

Safeguarding adults in care homes

Consultation on draft scope Stakeholder comments table

29/08/2018 – 26/09/2018

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
ADASS - Safeguarding Policy Network	2	25	Please refer to Care Act Guidance 14.10.	Thank you for highlighting this. Reference to the Care Act guidance has been added to the scope.
ADASS - Safeguarding Policy Network	3	13	Although not exhaustive, the examples of people receiving care and support would benefit from the addition of people with mental health issues.	Thank you for your comment. People with mental health issues have now been added to this list.
ADASS - Safeguarding Policy Network	5	7	Suggest changing 'Care at home' to 'people's homes' (e.g. home care).	Thank you for your comment. There were concerns that this list caused confusion and it has now been removed.
ADASS - Safeguarding Policy Network	5	11	Higher education to be added.	Thank you for your comment. There were concerns that this list caused confusion and it has now been removed.
ADASS - Safeguarding Policy Network	5	26	Add other professionals involved in the care and support of the adult.	Thank you for your comment. We have made sure that the review question covers all practitioners involved in the care and support of the adult
ADASS - Safeguarding Policy Network	8	15	A strong focus on proactive prevention would be welcomed, as well as prevention in the context of ongoing learning.	Thank you for your comment. Prevention was discussed at length during scoping, including in the stakeholder workshop. Attendees were concerned that if the guideline focused very explicitly on preventing abuse and neglect, there was a risk of going beyond the remit and generating recommendations on good practice in care homes. They felt it was more relevant and within the remit to focus on how well learning is embedded in care homes to prevent abuse and neglect.
Aspire	General	General	Aspire welcomes the opportunity to respond to the NICE consultation on the development of guidelines on safeguarding adults in care homes. For nearly twenty years, Aspire's Housing Service has been supporting spinal cord injured (SCI) people by providing the help they need to secure permanent suitable homes. For all its housing team's excellent work though, Aspire cannot meet	Thank you for highlighting this situation and for providing the information about the experience of people with SCI. This population certainly falls within the scope of the guideline in so far as they are in care homes, whether as long term residents or temporarily as part of rehabilitation. To this end the review protocols, in particular the search strategies, will be designed to capture the experiences of people with SCI.

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			<p>demand and every year hundreds of spinally injured people are forced into inappropriate accommodation.</p> <p>Spinal Cord Injury is both devastating and a serious public concern. Following SCI, the person will undergo a programme of specialist in-patient rehabilitation with a Spinal Cord Injuries Centre, where they learn how to manage the enormous physical changes incurred with a spinal cord injury. This would include learning how to use a wheelchair, how to transfer in and out of it, and care for their skin. They will also learn how to manage their bladder and bowels. This is necessary in order to avoid potentially life-threatening health problems. It is vital that following this rehabilitation programme, the SCI person is discharged into a housing setting that enables them to continue to practice the techniques learned in rehabilitation, as well as receive any essential care they may need for their ongoing physical health and psychological wellbeing.</p> <p>Over the last few years, Aspire has been looking into the question of how the housing needs of SCI people are being addressed. In 2012 Aspire published research revealing that due to the lack of suitable wheelchair accessible housing, 20% of SCI people are actually discharged into care homes for older people and other institutionalised settings. Further research, undertaken by Loughborough University in 2013, exposed the real impact on spinal injured people living under such circumstances. The report, <i>Understanding the Health and Wellbeing of Spinal Cord Injured Adults in a Care Home</i>,</p>	

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			<p>established that SCI people experience severely detrimental effects on their physical and psychological health, directly attributable to their living in care homes.</p> <p>The research identified a number of key areas in which either the absence of critical care and support, or the presence of operational policies practices and procedures within institutions, conspired to militate against the SCI person's health and wellbeing. These were as follows:</p> <ol style="list-style-type: none"> 1 Dissatisfaction with the discharge process. 2 Reduced quality of life. 3 Damage to physical health. 4 Damage to psychological wellbeing. <p>Dissatisfaction with the discharge process.</p> <p>Many SCI people reported dissatisfaction and unhappiness with how their transition from the spinal cord injury centre to the care home unfolded. Many described feeling "pushed" out of the rehabilitation centre before they were ready and were made to feel like a "bed-blocker."</p> <p>Quality of life.</p> <p>For many, moving into a care home resulted in loss of independence and freedom of agency and any opportunity to make personal choices and to enjoy control over their own lives. This was attributed to lack of staff and how care homes organised residents' daily lives. Research participants also</p>	

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			<p>describe being restricted as to where and how they were able to move around, owing to the design of the care home itself, as well as its geographical location and lack of accessible transport. These restrictions further eroded people's ability to enhance their own quality of life by preventing them from participating in family engagements or sporting activities. Consequently, people reported increasing feelings of isolation and damage to existing relationships.</p> <p>Damage to physical health.</p> <p>Another critical impact of living in a care home was the negative affect on SCI people's physical health. Many reported experiencing pressure sores, urinary tract infections and autonomic dysreflexia. In addition to these, research participants reported bones being broken and the incorrect administration of medication. The sedentary nature of life in a care home also places spinal injured people at greater risk of skin damage through extended periods spent either seated or in bed.</p> <p>Research participants provided numerous examples of where equipment and facilities, such as unsuitable mattresses and inaccessible bathrooms, increased the chance of occurrence of pressure sores and urinary tract infections.</p> <p>The absence of specialist staff knowledge and training in how to care for a spinal cord injured person presented a major risk to participants' physical health. Participants described incidents in which they were incorrectly turned or transferred by care</p>	

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			<p>home staff. When this occurred, pressure sores were likely to develop, physical pain followed, infections arose, catheterisation problems emerged and bones were broken. Despite current health guidelines recommending that spinal cord injured people regularly participate in physical activity, care homes often did not offer appropriate or enjoyable activities for SCI people. This not only compromises a SCI person's ability to improve their physical health; it also undermines their capability to live independently in the future. Damage to psychological wellbeing.</p> <p>Living in a care home had a profound impact upon the SCI people's level of psychological health. Many participants reported that the prolonged absence of meaningful activity in the care home resulted in a lack of purpose or point to life. Living in a care home made it very difficult for participants to seek work, enjoy being active, develop relationships or undertake anything that would give them a sense of purpose. Essentially, living in a care home meant that life was put on hold for the duration of their stay. The continuous lack of activity, purposelessness and life being on hold resulted in the reversal of both the optimism and independent living skills gained during rehabilitation. Furthermore, the research reveals that deterioration in optimism and independent living skills that SCI people experience when living in a care home persists even when they have returned to living in the community. Additionally, research participants reported loss of identity and</p>	

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			<p>high levels of anxiety, anger, depression and hopelessness. Consequently, many of the participants reported feeling that life was no longer worth living and having suicidal thoughts.</p> <p>It is clear, therefore, that steps must be introduced to safeguard SCI people from being discharged inappropriately into care homes and to prevent the kind of neglect revealed by the Loughborough research. Where a SCI person has been discharged into a care home, measures must be introduced to ensure that all parties have taken steps to ensure that whilst within the institution, their health, wellbeing and independent living needs will be supported.</p>	
Aspire	General	General	<p>In order to minimise the risk of neglect of SCI people transitioning from in-patient hospital settings into residential care homes, it is Aspire's view that the new guidelines must clearly confer the following responsibilities:</p> <ol style="list-style-type: none"> 1 upon the discharging organisation, to satisfy itself that the institution into which the SCI patient is being discharged, has the necessary capacity, expertise, facilities and operational practices to provide for the person's care, rehabilitation and independent living needs. 2 upon the receiving care home or residential institution to provide assurance that it possesses the necessary 	<p>Thank you for highlighting this. In light of yours and similar comments, the draft scope has been revised to ensure there is a specific focus on multi-agency working and information sharing at the individual, operational level. Since this issue is now clearly in scope, the review protocols will be designed to locate related evidence.</p>

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			<p>Please insert each new comment in a new row</p> <p>capacity, expertise, facilities and operational practices to provide for the person's care, rehabilitation and independent living needs.</p> <p>It is also our view, however, that prior to considering discharging a SCI patient into a residential care setting, the discharging organisation must take all steps necessary to ensure that all other options have been exhausted, and that it is in the best interest of the patient to be placed into a residential care institution temporarily, in accordance with the 6 principles underpinning the safeguarding framework. We would therefore recommend that, working with the existing NICE quality standards framework, a series of new quality Statements be introduced. These could either take the form of a new stand-alone quality standard, or be incorporated into NICE Quality Standard 136 – Transition between in-patient hospital settings and community or care home settings for adults with social care needs. These new quality statements should encompass the transition process, including statements which relate to the expectations and responsibilities placed upon discharging organisation and receiving institutions. The new statements would confirm the following:</p> <ul style="list-style-type: none"> • The discharging organisation has taken all necessary steps to exhaust all other options and 	<p>Please respond to each comment</p>

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			<p>is satisfied that the receiving institution is capable, suitable and is an appropriate setting into which the SCI patient can be discharged;</p> <ul style="list-style-type: none"> • The receiving institution possesses the necessary expertise, facilities and practices to provide for the care and independent living needs of residents with a spinal cord injury. <p>Below are a series of sample quality statements, each encompassing a critical element of the process required to ensure that due consideration and assurance has been applied towards the ongoing health and wellbeing of spinal cord injured patients being discharged into a residential care setting:</p> <p>Quality Statement 1 Options assessment. The discharging organisation confirms that it has, with the patient's involvement and agreement, undertaken all steps necessary to explore all options regarding the suitable and appropriate accommodation into which the spinal injured patient can be discharged.</p>	

