Safeguarding Adults Executive Board

Referring a Safeguarding Adults Concern: Practice Guidance

Putting into local practice the Local Government Association (LGA) guidance "Understanding what constitutes a safeguarding concern and how to support effective outcomes"

Document Properties	Version Detail
Document owners	Safeguarding Adults Executive Board (for The Royal Borough of Kensington and Chelsea, and Westminster City Council).
Document authors	Delyth Shaw, Strategic Safeguarding Manager, Bi-Borough Adult Social Care Jane Royes, Principal Social Worker, Bi-Borough Adult Social Care Frank Butau, Trust Lead for Safeguarding Adults and Learning Disabilities, Royal Brompton and Harefield NHS Foundation Trust
Version	2 – July 2023
Previous version	
Review plan	Annual review or as additions / amendments are required
Review date	July 2024

Contents

1. Introduction

1.1 This guidance supports those working with adults across a range of agencies (including statutory organisations, provider services and the voluntary and community sector) to have a shared understanding and consistent approach in identifying and reporting safeguarding concerns when it is appropriate to do so.

1.2 The guidance is informed by the frameworks produced by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) developed to support multi-agency practice in relation to understanding, reporting and recording safeguarding concerns, and whether a reported concern requires an enquiry under Section 42 of the Care Act 2014. This guidance should therefore be read in conjunction with:

Understanding what constitutes a safeguarding concern and how to support effective outcomes

Making decisions on the duty to carry out safeguarding adults' enquiries

1.3 This practice guidance should also be read in conjunction with the Care and Support Statutory Guidance and the London Multi-Agency Adult Safeguarding Policy and Procedures.

2. Key considerations when referring an adult safeguarding concern

2.1 Decision making in relation to adult safeguarding is a complex area of practice. It is important to always consider the individual circumstances of each situation and use professional judgement when deciding on the best course of action.

2.2 Safeguarding is a process which supports the management of risk and as such is integral to effective professional practice. Any practitioner raising a safeguarding concern has a key role to play, not just at the point of raising the concern, but in providing additional information to support decision making in respect of the referral and being involved throughout the enquiry process.

2.2 Effective Information sharing is vital in adult safeguarding, and clear and accurate incident reports are an essential part of good communication. All incidents of concern must be recorded and reported using the appropriate procedures, but not all incidents will constitute a safeguarding concern.

It is important to consider in the first instance whether someone is in immediate danger or has been subjected to a crime:

- **Medical treatment should always be sought where necessary via 999 in an emergency or via NHS 111.**
- **Criminal acts must always be reported to the police via 999 in an emergency or 101.**
- **If a child is identified to be at risk of harm, contact the relevant Children's Services department in Kensington and Chelsea or Westminster.**

2.3 When you are raising an adult safeguarding concern, you need to consider how the person you are referring meets the criteria set out under Section 42(1) of the Care Act 2014:

a) Has care and support needs (whether or not the local authority is meeting any of those needs / does not have to be in receipt of services), and;
b) Is experiencing, or at risk of abuse or neglect, and;
c) As a result of their care and support needs is unable to protect themselves.

2.4 The LGA guidance notes there is considerable complexity and time involved in deciding whether there is reasonable cause to suspect that, as a result of care and support needs the adult is unable to protect themselves against the abuse or neglect (part c of the Section 42 criteria). The LGA framework therefore suggests that it is appropriate to raise a safeguarding concern where criteria (a) and (b) are indicated. A flowchart to support decision-making as to whether to raise a safeguarding concern can be found at Appendix 1.

2.5 You should always seek advice from your line manager and/or your organisation's safeguarding lead if you are raising a safeguarding concern. You can also contact the Adult Social Care (ASC) Information and Advice Teams in Kensington and Chelsea or Westminster for advice.

2.5 Good record keeping is key. Ensure you record all discussions that have taken place with the adult and/or their representative clearly, along with your actions and rationale for raising a concern / your decision.

2.6 Key questions to consider when raising a concern can be found at Appendix 2.

2.7 A matrix to support decision-making according to type of abuse is located at Appendix 3.

3. Making Safeguarding Personal - consent and consultation

3.1 A Making Safeguarding Personal (MSP) approach is about ensuring adults have their right to make decisions about their own lives. As a general principle, no action should be taken for, or on behalf of an adult without first obtaining their consent. Good practice is to make every effort before raising a safeguarding concern to identify the adult's views as to what happened, what action they would like to be taken in response to the concern and their agreement to a concern being raised, unless doing so is likely to increase the risk to the adult or put others at risk.

