Blackburn with Darwen Local Safeguarding Adults Board

Adults Safeguarding Continuum

Guidance for Safeguarding Concerns

www.lsab.org.uk/policies

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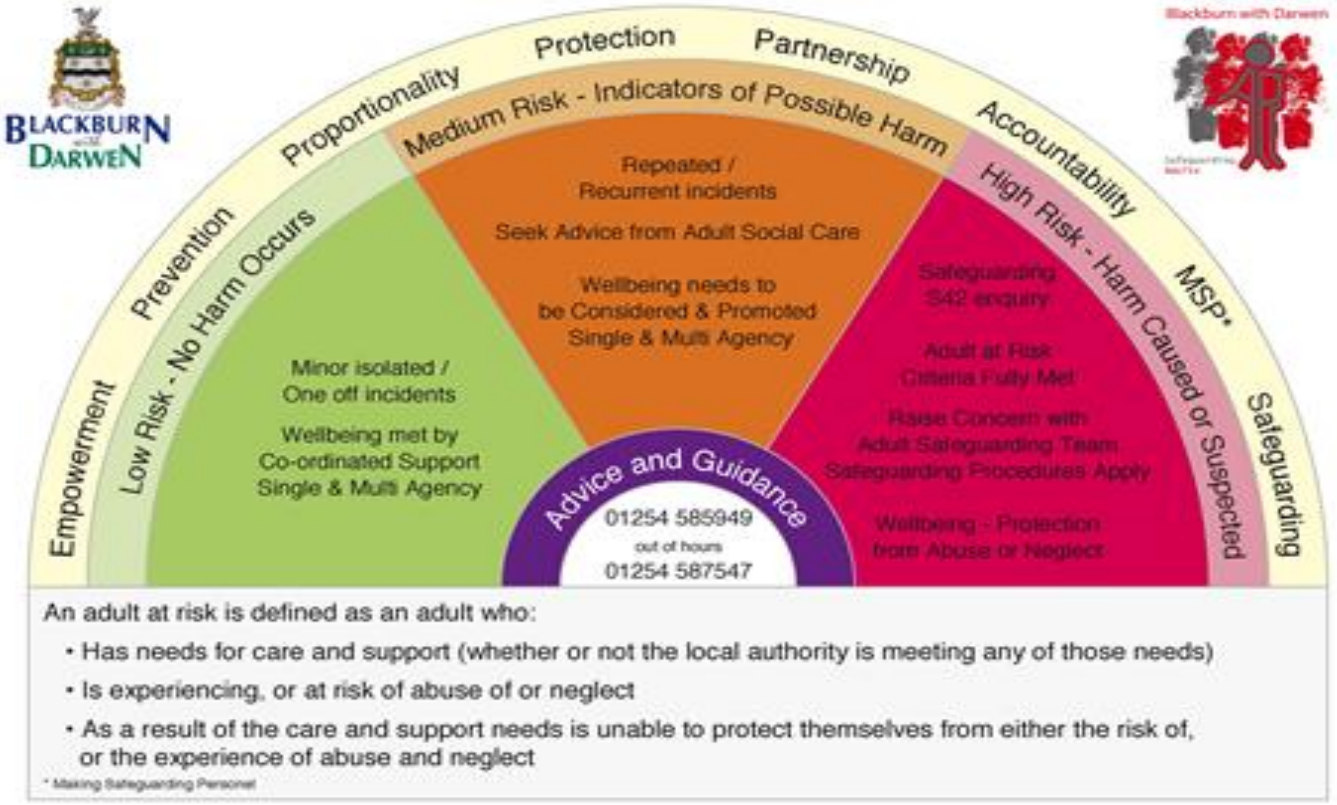
Adults Safeguarding Continuum

Explanation of the responses required to each level are on pages 7-9 with further detailed guidance in the remainder of this framework.



Introduction

Safeguarding adults is everyone's responsibility

Adults have the right to live life free from harm and abuse and with dignity and respect. It is important that all agencies who work with adults who may be at risk from abuse are involved in the prevention of abuse.

Identifying when safeguarding referrals should be made is not always clear therefore this guidance is directed towards practitioners/providers and aims to ensure adult protection issues and concerns are reported and investigated at the appropriate level and to have a consistency of approach across agencies. It will also aid decision making to ensure the most appropriate and proportionate responses for the individuals (incorporating the views of individuals and/or their representatives) in those decisions.

Threshold decision making can be complex, often an incident may consist of several types of abuse which must be factored into the decision making. For example a medication error could be an indication of institutional, physical, psychological abuse or neglect. However a medication error may be just that an error and is therefore be more a quality of care issue.

This Adult Safeguarding Continuum is a model that should be seen as a guide to managing risk for safeguarding concerns and not a specific threshold model. The framework assists you to identify the levels of support and the response required when a type of abuse is recognised. Service responses must be directed at preventing vulnerability and risk and promoting the wellbeing of adults at risk of abuse. The framework should be used in conjunction with your own and multi-agency procedures.

This framework has been produced to:

- Be a measure of consistency
- Manage the demand around safeguarding alerts and referrals
- A framework that allows multi agency partners to manage risk
- Differentiating between quality issues and safeguarding risks

This framework has been agreed by the Local Safeguarding Adults Board (LSAB) and should be used by all agencies, in the public, private and voluntary sectors that provide adult services.