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			<p>Quality Statement 2 Satisfaction with suitability of receiving institution. The discharging organisation, with the involvement of the SCI patient, confirms that to its satisfaction, the receiving institution possesses the necessary staff capacity and expertise, facilities, policies and practices to provide the care needed by SCI people and to support their independent living goals.</p> <p>Sample Quality statement 3 Provision of care. The receiving institution confirms that it possesses the necessary staff capacity to provide the care needed by SCI people, in terms of care being available at the point of need, whatever the time of day or night. Secondly, that the institution possesses the specialist experience and expertise in provision of care to SCI people.</p> <p>Quality statement 4 Quality of life. The receiving institution confirms that its operational policies, procedures and practices will support a SCI person's ongoing rehabilitation, including the pursuance of independent living goals, maintenance of family life and social</p>	

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			<p>networks, uptake of employment and civic participation opportunities.</p> <p>It is our view that the adoption of a suite of specific Quality Statements, would represent the introduction of a clear process in which responsible parties can demonstrate due process and that the necessary diligence has been applied to the reduction of the risk of SCI people experiencing neglect and detriment to their physical health, psychological wellbeing and ongoing rehabilitation, when discharged into a care home or other institutional setting.</p>	
Aspire	2	5	It is our view that these underpinning principles and further guidance that inform the framework within which this guideline will sit, provides a strong foundation on which to introduce guidance in relation to the safeguarding of SCI people transitioning into a care home or other residential setting.	Thank you for your comment. Although this guideline is not specifically about transition between settings, the issue of safeguarding during a move into or out of a care home is likely to be covered by the additional review question about multi agency working at the individual operational level. Note that this is in relation to the general care home population - which may include but not be specifically focused on people with SCI.
Aspire	3	26	Furthermore, the inclusion in the definitions section, of "neglect and acts of omission," also provides scope and opportunity for the inclusion of guidance specifically relating to safeguarding against the failure to provide SCI people with critical care and the facilities necessary for their ongoing rehabilitation, when placed in a nursing home or other residential setting.	Thank you for your comment. The guideline population is the general care home population, which includes but is not specifically focused on people with SCI.

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British Dental Association	7	Question 2.2 (Lines 22-23)	Dental neglect in terms of children is described by NICE CG89 and NG76 as " <i>Consider neglect if parents or carers have access to but persistently fail to obtain treatment for their child's dental caries (tooth decay)</i> ". For vulnerable adults and those at risk, it is important to recognise that dental neglect can occur in adults too and that the new thinking around 'was not brought' for children to [dental] appointments also applies to vulnerable adults.	Thank you for highlighting this. Dental neglect falls within the scope of this guideline and the review protocols for questions focussed on neglect will be designed to ensure that the searches locate published research relating to this issue.
British Dental Association	7	Questions 1.2 (line 19-20) and 2.2 (Lines 24-25)	Facilitators to this are the availability of external professionals visiting the settings (such as dentists) who are independent of the organisation and who are trained to spot signs of abuse and neglect in adults at risk. Domiciliary care is a commissioned service by the NHS and if more care homes had a fully commissioned NHS service there would be additional practitioners seeing patients on a regular basis. From a safeguarding perspective we would welcome more dentistry being commissioned to meet the needs of these patients and preventing abuse or dental neglect.	Thank you for your comment. The issue you raise is within the scope of the guideline and the review protocols will therefore be designed to locate related evidence.
British Dental Association	7	Questions 1.2 (line 19-20) and 2.2 (Lines 24-25)	In our response to NICE in February 2017 on the NICE quality standard <i>oral health in care homes and hospitals</i> we suggested that " <i>Given that periods of stay in care homes can be long for some residents, it would be advisable for regular reviews of residents' mouth care needs to take place as a range of factors, such as medications, can cause rapid change/deterioration in oral health and mouth care required</i> ".	Thank you for highlighting this. Dental neglect falls within the scope of this guideline and the review protocols for questions focussed on neglect will be designed to ensure that the searches locate published research relating to this issue.

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			We reiterate that here in the context of safeguarding and ensuring patients are able to seek the treatment they need. In the same response in 2017 we also mentioned denture care. Any advice given by staff (trained in giving prevention or dietary advice) should include ensuring denture advice as this is a big issue when they go missing. When this happens patients often wait too long before dentures are replaced, especially if they are vulnerable adults which is a form of neglect of the person's healthcare needs.	
British Dietetic Association	6		NICE Clinical Guideline 32 should be referenced too as inadequate nutritional care forms a part of many safeguarding concerns raised about neglect of residents needs	Thank you for your comment. We have added a reference to this guideline in our list of related NICE guidance.
British Geriatrics Society	1	23-25	The guideline scope currently gives statistics with Nursing homes being the biggest concern of safeguarding issues. The care home CQC rating % should also be shared to ensure transparency across both settings in the guidance.	Thank you for your comment. We are discussing with the CQC to try and get more helpful data
British Geriatrics Society	2	12-18	Multi Agency Risk Management framework has not been included within this guidance, this has been proved to be useful in managing patients who have capacity to make a decision but live with risks. This should be considered in addition to the current information provided.	Thank you for your comment. The scope describes the relevant legislative context for the guideline. There are many other frameworks and initiatives which are undoubtedly also relevant. It is not possible to cite all of these in the scope but the guideline committee will be aware of all of them as they discuss the evidence and draft recommendations.
British Geriatrics Society	2	11	Remove full stop from end of accountability	Thank you for your comment. The scope will be edited before final publication.

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British Geriatrics Society	3	1-9	I feel that there should be an element of capacity discussed, capacity holding a key role in safeguarding and pivotal to any decisions made by health care professionals or patients.	Thank you for your comment. The issue of mental capacity is clearly relevant to the context of this guideline and the provisions of the Mental Capacity Act will be an important consideration in the drafting of recommendations.
British Geriatrics Society	3	27	Remove full stop	Thank you for your comment. The scope will be edited before final publication.
British Geriatrics Society	3	30	Capital H	Thank you for your comment. The scope will be edited before final publication.
British Geriatrics Society	4	3	Remove full stop	Thank you for your comment. The scope will be edited before final publication.
British Geriatrics Society	4	7 & 10	Remove full stop	Thank you for your comment. The scope will be edited before final publication.
British Geriatrics Society	4	6, 8, 17 & 18	Capital letter to start	Thank you for your comment. The scope will be edited before final publication.
British Geriatrics Society	5	25 - 26	Exploring the scope of how the patients with communication, sensory, lack of capacity needs etc. will be supported through safeguarding and what support will be offered and in what way.	Thank you for your comment. We can confirm that adults with sensory needs and who are in registered care homes are part of the population for this guideline and the review protocols will reflect the fact that we will look for evidence relation to people with these needs.
British Geriatrics Society	5	27	Include guidance on multi-agency safeguarding hubs and multi agency risk management framework meeting /MDT working. Discuss more collaborative working with NHS and independent services.	Thank you for your comment. The issue of multiagency working was identified during scoping as a key area for this guideline. We have therefore increased the prominence of multiagency working by drafting a review question to locate evidence about the barriers and facilitators to multi agency working and

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				communication both at the strategic level and separately at the individual operational level.
British Geriatrics Society	5	29	Remove full stop	Thank you for your comment. The scope will be edited before final publication.
British Geriatrics Society	9	4	Impact of safeguarding on family, relatives, friends and patient. Process and trauma etc, what support is offered for this?	Thank you for your comment. During the scoping phase of the guideline it has become clear that the impact on people affected by safeguarding is an important area. This is reflected in the review question focusing on information and support needs when a safeguarding concern has been raised. In addition, people's views and experiences within the context of safeguarding are cited as an outcome in the scope and this will be reflected in the review protocols.
British Geriatrics Society	9	6	Impact to workforce staffing and wellbeing as well as skills	Thank you for your comment. We agree that the impact on the workforce is an important concern and this is reflected in the review question focusing on information and support needs during the process. The protocol for this question will make it clear that staff will also be covered by this evidence review.
Challenging Behaviour Foundation	General	General	<p>1. Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline?</p> <p>Positive Behaviour Support (PBS) is an innovative approach that increases quality of care and reduces risk of abuse. PBS does not cost any more than standard support offered in care homes. It is a long-term approach to improving care and</p>	Thank you for your comment and for highlighting this approach. The evidence reviews underpinning this guideline include economic analyses wherever possible.

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			<p>reducing risk of harm, however there are also changes it can bring about quickly.</p> <p>See this key messages document for more information: https://www.challengingbehaviour.org.uk/learning-disability-assets/pbskeymessagesapril2017.pdf</p>	
Challenging Behaviour Foundation	General	General	<p>We would like to encourage you to carefully consider safeguarding concerns for people who display challenging behaviour when developing the guidelines.</p> <p>“Behaviour can be described as challenging when it is of such an intensity, frequency, or duration as to threaten the quality of life and/or the physical safety of the individual or others and it is likely to lead to responses that are restrictive, aversive or result in exclusion”.</p> <p>Challenging behaviour can include behaviours such as banging your own head against a wall, pulling curtains down or pulling someone's hair. Often this can happen because an individual cannot communicate what they need with words and have little or no choice and control over what is happening.</p> <p>Challenging behaviour is often perceived as a ‘problem’ or ‘illness’ to be ‘treated’, ‘cured’ or ‘stopped’. The problem is seen as being part of the person rather than focussing on</p>	<p>Thank you for your comment. We agree about the importance of this population, especially in the context of a safeguarding guideline. People displaying behaviour that challenges are included within the scope and this will be reflected in the review protocols, which will seek to locate evidence about all people within the care home context.</p>

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			<p>what needs to change around the person, such as their environment or how people support them. This is unhelpful and potentially damaging for these individuals. It is important to look beyond the behaviour and provide appropriate person centred, holistic support to enable individuals to achieve their full potential.</p> <p>Most people with learning disabilities and behaviours that challenge require skilled support and access to social care services along with health services to enable them to lead healthy and fulfilling lives. Therefore, it is important that the needs of this group of people are included when considering the delivery of social care.</p>	
Challenging Behaviour Foundation	3	16	The scope uses the list given in the Care Act as definitions of abuse. We feel there should be an addition of 'inappropriate use of restrictive practices', as this is a common safeguarding issue in care homes.	Thank you for your comment. We recognise that the inappropriate use of restrictive practices is a key area within the context of safeguarding and although it is not explicitly stated in the Care Act we will certainly ensure it is reflected in the detail of the review protocols.
Challenging Behaviour Foundation	3	27	We think 'self-neglect' should be changed to 'self-neglect and self-injury'. Self-injurious behaviour is a huge risk for adults with learning disabilities, brain injury or dementia. Ongoing self-injury should be treated as a safeguarding concern because it is a sign of distress and is causing harm. As with self-neglect, the individual is not being kept safe.	Thank you for your comment. We agree that self-injury is an important issue and can confirm that it is within the scope of the guideline in the context of 'neglect'.