3.2 However, consent is not essential when deciding whether safeguarding concerns should be raised. There are circumstances in which consent may need to be overridden, including:

- When the adult is at significant risk of harm.
- When it appears the adult's decision to withhold consent is related to them experiencing undue influence, coercion or intimidation.
- When there is risk to others, such as children or other adults with care and support needs.
- When a criminal offence has taken place.
- When action is needed in the public interest, such as where a member of staff working in a position of trust is implicated in the concern.

3.3 In these situations, unless there is good reason not to do so, the adult should be:

- Advised what information will be shared, with whom and the reasons why.

- Assured that their views and wishes will be respected as far as possible by the local authority and other agencies involved.
- Provided with relevant information regarding what steps the local authority will take on receipt of a safeguarding concern.

3.4 When raising a safeguarding concern, the adult's mental capacity must be considered in relation to:

- Understanding the nature of the concern and the implications of the situation.
- Understanding their ability to take action to address the concerns themselves (or with support) to prevent abuse or neglect.
- Participating in decision-making about the safeguarding concern to the fullest extent possible.

3.5 If an adult is assessed to lack the mental capacity to understand and make decisions in relation to the safeguarding concern, practitioners have a duty to act in their best interests in accordance with the Mental Capacity Act 2005.

4. The interface between safeguarding, quality issues, complaints, and disciplinary processes

4.1 Section 14.9 of the Care and Support Statutory Guidance is clear that safeguarding is not a substitute for:

- The responsibility of providers to provide safe and high-quality care and support.
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services.
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or taking enforcement action.

4.2 It is important to note that issues relating to poor quality or practice of a service may not involve abuse or neglect, and in these instances alternative actions to raising a safeguarding concern need to be considered in the first instance. This may involve consideration of whether incidents may need to be reported to the CQC / local authority commissioners / local authority quality assurance team or that processes relating to complaints or disciplinary procedures should be followed.

Managing allegations against people working in positions of trust

4.3 The Care Act requires the local authority, its relevant partners and those providing care and support services to have clear policies in place for dealing with allegations or safeguarding concerns related to anyone working or volunteering in a position of trust. These policies should clearly distinguish between an allegation, a practice concern, a complaint and a quality issue. All services have a responsibility to take action when allegations are made against an employee or volunteer working in their organisation.