Principles and Capacity
This framework is underpinned by the principles of safeguarding and the Mental Capacity Act 2005. Making Safeguarding Personal must also be applied throughout the continuum and must be used by all agencies working in adult provision:

- **Empowerment** - People being supported and encouraged to make their own decisions and informed consent.
- **Prevention** - It is better to take action before harm occurs.
- **Proportionality** - Proportionate and least intrusive response appropriate to the risk presented.
- **Protection** - Support and representation for those in greatest need.
- **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** - Accountability and transparency in delivering safeguarding.

The Mental Capacity Act says:

- Everyone has the right to make his or her own decisions. Professionals should always assume an individual has the capacity to make a decision themselves, unless it is proved otherwise through a decision specific capacity assessment.
- Individuals must be given help to make a decision themselves. This might include, for example, providing the person with information in a format that is easier for them to understand.
- Just because someone makes what those caring for them consider to be an "unwise" decision, they should not be treated as lacking the capacity to make that decision. Everyone has the right to make their own life choices, where they have the capacity to do so.
- Where someone is judged not to have the capacity to make a specific decision (following a capacity assessment), that decision can be taken for them, but it must be in their best interests.
- Treatment and care provided to someone who lacks capacity should be the least restrictive of their basic rights and freedoms possible, while still providing the required treatment and care.

You must be fully aware of how to apply the MCA and best interest decision making. This document will not cover this any further.

Adults at Risk

Section 42 of the Care Act 2014 defines an adult at risk as an adult who:

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

The local authority retains the responsibility for overseeing a safeguarding enquiry and ensuring that any investigation satisfies its duty under section 42 to decide what action (if any) is necessary to help and protect the adult, and to ensure that such action is taken when necessary.

Responding to concerns

If an adult is in immediate danger you must seek emergency treatment and/or report to the police immediately

Seek advice from your line manager or safeguarding lead if you have a concerns and if in doubt whether to raise a concern contact the Adult Safeguarding Team

Making Safeguarding Personal (MSP)

Whether an incident is considered low risk and no harm occurs or high risk it is important to consider the views of the adult or the adults advocate and record them. When considering the consequence/ impact, always identify the individual's account of the depth and conviction of their feelings. What effect did it have on the individual? MSP means the actions of all staff working with the adult at risk should be person led and outcome focused.

Guidance on how to respond to concerns

The responses to safeguarding concerns must be appropriate to the risk and to assist you with this the following table identifies those possible responses required across the Continuum.

For all incidents/concerns it is important that recording and reporting is in line with your agency policy and guidance. Where appropriate reviews and action plan should be in place to ensure the risk of repeated incidents are reduced. The Commissioning Quality Assurance Team and/or the care Quality Commission (CQCP may ask to see evidence of work undertaken).

Additional 'Decision Making Guidance' examples (pages 9 onwards) have been provided which include other actions for consideration under each category of abuse and 'Risk Assessment Guidance' has been provided in Appendix 1 to compliment the remainder of this document.

Responses to the levels identified on the Adult Safeguarding Continuum windscreen

No harm – low risk **Not SAFEGUARDING**	**Response to this Level** • This level identifies isolated or minor one off incidents • The adult should receive the support from single or multi agency services to address the incident as appropriate • Isolated and one off incidents where no harm occurs **do not** require a safeguarding alert to the adult safeguarding team • Incidents can be managed as part of wider service care plans and monitoring including conduct/complaints/care quality or regulation issues • If multi agency support is required consider referral through to Transforming Lives or Adult Social Care (non-safeguarding) • Providers of care services will still have a requirement to inform your own regulatory body and follow your own organisational processes/policies Providers must also report the incident to the Local Authority Strategic Commissioning Team on: quality.assurance@blackburn.gov.uk (This may not apply to some services already feeding into the Combined Quality Group), stating service user name, date of birth, setting (e.g. domiciliary/care home), brief incident information and what have you done about it. Also see 'Actions to Consider' detailed at the end of each category of abuse in the next section for additional advice

Possible or some harm – medium risk Possibly SAFEGUARDING	**Response to this Level** • This level identifies repeated/recurrent or isolated incidents whereby some or possible harm occurs and some risks are identified • The adult should receive support appropriate to the incident which can be single or multi agency support • Incidents at this level may not require a safeguarding alert but advice should be sought • Any incidents recognised at this level can be addressed via agency internal management and own organisation investigation processes and procedures • Consider referral for social care assessment to address unmet needs (any additional concerns following assessment may require escalation). • Consider referring to Transforming Lives, Care Network or voluntary sector services • Providers of care services will still have a requirement to inform your own regulatory body and follow your own organisational processes/policies. Providers must also report the incident to the Local Authority Strategic Commissioning Team on: quality.assurance@blackburn.gov.uk (this may not apply to some services already feeding into the Combined Quality Group), stating service user name, date of birth, setting (e.g. domiciliary/care home) brief incident information and what have you done about it Also see 'Actions to Consider' detailed at the end of each category of abuse in the next section for additional advice
Harm caused - high risk **SAFEGUARDING**	**Response to this Level** • A safeguarding concern is the term given when you have a concern about abuse or neglect: you must report this as soon as possible to the relevant person in your agency and; • After you have raised your concern to the relevant person in your agency and a decision is made to refer to the (local authority) Adult Safeguarding Team this should be made by telephone and followed up in writing on a complete SA1 form • Any incidents risk assessed as causing harm and high risk will be addressed under safeguarding procedures • The Adult Safeguarding Team has the statutory duty to make an enquiry - or require another agency to do so under the Care Act 2014.

