

Doncaster Safeguarding Adults Board

Safeguarding Adults Decision Support Guidance (For Providers of Health and Social Care)

DOCUMENT CONTROL

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Acknowledgement

The DSAB would acknowledge Knowsley Safeguarding Adults Board for supporting us by sharing their guidance with us, from which this guidance was developed.

1. Introduction

This Guidance has been developed by a multi-agency task and finish group appointed by the Doncaster Safeguarding Adults Board which was appointed to respond to recommendations following a Safeguarding Adults Peer Challenge Report in November 2015, specifically in relation to the number of concerns being funnelled into safeguarding adults when other processes may have been more appropriate.

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

The Guidance should be read in conjunction with South Yorkshire Principles and Approach and local Doncaster Procedures for Adult Safeguarding available at www.doncaster.gov.uk/safeguardingadults. It is the responsibility of managers in statutory and non-statutory organisations to ensure that their staff are familiar with the Procedures and with this Guidance.

This Guidance includes definitions of an adult at risk and abuse at Section 3. If the criteria set out in these definitions are not met then there is no requirement to make a Safeguarding Adult Concern. However action should be taken to safeguard the adult at risk using more appropriate procedures in line with proportionality i.e through risk and incident management procedures.

The Group considered eight areas where greater clarity is needed about when to make a Safeguarding Adult Concern:

- Falls
- Incidents between adults at risk
- Nutrition and hydration
- Pressure area care
- Missed Home Care visit
- Medication errors
- Moving and handling
- Poor discharge
- Financial concerns

Each of these Sections includes information about the specific issue.

2. Purpose

This document is intended to offer guidance for providers of health and social care services in making decisions with regard to safeguarding adults at risk but it is acknowledged that at times there may be incidents where decision-making is not straightforward and professional judgement is required. In all cases ensure that the reasons for the decision are recorded.

This Guidance has been developed to compliment provider internal incident/risk management procedures. When a Safeguarding Adult Concern is identified and a decision has been made that it does not require a multi-agency safeguarding response under this guidance, it should be considered through the provider's internal incident/risk management procedures, recorded and reported using the correct

process in line with proportionality. This will ensure that appropriate action is taken to safeguard the adult at risk; internal learning is captured and shared to prevent reoccurrence of the incident and prevent escalation of the incident resulting in abuse or neglect.

Included in this guidance is the Reportable Incident Guidance (see Appendix 1) that should be used where an incident does not meet the criteria for a Safeguarding Concern.

3. Definitions

The following are definitions used under the Care Act 2014;

New Terminology under the Care Act 2014

Previously under 'No Secrets Guidance'	Under Care Act 2014
Vulnerable adult	Adult at Risk
Alleged Perpetrator	Source of Harm
Safeguarding Alert	Safeguarding Adult Concern
Safeguarding Referral	Section 42 Enquiry

Adult at Risk

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.

<u>Abuse</u>

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 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 they 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, 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 with a focus on outcomes for the adult at risk
- making people feel safe
- making people feel empowered and in control
- an asset based approach to help identify individuals strengths and networks

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 Doncaster to ensure safeguarding practice is focused on outcomes which have been identified by adults at risk.

When a provider manager identifies and raises a Safeguarding Adult Concern about an adult at risk using the service and that the adult at risk 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 and seek to achieve the adults at risk outcomes throughout the process.

People retain the right to make unwise decisions

Personalisation in safeguarding requires effective use of the Mental Capacity Act 2005. Adults 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 however you suspect they are under duress or coercive control, refer to the South Yorkshire Principles and Approach and local Doncaster Safeguarding Adults Procedures.

5. Falls

When should an incident be reported through safeguarding procedures?

- Where an adult at risk sustains an injury due to a fall, and 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 or repetitive falls for unexplained reasons then a Safeguarding Adult Concern must be reported.
- Where an adult at risk has an injury, other than a very minor injury, which is unexplained this must be reported as a Safeguarding Adult Concern.
- 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 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 Concern does not need to be made when the adult at risk has capacity to understand what happened and states that they fell.

Consider the capacity and rights of the adult at risk to make unwise choices.

This document is intended to offer guidance to managers in making decisions but it is acknowledged that at times there may be incidents where decision-making is not straightforward and professional judgement is required.