5. The local authority's response and decision-making to carry out an enquiry

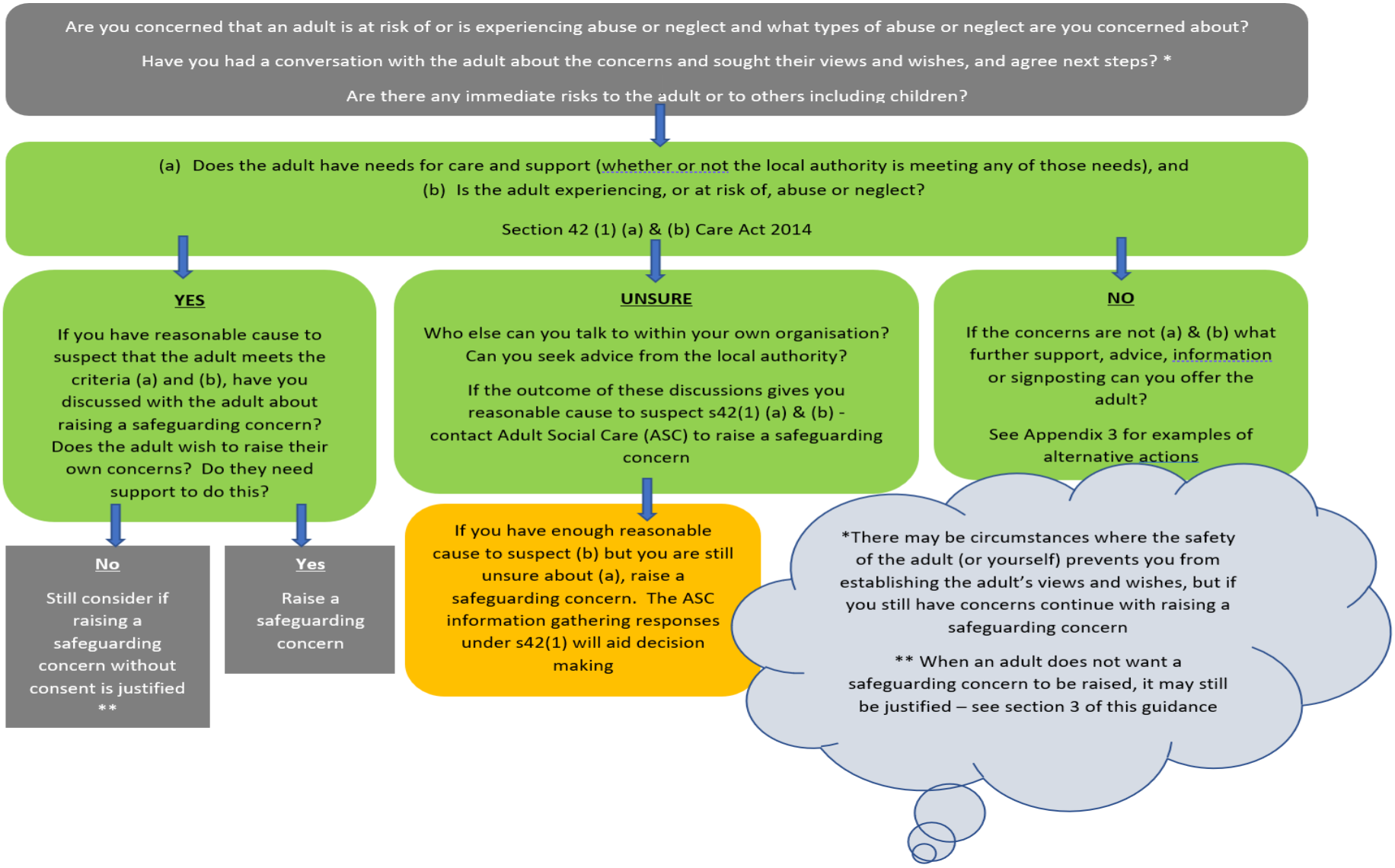
5.1 When the local authority receives a safeguarding concern, they will work with the adult and / or their representative and partner agencies to gather information to determine if there is reasonable cause to suspect that the statutory criteria under Section 42(1) are met – as set out at point 2.3.

5.2 Not all safeguarding concerns raised will meet the criteria for a safeguarding enquiry to proceed. If the criteria are not met, the local authority will consider other appropriate pathways for addressing risk and accessing support, which may include:

- Arranging for an assessment of the adult's needs for care and support or for a carer's assessment.
- Referring for other health services, such as community health services or mental health support / counselling.
- Linking in with local authority contracts monitoring services / quality assurance teams or the CQC regarding issues relating to quality of care.
- Referring concerns relating to criminal activity to the police.

5.3 The London Multi-Agency Adult Safeguarding Policy and Procedures sets out that providing feedback to the person who has raised a safeguarding concern is essential and provides assurance around whether action has been taken under adult safeguarding or not (Section 4.3.6, page 58). Good practice is for the referrer to directly follow up the safeguarding concern to support effective partnership working.

Appendix 1: Raising safeguarding concerns flowchart



Appendix 2: Key questions to be considered for all potential safeguarding concerns

- Does the person have care and support needs?
- How long has the alleged abuse or neglect been occurring?
- What is the seriousness or impact of the harm on the individual?
- Are the incidents increasing in frequency and / or severity, or are there patterns of abuse?
- What is the person's view in relation to the identified risks and actions they would like to be taken to address these risks?
- Has the person's mental capacity been considered, and their ability to understand what has happened and how they wish to respond to the concern(s)?
- Does the person have any conditions or circumstances that may cause them to be unable to protect themselves from suspected abuse or neglect? This might include physical or mental health needs, the impact of trauma, or cognitive impairments such as brain injury.
- Have there been any previous concerns about the person thought to be the cause of risk or are they are in a position of trust?
- Does the concern relate to family or friends in caring roles? If so, consider whether the risk of abuse or neglect may be connected to their caring role.
- Does the concern relate to the actions of other individuals? For example, issues such as anti-social behaviour or self-neglect may be caused by the impact of coercion, control, undue duress or other forms of exploitation.
- Are there any other adults at risk?
- Are there children also at risk? If so, contact the relevant local authority Children's Services department.