	For advice on whether or not a referral is required or to make a referral please call the duty safeguarding social worker on **01254 585949 (Out of Hours Tel: 01254 587547)** **Fax no: 01254 588968** Send the SA1 form to: Safeguarding.Adults@blackburn.gov.uk Following referral to the Adult Safeguarding Team you will be provided with feedback as the referrer where appropriate. Following initial evidence gathering (enquiry) the risk may be reduced to that of amber/green or escalated to adult protection.

Decision Making Guidance Examples

PHYSICAL ABUSE Can include (but not exhaustive): Assault, Hitting, Slapping, Pushing, Restraint, Inappropriate physical restriction or handling processes		
No harm - low risk **Not SAFEGUARDING**	**Possible or some harm - medium risk** **Possibly SAFEGUARDING**	**Harm caused - high risk** **SAFEGUARDING**
• Minor incident causing no harm – e.g. a fall or friction mark on skin due to ill-fitting hoist sling • Minor events that still meet criteria for 'incident reporting'. • Dispute between service users with no harm, quickly resolved and risk assessment in place. • Bruising caused by family carer due to poor lifting and handling technique. No harm intended. Immediately resolved when given correct advice/equipment	• Inexplicable minor marking found and no clear explanation as to how the injury occurred. • Rough or inappropriate handling with no intention to cause harm. May include minor injury by family carer. • Repeated incidents of bruising caused by carer despite receiving up to date advice /equipment	• Inexplicable or significant marks, lesions, cuts or grip marks. • Physical assaults or actions that result in significant harm or death • Repeated falls of adult at risk despite preventative advice re needs given-harm, distress and injury occurs • Physical restraint undertaken outside of a specific care plan or not proportionate to the risk. • Failing to adhere to Mental Capacity Act e.g. unauthorised Deprivation of Liberty Safeguards (DoLS) • Withholding of food, drinks or aids to independence. • Inexplicable injuries or acts of omission whereby injuries are caused as a result of this. • Incident caused by Person in a Position of Trust (PiPoT)
Actions to consider: • Refer to guidance on pages 7-9 • GP appointments for unexplained bruising • Other assessments/referral e.g. Adults Social Care, carers, occupational therapy or physiotherapy • Staff training re de-escalation/positive behaviour support/moving & handling • Refer to appendix 2 – Service User to Service User Incidents • Understanding of Deprivation of Liberty Safeguards (DoLS) standards		Raise a safeguarding concern Follow PiPoT Policy if required

Adult does not receive prescribed medication (missed/wrong dose)	Recurring missed medication or administration errors in relation to one service user that caused no harm	Recurrent missed medication or administration errors that affect one or more adult and/or result in harm Deliberate maladministration of medicines (e.g. sedation). Covert administration without proper medical supervision or outside the Mental Capacity Act Pattern of recurring administration errors or an incident of deliberate maladministration that results in ill-health or death.
Actions to consider: Refer to pages 7-9 of this document and: • Refer to Appendix 3 - LSAB medication guidance • Seek medical advice • Contact GP and/or pharmacy • Review medication arrangements and procedures • Revisit medication arrangements with staff • Covert medication guidance must be followed		Raise a safeguarding concern Follow PiPoT Policy if required

SEXUAL ABUSE Can include (but not exhaustive): Inappropriate touching, indecent exposure, sexual grooming and/or exploitation, sexual harassment, sexual teasing or innuendo, non-consensual sexual activity, rape, being made to witness pornographic material or sexual acts		
No harm - low risk **Not SAFEGUARDING**	**Possible or some harm - medium risk** **Possibly SAFEGUARDING**	**Harm caused - high risk** **SAFEGUARDING**
Isolated incident when an inappropriate sexualised remark is made to an adult with capacity and no distress is caused.		• Includes list in first column and: • Sexualised behaviour directed to another who lacks the capacity to consent or where there is wider concern for others. • Concern about grooming or sexual exploitation • Incident caused by or concern of a Person in a Position of Trust • Verbal and gestured sexualised teasing that is not an isolated incident
Actions to consider: See pages 7-9 of this document and: • Education around safe sexual relationships and conduct • Increased monitoring for a specified period • Contact with specialist services e.g. police and health (e.g. Contraception and Sexual health Clinic) • Signpost victim to care and support services • Awareness training in this complex area		Raise a safeguarding concern Follow PiPoT Policy if required

PSYCHOLOGICAL ABUSE

Can include (but not exhaustive):Threats of harm or abandonment, deprivation of contact, humiliation, coercion, control, intimidation, verbal abuse isolation, radicalisation, forced marriage

No harm - low risk Not SAFEGUARDING	Possible or some harm - medium risk Possibly SAFEGUARDING	Harm caused - high risk SAFEGUARDING
• Isolated incident where adult is spoken to in a rude or other inappropriate way – respect is undermined, there is no disclosure or indication of distress • Isolated incident whereby threats occur e.g. intimidation or harassment there is no disclosure or indication of distress • Informal carer restricts night time drinks to manage continence	• The occasional withholding of information to disempower but minor impact • Recurrent incidents of adult being spoken to discourteously • Incidents occur e.g. of abandonment, verbal abuse, online bullying etc. but no distress is caused or intent to cause harm	• Prolonged intimidation • Failing to adhere to Mental Capacity Act e.g. unauthorised Deprivation of Liberty Safeguards (DoLS) • Vicious personalised verbal attacks to an adult at risk • Treatment that undermines dignity and damages esteem. • Denying or failing to recognise an adults choice or opinion • Deliberate withdrawal of services or supportive networks by carer • Emotional blackmail e.g. threats of abandonment or harm • Frequent and frightening verbal outbursts to an adult at risk. • Forced Marriage • Incident caused by person in a Position of Trust (PiPoT)
Actions to consider: See pages 7-9 of this document and: • Input from mediation services • Staff training in de-escalation techniques • Referral to other services e.g. Adult Social Care, Mental Health, Victim Support, neighbourhood Policing Team and/or Housing • Understanding of Deprivation of Liberty Safeguards (DoLS) standards		Raise a safeguarding concern Follow PiPoT Policy if required

