

Essex County Council Safeguarding Adults Decision Support Guidance

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1. Introduction

This Practice Guidance has been developed by Essex Adult Safeguarding Team and was requested by the Director of Safeguarding for Essex County Council in response to findings from Essex Adult Social Care's Peer Safeguarding Review, which was held in December 2015. Social care staff, including providers have also indicated that such guidance would be helpful.

In order to ensure the safety and wellbeing of those adults with care and support needs at risk of abuse and neglect, it is important that the threshold for reporting is set at the right level. The aim of this Guidance is to assist organisations providing or commissioning services for adults across Essex, in deciding when to initiate Safeguarding Adults Procedures.

The Guidance should be read in conjunction with the SET guidelines for safeguarding. It is the responsibility of managers in statutory and non-statutory organisations to ensure that their staff teams are familiar with the procedures within this and the SET Guidance.

This Guidance includes definitions of an adult at risk of abuse in Section 3. If the thresholds set out in these definitions are not met then there is no requirement to raise a safeguarding adult Concern.

Ten areas where greater clarity is needed about when to raise a Safeguarding Adult Concern have been considered and are as follows:

- Falls
- Incidents between adults at risk
- Nutrition and hydration
- Pressure area care
- Missed domiciliary home Care visits
- Medication errors
- Moving and handling
- Poor discharge from hospital
- Financial concerns
- Self-neglect

Each of these Sections includes information about the specific issue.

Acknowledgement

Essex Adult Safeguarding would like to acknowledge Doncaster and Knowsley Safeguarding Adults Board for supporting us by sharing their guidance with us, from which this guidance was developed.

2. Purpose

This document is intended to offer guidance to social work teams and providers of health and social care services in making decisions with regard to safeguarding adults, but it is acknowledged that at times there may be incidents where decision-making is not straightforward and professional judgement is always also required. In all cases the reasons for the decision to raise and or progress a safeguarding concern should be clearly recorded.

This Guidance has been developed to compliment providers own internal incident/risk management procedures. When a Safeguarding Adult Concern is identified and a decision has been made that it does not require a safeguarding response it should be considered through the provider's internal incident/risk management procedures, recorded and reported using the correct process. This will ensure that appropriate action is taken; internal learning is captured and shared to prevent reoccurrence of the incident and prevent escalation of the incident resulting in abuse or neglect.

3. Definitions

The following are definitions used under the Care Act 2014;

New Terminology under the Care Act 2014 which was previously under 'No Secrets Guidance'

Definitions under the Care Act 2014	Previous definitions under No Secrets
Adult at Risk	Vulnerable Adult
Source of Harm	Alleged Perpetrator
Safeguarding Adult Concern	Safeguarding Alert
Section 42 Enquiry	Safeguarding Referral

The safeguarding duties apply to an adult (person aged 18 or over) who:

1. Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
2. Is experiencing, or at risk of, abuse or neglect and;
3. As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The above is termed the three stage test under the Care Act 2014.

Abuse

Although the population served is comparatively small, the definition of abuse is wide:

Abuse is a violation of an individual's human and civil rights by any other person or persons. It can be a singular or repeated act, or a lack of action.

Abuse or neglect can be unintentional; however, the primary focus must still be how to safeguard the adult at risk. What is important to consider is the harm done or the adverse effect on the adult and whether the abuse might be repeated.

The Care Act Guidance states that local authorities should not limit their view of what constitutes abuse or neglect, as it can take many forms and the circumstances of the individual case should always be considered.

Categories of abuse

- Discriminatory abuse
- Financial abuse
- Organisational abuse
- Neglect
- Physical abuse
- Psychological abuse
- Sexual abuse
- Modern Slavery
- Domestic Abuse
- Self-Neglect

Other types of abuse include: Sexual Exploitation, Hate Crime, Mate Crime, Cuckooing, Radicalisation, Female Genital Mutilation, Cyber Abuse, Honour Based Violence, and Forced Marriage.

4. Making Safeguarding Personal (MSP)

The Care Act Guidance makes it clear and includes the principles of Making Safeguarding Personal (MSP) which involves asking the adult at risk what they would like to happen.

The aim of MSP is to;

- engage people throughout the process from the outset with a focus on outcomes for the Adult at Risk
- make people feel safe
- make people feel empowered and in control

- use an asset based approach to help identify individuals strengths and networks

Practice in relation to Safeguarding Adults nationally has long been criticised for being driven by policy and process rather than focused on what the adult wants and Essex is no exception to this. Embedding Making Safeguarding Personal in practice has been acknowledged nationally as a culture change, moving away from process to personalisation. Making Safeguarding Personal is an evolving process and one which will be subject to regular review across Essex to ensure safeguarding practice is focused on outcomes which have been identified by adults at risk.