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Challenging Behaviour Foundation	4	4	Another group the guidance may also be relevant for are 'regulators', such as Care Quality Commission.	Thank you for your comment. Regulators work together with NICE and other health and social care bodies at a strategic level, but they are not a core audience for the guideline.
Challenging Behaviour Foundation	5	5	Supported living has been removed from this list of settings not covered following the Stakeholder Workshop on 1/08/18. We believe supported living <u>should</u> be included in the settings covered by the guidelines, but it is unclear from this list of inclusions and exclusions whether it is. Please amend the settings lists to clarify this.	Thank you for your comment. We have now removed the list of excluded settings to minimise confusion and made it clear that the guideline covers all care homes that are registered with the CQC.
Challenging Behaviour Foundation	5	11	Within further education sites where young adults 18-25 with Special Educational Needs or Disabilities (SEND) live (38 weeks of the year or more), there are care homes where the young adults live. The care homes are separate to the school or college – a 'care side' of the organisation, as opposed to the 'education side'. They function as a care home, so we believe 'Care provision within further education settings' should be included in this scope.	Thank you for your comment. We have now removed the list of excluded settings to minimise confusion and made it clear that the guideline covers all care homes that are registered with the CQC.
DoHSC	General	General	Dear NICE Thank you for the opportunity to comment on the draft for the above clinical guideline. I wish to confirm that the Department of Health and Social Care has no substantive comments to make, regarding this consultation.	Thank you for your response.

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East of England Ambulance Service NHS Trust	General	Q1	Within the East of England there is a 'RED BAG' (Hospital Transfer Pathway) system which holds the transfer information of the service user, medications and personal effects. This approach ensures that relevant required information pertinent to the individual is available for subsequent handovers, including the return journey.	Thank you for your comment. We agree with you that transfer of information during transfer between hospital and care homes is an important area in the context of safeguarding. It falls within the scope of the guideline and the review protocols will therefore be designed to locate related evidence..
East of England Ambulance Service NHS Trust	General	General	The scope looks comprehensive. A further area for consideration would be guidance on standardisation of transfer documentation to supplement the Hospital Transfer Pathway and provide a more positive, joined up experience for the service user.	Thank you for your comment. We agree with you that transfer of information during transfer between hospital and care homes is an important area in the context of safeguarding. It falls within the scope of the guideline and the review protocols will therefore be designed to locate related evidence.
Lincolnshire County Council – Adult Care and Community Well-being	2	4	The statutory framework for Safeguarding Adults includes the Human Rights Act 1998, Mental Capacity Act 2005 & Deprivation of Liberty Safeguards, Mental Health Acts 1983/2007 , Data Protection Act 1998, Domestic Violence and Victims Act 2004, Health and Social Care Act 2008 (regulated Activities) Regulations 2014, Crime and Disorder Act 1998, Public Interest Disclosure Act 1998, Youth Justice and Criminal Evidence Act 1999, Sexual Offences Act 2003.	Thank you for your comment. We have added an overarching statement to clarify the wider legislative framework with references to these Acts.
Lincolnshire County Council – Adult Care and Community Well-being	3	29	Those with responsibility for undertaking S.42 enquiries	Thank you for your comment. Having discussed this during scoping group 3, we are content that the list does cover the local authority, as the body with responsibility for undertaking s42 enquiries.

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Lincolnshire County Council – Adult Care and Community Well-being	5	19+	It is important to consider that abuse may take place in a care home but not be perpetrated the organisation or by its employees. This will require a different response and data sets need to ensure this is captured appropriately.	Thank you for your comment. We agree that this is an important consideration. Our review protocols and search strategies will be designed to consider these issues.
Lincolnshire County Council – Adult Care and Community Well-being	5	16	This should also consider where Human Rights abuses sit and how they should be managed, e.g. covert recording/use of social media.	Thank you for your suggestion. The European Convention on Human Rights is clearly part of the context for this guideline, for example article 3 ('no one shall be subjected to torture...') and article 5 (right to liberty and security), which clearly link with questions around abuse. The management of Human Rights in so far as they fall under 'safeguarding concerns' will therefore be addressed, particularly through the proposed review questions about managing safeguarding concerns.
Lincolnshire County Council – Adult Care and Community Well-being	5	16	Need to differentiate between safeguarding concerns and poor practice concerns and guidance needs to be provided which is congruent with current regulatory/reporting responsibilities.	Thank you for your comment. The issue you raise was discussed at length during scoping, including in the stakeholder workshop. Attendees were concerned that if the guideline focused very broadly on concerns about poor practice in care homes, which is beyond the scope of the guideline. Guidance on good practice in care homes already exists.. That said, the scope will cover what constitutes a safeguarding concern.
Lincolnshire County Council – Adult Care and Community Well-being	6	1	Whilst not covered specifically, these areas are integral to the guidance to ensure that there is clarity around duty to report, interviewing witnesses, preserving evidence etc.	Thank you for your comment. Evidence about these particular areas will not be reviewed as NICE does not have a remit to make recommendations for the criminal justice sector or regulatory bodies.

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				So recommendations aimed at the criminal justice system, safeguarding adults boards and the CQC are considered outside the scope of the guideline.
Lincolnshire Safeguarding Adults Board	1	10	As a general comment these guidelines should be shaped and developed within the context of the Care Act 2014 and its guiding principles	Thank you for your comment. The scope and preliminary work for this guideline has been shaped by the Care Act 2014. The guideline itself and the recommendations contained within it will be carefully drafted to ensure that there is alignment with all relevant legislation.
Lincolnshire Safeguarding Adults Board	3	27 +	Additional areas acknowledged outside the Care Act definitions could include: Harmful Cultural Practices; Suicide/Self Harm; On-Line Threats; Substance Misuse; Homelessness	Thank you for your suggestions. It is likely that a broad view of abuse and neglect will be taken and these will be defined in the review protocols, in line with advice from the guideline committee.
Lincolnshire Safeguarding Adults Board	4	5	To be expanded to include Safeguarding Teams /Practitioners	Thank you for your suggestion. This list has been revised and the practitioners you mention are actually considered to be a key audience, included under 'other health and social care practitioners working with adults in care homes' or 'health and social care commissioners of residential care for adults'.
Lincolnshire Safeguarding Adults Board	5	29-6	Embedding learning to prevent abuse and neglect and to promote service improvements	Thank you for your suggestion, the focus of the guideline is on the prevention of abuse and neglect rather than the more general issue of service improvements although it is anticipated that through addressing the former, the latter will also be achieved.
Lincolnshire Safeguarding Adults Board	6	29 +	Two possible additional publications: Transitional Safeguarding – adolescence to adulthood - Dartington	Thank you for your comment. This list is comprised of related NICE guidance only. If relevant, these publications may be included in the evidence reviews underpinning the guideline.

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			Strategic Briefing; Safeguarding and Out of Area Placements – ADASS Guidelines 2016	
Lincolnshire Safeguarding Adults Board	7	12 +	Bearing in mind that there is a commercial aspect to this as a considerable number of Care Homes are operating along these lines by the private and voluntary sectors.	Thank you for your comment, which we will ensure that the guideline health economist is aware of.
Lincolnshire Safeguarding Adults Board	8	23 +	Differentiation between quality concerns which can be dealt with local and logged and safeguarding issues which require reporting. Role of Safeguarding Ambassadors to support the Registered Manager/Safeguarding Lead in promoting and supporting good practice with the staff team. Role of LA's, NHS and Independent Care Sector in early intervention and support for those Care Homes that are failing – multi-agency 'turn-round' support. NHS as partners with the Care Sector in developing and delivering good quality of care.	Thank you for your comment. These issues are likely to be explored as part of the review question on embedding learning from safeguarding to prevent abuse and neglect but we cannot anticipate the precise recommendations that the guideline committee will agree as a result.
Lincolnshire Safeguarding Adults Board	8	4 - 3.3	Explore the possibility of setting response standards for the requesting and provision of information	Thank you for your comment. We hope that these types of issues will be explored in the evidence base.
Lincolnshire Safeguarding Adults Board	9	9 +	Overall care environment including MUM Test; dignity & respect; cultural values; promoting wellbeing & standards of nutrition, hydration, and medication & tissue viability care. Specialist support for people with specific n and/or challenging conditions e.g. dementia.	Thank you for highlighting these important issues, which we believe are, in general terms, captured by the outcomes in the scope on morbidity, quality of life and people's experiences. More specific outcomes will be detailed in the review protocols, as appropriate to each review question.