FINANCIAL or MATERIAL ABUSE Can include (but not exhaustive):Theft, fraud, scams (telephone, post internet), coercion, misuse of finances on someone's behalf, falsifying financial records		
No harm - low risk **Not SAFEGUARDING**	**Possible or some harm - medium risk** **Possibly SAFEGUARDING**	**Harm caused - high risk** **SAFEGUARDING**
• Inadequate financial records • Isolated incident of staff personally benefiting from the support they offer service users in a way that does not involve the actual abuse of money • Unwanted cold calling/door step visits	• Adult not routinely involved in decisions about how their money is spent or kept safe – capacity in this respect is not properly considered. • Failure by relative to pay care fees/charges where no harm occurs - but receives personal allowance or has access to other personal monies. • Incidents impacts on wellbeing or causes distress • Risk of this abuse cannot be managed appropriately with current professional oversight or universal services • Failure to recognise when financial assessment is required	• Adult denied access to his/her own funds or possessions without legal authority • Failure by a relative to pay care fees/charges and adult at risk experiences distress or harm through having no personal allowance or risk of eviction/ termination of service. • Personal finances removed from adult's control without legal authority. • Fraud/exploitation relating to benefits, income, property, wills or other legal documents • Doorstep crimes – e.g. fraudulently obtaining money for services/goods • Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control
Actions to consider: See pages 7-9 of this document and: • Review own financial policy and procedures – are they in line with the Mental Capacity Act –Code of Conduct • Revisit code of conduct policy with staff • Report to Trading Standards team (Consumer advice number 01254 267677) • Referral to Adult Social Care for MCA Assessment if capacity in doubt • Contact Office of the Public Guardian – LPA Department for Work and Pensions - conduct policy with staff • Report to Blackburn with Darwen Appointee for benefits • Ensuring financial assessment are undertaken when appropriate		Raise a safeguarding concern Follow PiPoT Policy if required

NEGLECT & ACTS OF OMISSION Can include (but not exhaustive): Ignoring/failing to respond to medical, emotional or physical needs, failure to provide appropriate care, failure to follow a health plan or advice, failure to comply with a DNA, failure to provide essential services, failure to follow health and safety legislation		
No harm - low risk **Not SAFEGUARDING**	**Possible or some harm - medium risk** **Possibly SAFEGUARDING**	**Harm caused - high risk** **SAFEGUARDING**
• Isolated missed home care visit where no harm occurs. • Adult is not assisted with a meal/drink on one occasion and no harm occurs. • Inappropriate hospital discharge where no harm occurs • Inadequate care that causes discomfort but no harm	• Inadequacies in care provision that lead to discomfort or inconvenience – no significant harm occurs, e.g. being left wet occasionally. • Occasionally not having access to aids to independence (if regular this may be restraint). • Adult at risk living with family carer who occasionally fails with caring duties. • Temporary environment restrictions but action to resolve is in place. • Occasional inadequacies in care from informal carers – no harm occurs.	• Recurrent missed home care visits where risk of harm escalates, or one missed visit where harm occurs. • Poor transfers between services for example – Hospital discharge without adequate planning and harm occurs. • Inappropriate or incomplete DNAR (Do Not Attempt Resuscitation). • Carers consistently failing to provide care despite advice/guidance. • Ongoing lack of care to extent that health and wellbeing deteriorate significantly e.g. dehydration, malnutrition, loss of independence or confidence. • Failure to arrange access to life saving services or medical care • Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk • Gross neglect resulting in serious injury or death.
Pressure Ulcers One person one pressure ulcer of low grade (Grade 1 or 2).	Pressure ulcers: multiple Grade 2s	• Preventable Pressure ulcers: Grade 3 or 4. • Mismanagement of pressure ulcers Grade 3 or 4 • Serious injury or death as a result of consequences of avoidable pressure ulcer development e.g. septicaemia.

Falls Where no injury or minor injury has occurred, risk assessments and actions plans in place and being followed		• Repeated falls despite preventative advice: risk has not been managed effectively • Fall as a result of advice and risk assessments not being in place or not being followed and harm occurs
Actions to consider: See pages 7-9 of this document and: • If concerns relate to a hospital contact the ward or their Adults Named Nurse • Raise a formal complaint with the hospital as required • Review internal staffing, staff mentoring and training requirements • Monitoring visits • Review and update risk assessments • Referral to District Nursing, Occupational Therapy of Adult Social care • Review pressure care and prevention procedures • Use of Best practice Guidance for Safeguarding Individuals with pressure Ulceration www.lsab.org.uk/policies • Falls - refer to LSAB guidance Appendix 4		Raise a safeguarding concern (previously 'alert') Follow PiPoT Policy if required