Appendix 3: Safeguarding concerns – decision-making matrix

The support tool below provides guidance to assist with risk assessment and decision making in respect of safeguarding concerns. **It is not a substitute for professional judgement**. Advice should always be sought from your line manager and/or organisation's safeguarding lead, as well as contacting the local authority for consultation where there is uncertainty.

Guide to using the matrix:

Green **Non-reportable**	a lower-level incident where the adult has no identified care and support needs, and / or concern where the criteria for a safeguarding enquiry is unlikely to be met – and as such should not be reported as a safeguarding concern. The incident should be recorded in line with internal organisational procedures and action taken to resolve.
Amber **Requires consultation**	the incident or concern should be recorded in line with internal organisational procedures. Consultation should take place with your organisation's safeguarding lead, taking into account relevant internal policies and procedures and the London Multi-Agency Adult Safeguarding Policy and Procedures. Take actions to reduce risk and consider whether consultation with the local authority is also necessary.
Red **Reportable**	it is likely that the concern will meet the criteria for a safeguarding enquiry, and it should be reported to the local authority.

It is important that following any incident a review should be undertaken and an action plan put in place to ensure lessons are learnt and the risk of the incident being repeated is reduced. The Care Quality Commission (CQC), Contracts or Commissioners may ask to see evidence of this work. It is also important to review all incidents in the context of those previously recorded as a series of similar incidents may meet the criteria for raising a safeguarding concern.

Possible alternative actions:

For all safeguarding concerns, the following possible alternative actions should be considered at every stage. These are offered as examples only and should not be considered exhaustive.

- Refer criminal acts to the police via 101 or 999.
- Referral to community health services – for example for GP or community nursing or mental health support.
- Review of existing care plans / risk assessments.
- Referral to Adult Social Care (ASC) for care and support assessment or carers assessment.
- Referral to Occupational Therapy or Physiotherapy – for example for falls prevention or equipment needs.
- Referral to London Fire Brigade for a home fire safety check.
- Review of internal staff training in relation to specific areas of practice – this could be for example regarding de-escalation techniques or moving and handling.
- Information around expected standards of conduct, respect and dignity.
- Follow agency's internal complaints process or where there are issues relating to a council service, or service commissioned by the council contact the relevant local authority's complaints team in Kensington and Chelsea or Westminster.
- Consider relevant disciplinary processes, including consideration where relevant of referrals to the Disclosure and Barring Service (DBS) or other relevant professional body.
- Share information with the CQC and/or the local authority's commissioning and quality assurance teams.
- Review own policies and procedures relating to specific types of abuse, to ensure they are compliant with the requirements of the Care Act 2014, Mental Capacity Act 2005 and other relevant legislation.
- Review staffing arrangements.
- Referral to mediation services.

The following categories of abuse not covered within the decision-making matrix:

(1) Self-neglect and hoarding

Ordinarily concerns about self-neglect and hoarding may not prompt a Section 42 enquiry, and approaches to supporting adults should be informed by the existing self-neglect and hoarding policies in place in Kensington and Chelsea, and Westminster. In situations in which risks relating to self-neglect and hoarding remain of concern and cannot be managed do consult the local authority as to whether an escalation to use a safeguarding process is required.

Cases involving self-neglect and hoarding are often highly complex and consultation and effective joint working with the local authority is key in such cases.

(2) Organisational abuse / Provider concerns process:

As set out within the London Multi-Agency Adult Safeguarding Policy and Procedures, the approach to dealing with issues relating to poor practice and neglect within the practices of provider services is via the Provider Concerns process.

(3) Modern Slavery and exploitation:

Modern slavery is deemed to be a serious crime. Concerns relating to modern slavery can be reported to Adult Social Care (ASC) and must be reported as a safeguarding concern when the adult appears to meet the criteria set out under Section 42 of the Care Act. ASC are also First Responders under the National Referral Mechanism (NRM), and can complete NRMs for adults who may be experiencing, or have experienced, modern slavery in the Bi-Borough.

