

Guidance for Safeguarding Concerns

Lancashire Safeguarding Adults Board



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Contents

| | |
|---|----------|
| Guidance for Safeguarding Concerns | 2 |
| Responding to concerns | 4 |
| Decision Making Guidance | 4 |
| Guidance by type of abuse | 5 |
| Physical Abuse | 5 |
| Sexual Abuse..... | 6 |
| Psychological/Emotional Abuse | 7 |
| Financial or Material Abuse..... | 8 |
| Neglect & Acts of Omission..... | 9 |
| Organisational Abuse..... | 10 |
| Discriminatory Abuse | 11 |
| Modern Slavery..... | 12 |
| Domestic Abuse..... | 13 |
| Self-Neglect | 13 |
| Pressure Ulcers; Falls and Medication | 14 |
| Pressure Ulcers..... | 14 |
| Falls | 14 |
| Medication..... | 15 |

Lancashire Safeguarding Adults Board

Guidance for Safeguarding Concerns

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.

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.

The Care Act 2014 has introduced the requirement to record additional categories of abuse such as Female Genital Mutilation, Modern Slavery, Self-neglect, So called Honour Based Violence and Domestic Abuse. It should be noted that these categories may be seen within other categories of abuse.

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. Local authorities have new safeguarding duties. They must:

- **Lead a multi-agency local adult safeguarding system** that seeks to prevent abuse and neglect and stop it quickly when it happens;
- **Make enquiries, or request others to make them**, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed;
- **Establish Safeguarding Adults Boards**, including the Local Authority, NHS and Police, which will develop, share and implement a joint safeguarding strategy;
- Ensure and support the Lancashire Adult Safeguarding Board in carrying out **Safeguarding Adults Reviews** when someone with care and support needs dies or suffers serious injury as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them;
- **Arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

Principles

This guidance is underpinned by the principles of safeguarding and the Mental Capacity Act 2005. Making Safeguarding Personal must also be applied in all decision making 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.

Guidance

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

It is important that the guidance document and appendices are read in full to best support decision making.

Decision making can be complex, often an incident may consist of several types of abuse which must be factored into 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 an error, and may be a quality of care issue.

This Guidance for Safeguarding Concerns document should be seen as a **support tool** to assist in managing risk for safeguarding concerns, it should be used in conjunction with providers and practitioners own multi-agency procedures and has been produced to:

- Offer consistency;
- Provide a framework that allows multi-agency partners to manage risk;
- Assist in differentiating between quality issues and safeguarding risk.

The intention of the guidance is to help providers and practitioners identify the levels of support and the response required when a type of abuse is suspected or recognised.

Responses must be directed at preventing vulnerability and risk and promoting the wellbeing of adults at risk of abuse.

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

Key Considerations

- How long has the alleged abuse been occurring for?
- Is there a pattern of abuse?
- Have there been previous concerns relating to the adult at risk, e.g. Anti-social behaviour, hate crime incidents and also concerns in relation to the person alleged to be causing harm?
- Are any other adults at risk?
- Is the situation monitored?
- Are the incidents increasing in frequency and/ or severity?
- Are there children present? If so, consider making a referral to Children's Social Care by contacting Lancashire's Customer Access Service.

Making Safeguarding Personal (MSP)

Whether an incident is low risk and no harm occurs, or high risk, it is important to consider the views of the adult or the adult's 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.

Responding to concerns

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

IT IS IMPORTANT TO CONSIDER IN THE FIRST INSTANCE WHETHER SOMEONE IS IN IMMEDIATE DANGER – OR HAS BEEN THE SUBJECT OF A CRIME:

- **MEDICAL TREATMENT SHOULD ALWAYS BE SOUGHT WHERE NECESSARY VIA NHS 111 OR 999 IN AN EMERGENCY**
- **CRIMINAL ACTS MUST BE REPORTED TO THE POLICE DIAL 101 OR 999 IN AN EMERGENCY**
- **YOU SHOULD ALWAYS SEEK ADVICE FROM YOUR LINE MANAGER OR SAFEGUARDING LEAD IF YOU HAVE A SAFEGUARDING CONCERN AND IF IN DOUBT WHETHER TO RAISE A SAFEGUARDING CONCERN CONTACT THE CUSTOMER ACCESS SERVICE DIRECT SAFEGUARDING LINE 0300 123 6721.**

Decision Making Guidance

- In respect of 'Green' – record the incident and take action to resolve;
- In respect of 'Yellow' – record the incident, consult own agency safeguarding lead/policies and procedures and take actions to reduce the risk and reoccurrence. If necessary, gather more information to determine whether a safeguarding concern should be raised
- In respect of 'Red' – in addition to the above, raise a safeguarding concern with the Customer Access Service (Regulated care providers should also notify the Care Quality Commission).