ORGANISATIONAL ABUSE Can include (but not exhaustive):Failure to follow health and safety legislation, neglect or overall poor practice, ill treatment, failure to adhere to care or health advice, failure to respond to whistleblowing issues, failure to adhere to policy and legislation, MCA/MHA issues		
No harm - low risk **Not SAFEGUARDING**	**Possible or some harm - medium risk** **Possibly SAFEGUARDING**	**Harm caused - high risk** **SAFEGUARDING**
• Short term lack of stimulation or opportunities for people to engage in meaningful social and leisure activities and where no harm occurs. • Short term - service users not given sufficient voice or involved in the running of the service e.g. inflexible routines. • Service design where groups of service users living together are inappropriate.	• Denial of individuality and opportunities for service users to make informed choices and take responsible risks. • Care planning documentation not person centred. • Denying adult at risk access to professional support and services such as advocacy. • Poor or outmoded care practice – no harm occurs.	• Rigid or inflexible routines. • Service user's dignity is undermined, e.g. lack of privacy during support with intimate care needs, shared clothing, underclothing, dentures etc. • Failure to refer disclosure of abuse • Inappropriate or incomplete DNAR (Do Not Attempt Resuscitation). • Failure to report, monitor or improve bad care practices. • Punitive responses to challenging behaviours. • Staff misusing their position of power over service users. . • Widespread, consistent ill treatment. . • Intentionally or knowingly failing to adhere to Mental Capacity Act e.g. unauthorised Deprivation of Liberty Safeguards (DoLS)
Staffing Levels One off incident of low staffing due to unpredictable circumstances, despite management efforts to address. No harm caused	More than one incident of low staffing levels, no contingencies in place. No harm caused.	• Single incident of low staffing resulting in harm to one or more persons. • Repeated incidents of low staffing resulting in harm to one or more persons • Low staffing levels which result in serious injury or death to one or more persons (corporate manslaughter) • Failing to adhere to Mental Capacity Act e.g. unauthorised Deprivation of Liberty Safeguards (DoLS)
Actions to consider:		Raise a safeguarding concern

See guidance on pages 7-9 and • Ensure all staff are trained in person centred practice, Mental Capacity Act and dignity in care where appropriate • Consider competencies of qualified staff • Consultation with services users and relatives • Review internal policies and procedures including complaints procedure and that they are in line with the MCA Code of Practice 2005 • Reporting to relevant registration bodies e.g. DBS, NMC, HCPC & CQC • Criminal acts must be reported to the police dial 101 or 999 in an emergency • Promoting Self Advocacy Service with service users	Follow PiPoT Policy if required

DISCRIMINATORY ABUSE

Can include (but not exhaustive):Harassment failure to respond to equality and diversity needs, honour based violence, hate crime, radicalisation

No harm - low risk Not SAFEGUARDING	Possible or some harm - medium risk Possibly SAFEGUARDING	Harm caused - high risk SAFEGUARDING
• Isolated incident when an inappropriate prejudicial remark is made to an adult and no distress is caused. • Care planning fails to address an adult's culture and diversity needs for a short period.	• Isolated incident of teasing motivated by prejudicial attitudes – service user to service user. • Recurring taunts motivated by prejudicial attitudes with no significant harm	• Recurring failure to meet specific needs associated with culture and diversity. • Repeated teasing by a person in position of trust. • Denial of civil liberties • Humiliation or threats. • Compelling a person to participate in activities inappropriate to their faith or beliefs. • Hate crime resulting in injury/emergency medical treatment/fear for life. • Honour Based Violence • Exploitation of an adult at risk for recruitment or radicalisation into terrorist related activity • Incident caused by a person in a positon of trust
Actions to consider: See guidance on pages7-9 and • Staff training around use of language and conduct/diversity and equality • Information available for staff detailing standards of behaviour • Discussion/referral to relevant unit e.g. Police, Prevent/Channel • Referral to victim support services e.g. domestic abuse services,		Raise a safeguarding concern Follow PiPoT Policy if required

SELF NEGLECT

Can include (but not exhaustive):Hoarding, self-neglect of personal hygiene, nutrition, hydration causing risk to health, self-neglect causing risk to others

No harm - low risk Not SAFEGUARDING	Possible or some harm - medium risk Possibly SAFEGUARDING	Harm caused - high risk SAFEGUARDING
• Self-care causing some concern - no sign of harm or distress • Property neglected but all services work. • Some evidence of hoarding - no impact on health/safety • Some signs of engagement with professionals • Property neglected - evidence of hoarding beginning to impact on health/safety • Lack of essential amenities • No access to support services		• Refusal of health/medical treatment and risk to life • High level of clutter/hoarding • High risk to safety of self and others • Lack of self-care resulting in deterioration of health & wellbeing • Multiple concerns from other agencies re high risk to safety of self and others
Actions to consider: See guidance on pages 7-9 and • Individual agency policy and procedures should be followed • Refer to the Pan Lancashire Multi Agency Self Neglect Framework • Refer to the Pan Lancashire LSAB Hoarding Guidance which contains Clutter Image Rating Tool Guidance		Contact the Adult Safeguarding Team for advice and raise a concern as advised

MODERN SLAVERY

Can include (but not limited to):trafficking, exploitation, forced labour, domestic servitude

No harm - low risk Not SAFEGUARDING	Possible or some harm - medium risk Possibly SAFEGUARDING	Harm caused - high risk SAFEGUARDING

Many victims of modern slavery do not have care and support needs but if identify as having care and support needs a Safeguarding concern MUST be raised and the police informed.

