging, 35, 242-60, 2016	Systematic review including studies from various countries in various settings; not exclusively embedding learning - relevant references checked.
Hsieh, H. F., Wang, J. J., Yen, M., Liu, T. T., Educational support group in changing caregivers' psychological elder abuse behavior toward caring for institutionalized elders, Advances in Health Sciences Education, 14, 377-86, 2009	Study setting does not meet protocol eligibility criteria - conducted in Southern Taiwan.
Humphries, R., Adult safeguarding: early messages from peer reviews, JOURNAL OF ADULT PROTECTION, 13, 89-99, 2011	Study does not meet protocol eligibility criteria - lessons learned by councils, but not specific to care homes.
Hunter, S., When self-directed support meets adult support and protection: findings from the evaluation of the SDS test sites in Scotland, JOURNAL OF ADULT PROTECTION, 14, 206-215, 2012	Study does not meet protocol eligibility criteria - implementation of self-directed support, but not specific to care homes.
Imbody, B., Vandsburger, E., Elder Abuse and Neglect: Assessment Tools, Interventions, and Recommendations for Effective Service Provision, Educational Gerontology, 37, 634-650, 2011	Study design does not meet protocol eligibility criteria - not a systematic review.
Irct20160814029349N,, Effect of nurses' education on recognition of the phenomenon of elder abuse by Family caregivers, http://www.who.int/trialsearch/Trial2.aspx?TrialID=IRCT20160814029349N3, 2018	Study design does not meet protocol eligibility criteria - protocol only.
Irct20170223032742N,, bbasnef model and abuse towards the elderly, http://www.who.int/trialsearch/Trial2.aspx?TrialID=IRCT20170223032742N1, 2018	Study design does not meet protocol eligibility criteria - protocol only.
Isrctn,, I-NEED: improving Nurses? detection and management of elder abuse and neglect, http://www.who.int/trialsearch/Trial2.aspx?TrialID=ISRCTN47326902, 2014	Study does not meet protocol eligibility criteria - protocol only (no associated publications stated); conducted in Malaysia.

Study	Reason for exclusion
Kim, K. K., Development of a web-based education program for nurses working in nursing homes on human rights of older adults, Journal of Korean Academy of Nursing, 40, 463-472, 2010	Study setting does not meet protocol eligibility criteria - conducted in Korea; non-English language paper.
Kinderman, P., A randomised controlled trial to evaluate the impact of a human rights based approach to dementia care in inpatient ward and care home settings, Health Services and Delivery Research, 6, 2018	Study does not meet protocol eligibility criteria - evaluation of a training programme (including a one-day training package, person-centred care plan learning, monthly booster sessions); not an approach to embedding organisational learning (that is, not one-to-one supervision, systematic analysis of safeguarding reviews, sharing best practice between care homes, or a 'well led' provider intervention).
Lambley, S., A semi-open supervision systems model for evaluating staff supervision in adult-care organisational settings: the research findings, British Journal of Social Work, 49, 391-410, 2019	Study does not meet protocol eligibility criteria - supervision in various settings (including care homes) in relation to supervision policy and procedures, and delivery of supervision in general (for example, annual leave, sick issues, service users, staff issues), not in the context of safeguarding/prevention of abuse/neglect.
Lambley, S., A semi-open supervision systems model for evaluating staff supervision in adult care settings: a conceptual framework, European Journal of Social Work, 21, 389-399, 2018	Study does not meet protocol eligibility criteria - development of supervision model; no outcomes reported.
Loh, D. A., Choo, W. Y., Hairi, N. N., Othman, S., Mohd Hairi, F., Mohd Mydin, F. H., Jaafar, S. N., Tan, M. P., Mohd Ali, Z., Abdul Aziz, S., Ramli, R., Mohamad, R., Lal Mohammad, Z., Hassan, N., Brownell, P., Bulgiba, A., A cluster randomized trial on improving nurses' detection and management of elder abuse and neglect (I-NEED): study protocol, Journal of Advanced Nursing, 71, 2661-2672, 2015	Study design and setting do not meet protocol eligibility criteria - protocol only; conducted in Malaysia.
Luz, C., Mickus, M., Rostant, O., Macomber, C., ADULT ABUSE AND NEGLECT PREVENTION: EVALUATION OF A TRAINING PROGRAM FOR DIRECT ACCESS STAFF, The Gerontologist, 48, 640, 2008	Study design does not meet protocol eligibility criteria - conference abstract.
Manthorpe, J., Making Safeguarding Personal: developing responses and enhancing skills, Journal of Adult Protection, 16, 96-103, 2014	Study does not meet protocol eligibility criteria - 'Making safeguarding personal' but not embedding learning and not specific to care homes.
Manthorpe, J., Martineau, S., 'In our experience': chairing and commissioning Serious Case Reviews in adult safeguarding in England, Journal of Social Work, 12, 84-99, 2012	Study does not meet protocol eligibility criteria - sharing of serious case reviews to encourage learning from mistakes; but not embedding organisational learning, or relevant outcomes; not specific to care homes.
Manthorpe, J., Martineau, S., Serious case reviews in adult safeguarding, 2009	Study outcomes do not meet protocol eligibility criteria - discusses lessons learned from serious case reviews and recommendations (including care homes), but not embedding organisational learning, or relevant outcomes.
Manthorpe, J., Martineau, S., Engaging with the new system of safeguarding adults reviews concerning care homes for older people, British	Study outcomes do not meet protocol eligibility criteria – description and analysis of serious