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National Autistic Taskforce	General	General	The scoping workshop illustrated the strong tendency of professionals involved in social care to focus on minimising Safeguarding Incidents. We feel that it is vital that the NICE guideline clearly focuses on reducing the abuse and neglect of adults using care home services not reducing Safeguarding 'incidents. These are not the same goal. Often, reducing abuse and neglect experienced by adults using care home services will require an increase in the numbers of Safeguarding 'incidents' recorded by a service (because that would indicate a service improving in its identification of risks of abuse and neglect to service users)	Thank you for your comment. The final scope remains clear about the importance of focusing on abuse and neglect in care homes and this will be reflected in the review protocols.
National Autistic Taskforce	7	17-18 + 19-20	The draft scope currently fuses abuse by individuals and abuse by organisations under a single question. We feel these should be dealt with separately because there are important signs and symptoms which are specific to organisational abuse (such as attributing individual incidents to 'bad apples'; focus on organisational risk at the expense of the human rights, dignity and quality of life of service users). Similarly there are important barriers and facilitators specific to organisational abuse (such as blame-focussed cultures and poor attitudes to whistle blowing).	Thank you for your comment. The scope is clear that organisational abuse is separate to abuse committed by individuals and this is highlighted in the definition of abuse taken from the Care Act 2014. The distinction will also be reflected in the review protocols.
National Autistic Taskforce	7	22-23 + 24-25	The draft scope currently fuses neglect by individuals and abuse by organisations under a single question. We feel these should be dealt with separately because there are important signs and symptoms which are specific to organisational neglect (such as unrealistically low pricing of services; high	Thank you for your comment. The scope is clear that organisational abuse is separate to abuse committed by individuals and this is highlighted in the definition of abuse taken from the Care Act 2014. The distinction will also be reflected in the review protocols.

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			staff turnover; insufficient staff with specific skills, such as training in assisted and augmented communication). Similarly there are important barriers and facilitators specific to organisational neglect (such as staffing levels inadequate to ensure double checking of high risk procedures such as medication; blame-focussed cultures and poor attitudes to whistle blowing).	
National Autistic Taskforce	8	8-11	The draft scope currently lists care homes, local authorities, Safeguarding Adults Boards and local health organisations as 'partners'. We feel that adults accessing care and support in care homes must be included in this section as equal partners. To include only "professionals" in partnership working is not compatible with Making Safeguarding Personal.	Thank you for your comment. We will include further detail about strategic partnership working and involvement of people using services as equal partners within the protocol for this review area,.
National Autistic Taskforce	8	16-19	The draft scape currently fuses individual and organisational learning under a single question. We feel these should be dealt with separately for the reasons given above.	Thank you for your comment. The scope is clear that organisational abuse is separate to abuse committed by individuals and this is highlighted in the definition of abuse taken from the Care Act 2014. The distinction will also be reflected in the review protocols.
National Autistic Taskforce	8	4-6	The draft scope currently refers to adults accessing care and support in care homes, practitioners and family members in the same question. We are concerned that this risks the information and support needed by adults using care home services not being identified separately from practitioners and family members. In particular we are concerned that this risks not addressing the chronic issue of adults not even being told a Safeguarding concern about them has been raised on flimsy	Thank you for your comment. Evidence about the support and information needs of people accessing care and support in care homes, their families and practitioners will be reported separately.

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			and inappropriate grounds (such as that it would 'upset' them). We are also concerned the needs of these distinct groups may not be treated separately and that the needs of Autistic adults (particularly those who do not use speech to communicate) may not be adequately identified and that the provision of information and support to family members will be treated as a proxy for providing for the information and support needs of disabled adults ourselves (because of discrimination assumptions that disabled adults don't need to know/won't understand/will get upset).	
National Autistic Taskforce	8	14	The draft scope currently asks what models of training have "positive outcomes". We feel this is insufficiently clear and focussed. Training needs to be evaluated in terms of its positive impact on reducing actual incidence of abuse and neglect of adults using care home rather than, for example, reducing Safeguarding 'incidents' or merely producing positive feedback from staff or practitioners.	Thank you for your comment. Our review protocols will state explicitly the outcomes that we are interested in and these will include outcomes such as incidence of abuse and neglect.
National Autistic Taskforce	9	3-5	The draft scope proposes collecting views and experiences of people using Care Homes, staff and families. We are concerned that the views of these distinct groups may not be treated separately and that the views of Autistic adults (particularly those who do not use speech to communicate) may not be adequately represented and that the views of family members will be treated as a proxy for the views of disabled adults ourselves.	Thank you for your comment. The draft scope provides examples of the outcomes that will be used in the evidence reviews. One of these is 'views and experiences' and this includes the perspectives of a range of stakeholders including staff, families and people using care homes. They are all important and where it is located the evidence about each perspective will be clearly presented. If included studies purport to describe the views of people in care homes but actually use

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				proxies when it is not appropriate to do so then this will be reflected in the critical appraisal of that research.
National Autistic Taskforce	9	1&2	The draft scope proposes measuring Quality of Life. We agree that Quality of Life should be measured but we are concerned that available measures often devalue the quality of disabled lives and assume non-autistic norms and values (for example, assuming that social interaction is positive for everyone and that constant variety and activities equate to good quality of life)	Thank you for your comment. We agree that it is important to consider whether certain outcome measures are relevant and valid to the lives of disabled people. We hope that the evidence that we review will address these types of issues and the GC will certainly be mindful of them when drafting recommendations.
National Autistic Taskforce	9	7	“Unnecessary” transfers between settings. We agree that this is an important measure, but it is vital that “unnecessary” is clearly defined and that transfers for economic, service provider or commissioner-led reasons are identified as “unnecessary”	Thank you for your comment. The issue you raise is within the scope of the guideline and this will be reflected in the detail of the review protocols where outcomes are defined.
NHS Camden CCG	General	General	There is no reference to inter-professional working CCGs, Local Authority and Safeguarding teams to work collaboratively on promoting Safeguarding Adults in Care Homes.	Thank you for your comment. During the scoping phase of the guideline it became clear that communication and partnership working between care homes and commissioners of health and social care is critical to improving safeguarding in care homes. For this reason a review question has been included which aims to locate data about the barriers and facilitators to partnership working (as well as information sharing and communication).
NHS Camden CCG	2	10	Local solutions has replaced the Care Act term of Partnership – suggest returning to partnership working as the key strength to care home safeguarding	Thank you for your comment. We have now amended the list and replaced 'local solutions' with 'partnership'.

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NHS Camden CCG	2	25	The LA can delegate enquiries to an appropriate agency such as health or a care home – this should be included as it is a significant and often under-developed area of health care practice Secondly, the Care Act language is enquiry rather than investigate	Thank you for your comment. This paragraph has been edited for clarification.
NHS Camden CCG	5	3	Care homes (with or without nursing) that are registered with the CQC, will this include residential placements/supported living and re-enablement placements?	Thank you for your comment. If reablement placements are situated within care homes registered with the CQC then yes, they will be covered by this guideline. This section has been edited in the final scope to try and provide greater clarity.
NHS Camden CCG	5	16	Consider adding causes of abuse and neglect in care homes – there is a body of evidence to support this.	Thank you for your comment. It is hoped that relevant data will be located through the reviews on identification, management and prevention of abuse and neglect.
NHS Camden CCG	5	28 & 29	The use of NLRS in care homes to support learning and prevent incidents	Thank you for your comment. Evidence on this issue may be located through the evidence review on training and skills for safeguarding although at this stage we cannot anticipate the nature of the recommendations that the guideline committee will agree.
NHS England – London Region	1	20	The data states 36% of all safeguarding enquiries 2016-17 were in care homes. I think this ought to be presented in the context of what the wider settings breakdown is to give a sense of scope.	Thank you for your comment.
NHS England – London Region	2	10	Where the 6 principals of safeguarding adults are cited they should match the wording-principle 5 is Partnerships and this doesn't mention that, it instead just described it.	Thank you for your comment. We have now amended the list and replaced 'local solutions' with 'partnership'.

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NHS England – London Region	2	13	Making Safeguarding Personal (MSP) and the 'wellbeing principle' ought to be aligned to the Mental Capacity Act (MCA) 2005.	Thank you for your comment. You are right to highlight that Making Safeguarding Personal and the Mental Capacity Act 2005 are both important elements of the context for improving safeguarding and this is already reflected in the scope. The scope has now been amended in light of your comment.
NHS England – London Region	2	16	Making Safeguarding Personal (MSP) and the 'wellbeing principle' ought to be aligned to the Mental Capacity Act (MCA) 2005.	Duplicate of ID92
NHS England – London Region	4	19	Equality considerations should include the 8 protected characteristics under the Equality Act 2010 and they should be in the same order (Age, Disability, Gender Reassignment, Marriage & Civil Partnership, Race, Religion or Belief, Sex and Sexual Orientation) before adding the others (Ethnicity, Family carers and People whose first language is not English).	Thank you for your comment. Equality considerations are an important element of NICE guidance, please refer to the Equalities Impact Assessment which accompanies the final scope and will accompany the final guideline.
NHS England – London Region	7	2	I appreciate 'Decision making and mental capacity' is under development (expected October 2018) however I would have expected the Mental Capacity Act (MCA) 2005 to have been mentioned earlier and DoLS is not alluded to at all.	Thank you for highlighting this. The NICE guideline on Decision Making and Mental Capacity has now been published so the reference to this has been changed in the final scope. In relation to Deprivation of Liberty Safeguards, this has now been referenced in the opening section of the scope. However we recognise that there is uncertainty surrounding the future of DOLs as the Mental Capacity (Amendment) Bill progresses through parliament.