More information on modern slavery can be found on the Kensington and Chelsea or Westminster webpages, or through the local directory of modern slavery services.

Decision-making matrix

Below are frameworks for the remaining seven categories of abuse and neglect identified in the Care Act, followed by additional guidance in specific areas in which safeguarding concerns are frequently raised. These include:

- pressure ulcers
- falls
- medication errors
- incidents between adults in a service.

For all incidents consideration should also be given as to whether the police or other emergency services need to be contacted.

NEGLECT AND ACTS OF OMISSION

Ongoing failure to meet a person's basic physical or psychological needs

NB: Please also refer to separate guidance sections in this document in relation to falls, pressure ulcers and medication errors

Non-reportable	Requires consultation	Reportable
• Appropriate care plan in place but care needs not fully met, such as incontinence needs not met on one occasion, but no significant harm or distress occurs. • Isolated missed home visit where no significant harm occurs, and no other individual visits are missed. • Isolated incident of a person not supported with food / drink and reasonable explanation provided.	• Recurrent missed home care visits where risk of harm escalates, or one missed visit where significant harm occurs. • Discharge from hospital where harm or potential harm occurs but re-admission is not required. • Carer unable to continue in caring role and at risk of breakdown. • Risk cannot be managed appropriately with current professional oversight or universal services. • Repeated health appointments missed due to unmet needs.	• Continued failure to adhere with care plan. • Lack of action resulting in serious injury or death. • Failure to arrange access to life-saving services or medical treatment. • Ongoing lack of care to the extent that health and wellbeing deteriorate significantly (e.g., dehydration, malnutrition, loss of independence). • Missed, late or failed visit/s where the provider has failed to take appropriate action and harm has occurred. • Discharge from hospital without adequate planning and where significant harm occurs.

PHYSICAL ABUSE

The act of causing harm to someone else

NB: Please also refer to separate guidance sections in this document in relation to falls, pressure ulcers and medication errors

Non-reportable	Requires consultation	Reportable
• Error by staff causing no or little harm (e.g., an ill-fitting hoist is used). • Light marking or bruising found on an isolated occasion which can be explained and where the person is not distressed. • Unexplained very light marking or bruising found on a single occasion. • Appropriate moving and handling procedures not followed on a single occasion and with minimal or no harm caused.	• Unexplained marking, bruising, lesions, minor cuts, or grip marks on several occasions or on several people cared for by the same team or carer. • Repeated incidents / patterns of similar physical injuries. • Rough or inappropriate handling or restraint that causes marks to be left but no external medical treatment / consultation required. • Risk cannot be managed appropriately with current professional oversight. • Non-intentional harm or deprivation of liberty by formal or informal carers. • Carer unable to continue in caring role and at risk of breakdown.	• Physical assaults or actions that result in significant harm or ongoing emotional distress caused to the person. • Intended harm towards a person. • Deliberate withholding of food, drinks, or aids to independence. • Deliberate force-feeding food or drinks • Unexplained fractures / serious injuries. • Assault by another person requiring medical treatment, including hate or mate crime. • Rough or inappropriate handling or restraint that causes marks to be left and the person appears fearful or distressed. • Unexplained significant injuries. such as fractures.

DOMESTIC ABUSE

Any incident of domestic abuse as defined under the Domestic Abuse Act 2021 by people aged 16 or over who are personally connected. This can include physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic, psychological or emotional abuse. **For all situations involving allegations of domestic abuse completion of a Domestic Abuse, Stalking and Harassment Risk Identification Checklist (DASH RIC) should be considered.**

Non-reportable	Requires consultation	Reportable
• Adult has capacity and no vulnerabilities / current fears identified. • DASH RIC assessment has identified standard or lower risk and adequate protective factors are in place. • The adult has been referred to and is engaging with specialist domestic abuse services. • The victim / survivor's contact with perpetrator has ceased, with no concerns this will be re-established (it should be noted that the end of a relationship or ceased contact can increase the risk of serious harm and domestic homicide).	Where there is harm or risk of harm relating to domestic abuse and / or coercion and control **always** consider raising a safeguarding concern.	• Recurrent patterns of violent and coercive / controlling behaviour, including verbal and physical assault. • Unexplained marks or injuries on several occasions, such as bruising, cuts, fractures. • Sexual activity without valid consent. • Continues to reside with or have contact with the perpetrator. • Escalation of concern for safety. • Isolation from seeing friends and family or support services. • Disengagement from domestic abuse and / or other support services. • In constant fear of being harmed. • Denial of access to medical treatment or care. • Stalking or harassment. • Forced marriage / FGM.