Study	Reason for exclusion
Journal of Social WorkBr J Soc Work, 47, 2086-2099, 2017	case reviews in care homes, including lessons learned, but not embedding learning.
Manthorpe, J., Martineau, S., Serious case reviews in adult safeguarding in England: an analysis of a sample of reports, British Journal of Social Work, 2011	Study outcomes do not meet protocol eligibility criteria - discusses lessons learned from serious case reviews and recommendations to facilitate learning and to avoid repetition of errors (including in care homes), but not embedding organisational learning, or relevant outcomes.
Mills, W. L., Roush, R. E., Moye, J., Kunik, M. E., Wilson, N. L., Taffet, G. E., Naik, A. D., An Educational Program to Assist Clinicians in Identifying Elder Investment Fraud and Financial Exploitation, Gerontology and Geriatrics Education, 33, 351-363, 2012	Study setting does not meet protocol eligibility criteria - conducted in the US.
Moore, C., Browne, C., Emerging Innovations, Best Practices, and Evidence-Based Practices in Elder Abuse and Neglect: a Review of Recent Developments in the Field, Journal of Family Violence J Fam Violence, 32, 383-397, 2017	Systematic review assessing interventions to investigate and prevent elder abuse and neglect in eligible and non-eligible countries and settings; references checked.
Moore, S., You can lead a horse to water but you can't make it drink: how effective is staff training in the prevention of abuse of adults?, The Journal of Adult Protection, 19, 297-308, 2017	Study does not meet protocol eligibility criteria - exploration of relationship between staff proven to have perpetrated abuse in care homes and their qualifications; not embedding organisational learning.
Pickering, C. E. Z., Ridenour, K., Salaysay, Z., Reyes-Gastelum, D., Pierce, S. J., EATI Island - A virtual-reality-based elder abuse and neglect educational intervention, Gerontology & geriatrics education, 39, 445-463, 2018	Study setting does not meet protocol eligibility criteria - conducted in the US.
Richardson, B., Kitchen, G., Livingston, G., The effect of education on knowledge and management of elder abuse: A randomized controlled trial, Age and Ageing, 31, 335-341, 2002	Study outcomes do not meet protocol eligibility criteria - assesses effectiveness of educational course but not in the context of embedding learning.
Rixon, A., Ward, R., What Difference Does It Make?: Social Work Practice and Post-Qualifying Awards, Practice (09503153), 24, 147-159, 2012	Study setting does not meet protocol eligibility criteria - hospital and community settings; not care homes.
Romain-Glassey, N., Mangin, P., Schwab, P. D. R., An innovative interdisciplinary training about elder abuse, Revue Medicale Suisse, 13, 716-718, 2017	Non-English language paper.
Rosen, T., Elman, A., Dion, S., Delgado, D., Demetres, M., Breckman, R., Lees, K., Dash, K., Lang, D., Bonner, A., Burnett, J., Dyer, C. B., Snyder, R., Berman, A., Fulmer, T., Lachs, M. S., National Collaboratory to Address Elder Mistreatment Project, Team, Review of Programs to Combat Elder Mistreatment: Focus on Hospitals and Level of Resources Needed, Journal of the American Geriatrics SocietyJ Am Geriatr Soc, 67, 1286-1294, 2019	Systematic review excluding studies exclusively based in nursing homes or other long-term care settings; no relevant outcomes reported - relevant references checked.
Smith, M. K., Davis, B. H., Blowers, A., Shenk, D., Jackson, K., Kalaw, K., Twelve important minutes: introducing enhanced online materials about elder abuse to nursing assistants, Journal	Study design does not meet protocol eligibility criteria - non-eligible country (US); non-comparative study assessing an online training programme in nursing assistant students; not