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NHS England, Older People's Mental Health and Dementia	General	General	While we understand that people with dementia are included in the proposed scope, we feel that there needs to be a much more explicit recognition that people with dementia are particularly vulnerable to abuse and neglect, and that they form the majority of the care home population (70%). As such, this guideline cannot be fully and effectively implemented without due regard to dementia-related guidelines and without access to appropriate training in dementia	Thank you for your comment. You are right that people living with dementia in care homes are included within the scope of the guideline and this will be reflected in the review protocols.
NHS England, Older People's Mental Health and Dementia	General	General	Identifying and managing abuse and neglect/safeguarding issues should include a more preventative and holistic approach in the draft scope. For example, ensuring that environments are dementia-friendly so people can safely carry out activities of daily living and also engage with others in the care home. An example of an environmental hazard is that patterned carpets and / or wall paper can be disorientating / confusing for people living with dementia and can cause accidents/ falls.	Thank you for your comment. Prevention was discussed at length during scoping, including in the stakeholder workshop. Attendees were concerned that if the guideline focused very broadly on preventing abuse and neglect, there was a risk of going beyond the scope of the guideline to draft recommendations on good practice in care homes, which already exists. Nevertheless we recognise that this is an important area and there is a question in the scope which will locate evidence about embedding learning about safeguarding in order to help prevent abuse and neglect.
NHS England, Older People's Mental Health and Dementia	General	General	In addressing neglect, the draft scope / guidelines should include consideration of the issues around the interface with healthcare. Currently, people in care homes have poor access to GP services and secondary care (ref: Sections 3 and 4 of Fix Dementia Care, a care homes report by Alzheimer's Society). This contributes to the physical and mental health needs of	Thank you for your comment. This important issue has been discussed during scoping and in the final scope there is now a question about multi agency working both at the strategic and operational level which should address this area for concern.

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			people with dementia (and other people in the care home) being neglected and unmet.	
NHS England, Older People's Mental Health and Dementia	5	13 to 29	<p>Key areas covered should also include support for advance care planning and regard to the importance of this in safeguarding the person's wishes and dignity, and potentially preventing cases of inappropriate deprivation of liberty and neglect.</p> <p>It will also be important to ensure links with the NICE guidelines on decision making and mental capacity assessments and Deprivation of Liberty Safeguards (DoLS), to acknowledge the impact of the legal frameworks and practices in these areas, on the dignity and human rights of people living in care homes and the importance of ensuring the legal frameworks are being used appropriately.</p>	Thank you for your comment. Specific recommendations about support for advance care planning can be found in the NICE guideline on Decision Making and Mental Capacity https://www.nice.org.uk/guidance/ng108/chapter/Recommendations#advance-care-planning as such advance care planning is not a specific key area for the scope of this guideline although where evidence is located for the systematic reviews, which refers to advance care planning, this will be reported.
NHS England, Older People's Mental Health and Dementia	5	13 to 29	<p>Care home systems/ processes need to be addressed as a whole in the draft scope. Composite parts have been addressed throughout the draft, but there doesn't appear to be anything which draws it all together.</p> <p>Often reviews of deaths and incidents in care homes do not focus on individual blame or single aspects necessarily, but on broader 'system' failure. For example, no management lead, no effective assessment or reassessment of risk, no incident recording and no priority applied, no communication</p> <p>It is not clear that 'Embedding Learning to prevent abuse and neglect' would cover this.</p>	Thank you for your comment. The issues you identify were discussed at length at the stakeholder workshop. As a result a number of the review questions have been designed to locate evidence in the areas you suggest, for example the question on managing safeguarding concerns, the question on partnership working and communication and the questions on embedding learning to prevent abuse and neglect.

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NHS England, Older People's Mental Health and Dementia	8	12	Training for safeguarding should be considered not only for residents, but also for practitioners / care home staff themselves (they can be equally at risk of abuse from residents).	Thank you for your comment. The issue you raise is within the scope of the guideline and will be reflected in the detail of the review protocols.
NHS Haringey CCG – Haringey Safeguarding Adults Board	General	General	We would also like to point out that there is no mention or link to NICE MCA guidelines. We are hoping this will be picked up and incorporated in final guidance for care homes	Thank you for your comment. Now that it has been published a link to the NICE guideline on Decision Making and Mental Capacity (NG108) has been added to the scope under the list of published NICE guidance. Subject to committee decisions it may also be referenced in the final guideline.
NHS Haringey CCG – Haringey Safeguarding Adults Board	2	27	There is a potential risk of self-funders being slightly more vulnerable compared to Health or Social Care funded service users who may lack the involvement of various agencies such as commissioners / social workers / health professionals etc. Perhaps exploring the possibility of organisations being proactive and involving declaration of self-funders (subject to consent) to the local authority as a means to bringing some visibility of privately funded service users.	Thank you for your comment. It is possible that this issue will be identified in the review of evidence but at this stage we cannot anticipate the nature of the recommendations that the guideline committee will draft.
NHS Haringey CCG – Haringey Safeguarding Adults Board	5	3	Will this include supported living homes? Effectively many supported living provisions are very similar to residential care homes however providing service users more rights since they would hold their own tenancies. Given that many local authorities like Haringey Council are pushing towards placements in supported living provisions as opposed to residential care homes especially with LD and MH groups.	Thank you for your comment. We have edit the final scope the make it clearer that the included settings are 'care homes (with or without nursing) that are registered with the Care Quality Commission'.

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NHS Haringey CCG – Haringey Safeguarding Adults Board	7	21	Identifying neglect in care homes: description and explanation of self-neglect should be included in the draft because some care home staff do not have a clear understanding of self-neglect, how to identify it and when to make a safeguarding referral.	Thank you for your comment. We have added details to make it clearer that self-neglect is included in this guideline.
NHS Haringey CCG – Haringey Safeguarding Adults Board	7	25	<p>Additional guidance, criteria and clarity to be provided to providers and practitioners to understand and detect self-neglect. Often there is heavy emphasis on 'personal choice' / 'capacity', which may conflict with individuals identifying and reporting cases of self neglect.</p> <p>Identifying neglect in care homes: description and explanation of self-neglect should be included in the draft because some care home staff do not have a clear understanding of self-neglect, how to identify it and when to make a safeguarding referral.</p> <p>In addition higher educational institutes will require clarification of their roles, in placing learners in various care home settings</p>	Thank you for your comment. We have added details to make it clearer that self-neglect is included in this guideline.
NHS Haringey CCG – Haringey Safeguarding Adults Board	8	7	<p>It will be helpful if the each agency's role and responsibilities are outlined and how they differ from each other.</p> <p>Volunteers/VCS role has not been addressed. They invariably are the 'eyes/ears' of any potential safeguarding</p>	Thank you for your comment. Although the review question on embedding multi agency working and communication may locate data on this issue we cannot anticipate exactly what recommendations the guideline committee will draft.

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			concerns. We need assurance that this sector receive appropriate safeguarding training.	
NHS Haringey CCG – Haringey Safeguarding Adults Board	8	12	Training and skills for safeguarding – it is essential to highlight that training should be tailored to the individual care home and to focus on how the care staff can apply it on their day to day practice. Most care homes have online training so they are unable to ask any practical questions related to their daily practice. Policies and procedures of each care home should be aligned with their training, which puts emphasis on safeguarding as everybody's business and should be embedded in all aspects of care instead of treating it as separate. Person centred care is also about keeping residents safe and safeguarding them from abuse or neglect.	Thank you for your comment. Although the review question on training and skills for safeguarding may locate data on this issue we cannot anticipate exactly what recommendations the guideline committee will draft.
NHS Haringey CCG – Haringey Safeguarding Adults Board	8	15	Organisations should be required to produce a provider's report which focuses not just on immediate actions taken but also on how lessons are learned or how learning is embedded in their organisation and in their daily practice and their monitoring procedures.	Thank you for your comment. Although the review question on embedding learning on safeguarding may locate data on this issue we cannot anticipate exactly what recommendations the guideline committee will draft.
NHS Haringey CCG – Haringey Safeguarding Adults Board	8	20	Embedding 'learnings / lessons' from safeguarding as a part of provider Quality Assurance	Thank you for your comment. We anticipate that this is the kind of issue that will be covered by the review question on embedding learning on safeguarding to prevent abuse and neglect.
NHS Luton CCG	General	General	Can information be provided on consent for an Adult Safeguarding referral being made and if unable to consent then the MCA 2005 should be applied e.g a mental capacity	Thank you for your comment. The MCA is an important part of the policy and practice context for safeguarding adults in care homes but we cannot anticipate exactly what the guideline

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			assessment for the decision of whether an adult safeguarding referral should be raised	committee will recommend on this issue. For information, NICE recently published a guideline on Decision Making and Mental Capacity (NG108), which is available via this link https://www.nice.org.uk/guidance/NG108
NHS Luton CCG	General	General	Can more emphasis be made to the MCA and use of the MCA competencies in everyday practice?	Thank you for your comment. The MCA is an important part of the policy and practice context for safeguarding adults in care homes but we cannot anticipate exactly what the guideline committee will recommend on this issue. For information, NICE recently published a guideline on Decision Making and Mental Capacity (NG108), which is available via this link https://www.nice.org.uk/guidance/NG108
NHS Luton CCG	General	General	Can local authorities address the need to MCA training within care homes.	Thank you for your comment. The issue of training to support safeguarding is certainly within the scope of this guideline and evidence to inform recommendations on training will be reviewed.
NHS Luton CCG	3	23	Can CQC also be included here	Thank you for your comment. The CQC have not been added to this section of the final scope because it is beyond the remit of NICE guidelines to make recommendations to the inspectorate. However NICE works very closely with the CQC and have an agreement that the CQC takes account of NICE guidance in their inspection process.
NHS Luton CCG	3	29	Can the guideline be for the public also, so they know what to expect when choosing a care home	Thank you for your comment. This has now been added to the final scope.
NHS Luton CCG	5	1	We think information should be included for criminal investigations and court proceedings in directing people of	Thank you for your comment. Unfortunately court proceedings are outside the scope of this guideline although the way that