Additional alternative actions to consider:

- When children are present **always** made a referral to Children's Social Care.
- Refer to the Angelou Partnership, specialist domestic abuse service.
- Consider relevance of Clare's Law.

SEXUAL ABUSE

When an adult is forced or persuaded to take part in sexual activities when they do not or cannot consent to this. It does not have to be physical contact and can happen online.

Non-reportable	Requires consultation	Reportable
• Isolated incident of teasing or unwanted attention, either verbal or physical (but excluding genitalia), where the effect on the person is minimal and no distress is caused. • Isolated incident of teasing or low level unwanted sexualised attention (verbal or by gestures) directed at one adult by another whether capacity exists - no harm or distress caused.	• Non-contact sexualised behaviour which causes distress to the person at risk. • Verbal sexualised teasing or harassment. • Being subject to indecent exposure where the person does not appear to be distressed. • Two adults who lack capacity to consent to a sexual relationship engaging in sexual activity where there is no distress to either person.	• Any concerns about sexual misconduct relating to a person working in a position of trust. • Concerns around grooming or sexual exploitation either in-person or online (e.g., made to look at sexually explicit material against their will or where consent cannot be given). • Any sexual act or behaviour without valid consent or where there is pressure to consent. • Contact or non-contact sexualised behaviour which causes distress. • Any sexual violence or activity within a relationship characterised by authority, inequality, or exploitation, e.g., receiving something in return for carrying out sexual act. • Female Genital Mutilation (FGM) - for females under 18 contact Children's Services.

Additional alternative actions to consider:

- Education around safe sexual relationships and conduct
- Increased monitoring for specified period.

- Contact with specialist sexual health services or domestic abuse services, such as the Angelou Partnership.

PSYCHOLOGICAL OR EMOTIONAL ABUSE Ongoing psychological or emotional maltreatment.		
Non-reportable	**Requires consultation**	**Reportable**
• Isolated incident where a person is spoken to in a rude or inappropriate way – respect is undermined but no significant distress is caused. • Occasional taunts or outbursts between two people using a service that do not cause distress or harm. • Isolated withholding of information from a person where this is not intended to disempower them and has no impact.	• Treatment that undermines dignity and damages esteem. • Repeated incidents of denying or failing to recognise an adult's opinions, views, and choices – particularly in relation to their care and support needs. • Taunts, mocking or outbursts which cause distress. • Withholding of information from a person that disempowers them but there is a minor impact.	• Any concerns about psychological or emotional abuse relating to a person working in a position of trust. • Denial of basic human rights / civil liberties, the over-riding of an advance directive, forced marriage, 'honour based' violence and FGM. • Prolonged intimidation or humiliation. • Vicious / personalised verbal attacks. • Emotional blackmail, e.g., threats of abandonment / harm. • Withholding of information to dis-empower that has a significant impact. • Concerns relating to cuckooing, hate or mate crime.
Additional alternative actions to consider: • Refer to the Angelou Partnership, specialist domestic abuse service.		

DISCRIMINATORY ABUSE OR HATE / MATE CRIME

Ill-treatment experienced by people based on age, disability, gender, gender re-assignment, marriage / civil partnership, pregnancy, maternity, race, religion and belief, sex or sexual orientation.

Non-reportable	Requires consultation	Reportable
• Isolated incident when an inappropriate prejudicial remark is made to an adult and no distress is caused. • Care planning that fails to address an adult's culture and diversity needs for a short period but where the issue(s) are being addressed.	• Recurring discriminatory remarks / taunts motivated by prejudicial attitudes with no significant harm. • Recurring failure to meet specific care / support needs associated with equality and diversity that causes minimal or no distress. • Neighbourhood disputes targeting an adult with care and support needs. • Service provision does not respect equality and diversity principles. • Denial of civil liberties (e.g., making a complaint or being able to vote).	• Any concerns about discriminatory abuse relating to a person working in a position of trust. • Hate crime resulting in injury / medical treatment / fear for life. • Honour based violence. • Inequitable access to service provision due to prejudice and / or a lack of equality and diversity. • Recurring failure to meet specific care and support needs associated with prejudice and / or a lack of equality and diversity that causes distress.