Mental Capacity

When a provider manager identifies and raises a Safeguarding Adult Concern about a person using the service and that person has capacity to state their views, then the manager should ask them what they want to happen and should record this on the Safeguarding Adult Concern form. It is important to remember that people retain the right to make unwise decisions and personalisation in safeguarding requires effective use of the Mental Capacity Act. Adults at risk have the right to make decisions that others might regard as being unwise or eccentric and a person cannot be treated as lacking capacity for these reasons. It is important to remember that everyone has their own values, beliefs and preferences, which may not be the same as yours. You cannot treat people as lacking capacity because they hold different values, beliefs or preferences from your own.

<http://www.scie.org.uk/publications/elearning/adultsafeguarding/resource>

Duress and Coercion

Where the Adult at Risk has capacity but you suspect they are under duress or coercive control please refer to the SET procedures.

5. Falls

When should a Safeguarding Adult Concern be raised?

- Where an adult at risk sustains an injury due to a fall, and or there is a concern that an appropriate risk assessment was not in place or was not followed, this must be reported as a Safeguarding Adult Concern. The key factor is that the adult at risk has experienced avoidable harm.
- Where an adult at risk has repeat unexplained injuries then a Safeguarding Adult Concern must be reported.
- Where an adult at risk has sustained an injury which has resulted in a change in function and appropriate medical attention has not been sought, this must be reported as a Safeguarding Adult Concern.

When don't I need to report a Safeguarding Adult Concern?

- A Safeguarding Adult Concern does not need to be made when an adult at risk accidentally falls or is found on the floor, is not injured and an appropriate risk assessment is in place and has been followed.
- A Safeguarding Adult Concern does not need to be made when a fall is witnessed and appropriate risk assessment is in place and has been followed.
- A Safeguarding Adult Concern does not need to be made when the adult at risk has fallen, sustaining a significant injury but fully understands how to minimise risk and they do not wish for a safeguard to be raised. However, where it is deemed that other adults could be at potential risk, a safeguarding concern should still be considered and the reasons for doing so would need to be respectfully and sensitively explained to the adult

6. Incidents between Adults at Risk

When should a Safeguarding Adult Concern be raised?

- When any adult at risk has been harmed during an incident a Safeguarding Adult Concern must be raised. Any sexual or physical assault must also be reported to the police.
- Where there are repeat low impact incidents (incidents where no adverse effect has been caused) however the risks between adults are not being managed effectively

NB: Where the person causing the harm is also an adult at risk, agencies must ensure that they receive support. A reassessment of need must be carried out and the care or support plan should ensure that safeguards are in place to prevent repeat incidents

When don't I need to report a Safeguarding Adult Concern?

- A Safeguarding Adult Concern does not need to be raised when an incident is a 'one-off' and no injury or distress has been caused.

In the circumstances above it is the responsibility of the provider Manager to ensure that a risk assessment is in place to ensure the immediate safety of all users of the service and to review the support of the individuals involved in the incident.

Examples

Incident	Action	Impact
Two men with a learning disability argue and one calls the other an offensive name. They usually get on well and neither shows any distress; there are no difficulties between them following the incident. The provider is able to advise and support appropriately.	Provider responsibility through internal incident / risk management procedures	Low
A similar incident to above involving two women. Having been sworn at for picking up the wrong handbag, one spits at the other. Neither recalls the specific incident afterwards nor do they show any distress. The provider takes action to keep the women apart and neither family is concerned.	Provider responsibility through internal incident / risk management procedures	Low
An adult at risk physically attacks another resident causing injury.	Safeguarding Adult Concern to be raised and consideration for notifying the police to be given	High
An adult at risk repeatedly attacks another or other residents causing injury	Safeguarding Adult Concern to be raised and consideration for notifying the police to be given	High

7. Nutrition and hydration

When should a Safeguarding Adult Concern be raised?

- Where there is a failure to provide nutrition and hydration to an adult at risk.
- Where there is unexplained weight loss or the adult at risk is showing signs of dehydration and a care plan is not in place or has not been followed
- Where an adult's food/fluid charts have not been completed and specialist advice has not been sought.

When don't I need to report a Safeguarding Adult Concern?