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			their roles and responsibilities and good practice (only 1 or 2 lines for each would be required).	agencies work together and communicate is included and the final scope has a draft question on this issue.
NHS Warrington CCG	1	22-25	CQC ratings do not identify which of the 5 domains homes are failing in so this is not an accurate picture of safeguarding concerns in that sector. It is worth noting that CQC notification templates still refer to 'abuser' and 'perpetrator', vulnerable adult etc and have never been amended in line with the Care Act. Care homes use these to report many concerns which are not safeguarding.	Thank you for highlighting this. We understand that it would be more relevant to report CQC Key Lines of Enquiry data but have been unable to locate this information for publication in the scope. We will however continue to endeavour to locate this information as context for the guideline itself.
NHS Warrington CCG	1	20	It should be considered that the data relating to the number of safeguarding concerns in care homes is possibly skewed by the fact that most local authorities badge all concerns as safeguarding including pressure ulcers, falls and medication errors. In most cases these do not meet the criteria for safeguarding and should be managed as quality concerns or serious clinical incidents as they are not deliberate abuse or neglect but stem from poor clinical knowledge or processes. We are aware that care homes feel obliged to report every concern and accurate data relies on local authorities having systems to extract what is safeguarding and what is not. The issue is many people even those in SG roles struggle to understand what is safeguarding and what isn't.	Thank you for your comment. We understand the point made and hope that the guideline will provide support for reporting safeguarding concerns.
NHS Warrington CCG	2	2	Unless the Care Act is reviewed and given more structure, there will always be local variation on how safeguarding is perceived and managed.	Thank you for your comment. Although it is beyond the scope of this guideline to review the Care Act, the recommendations will endeavour to standardise good practice in relation to safeguarding in care homes through reviewing the best

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				available research evidence and where relevant, evidence from expert witnesses.
NHS Warrington CCG	2	13	There needs to more clarity on what Making Safeguarding Personal and 'safeguarding outcomes' really means for the person at the centre of the concern. If staff members are confused how can adults with additional needs understand what the outcomes should be.	Thank you for your comment. Although it is not the remit of this guideline to clarify the meaning behind Making Safeguarding Personal the systematic reviews may locate evidence relating to this issue.
NHS Warrington CCG	2	25	How can local authorities decide on actions needed and by whom when many cases referred to safeguarding are health related and require clinical knowledge and expertise to understand them? Should there be a requirement to make this a multi disciplinary decision including health colleagues?	Thank you for your comment. The guideline will consider the interface between health and social care when managing safeguarding concerns.
NHS Warrington CCG	3 5	1-9 1-11	Why is this any different to what we already have locally or pan-locally? Why is it just for care homes who are already fairly tightly regulated by several agencies and not for domiciliary care and people in receipt of direct care through personal budgets who are not regulated and are equally if not more at risk?	Thank you for your comment. A national guideline to improve safeguarding of adults in care homes was the remit of the referral made by the Department of Health and Social Care to NICE to help support a more consistent approach in care homes. We will feed back to the DHSC your view about the need for a safeguarding guideline covering domiciliary care.
NHS Warrington CCG	5	18-26	There needs to be effective triage system with alternative options and staff skilled in recognising and managing concerns identified.	Thank you for your comment. The issue you raise is within the scope of the guideline and related evidence may be located through the systematic reviews of the evidence.
NHS Warrington CCG	5	25-29	Guidance is needed as to how all affected people are affected following an allegation. Staff are particularly neglected in this area and may have been suspended for long periods while awaiting outcome of investigations and are found to be	Thank you for your comment. We had deliberately included all affected people in this review question, acknowledging that everyone involved, including staff may require support.

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			<p>innocent of any wrong doing. Local authorities need to be prompted to share learning from section 42 enquiries in the same way as health do.</p> <p>In relation to training this is not standardised on a national level across health and social care. Safeguarding boards deliver variable levels of training from borough to borough. Training in care homes needs to show how theory should be related to practice for front line care staff and managers responsible for investigations. The adult training competencies released in August 2018 by the RCN are not mandatory and may cause confusion across health staff around requirements set by this new guidance.</p>	
NHS Warrington CCG	5	16-17	<p>There are no tools however, Warrington CCG have drafted a document to support adults at risk who present with alleged symptoms of abuse & neglect to identify what may be a safeguarding concern and what is expected deterioration due to a disease or ageing process. The Designated Nurse has struggled to get any support from national groups or bodies to take this any further . In the absence of a designated doctor or physician (no statutory function), and neither any procedures in place around who should assess an alleged abused adult with injuries or who is unwell, as there is for children , such gaps need to be recognised. The CCG would love to see NICE taking an interest in what has been drafted and in assisting its development to aid work in this area on a national level</p>	<p>Thank you for your comment. Although your document would not meet the inclusion criteria for our systematic reviews we will pass this information to our implementation team.</p>

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NHS Warrington CCG	6	2	Why are criminal investigations and court proceedings omitted when most cases of true safeguarding would relate to deliberate abuse, wilful neglect or non-compliance with the Mental Capacity Act? Does this give the wrong message as it suggests that most safeguardings are actually lack of training or leadership when these should not be categorised as safeguarding concerns? Based on our experience there should be guidance on police involvement in respect of abuse and neglect.	Thank you for your comment. Criminal investigations and court proceedings are excluded because they are beyond the remit of NICE guidelines.
NHS Warrington CCG	7	4	In relation to cost saving, if there is already a process in place for establishing lessons learned and root cause analysis i.e.via NHS serious untoward incident process, do not duplicate with local authorities carrying out strategy meetings and investigations relating to clinical incidents that have been wrongly identified as safeguarding. Share processes between local authority and health organisations and ensure the people with the right skills investigate the concern and share the outcomes appropriately.	Thank you for your comment. The issue you raise is within the scope of the guideline and related evidence may be located through the systematic reviews of the evidence
NHS Warrington CCG	7	4	By having joint, robust quality monitoring processes it is possible to reduce the number of inappropriate referrals to the local authority safeguarding team and ensure more effective use of resources for all parties.	Thank you for your comment. The issue you raise is within the scope of the guideline and related evidence may be located through the systematic reviews of the evidence.
NHS Warrington CCG	7	22	Self neglect , in care homes , signs and symptoms , are often an unwillingness to wash, shave, or move position .The person may then present, dishevelled, unkempt, may be incontinent and could have moisture lesions, pressure ulcers.	Thank you for your comment. It is likely that all these issues will be identified through the systematic review of the evidence relating to neglect, including self neglect.

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			Poor oral hygiene or willingness to eat appropriate food and take medication . Obviously when the person lacks capacity in all of these given areas the MCA and BI process will be followed . For patients with capacity this often becomes a dilemma but understanding that people may choose to make unwise decision's is imperative , however the implications on risks to self and others also needs to be explored , therefore a MDT approach to assessing, supporting and working with those who self neglect is imperative	
NHS Warrington CCG	8	8	Barriers are often a lack of understanding of each agency's and professional's responsibilities. Poor understanding of information sharing. Poor understanding of what constitutes SG, poor care or a complaint . A lack of true Safeguarding Adults Board independence and total local authority led Safeguarding processes	Thank you for this information. The issues you raise are within the scope of the guideline and related evidence may be located through the systematic reviews.
NHS Warrington CCG	31	2	Unsure what this bit actually means. Is this around looking at evidence around deaths relating to SG , It isn't clear	Thank you for your comment. Unfortunately we were unable to understand the point you were making in this comment.
NICE – Quality and Leadership programme	General	General	Quality standard QS85 references - Social Care Institute for Excellence's (SCIE) (2012) Commissioning care homes: common safeguarding challenges which may be a useful source for this topic. It is outdated but still is useful practice guidance.	Thank you for your comment. The resource provides useful context for this guideline but should be treated with caution because as you rightly point out it hasn't been updated since 2012.

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NICE – Quality and Leadership programme	General	General	<p>There is overlap with mental wellbeing of older people in care homes quality standard (QS50). The new guideline may help to improve the measurability of the statements in this quality standard. QS50 references the below SCIE sources which may be of use for this topic:</p> <ul style="list-style-type: none"> • GP services for older people living in residential care: a guide for care home managers (2013) Social Care Institute for Excellence (SCIE) guide 52 • Personalisation: a rough guide (2013) SCIE guide 47 • Dignity in Care (2006, updated 2013) SCIE guide 15 	Thank you for highlighting this. The SCIE resources provide useful information on the context to this guideline. We have referenced QS50.
NICE – Quality and Leadership programme	General	General	There are no placeholder statements in any published QS that could be addressed by this scope.	Thank you for your comment.
Older People's Commissioner for Wales	3	17	<p>Added to the existing list of types of abuse, should also include 'Coercive Control' (Section 76 Serious Crimes Act 2015). This offence was introduced after the Care Act 2014 was enacted and therefore would not have been included when the Act first came into force.</p> <p>This type of abuse is prevalent for many older people, often caused by their family members, friends and in some instances by professionals.</p>	Thank you for your comment. Although coercive control is not included in the Care Act definition of abuse, it is within the scope of this guideline and this level of detail will be reflected in the individual review protocols.

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Older People's Commissioner for Wales	5	25	This line should also include 'Independent Advocacy'. Section 67 of the Care Act 2014 entitles representation and support to the person to facilitate their involvement. Access to Independent Advocacy will enable the person to be heard and to have a voice.	Thank you for your comment. We agree with you about the important role of advocates in this context and this is reflected in the scope, which cites advocates under 'who the guideline is for'. We haven't made a specific reference to advocates in the line you mention because they are covered under the broad umbrella term of 'professionals involved in the care and support of the adult', which has been added to the final version of the scope.
Rochdale Borough Council - Safeguarding Adults Board	General	Q1	<p>The link between good management and safeguarding practice is very evident. Across the country the difficulty in recruiting good managers and nurses is approaching crisis level. In Rochdale (now being rolled out across Greater Manchester) we have a buddying scheme, which provides support to new and struggling managers to increase retention.</p> <p>Locally we have a robust framework that can evidence actions and developments in response to concerns raised in care homes/providers. This is called the Joint Escalation Plan and Accountability Framework.</p> <p>We have established a triage system whereby all medication errors are assessed by a pharmacist and are responded to appropriately. In many areas where a system is not in place this results in section 42 enquiries.</p>	Thank you for your comment and for providing this helpful information about your concerns and areas of good practice. The issues you raise are within the scope of the guideline.