Victims will appear or be:

- Owned or controlled by an 'employer' usually through the threat of abuse
- Forced to work through mental or physical threats and intimidation. Risk of fatality or serious injury due to work conditions
- No freedom/unable to leave/restricted movement
- Unable to access medical treatment
- Numerous addresses to avoid detection
- Lives at place of work, in sheds or lock up containers – poor living conditions
- Not in possession of ID or passport despite having these
- Debt bondage - low or no wages- wages used to cover debts
- Forced marriage

Actions to consider:

- Ensure all staff are aware of internal policy and procedure for Modern Slavery
- Use of **Pan Lancashire Anti-Slavery Partnership Toolkit Pathways** www.lsab.org.uk/policies which also contains victim support numbers
- Consideration of MCA

DOMESTIC ABUSE

Can include (but not limited to): physical, sexual, financial, psychological, stalking, coercion and controlling behaviour, honour based abuse/violence, female genital mutilation

No harm - low risk Not SAFEGUARDING	Possible or some harm - medium risk Possibly SAFEGUARDING	Harm caused - high risk SAFEGUARDING
• Disclosure or Isolated report of abuse-low level threat • Adult has capacity and no vulnerabilities identified	• Ongoing report/incidents of domestic abuse • Adult is not accessing support services but adequate protective factors	• Adult is subjected to controlling/coercive behaviour (this can transverse care givers) e.g. financial/locked in property/withholding of medical treatment/deliberately isolated • Frequent reports of assaults or reports of violent e.g. physical, sexual, rape and FGM • Adult is subjected to stalking/harassment • Adult is assessed as not having capacity • Threats to kill • Honour Based Abuse and/or Forced Marriage
Actions to consider: See guidance on pages 7-9 and • **If children present, always make a referral to CADS 01254 666400** • Seek advice and support from adult social care, report to police and/or seek advice via 101 or 999 if an emergency • Refer to Domestic Abuse Services for early intervention and support • Ensure own internal domestic abuse policy is up to date • Staff are aware of the Blackburn with Darwen Domestic Abuse Policy and Procedure www.lsab.org.uk/policies • Consider relevance of Clare's law https://www.lancashire.police.uk/about-us/accessing-information/domestic-violence-disclosure-scheme-clares-law/ • Ensure staff training to increase awareness of the nature, patterns and complexity of domestic abuse		Refer to Adult Safeguarding Team and Domestic Abuse Services Safe Lives DASH - high risk – Referral to MARAC

Appendix 1

Risk Assessment Guidance

Risk assessment in adult safeguarding is the examination of factors that could cause harm so that precautions can be considered and implemented to prevent harm. Risk is the likelihood of harm occurring and the severity of its consequences in terms of injury-this can be considered as the *how bad and how often.* A risk assessment needs to be carried out as to what action you need to take depending on the level of risk – low risk, some risk or medium/high risk. The above principles must be considered when assessing risk.

Factors that increase risk of harm

There are a number of personal and environmental factors which will contribute to an individual's risk of harm. They include:

- **Age:** Research shows people are significantly more likely to be abused if you are aged over 70 years of age.
- **Physical disability:** Increase physical dependency on others for help with day-to-day living makes people more vulnerable to abuse.
- **Learning disability:** Adults with learning disabilities may not understand acceptable levels of support or may be in situations where abuse from other service users is more likely and communication difficulties may mean reporting abuse difficult.
- **Mental Health Issues:** Research has shown that people with mental health illnesses often are not believed or find themselves in situations where abuse from other service users is possible.
- **Sensory impairments:** Individual's sensory impairments may make reporting abuse difficult or identifying the abuser difficult.
- **Dementia:** It is particularly important to assess individual's mental capacity to keep themselves safe from abuse or neglect.
- **Ethnicity/culture:** If English is not the person's first language – reporting abuse may be difficult. It is particularly important to use independent interpreters to aid communication – never use family members.
- **Social isolation:** If a person has limited family or social networks they will have less external scrutiny to identify any signs of abuse or mistreatment.
- **Previous victim of abuse:** Victims of abuse often have low self-esteem and/or a belief system supporting abusive behaviour as a legitimate response to situations.
- **Communication difficulties:** Where necessary independent professionals who can facilitate communication must be used.
- **Previously the person causing harm:** Those who previously were the person causing harm who then become dependent on their previous victims may be at risk of abuse with 'revenge' as the motivation.
- **Health problems:** Individual health problems may make them too weak to report or respond to abuse.

- **Domestic abuse:** Research shows that domestic abuse is most commonly experienced by women and carried out by men. Women with disabilities are twice as likely to experience gender based violence as non-disabled women, and are likely to experience abuse over a longer period of time and suffer more severe injuries as a result.
- **Service providers:** If an individual is receiving community care services, the actions of the provider may have an impact on the individual. Especially if there is no current manager, a new manager, high staff turnover, high proportion of agency staff, large number of people with high level of needs, little or no staff training all which could lead to organisational abuse.

Factors that decrease the risk of harm

Identify the protective factors that are in place **or** which have been put in place as a result **or** that can be immediately be put in place to reduce or eliminate the risk of harm. For example:

- Support services in place (domiciliary care package, 1:1 support)
- Relationships with family, friends, neighbours, which do not present a risk
- Access to social/ support groups
- Awareness of personal support
- Services recognise abuse and has taken appropriate action
- Person is in a place considered to be safe
-

Consider:

- How long has the alleged abuse been occurring for?
- Is there a pattern of abuse?
- Have there been previous concerns – not just safeguarding adult referrals, but other issues related to the victim, e.g. Anti-social behaviour, hate crime incidents, but also in relation to the alleged person causing harm?
- Any other adults at risk?
- Is the situation monitored?
- Are the incidents increasing in frequency and/ or severity?
- Are there children present and is so consider referring to MASH (dependent on risk)

Appendix 2

Service User to Service User Incidents

All service user to service user incidents must be recorded and reported using appropriate procedures but not all incidents will require a safeguarding concern to be raised.