- A Safeguarding Adult Concern does not need to be made where an adult at risk loses weight or is dehydrated and the care plan has been followed.

8. Moving and Handling

When should a Safeguarding Adult Concern be raised?

- Where there is no care plan in place for an adult at risk who has been assessed as needing assistance with moving and handling
- Where there is a failure to follow a care plan and this is having an adverse effect on the adult at risk e.g. using the wrong equipment, failure to provide equipment, sitting on slings etc or where 2 carers should provide support, but the task is only completed by 1 carer
- Where any of the following condemned techniques are used on more than one occasion;
 - Drag lift/underarm drag
 - Shoulder/Australian lift
 - Through arm/hammock lift
 - Two sling lift
 - Orthodox lift
 - Bear hug transfer/front assist stand
 - Assistance by pulling on hands
 - Rocking lift/belt hold
 - Assisted walking supporting at underarm
 - Flip turn
 - Not using slide sheets as per care plan
- Where poor moving and handling techniques are being used on a repeat basis
- Where condemned or damaged equipment is used
- Where there is a lack of correct equipment and this is having an adverse effect on the adult at risk

When don't I need to report a Safeguarding Adult Concern?

- A Safeguarding Adult Concern does not need to be made where poor technique is used on a one off occasion, the provider is aware and takes appropriate action and no adverse effect on the adult at risk
- A Safeguarding Adult Concern does not need to be made where there is a failure to follow a care plan on a one off occasion and there is no adverse effect on the adult .
- A Safeguarding Adult Concern does not need to be made where there is a failure to use the correct equipment on a one off occasion, the provider is aware and there is no adverse effect on the adult at risk

9. Pressure Area Care

When should a Safeguarding Adult Concern be raised?

- Where a failure to assess risk adequately has resulted in an adult at risk developing a pressure ulcer.
- Where an adult at risk develops a pressure ulcer and a care plan is not in place or has not been followed.
- Where an adult at risk develops a pressure ulcer, does not have appropriate equipment provided in a timely manner or staff are not trained in using equipment.
- Where an adult at risk develops a pressure ulcer and repositioning / turning charts not used or are not completed.
- A Safeguarding Adult Concern should be made when an adult at risk develops a pressure ulcer and specialist advice has not been sought.
- Where an adult develops a grade 3 pressure sore there is a responsibility to notify CQC and raise a Safeguarding Adult concern

The key indicator is whether the development of a pressure ulcer was avoidable, if so a Safeguarding Adult Concern must be made.

When don't I need to report a Safeguarding Adult Concern?

- A Safeguarding Adult Concern does not need to be made when an adult at risk has developed a pressure ulcer which was unavoidable and a care plan is in place and has been followed, repositioning / turning charts have been completed, necessary equipment is in place and staff are appropriately trained.

10. Medication

When should a Safeguarding Adult Concern be raised?

- Where the adult at risk is subjected to deliberate withholding of medication with no medical reason
- Where the adult at risk receives incorrect use of medication for reasons other than the benefit of the adult at risk
- Where a deliberate attempt to harm an adult at risk through use of a medicine
- Where the adult at risk is adversely effected due to incorrect medication or dose being given
- Where the adult at risk is adversely effected due to failure to administer prescribed medication
- Where the adult at risk is subjected to repeat medication errors even if there has been no adverse effect on the adult

- Where there is a delay, resulting in the adult at risk waiting for medication and this has an adverse effect
- Administering covert/disguise medications without following MCA code of practice and NICE guidelines

When don't I need to report a Safeguarding Adult Concern?

- A Safeguarding Adult Concern does not need to be made when an error in administering medication is made, no adverse effect occurs and it is a 'one-off' incident.
- A Safeguarding Adult Concern does not need to be made where there is a delay, resulting in adult at risk waiting for medication and there is no adverse effect

11. Missed domiciliary home Care visits

(Statutory and non-statutory organisations)

When should a Safeguarding Adult Concern be raised?

- Where a Home Care agency misses a home visit and this has an adverse effect on the adult at risk.
- Where repeat missed visits to an adult at risk, whether or not an adverse effect has resulted as this indicates neglectful care.

When don't I need to report a Safeguarding Adult Concern?

- A Safeguarding Adult Concern does not need to be made where a visit is missed on one occasion and no adverse effect occurs.

12. Poor Discharge from Hospital

When should a Safeguarding Adult Concern be raised?