Study	Reason for exclusion
of continuing education in nursing, 41, 281-288, 2010	embedding organisational learning through relevant approaches.
Social Care Institute for Excellence, Faulkner, A., Sweeney, A., Prevention in adult safeguarding: a review of the literature, 59p., bibliog., 2011	Systematic review including studies from eligible and non-eligible countries; case studies on training in different settings; not exclusively embedding learning - relevant references checked.
Stevens, E. L., How does leadership contribute to safeguarding vulnerable adults within healthcare organisations? A review of the literature, The Journal of Adult Protection, 17, 258-272, 2015	Study does not meet protocol eligibility criteria - non-systematic review regarding prevention of abuse in general; unclear settings.
Storey, J. E., Prashad, A. A., Recognizing, reporting, and responding to abuse, neglect, and self-neglect of vulnerable adults: an evaluation of the re:act adult protection worker basic curriculum, Journal of elder abuse & neglect, 30, 42-63, 2018	Study does not meet protocol eligibility criteria - unclear whether care homes; measures knowledge, competence, and knowledge application using vignettes - no outcomes relevant to embedding learning.
Sugita, J. A., Garrett, M. D., Elder abuse and oral healthcare providers: an intervention to increase knowledge and self-perceived likelihood to report, Journal of elder abuse & neglect, 24, 50-64, 2012	Study setting does not meet protocol eligibility criteria - conducted in the US; not care homes.
Tadd Win, Promoting excellence in all care homes: PEACH, 2012	Study does not meet protocol eligibility criteria - acceptability of training package in care homes, but not embedding learning.
Teresi, J. A., Burnes, D., Skowron, E. A., Dutton, M. A., Mosqueda, L., Lachs, M. S., Pillemer, K., State of the science on prevention of elder abuse and lessons learned from child abuse and domestic violence prevention: Toward a conceptual framework for research, Journal of elder abuse & neglect, 28, 263-300, 2016	Study design does not meet protocol eligibility criteria - non-systematic review.
Teresi, J. A., Ramirez, M., Ellis, J., Silver, S., Boratgis, G., Kong, J., Eimicke, J. P., Pillemer, K., Lachs, M. S., A staff intervention targeting resident-to-resident elder mistreatment (R-REM) in long-term care increased staff knowledge, recognition and reporting: results from a cluster randomized trial, International Journal of Nursing Studies, 50, 644-56, 2013	Study does not meet protocol eligibility criteria - conducted in the US.
Teresi, J. A., Ramirez, M., Fulmer, T., Ellis, J., Silver, S., Kong, J., Eimicke, J. P., Boratgis, G., Meador, R., Lachs, M. S., Pillemer, K., Resident-to-Resident Mistreatment: Evaluation of a Staff Training Program in the Reduction of Falls and Injuries, Journal of Gerontological Nursing, 44, 15-23, 2018	Study setting does not meet protocol eligibility criteria - conducted in the US.
Unison Community Care, Staff support and the quality of care in children's and adults' residential care, 16, 2016	Study does not meet protocol eligibility criteria - quality of care; not safeguarding learning interventions.
University of Sussex, University of Bedfordshire, A scoping study of workforce development for self-neglect work, 2013	Study does not meet protocol eligibility criteria - discusses workforce training needs, but not embedding organisation learning; not specific to care homes.

Study	Reason for exclusion
Wagenaar, D. B., Rosenbaum, R., Herman, S., Page, C., Elder abuse education in primary care residency programs: a cluster group analysis, Family Medicine, 41, 481-6, 2009	Study setting does not meet protocol eligibility criteria - conducted in the US; not care homes.
Wagenaar, D. B., Rosenbaum, R., Page, C., Herman, S., Elder abuse education in residency programs: How well are we doing?, Academic Medicine, 84, 611-618, 2009	Study setting does not meet protocol eligibility criteria - conducted in the US.

Economic studies

No economic evidence was identified for this review.