Occasionally in relationships there may be a degree of conflict and this equally applies to environments where people with care and support needs live together. An incident can be defined as involving 2 or more service users in any setting involving psychological/emotional, financial/material or discriminatory behaviour which results in the risk of, or actual harm.

Not all incidents will require a safeguarding concern to be raised but all such incidents will require some form of action from the provider.

Providers should ensure best practice for the management of service user to service user incidents and this will include: assessments of needs including relationships and vulnerabilities, keeping the compatibility of service users under review, relevant policies and procedures for staff and service users, promotion of human rights but the use of least restrictive practices using MCA principles, having care and protection plans to support victim and perpetrator to ensure the safety of all service users and for staff members to be trained on how to identify, record and review service user incidents. Where appropriate and in line with notification processes the service user's family or nominated representative should be informed and providers should consider notifying Strategic Commissioning Team.

Senior managers should review incidents on a regular basis to determine any patterns of behaviour between and of staff and and/or service users. The CQC, as part of inspection process, will require written evidence to confirm that internal reviews, including subsequent actions, have taken place following an incident.

When a safeguarding alert is not required

If the incident has been an isolated event, has not caused harm and has been dealt with appropriately a safeguarding alert will not be required. However as per the Adult Safeguarding Continuum guidance providers should still complete incident reports, review support plans and complete risk assessments for both victim and perpetrator and take actions to minimise the risk of recurrence and notify the Strategic Commissioning Team. A referral to Adult Social Care, or an appropriate health professional should be made in a response to a decline or change in service user presentation.

Injuries to staff do not need to be reported to safeguarding and providers own internal staff incident reporting procedures should be followed.

Examples where a safeguarding alert is not the most appropriate response:

Threat made, nothing happened and the service user is not aware of the threat, isolated incident of slapping but not with sufficient force to cause a mark and the victim is not intimidated, isolated incident of teasing or being spoken to rudely or inappropriately and the victim is not distressed, the borrowing of another's personal belongings without consent and not returning those

When to raise a safeguarding concern

Examples (not exhaustive) which may be considered appropriate for a referral to the Safeguarding Adult Team (these may be isolated or persistent incidents which have resulted in harm):

- Physical assault leading to harm or death (seek emergency medical intervention first)
- Predictable and preventable (by staff) incidents between service users resulting in harm
- Bullying or persistent teasing resulting in distress, loss of confidence or dignity
- Intimate touching without valid consent or verbal sexualised harassment/teasing
- Organisational failings in provider care management which leads to repeated service user to service user incidents

If a crime is suspected service users retain their rights to justice and protection of the law and it should be reported to the police preferably with the consent of the adult at risk or without consent where there is a duty to report the crime and/or it is assessed as in the persons best interest in line with the Mental Capacity Act.

Appendix 3

Medication Error Guidance

All medication errors must be recorded and reported using the appropriate procedures but not all errors will require reporting the safeguarding team.

The National Patient Safety Agency (NPSA) defines a medication error as an error in the process of prescribing, dispensing, preparing, administering, monitoring or providing medicine advice, regardless of whether any harm has occurred.

Care providers who are commissioned to provide any medication administration service within a care plan are responsible for ensuring that people have their medicines at the times they need and in a safe way. The registered person must protect service users/residents against the risk associated with the unsafe use and management of medicines, by means of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purpose of the regulated activity. There should be clear procedures which include arrangements for reporting adverse events, adverse drug reactions, incidents, errors and near misses relating to medicines.

The CQC, as part of inspection process, will require written evidence to confirm that internal reviews, including subsequent actions, have taken place following an incident

When to raise a safeguarding concern

For the purpose of safeguarding, if a medication error has occurred and in addition there is evidence of significant impact upon or significant harm to the person subject of the error then a concern should raised. Otherwise the error should be recorded and reported in accordance with medication and management incidents policies and procedures

Some examples when it may be appropriate to refer to safeguarding:

- A medication error that leads to actual harm or death
- The error was a deliberate act (intent to cause harm, inappropriate use of PRN medication, to control behaviour or restrict an individual)
- Errors that are part of a pattern or culture (same drug being omitted repeatedly, same carer repeatedly failing to administer medicine appropriately, same service user being affected by the error regardless of level of harm)

Systemic failings in providers medicine management process which lead to repeated medication errors, services can be referred to safeguarding under organisational abuse.

If an error is due to external sources e.g. pharmacy error, mismanagement by the family, hospital discharge, GP prescribing etc. there is an obligation on all services to identify the failing and ensure the issue is addressed and reported to the appropriate service/professional body/commissioning team

Covert medication

If a medication has been administered covertly other than in accordance with the Covert Medication Guidance and without appropriate due consideration to the Mental Capacity Act 2005, Best Interest Decision process and consent then a concern must be raised to the Safeguarding Team.

Appendix 4

Falls Guidance

A fall is ‘an unexpected event when a person falls to the ground from any level, this also includes falling on stairs and onto any piece of furniture with or without any loss of consciousness (National Institute for Clinical Excellence)

All falls must be recorded and reported using the appropriate internal policies and procedures but not all falls will be a safeguarding issue. Residents and service users may be at risk of falls particularly in the first few months in a new residential settings, this may be due to a change in their environment and/or a period of ill health prior to admission. Therefore all residents/service users must have their risk of falling included in their care plan and this must be put into practice to manage that risk.

The registered person must seek to protect residents/service users by having a Moving and Handling Policy and ensuring all staff are trained in moving and handling and the management of a fallen person to ensure that further harm does not occur as a result of staff intervention. In the event of a fall care providers should have in place a post fall protocol to inform the appropriate actions to take should a fall happen or a person is found on the floor and a fall is suspected.