Examples have been provided of possible actions that should be considered at every stage. These are offered as examples only and should not be considered exhaustive. 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. Where a safeguarding concern is not required, but a notification to the Care Quality Commission is needed, it may be helpful to include a copy of Appendix 1 in the notification detailing and evidencing the actions taken to mitigate risks and prevent a reoccurrence.

A checklist and referral form ([Appendix 1](#)) is available to aid your recording and decision making. It is best practice to use this for every safeguarding concern, including those concerns within the green sections. The checklist and referral form is a method of evidencing the action taken and decision making rationale. You may wish to use your own agency checklist document to evidence the decision made and the actions taken.

Falls guidance is provided: [Appendix 2](#).

Medication guidance is provided: [Appendix 3](#).

Service user incident guidance is provided: [Appendix 4](#).

Financial Abuse is provided: [Appendix 5](#).

Unsatisfactory/Adverse Hospital Discharge is provided: [Appendix 6](#).

Guidance by type of abuse

| PHYSICAL ABUSE This can include, but is not exhaustive to: Assault; Hitting; Slapping; Pushing; Restraint; Inappropriate physical restrictions or handling processes; Female Genital Mutilation (FGM) Also consider Domestic Abuse. See separate section for: Falls / Medication / Pressure ulcers | | |
|--|--|---|
| LOW RISK No harm Isolated incident NOT SAFEGUARDING | MEDIUM RISK Some harm or risk of harm POSSIBLE SAFEGUARDING <i>Gather more information to inform decision making and next steps.</i> | MEDIUM TO HIGH RISK Some or significant harm or risk of harm SAFEGUARDING |
| <p>Risk Indicators:</p> <ul style="list-style-type: none"> No or minor harm has occurred Isolated incident – no or minor harm and minimal impact to the person. Resolved with a proportionate approach taken to reduce a reoccurrence. Internal policies and procedures are MCA and Care Act compliant. Robust recording is in place. Relevant and appropriate risk assessments/action plan in place. Incident not caused by a Person in a Position of Trust. <p>For example: Dispute between service users.</p> <p>Poor handling/ moving technique by an inexperienced informal/family carer.</p> | <p>Risk Indicators:</p> <ul style="list-style-type: none"> Minor marking found, no clear explanation. Repeated incidents/patterns of similar safeguarding concerns. Carer breakdown. Risk can/cannot be managed appropriately with current professional oversight. Incident not caused by Person in a Position of Trust. <p>For example: Rough or inappropriate handling where no intention to cause harm. May include minor injury caused by family carer.</p> <p>Repeated signs of carer stress with reluctance to accept support.</p> | <p>Risk Indicators:</p> <ul style="list-style-type: none"> Unexplained or significant marks, lesions, cuts or grip marks. Where there is concern the standard of care is a contributing factor in resulting harm. Physical assaults or actions that result in significant harm or death. Incident caused by a Person in a Position of Trust. Criminal act is suspected <p>For example: Physical restraint undertaken outside of a specific care plan or not proportionate to the risk.</p> <p>Withholding of food, drinks or aids to independence (where this is not part of a care plan/medical advice).</p> |
| REFER TO ACTIONS BELOW | | RAISE SAFEGUARDING CONCERN WITH CUSTOMER ACCESS SERVICE |
| Actions to consider at every stage: | | |
| <ul style="list-style-type: none"> Criminal acts must be reported to the police dial 101 or 999 in an emergency Referral to Lancashire Wellbeing Service GP appointment re unexplained bruising Request a carers assessment Referral to Occupational Therapy and/or Physiotherapy Staff training re de-escalation/positive behaviour support/moving & handling Use of behaviour charts Referral to Adult Social Care Refer to Domestic Abuse Services for early intervention and support Refer to specific guidance on "Service User to Service User incidents" – Appendix 4 | | |