- Where there is insufficient discharge or transfer of care planning from any area resulting in an adverse effect on the adult at risk.
- Where the adult is discharged without necessary medication, equipment or clothing and this has an adverse effect on the adult at risk
- Where the patient is discharged with cannula in situ and has an adverse effect on the adult at risk
- Where the patient is discharged with no / or incomplete discharge letter and has an adverse effect on the adult at risk

When don't I need to report a Safeguarding Adult Concern?

In the following instances complaints or incident management procedures should be used. A Safeguarding Concern does not need to be made in the following circumstances:

- Where there is insufficient discharge or transfer of care planning from any area and there is no adverse effect on the adult at risk.
- Where the adult at risk is discharged without necessary equipment or clothing and there is no adverse effect.
- Where the adult at risk is discharged with cannula in situ and there is no adverse effect.
- Where the adult at risk is discharged with no / or incomplete discharge letter and there is no adverse effect.
- Where there is a failure to communicate the treatment plan (E.g. Now has catheter in situ, tissue damage present etc) and no adverse effect occurs

13. Financial

When should a Safeguarding Adult Concern be raised?

- When an adult at risk is denied access to his / her funds or possessions.
- Where there is a failure by a responsible person to pay care fees/charges and the adult at risk experiences distress or an adverse effect through having no personal allowance, risk of eviction or termination of service.
- Where there is a misuse or misappropriation of property, possessions or benefits by a person in a position of trust or control.
- Where an adult at risk's personal finances are removed from their control without legal authority.
- Where the adult at risk is subject to fraud / exploitation relating to benefits, income, property or will.
- Where the adult at risk is subject to theft.
- Where the adult at risk is subject to doorstep crime.

When don't I need to report a Safeguarding Adult Concern?

- A Safeguarding Adult Concern does not need to be made where there is no evidence to support financial abuse this is not safeguarding
- A Safeguarding Adult Concern does not need to be made where there is no adverse effect on the adult at risk

14. Self-Neglect

Self-neglect is a complex area of work and requires professional consideration before action is taken.

When should a Safeguarding Adult Concern be raised?

- When an adult is living in the community and all avenues of support via multi-disciplinary agencies have been exhausted, yet the adult is placing themselves and others at risk of harm (i.e. this could be through environmental hazards)
- When an adult living in a care setting is refusing all support/encouragement to manage personal care needs including medication administration **and** all avenues of multi-disciplinary support have been exhausted (i.e. GP/Dementia specialist team/crisis intervention/CPN etc)
- When an adult is living in a care setting and the provider fail to engage support from other professionals in trying to reduce the risks of self-neglect

When don't I need to report a Safeguarding Adult Concern?

- When an adult is living in the community and no steps have yet been taken to support the adult and or refer to multi-agency support services in a bid to reduce risks
- When an adult is living in a care setting and the provider has referred to appropriate multi-disciplinary teams for support in addressing issues and reducing risks and there is evidence that they are doing all they can to support the adult and reduce risks

Remember....in all situations you need to consider the capacity and rights of the adult at risk to make unwise choices.

In all examples provided and in all potential safeguarding adult concerns, you must consider the capacity and rights of the adult at risk to make unwise choices. Should capacity be doubted, you should complete a mental capacity assessment in order to support a best interest decisions about raising safeguarding adult alerts and carrying out section 42 enquiries.

Safeguarding is not an exact science and therefore this document is intended to offer guidance to provider managers and social workers in making decisions, but it is acknowledged that at times there may be incidents where decision-making is not straightforward and further professional judgement is required.

To report a Safeguarding Adult Concern contact Essex County Council on 0345 606 1212

15. References

1. The Care and Support Statutory Guidance, Department of Health Published October 2014; <https://www.gov.uk/guidance/care-and-support-statutory-guidance>
2. Safeguarding Adults Procedures for South Yorkshire. Available on Doncaster Safeguarding Adults Board website <http://www.doncaster.gov.uk/safeguardingadults>
3. Guidance: Thresholds for Safeguarding, Knowsley Safeguarding Adults Board. April 2015, <http://www.knowsley.gov.uk/residents/care/safeguarding-adults>
4. Adult Safeguarding Practice Guidance, SCIE 2015, <http://www.scie.org.uk/care-act-2014/safeguarding-adults/adult-safeguarding-practice-questions/>
5. Mental Capacity Act Code of Practice 2007; available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf
6. Essex, Southend & Thurrock Safeguarding Guidelines; available at Essex Safeguarding Adults Board www.essexsab.org.uk