Report a Safeguarding Adult Concern online using the link;

http://www.doncaster.gov.uk/doitonline/reporting-a-safeguarding-concern

6. Incidents between Adults at Risk

When should an incident be reported through safeguarding procedures?

- When any adult at risk has been harmed during an incident a Safeguarding Adult Concern must be sent to the Doncaster Safeguarding Adult Hub. Any sexual or physical assault must be reported to the police.
- Where there are *repeated* low impact incidents (incidents where no adverse effect has been caused)

Addition to the above it is necessary to also consider where the person causing the harm (the source of harm) is also an adult at risk, agencies must ensure that they also receive support. A Care Act assessment of could be carried out and the care or support plan should ensure that safeguards are in place to prevent further incidents.

When don't I need to report through safeguarding procedures?

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

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 Report to Doncaster Safeguarding Adult Hub	High
Two people with dementia continue to call each other names and shout whenever they see each other. These incidents are gradually increasing. No one has been physically harmed however the incidents are reoccurring.	Safeguarding Adult Concern Report to Doncaster Safeguarding Adult Hub – in order to prevent escalation of the incident	Medium

Consider the capacity and rights of the adult at risk to make unwise choices.

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7. Concerns about nutrition and hydration

When should a Safeguarding Adult Concern be made?

- 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 errors are made with dietary requirements i.e: mashable diet, diabetic diet
- Where an adult at risks food/fluid charts have not been completed/completed incorrectly
- Where specialist advice has not been sought or it has not been followed.

When don't I need to report through safeguarding procedures?

 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 including specialist and professional advice has been sought.

Consider the capacity and rights of the adult at risk to make unwise choices.

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8. Pressure Area Care

When should a Safeguarding Adult Concern be made?

- Where a failure to risk assess 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.

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 through safeguarding procedures?

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. In such circumstances organisations are required to appropriately
manage risks and seek advice from health professionals.

Consider the capacity and rights of the adult at risk to make unwise choices.

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9. Medication

When should a Safeguarding Adult Concern be made?

- Where the adult at risk is subjected to deliberate withholding of medication with no medical reason
- Where the adult at risk is given the inappropriate use of medication that is not of 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

When don't I need to report through safeguarding procedures?

- 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

Consider the capacity and rights of the adult at risk to make unwise choices.

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10. Missed Home Care visits (Statutory and non statutory organisations)

When should a Safeguarding Adult Concern be made?

- 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 through safeguarding procedures?

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

Consider the capacity and rights of the adult at risk to make unwise choices.

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11. Moving and Handling

When should a Safeguarding Adult Concern be made?

- 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.
- Where any of the following condemned techniques are used;
 - Drag lift/underarm drag
 - Shoulder/Australian lift
 - Through arm/hammock lift
 - Two sling lift
 - Unorthodox lift
 - Bear hug transfer/front assist stand
 - Assistance by pulling on hands
 - Rocking lift/belt hold
 - Assisted walking supporting at underarm
 - Flip turn
- Where condemned or damaged equipment is used
- Where poor moving and handling techniques are being used on a repeat basis
- 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 through safeguarding procedures?

- A Safeguarding Adult Concern does not need to be made where poor technique is used on a one off occasion 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 at risk
- 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 and there is no adverse effect on the adult at risk

Consider the capacity and rights of the adult at risk to make unwise choices.

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12. Poor Discharge

When should a Safeguarding Adult Concern be made?

- 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 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 adult at risk 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 through safeguarding procedures?

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

Consider the capacity and rights of the adult at risk to make unwise choices.

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13. Financial

When should a Safeguarding Adult Concern be made?

- 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 or restricted access to 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.
- Where the adult is at risk is subject to scams and fraud

When don't I need to report through safeguarding procedures?

- 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

Consider the capacity and rights of the adult at risk to make unwise choices.

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For advice and guidance contact Doncaster Safeguarding Adult Hub on Tel: 01302 737391 or Emergency out of hours 01302 796000

REMINDER – where a theft has been identified this should be reported to the Police via telephoning 101 before safeguarding

14. References

- 1. The Care and Support Statutory Guidance, Department of Health Published October 2014; https://www.gov.uk/guidance/care-and-support-statutory-guidance
- Safeguarding Adults Procedures for South Yorkshire. Available on Doncaster Safeguarding Adults Board website at: 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/49 7253/Mental-capacity-act-code-of-practice.pdf