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			Please insert each new comment in a new row Recognising lack of capacity in providers the CCG now provides safeguarding supervision for nurses in care homes. A concern for us is the lack of a coordinated system for reporting concerns e.g. pressure ulcers which potentially masks evidence of a trend and reduces our ability to spot problems early and provide support. Where concerns are reported will be dependent on the professional context and it is unlikely that information held by the CQC, CCGs and the Local Authority will be joined up.	Please respond to each comment
Rochdale Borough Council - Safeguarding Adults Board	6	3	You refer to Safeguarding Adults Boards as not being covered. However on Page 8 line 10 this is contradicted.	Thank you for your comment. We do not feel that the scope is contradicted because the detail of the work of safeguarding adults boards is excluded from the scope of this guideline. However there is a review question about joint working and information sharing between agencies including safeguarding adults boards.
Rochdale Borough Council - Safeguarding Adults Board	7	13 onwards	Need to distinguish between mistakes or poor care, and safeguarding issues. Emphasis should be on proportionality.	Thank you for your comment. The point you raise has been discussed at length during the development of the scope and it is agreed that the guideline needs to focus on safeguarding issues as distinct from poor practice in care homes, which is beyond the remit. However we hope that the guideline will provide support for reporting safeguarding concerns.
Rochdale Borough Council - Safeguarding Adults Board	8	8	This would useful to cover communication routes and the issue of secure email communications between care homes and other agencies.	Thank you for your comment. Although it is subject to the results of the systematic review it is likely that the issue of communication routes will be covered in the questions on multi agency working and communication.

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Royal College of Nursing	General	Q1	Health and social practitioners care working collaboratively and in partnership with care homes, supporting, signposting and providing education/training in various aspects of person-centred care should have a positive impact on reducing safeguarding concerns. This can be evidenced by reviewing various models delivering this service across the country. One of our reviewers has provided the link as an example of a leaflet their team uses for providing education and training – North Devon Cares Home Team: https://issuu.com/ndht/docs/care_homes_team_leaflet_-_September	Thank you for drawing our attention to this resource.
Royal College of Nursing	General	General	The Royal College of Nursing (RCN) welcomes proposals to develop guidelines on safeguarding adults in care homes. The RCN invited members who work in this area to review the draft scope on its behalf. The comments below reflect the views of our reviewers.	Thank you for your comments and response.
Royal College of Nursing	General	General	With the proposed changes with Deprivation of Liberty Safeguards (DoLS) moving to liberty safeguards and the emphasis on mental capacity assessments, this section needs to reflect how care homes manage the robustness of these including any audits for external scrutiny. This may need a	Thank you for your comments and response. We have added something to section 1 of the scope about why DOLs is important in the context of the guideline.

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			local review of advocacy services to ensure all patients are given the same degree of equality.	
Royal College of Nursing	General	General	Care homes, along with other health providers need to be assured of strong leadership and modelling of the safeguarding principles and MSP.	Thank you for your comment. The issue that you raise is within the scope of the guideline and the systematic reviews may locate related evidence.
Royal College of Nursing	General	General	Our recently published intercollegiate document: Adult Safeguarding: Roles and Competencies for Health Care Staff , will inform this guideline.	Thank you for providing this contextual information.
Royal College of Nursing	1	20	Some explanation as to why care homes account for 36% all safeguarding enquiries would be useful here to set the scene.	Thank you for your comment. The issue that you raise is within the scope of the guideline and the systematic reviews may locate related evidence.
Royal College of Nursing	5	27	For collaborative working: Safeguarding concerns can arise when a patient's health deteriorates sufficiently to need to move to nursing care. The timeliness of this is vital to prevent abuse or neglect of care. Any funding arrangements between adult social care and continuing health care need resolving quickly and in the best interests of the patient. This will support equality of opportunity.	Thank you for your comment. The issue you raise is likely to be identified through the review of evidence about multi agency working and communication.
Royal College of Nursing	5	28	For training: preferably multi agency training for care home providers to understand roles and responsibilities of all agencies including local authority, district nurses etc., with training including Making Safeguarding Personal (MSP), capacity and consent etc including how to raise a quality concern to the local authority should a safeguarding response	Thank you for your comment. The review questions about training for safeguarding may locate evidence relating to the issues that you raise. The guideline committee will draft recommendations on the basis of the findings of the systematic reviews and other relevant evidence.

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			be needed. Training will need to be scrutinised via any safeguarding adult board training sub group.	
Royal College of Nursing	5	16 & 17	Reporting abuse and/or neglect should also be considered here (this should cover statutory reporting to CQC)	Thank you for your comment. Reporting abuse is an important element of responding to abuse and in order to clarify this we have added a review question specifically the effectiveness of different approaches to reporting (as distinct from approaches to responding to safeguarding concerns).
Royal College of Nursing	5	25 & 26	There needs be clarity regarding supporting people affected, residents, family, friends, whistle-blowers and staff working in homes <u>during</u> an enquiry. The impact of a whole service enquiry can have a significant impact on all of these people and should not impact on care delivery when carried out (will this be covered in page 5/19). Whole service enquiries could impact on the local community in relation to negative press and could also result in residents being moved or placements being suspended which has a wider impact (i.e.: delay discharges and deterioration of emotional wellbeing/physical health of residents if moved).	Thank you for your comment. These serious knock on effects of a safeguarding incident should be addressed through the review questions on managing safeguarding concerns, especially the question about support for those affected when a safeguarding concern is raised.
Royal College of Nursing	6	29	Abuse by staff needs strengthening to include local guidance on people in a position of trust. many care homes employ friends or relatives of other staff which might mean less robust employment processes. Nationally, care homes are having a problem with recruitment and retention and rely heavily on agency workforce. Local guidance regarding staff abusing patients' needs to be tight.	Thank you for your comment. These issues are within the scope of the guideline.

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Royal College of Occupational Therapists - Specialist Section Older People	General	General	We feel the draft scope should include the entitlement of care home residents to assessment and services. These services (e.g rehabilitation or equipment provision) are not always provided in the same way as they might be to a person in a domiciliary setting which in our view is neglect of their right to function and independence.	Thank you for your comment. Although we have not changed the wording of the scope we agree that a lack of service provision resulting in neglect falls within the remit of this guideline. This will therefore be reflected within the detail of the review protocols especially the question on the identification of neglect in care homes.
Royal College of Occupational Therapists - Specialist Section Older People	8	7-11	This section does not specify whether the Police will be involved in the guidance for partnership working. We feel this group should be included to give clear instruction as to whether it is always necessary to report all incidents of physical assault if the perpetrator lacks capacity or awareness of their actions. Currently, many homes are expected to report all assaults and we feel that this undermines the understanding of Dementia as a disease by criminalising those who are not aware of their actions.	Thank you for your comment. The scope of the guideline includes effective partnership working in the situations you highlight and all the roles involved in that will be covered.
Royal College of Physicians	General	General	The RCP is grateful for the opportunity to respond to the above consultation. We would like to endorse the response submitted by the British Geriatric Society (BGS).	Thank you for your response.
Royal College of Speech and Language Therapists	General	General	The RCSLT is pleased that the guideline will consider communication. Difficulties with communication are very prevalent in care homes due to the needs of frail and older people. Evidence also shows that care staff view communication problems as one of the greatest challenges in delivering good care (Social Care Institute of Excellence).	Thank you for your comment. As you highlight, communication difficulties are likely to be identified, particularly through the systematic review of evidence about the barriers to identifying abuse and neglect in care homes.

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			We recommend that the communication needs of this population are clearly included and represented in this guideline and a speech and language therapist is recruited to the guideline Committee.	
Royal College of Speech and Language Therapists	3	13	<p>The RCSLT welcomes the inclusion of people who may lack capacity in the future.</p> <p>Our members frequently tell us that staff working in care homes often make assumptions about the capacity of individuals to make decisions for themselves. People with communication difficulties are often <i>perceived</i> to lack capacity because their communication difficulties mask competence with this being mistaken for a lack of capacity, and of them being deprived of their liberty unnecessarily.</p>	Thank you for your supportive comment and for the information provided.
Royal College of Speech and Language Therapists	5	13	<p>As communication needs are so prevalent in care homes, we recommend that the guideline considers how the presence of communication difficulties results in people being unable to express their feeling, concerns and wishes.</p> <p>The ability to communicate (to talk, be understood and to understand) is vital to quality of life and social contact and having difficulties in communication presents a significant barrier to reporting abuse and neglect. Therefore we recommend that the consideration of communication is embedded throughout this guideline.</p>	Thank you for your comment. We anticipate that this issue will be addressed through the systematic review of the evidence about the barriers to identifying abuse in care homes.