Additional alternative actions to consider:

- Refer to Equality Act government guidance.
- Review equality and diversity policies and staff training.
- Discussions with relevant police unit e.g., PREVENT, CHANNEL.

FINANCIAL OR MATERIAL ABUSE

The unauthorised and improper use of funds, property or any resources. This includes the use of theft, coercion or fraud to obtain or try to obtain a person's money, possessions or property.

Non-reportable	Requires consultation	Reportable
• Failure by relatives to pay care charges where no harm occurs, and the person receives personal allowance or has access to other personal monies. • Isolated incident of missing belongings, small amount of money where there is no indication of theft / abuse. • Money is not recorded safely or properly but immediate actions have been taken to rectify this. • Isolated incident where a person is not involved in a decision about how their money is spent or kept safe, and concern is addressed. • Unwanted cold calling / doorstep visits and Trading Standards notified.	• A person's monies kept in joint bank account with unclear arrangements for equitable sharing of interest. • High level of visitors, telephone calls or online contact the person appears unable to say "No". • Falling behind on rent or mortgage payments, property maintenance costs, utility charges or care charges where there should be sufficient funds in place. • Adult not routinely involved in decisions about how their money is spent or kept safe – and without sufficient consideration of capacity. • Adult has no access to own funds and no evidence of items being purchased for them. • Non-payment of client contribution or care fees putting the adult's care at risk.	• Any concerns relating to a person working in a position of trust. • Misuse or misappropriation of the person's finances, property and / or possessions. • Personal finances or possessions removed from the person's control without legal authority. • Suspected fraud / exploitation relating to benefits, income, property, or legal documents. • A person being coerced or misled into giving over money or property including cuckooing, hate or mate crime.

Additional alternative actions to consider:

- Seek advice from Citizens Advice Bureau.
- Contact Office of Public Guardian / Department of Work and Pensions.
- Report to Trading Standards.
- Refer to the Angelou Partnership, specialist domestic abuse service.

PRESSURE ULCERS

Pressure ulcers are injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin.

Non-reportable	Requires consultation	Reportable
Single or isolated incident of Category 1 or 2 pressure ulcer. Category 3 and 4, unstageable and suspected deep tissue injury, or multiple Category 2 pressure ulcers where: • A comprehensive care plan is in place and action is being taken. • Other relevant professionals are involved such as Tissue Viability Nurses. • There are no other indicators of abuse or neglect or unexplained deterioration. • Where assessment indicates that the pressure ulcer is deemed an unavoidable consequence of the adult's medical condition, immobility etc and all appropriate actions have been taken to manage.	Category 3 or 4 pressure ulcers, unstageable and suspected deep tissue injury pressure ulcers, or multiple Category 1 and 2 pressure ulcers, where: • The care plan is not comprehensive and / or has not been fully implemented. • Deterioration has taken place without explanation – e.g., Category 2 has been re-categorised as a Category 3 to 4 ulcer. • It is not clear that professional advice or support has been sought at the appropriate time such as from Tissue Viability Nurses. • There are other similar incidents of concerns. • There are possible other indicators of neglect.	Category 3 or 4, unstageable and suspected deep tissue injury, where: • The person has not been assessed as lacking capacity and treatment and prevention has not been provided. • No risk assessment and / or care plan completed or of very poor quality. • There are other incidents of abuse or neglect. • Evidence demonstrates that this is part of a pattern / trend. • A root cause analysis or investigation has been commenced or is in progress that has identified abuse or neglect.

Additional alternative actions to consider:

- Please note as of 26/06/2023 the Department of Health and Social Care's Pressure Ulcer: Safeguarding Adults Protocol has been withdrawn pending future updates. Practitioners and managers should refer to local pressure ulcer procedures.
- Refer to the NICE Guidance on Pressure Ulcers: Prevention and Management.
- Share information with GP, District Nurses and other relevant health professionals, such as a Tissue Viability Nurse.