It is essential that resident/service users are checked for injury before any attempt is made to move them. Medical treatment should be sought where necessary via the GP, NHS 111 or 999 in an emergency. Appropriate health professionals e.g. GP, district nurses, community matrons, falls specialist, physiotherapy, occupational therapist and dietician should be involved as and when required and their advice followed as part of best practice to manage falls.

The CQC, as part of inspection process, will require written evidence to confirm that internal reviews, including subsequent actions, have taken place following an incident.

When to raise a safeguarding concern

- If there is suspicion the fall was as a result of abuse or neglect by another person
- Repeated falls despite preventative advice: risk has not been managed effectively
- Fall as a result of advice and risk assessments not being in place or not being followed and harm occurs
- Where there is anything other than a minor injury which is unexplained and/or,
- Where a person has sustained an injury and medical attention has not been sought

- Where a person has repeated unexplained injuries that may or may not be related to a fall

Other circumstances in which it may be appropriate to refer to safeguarding and/or the Strategic Commissioning Team:

- Medications not being given on time resulting in a fall/injury
- A fall as a result of safety equipment not in working order or not in place following an assessment of need
- Environmental hazards – poor lighting, clutter
- Members of staff not receiving training in falls management and/or not adhering to protocol
- Supervision levels not being sufficient to ensure safety resulting in falls

It is not a requirement that a safeguarding concern should be raised in respect of ‘unwitnessed falls’. The important issue is each individual incident needs to be considered according to the unique factors of the case and professional judgement made. A risk assessment and post fall protocol for observations has been followed then it is not necessary to raise a concern.

Appendix 5

Financial Abuse Guidance

All financial concerns must be recorded and reported using the appropriate procedures but not all concerns will safeguarding issues.

The Care Act definition includes having money stolen, being defrauded, being put under pressure in relation to money or property and having money or other property misused. The elderly and vulnerable are particularly targeted for a range of fraud offences and whilst all will cause significant emotional and financial harm. Most adults will not have care and support needs and they will be empowered to use and manage their own money and finances as they see fit. In these instances normally advice will have to be from financial institution, legal, police or voluntary organisations.

Within regulated care settings again if there are no concerns regarding an individual's capacity to manage finances then support should not override access to their money to spend as they decide. If there are doubts about mental capacity, the MCA Code of Practice must be applied. All staff involved should be aware of relevant procedures in place for residents to access their finances and be provided with training. Care plans should reflect any changes in the individuals capacity to manage their finances, or if there are concerns about how someone else supporting them is doing so. Record under what framework that support with finances is being provided, for example Lasting Power of Attorney (property and finance), Enduring Power of Attorney, Appointeeship or Court Appointed Deputy.

The CQC, as part of inspection process, will require written evidence to confirm that internal reviews, including subsequent actions, have taken place following an incident.

When to raise a safeguarding concern

- If there is suspicion that financial or material abuse was by a person in a posiotntion trust
- An individual has suffered significant financial and/or material loss on a single occasion or over a period of time.
- An individual has been subject of coercive or controlling behaviour by another resulting in financial and/or material loss
- An individual has been deliberately targeted and exploited because of their care and support needs
- All suspicions or incidents of criminal acts involving financial and/or material abuse must also be reported to the Police
- Where there is uncertainty around financial abuse i.e. whether money or possessions have been misplaced, lost or stolen, a safeguarding concern should not be raised as an alternative to reporting the incident to the Police. A judgement will be required, and if the conclusion is that a criminal act may have been committed the matter should be referred to the Police for investigation.

When a safeguarding alert is not required

- Where there are concerns or suspicions involving a Lasting Power Of Attorney, Enduring Power of Attorney or a Court Appointed Deputy not discharging their duties appropriately. These should be raised directly with the Office of the Public Guardian
- Suspicions or concerns involving a Department for Work and Pensions (DWP) appointee should, in the first instance, be reported to the Department for Work and Pensions.
- Individuals who respond to a random leaflet drop or doorstep seller, receive a poor service and no redress from the provider of the service despite having made a complaint. These incidents should be directed to Trading Standards
- Individuals, who understand the potential risk and consequences of engaging in risk taking behaviour involving financial transactions i.e. paying for sex or purchasing drugs. Regular review of capacity around specific decisions may need to be undertaken along with repeated discussions around the risks. Also providing relevant information and signposting as appropriate
- Carers benefitting in a way that does not involve abuse of money i.e. collecting service users reward points or benefitting from two for one offers which should remain the property of the service user.
- Self-funding individuals, in a residential placement, accruing debts regarding their care charges. A referral should be made to Adult Social Care for a review of the person's needs and current financial circumstances.

MCA Code of Practice: https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice

Office of the Public Guardian: opg.safeguardingunit@publicguardian.gsi.gov.uk

DWP: https://www.gov.uk/browse/births-deaths-marriages/lasting-power-attorney

Think Jessica: Charity committed to protecting elderly and vulnerable people from fraud. https://www.thinkjessica.com/

Blackburn Trading Standards: http://blackburnwithdarwen.tradingstandards.uk/

Appendix 6

How to manage Unsafe/Adverse Hospital Discharge and when to consider a referral to the Safeguarding Team

The embedded document has been developed in conjunction with Acute Trust Safeguarding Leads, LSAB Board Managers, Adult Social Care Representatives and Clinical Commissioning Groups across Lancashire.

It provides advice for when a safeguarding concern should or should not be raised regarding unsafe and/or unsatisfactory hospital discharge.

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