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			Harwood, Stewart & Bartlett (2007) state: "To have the capacity to consent to an intervention, a person must, in broad terms, be able to understand its nature, purpose and consequences, including adverse effects and the consequences of refusal. They must be able to retain this information, weigh it up and use it to make a decision, and then communicate this decision." This highlights the key role of Speech and Language therapists in supporting people being safeguarded against healthcare practitioners misjudging competence and capacity and combating the risk of exploitation of difficulties with communication difficulties, as well as supporting individual's ability to express their thoughts.	
Royal College of Speech and Language Therapists	5	13	We recommend that methods of communication support are clearly included in the guideline. These should be evidence-based and informed by experts - Speech and Language Therapists.	Thank you for your comment. The guideline committee will draft recommendations subject to the findings of the systematic reviews and any other evidence they consider.
Royal College of Speech and Language Therapists	7	16	In terms of identifying abuse in care homes we recommend adding the following: <ul style="list-style-type: none"> • How abuse is identified • What mechanisms enable people to self-report and will they actually do this (for reasons of fear etc) How people with communication problems are supported and via what methods	Thank you for your comment. The review questions and protocols will be designed to locate evidence relating to the issues you highlight.
Royal College of Speech and	7	17	In all care homes there is likely to be a population of adults with swallowing and communication difficulties and this	Thank you for your comment. Although we have not reworded the review questions in the final scope the examples that you

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Language Therapists			<p>population are particularly at risk of abuse and neglect. A specific difficulty for this individual may be the ability to communicate wishes and desires based around 'risk-feeding'. Risk-feeding is the term used to describe a continued consumption of food and drink in modified or unmodified forms despite the knowledge that the behaviour may lead to aspiration, and subsequently further respiratory complications.</p> <p>Patients may wish to continue eating and drinking despite this risk but it is important that this is consented to. Not only is there potential for being misunderstood or their wishes misinterpreted; there is a need to ensure safeguarding for this population against individuals who may consider this risk behaviour unsavoury and therefore ignore the patient perspective (e.g. care home staff or family members). Specific signs and symptoms that a person is 'risk feeding' could be choking, weight loss or respiratory infections but it is important that these are corroborated with the wishes and desires of the patient.</p>	mention are included within the scope of the guideline. The review protocols will be designed to locate evidence relating to this important area.
Royal College of Speech and Language Therapists	7	21	In consideration of neglect and acts of omission we recommend that swallowing problems (dysphagia) are considered. Patient safety is compromised when patients are incorrectly given food and drinks which are unsuitable for their dysphagia which can result in avoidable deaths as highlighted in the recent alert issued by NHS Improvement in June 2018	Thank you for your comment. Although we have not reworded the review questions in the final scope the example of abuse and neglect that you mention are included within the scope of the guideline. The review protocols will be designed to locate evidence relating to this important area.

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			Please insert each new comment in a new row (NHS Improvement. (2018). Patient Safety Alert: Resources to support safer modification of food and drink. [Online]. Available at: https://improvement.nhs.uk/news-alerts/safer-modification-of-food-and-fluid)	Please respond to each comment
Royal College of Speech and Language Therapists	7	21	In terms of identifying neglect we recommend adding <ul style="list-style-type: none"> How people can be supported to report concerns if they have communication difficulties Signs and symptoms relating to recommendations from SLT about feeding not adhered to (e.g. choking, weight loss). Signs and symptoms relating to recommendations from SLT about communication or communication aids not adhered to (e.g. social withdrawal, non-communicative behaviour).	Thank you for your suggestion. Although we have not reworded the review questions, the difficulties in reporting safeguarding concerns - including those owing to communication difficulties - will be identified through the review questions about the barriers and facilitators to identifying abuse.
Royal College of Speech and Language Therapists	7	26	In managing safeguarding concerns about abuse or neglect we believe it is crucial to consider patient safety and any risks to this as a priority.	Thank you for your comment. Outcomes for the individual including quality of life and safety are likely to be at the forefront of discussions among the guideline committee as they consider the evidence and draft recommendations.
Royal College of Speech and Language Therapists	8	4	It must be recognised that people may not raise concerns due to fear. People with communication problems may lack the means to express their feelings and suitable mechanisms must be put in place to support communication.	Thank you for your comment. The review questions and protocols will be designed to locate evidence relating to the issues you highlight.
Royal College of Speech and Language Therapists	8	15	We recommend that progress monitoring and improvement to outcomes is added as a measure.	Thank you for your comment. Specific outcomes of interest will be further clarified through GC discussion and outlined in protocols.

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Royal College of Speech and Language Therapists	8	26	We recommend adding patient safety as a main outcome.	Thank you for your comment. Specific outcomes of interest will be further clarified through GC discussion and outlined in protocols.
Royal College of Surgeons of England - Faculty of Dental Surgery	General	General	Thank you very much for the opportunity for the Faculty of Dental Surgery to be represented at the Scoping workshop and to enable us to highlight the importance of effective oral care.	Thank you for your comment and responses.
Royal College of Surgeons of England - Faculty of Dental Surgery	1	16	General Comment: Under 'Neglect' To highlight the issue that poor standards of oral care for adults in care homes does amount to neglect and can have a huge impact on the quality of life.	Thank you for your comment. Where research evidence exists on this issue it will be identified through the review questions on neglect.
Royal College of Surgeons of England - Faculty of Dental Surgery	2	14-15	This is particularly so for those without relatives/advocates who can raise concerns.	Thank you for your comment. The scope is clear about the important role of advocates as distinct from family, friends and care home staff.
Royal College of Surgeons of England - Faculty of Dental Surgery	2	26	As above: Act of omission.	Thank you for your comment. The scope is clear about the coverage of neglect including acts of omission in section 1

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The National LGB&T Partnership	EIA		The guideline should also look at inequalities relating to gender identity since trans and non-binary people can face specific abuse and neglect issues and they may be disadvantaged in raising such concerns.	Thank you for your comment. Trans and non-binary people are included in the guideline population so evidence relating to the situation you describe will be located via the systematic reviews. In addition, please note the Equalities Impact Assessment, which accompanies the scope and the guideline and ensures the recommendations cover equalities issues.
The National LGB&T Partnership	3	17	The guideline should also refer to coercion as particular form of abuse since people may be forced or threatened to persuade them to do something that they do not want to do. For instance, someone may threaten to expose the sexual orientation or gender identity of someone in a care home setting.	Thank you for your comment. Although there is not a specific review question focused on this area, the behaviour you describe would be included within the scope of the guideline as a form of abuse.
The National LGB&T Partnership	4	3	The guideline should also apply to visitors who may perpetrate or report abuse and neglect. This can also include visiting agencies who provide services within care homes.	Thank you for your comment. Anyone who could perpetrate or report acts of abuse and neglect is covered by the guideline and this level of detail will be reflected in the review protocols for the relevant questions.
The National LGB&T Partnership	4	20	The guideline should also look at inequalities relating to gender identity since trans (including non-binary) people can face specific abuse and neglect issues and they may be disadvantaged in raising such concerns.	Thank you for your comment. The Equalities Impact Assessment, which accompanies the scope and final guideline will ensure that these inequalities are reflected in the recommendations.
The National LGB&T Partnership	5	28	Training and skills for safeguarding should stress that this should apply to care staff, managers, other staff (such as cleaners and maintenance), volunteers and trustees so all are aware of the importance of safeguarding from operational and governance perspectives.	Thank you for your comment. Training and skills for safeguarding is intended to cover all the groups you mention and this will be reflected in the detail of the review protocols for the relevant questions.

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The National LGB&T Partnership	7	14	Equality issues and governance issues should be included as specific issues to be addressed.	Thank you for your comment. All the reviews will look for evidence pertaining to people with protected characteristics and as described in the Equalities Impact Assessment, the final recommendations will take account of these and certain additional equalities issues.
The National LGB&T Partnership	8	27	Main outcomes should consider evidence about equality issues and the perspective of groups who share protected characteristics.	Thank you for your comment. All the reviews will look for evidence pertaining to people with protected characteristics and as described in the Equalities Impact Assessment, the final recommendations will take account of these and certain additional equalities issues.
The National LGB&T Partnership	9	3	Main outcomes should also collect the vies and experiences of friends and community advocates since some LGB&T people may not have contact with their 'families'.	Thank you for your comment. This section of the scope provides a general overview of the types of outcome that will be included in the review protocols for the individual questions. To make it more explicit in the scope, we have added friends to this outcome. People with specific roles or relationships may be highlighted in individual review protocols, subject to the decisions of the guideline committee.
The National LGB&T Partnership	9	6	Main outcomes should also include the skills of trustees and managers as well as frontline 'workforce'.	Thank you for your comment. This section of the scope provides a general overview of the types of outcome that will be included in the review protocols for the individual questions. In this case 'workforce' is intended as a general description of people working in and for care homes. People with specific roles may be highlighted in individual review protocols, subject to the decisions of the guideline committee.

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The Whiteley Homes Trust	general	general	The draft scope is well considered in respect of its groups and a clear person-centred focus.	Thank you for your comment and support for the scope.
The Whiteley Homes Trust	7	178-190	These draft questions cover areas that staff in care homes are already familiar with through training in SOVA/POVA which in mandatory training in our organisation. This is important for all staff who come in to contact with vulnerable adults in care homes whatever their role.	Thank you for your comment. It is reassuring to hear that these areas are covered in your mandatory training. Unfortunately wide variation in practice highlights the need for this guideline and for evidence based recommendations to be drafted, which attempt to improve practice across England in relation to safeguarding.
The Whiteley Homes Trust	7	191-198	Sometimes there is disparity in action taken in respect of reporting concerns. For example: a service user has been in hospital to be treated for an infection and has returned home with a pressure ulcer a week after treatment, which is not reflected on the discharge documentation. The local authority will not deal with the concern but asks the home to contact the hospital social services direct. These incidents are rare, but the home never sees an investigation report. However, if the hospital has a concern regarding a service user, they contact the local authority to liaise with the care home. The home has to do a Section 42 report. It would be helpful to ensure there are clear and consistent processes in reporting methods.	Thank you for this information. We expect that the review questions will locate evidence relating to the issues you raise, particularly the questions on multi agency working and communication both at the strategic and individual operational levels.
The Whiteley Homes Trust	7	199-201	Information for service users and families on safeguarding procedures should be readily available in the same way as complaints procedures.	Thank you for your comment. We expect that the review questions will locate evidence relating to the issues you raise and the guideline committee will need to consider whether to draft specific recommendations on this subject.

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The Whiteley Homes Trust	8	207-217	In our experience, the model that works well for us is training in SOVA/POVA every three years for all staff. In addition, for nursing and care staff, we have e-learning and small workshops that must be attended annually. Managers undergo additional training. We have a Safeguarding Lead.	Thank you for this information. We expect that the review question and protocol on training and skills for safeguarding will locate evidence about the different ways of delivering training.

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