- Refer to Occupational Therapy for District Nurses for an assessment of specialist equipment needs.

FALLS

Some people who are frail or have mobility problems may be at greater risk of falling. A fall does not automatically indicate neglect and each individual case should be examined to understand the context of the fall

Non-reportable	Requires consultation	Reportable
An isolated fall, or more than one fall, where no harm has occurred and: • There is a reasonable explanation as to why this occurred. • A care plan and / or risk assessment is in place and being adhered to. • Actions are being taken to minimise further risk. • Other relevant professionals have been notified. • There are no other indicators of abuse or neglect.	Multiple falls have occurred where: • A care plan and / or risk assessment is not in place or has not been fully implemented. • It is not clear that professional advice or support has been sought at the appropriate time (e.g., Falls Prevention Service). • There have been other similar issues or areas of concern. • There may be other indicators of abuse or neglect.	• Any fall resulting in significant injury or death where there is suspected abuse or neglect by a staff member working in a position of trust. • Where a person sustains an injury (other than a very minor injury) which is unexplained or in which appropriate medical attention was not sought. • Repeated falls in which significant injuries have been sustained despite preventative advice having been given.

Additional alternative actions to consider:

- Make a referral to the Falls Prevention Service.
- Refer to the NICE Guidance on Falls in Older People: Assessing Risk and Prevention.

MEDICATION ERRORS Mismanagement / misadministration / misuse of drugs		
Non-reportable	**Requires consultation**	**Reportable**
• Isolated incidents where the person is accidently given the wrong medication, given too much or too little medication or given it at the wrong time but no harm occurs and medical attention is sought. • Isolated incident where no harm is caused but that has not been reported by staff members. • Isolated prescribing or dispensing error by GP, pharmacist or other medical professional resulting in no harm.	• Recurring prescribing, dispensing or administration errors that affect more than one person and result in significant harm, or the risk of significant harm, occurring. • Over-reliance on sedative medication to manage behaviour. • Covert medication administration without due consideration of consent and capacity, correct recorded decision-making and authorisation. • Misuse of / over-reliance on sedatives and / or anti-psychotropic medication to control behaviour.	• Any medication error causing significant harm, where medical attention is required, or where death occurs. • Deliberate maladministration of medicines (e.g., sedation) or failure to follow proper procedures, including reporting of medication errors. • Pattern of recurring errors or an incident of deliberate maladministration. • Deliberate falsification of records or coercive / intimidating behaviour to prevent reporting. • Insufficient or incorrect medication policies and procedures in place.
Additional alternative actions to consider: • Consider need for investigative process or review, for example under Patient Safety Incident Response Framework (PSIRF).		

INCIDENTS BETWEEN ADULTS IN A SERVICE

Incidents between adults in a service can include any interaction involving two or more adults in any setting, involving physical, psychological / emotional, sexual, financial, or discriminatory abuse or behaviour, which results in the risk of harm, or actual harm.

Non-reportable	Requires consultation	Reportable
Isolated incident between people using a service where no significant harm has occurred, and actions are undertaken to minimise the risk of reoccurrence. **OR** More than one incident where no significant harm occurs, and: • A comprehensive care plan and / or risk assessment is in place and being adhered to. • Action is taken to minimise further risk. • Other relevant professionals have been notified. • There are no other indicators of abuse or neglect.	• Any incident between people using a service in which medical attention or attendance at hospital is required. • Multiple incidents where the person lacks capacity and is unable to take action to protect themselves. • There have been other similar incidents involving the same perpetrator or areas of concern. • Concerns over escalation of behaviours between identified individuals. • The care plan has not been implemented. • It is not clear that professional advice or support has been sought at the appropriate time.	• Any incident resulting in intentional or intended harm or risk of harm to the person, including hate crimes. • Any incident where a weapon or other object is used with the intention to cause harm. • Repeated incidents where the person lacks capacity and is unable to protect themselves. • The victim is, or appears, fearful in the presence of the other person or is adapting their behaviour to pacify or avoid the other person. • Any sexual act or behaviour without valid consent.

Additional alternative actions to consider:

- Consider need for investigative process or review, for example under Patient Safety Incident Response Framework (PSIRF).