Appendix L – Research recommendations

Research recommendations for review questions I:

- **What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse?**

- **What is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent abuse? And what are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent abuse?**

- **What is the effectiveness of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect?**

- **What is the acceptability of approaches to embedding organisational learning about safeguarding in care homes in order to prevent neglect? And what are the barriers and facilitators to embedding organisational learning about safeguarding in care homes to prevent neglect?**

On the basis of the evidence review for the questions listed above the committee made a recommendation for future research in this area.

Why this is important

Although analyses have been conducted to identify lessons from Safeguarding Adults Reviews (Braye 2015) there is very little evidence from the UK on how care homes develop their practice by learning from safeguarding investigations. In particular, there are no data about the role of Safeguarding Adults Reviews (SARs), introduced by the Care Act 2014. SARs are intended as an important source of learning which can be embedded in practice.

Qualitative data are needed from care home managers and staff about their knowledge, perceptions and experiences of using SAR findings to improve practice. Interviews and qualitative studies are needed with people using services and their carers to gauge their views of how care homes learn from SARs.

The views of Safeguarding Adults Boards and commissioners on their experiences of care home learning from SARs are also needed. A study with an emphasis on identifying the range and content of current levels of awareness and responses to SARs could begin to provide the evidence on which to base future research.

Research recommendation in question format:

What are the experiences of care home staff in using findings from Safeguarding Adults Reviews and what are the barriers and facilitators to embedding learning in care homes from Safeguarding Adults Reviews?

Table 13: Research recommendation rationale

Research question	What are the barriers and facilitators in care homes to embedding learning from Safeguarding Adults Reviews?
Why is this needed	

Research question	What are the barriers and facilitators in care homes to embedding learning from Safeguarding Adults Reviews?
Importance to 'patients' or the population	Safeguarding residents of care homes should be based on the 6 safeguarding principles of the Care Act 2014, one of which is Prevention. Knowledge of the findings of Safeguarding Adults Reviews could help care home managers to improve practice and prevent harm. However, the committee consensus was that Safeguarding Adults Reviews often reveal a consistent pattern of shortcomings in safeguarding practice without any evidence of learning by partner agencies. This means that safeguarding practice in care homes is not informed by the best available evidence on prevention of abuse and neglect.
Relevance to NICE guidance	NICE guidance provides advice on effective, good value health and social care including best practice on safeguarding adults in care homes. New evidence relating to embedding learning from Safeguarding Adults Reviews would therefore inform future updates of this guideline, ensuring that the safety and wellbeing of care home residents is promoted.
Relevance to social care and the NHS	The Care Act 2014 requires local Safeguarding Adults Boards to carry out a Safeguarding Adults Review (SAR) if an adult at risk of abuse has died or experienced significant harm as a result of abuse or neglect, and there is reasonable cause for concern about how the Safeguarding Adults Board, members of it or other persons with relevant functions worked together to safeguard the adult. The consensus on the guideline committee was that SARs provide a valuable source of learning for care homes and other agencies that could help them improve their safeguarding practices. However, there is no published evidence on how the findings of SARs are taken up by care homes, and the barriers and facilitators to embedding learning. Whilst there may be some cost and resource implications associated with new guidance this will be offset by improvements in outcomes for care home residents.
National priorities	SARs are intended to be an important means of learning from the outcomes of safeguarding enquiries.
Current evidence base	Individual SAR reports are published by local authority Safeguarding Adults Boards and some research has been carried out looking at emerging themes. However there is no published evidence on how SAR findings are affecting practice in care homes, staff perceptions of using SAR findings or why it may be that learning from them is not being embedded in practice.
Equality	N/A

Research question	What are the barriers and facilitators in care homes to embedding learning from Safeguarding Adults Reviews?
Feasibility	There are significant issues around feasibility relate to ethics and access to care homes, staff and residents.
Other comments	None

Table 14: Research recommendation modified PICO table

Criterion	Explanation
Population	Care home providers, care home managers, care home staff and care; care home residents and their families/friends/supporters
Phenomenon of interest	Embedding learning in care homes from safeguarding adults reviews
Context	Care homes
Outcomes (anticipated themes)	• Care home managers' awareness of the SAR process and the findings from SARs • Care home managers' confidence in changing their practice in the light of findings from SARs • Care home managers' views on the barriers to learning from SARs and the potential role of other agencies, for example, Safeguarding Adults Boards learning events; • Views of care home residents and their friends/families/supporters on care homes' use of SAR findings
Study design	• Qualitative study, conducted in the UK, using interviews and focus groups.
Timeframe	N/A
Additional information	N/A