SEXUAL ABUSE

This can include, but is not exhaustive to: Inappropriate touching; indecent exposure; sexual grooming or exploitation; sexual harassment; sexual teasing or innuendo; being subjected to pornography or witness to sexual acts; non-consensual sexual activity; rape;

Also consider domestic abuse

| <p>Low risk No harm Isolated incident NOT SAFEGUARDING</p> | <p>Medium risk Some harm or risk of harm POSSIBLE SAFEGUARDING <i>Gather more information to inform decision making and next steps.</i></p> | <p>Medium to High risk Some or significant harm or risk of harm SAFEGUARDING</p> |
|---|--|---|
| <p>Risk Indicators:</p> <ul style="list-style-type: none"> No or minor harm has occurred Isolated incident – no or minor harm and minimal impact to the person. Resolved with a proportionate approach taken to reduce a reoccurrence. Internal policies and procedures are MCA and Care Act compliant. Robust recording is in place. Relevant and appropriate risk assessments/action plan in place. No safeguarding concern about a Person in a Position of Trust. <p>For example: Isolated incident when an inappropriate sexualised remark is made to an adult with capacity, there is no disclosure or indication of distress.</p> | <p>Risk Indicators:</p> <p>Where there is harm or risk of harm move directly to 'Red.'</p> | <p>Risk Indicators:</p> <ul style="list-style-type: none"> Concern of grooming or sexual exploitation. Any sexual behaviour directed towards another person who lacks the mental capacity to consent or where there is a wider concern for others. Unexplained bruising in intimate/private areas. Any concerns about a Person in a Position of Trust. Criminal act his suspected <p>For example: Verbal and gestured sexualised teasing that is not an isolated incident.</p> <p>Made to look at or take part in pornographic material/activity where consent is not or cannot be given.</p> |
| <p>REFER TO ACTIONS BELOW</p> | <p>RAISE SAFEGUARDING CONCERN WITH CUSTOMER ACCESS SERVICE</p> | |
| <p>Actions to consider at every stage</p> | | |
| <ul style="list-style-type: none"> Criminal acts must be reported to the police dial 101 or 999 in an emergency Education around safe sexual relationships and conduct. Information for service users around expected standards of conduct Increased monitoring for specified period. Contact with specialist services e.g. police and health Signpost adult at risk to care and support service Awareness training in this complex area Refer to Domestic Abuse Services for early intervention and support Refer to specific guidance on "Service User to Service User incidents" – Appendix 4 | | |

PYSCHOLOGICAL/EMOTIONAL ABUSE

This can include, but is not exhaustive to: Threats of harm or abandonment; deprivation of contact; humiliation; harassment; control; intimidation; coercion; verbal abuse; isolation; radicalisation; Forced Marriage

Also consider domestic abuse

| <p>Low risk No harm Isolated incident NOT SAFEGUARDING</p> | <p>Medium risk Some harm or risk of harm POSSIBLE SAFEGUARDING <i>Gather more information to inform decision making and next steps.</i></p> | <p>Medium to High risk Some or significant harm or risk of harm SAFEGUARDING</p> |
|--|---|--|
| <p>Risk Indicators:</p> <ul style="list-style-type: none"> No or minor harm has occurred. Isolated incident – no or minor harm and minimal impact to the person. Resolved with a proportionate approach taken to reduce a reoccurrence. Internal policies and procedures are MCA and Care Act compliant. Robust recording is in place. Relevant and appropriate risk assessments/action plan in place. Incident not caused by a Person in a Position of Trust. Risks can be managed by current professional oversight or universal services. <p>For example: 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.</p> <p>Informal carer restricts night time drinks in order to manage continence</p> | <p>Risk Indicators:</p> <ul style="list-style-type: none"> Repeated incidents/patterns of similar safeguarding concerns. Carer breakdown. Risk can/cannot be managed appropriately with current professional oversight or universal services. Incident not caused by Person in a Position of Trust. <p>For example: The withholding of information leading to disempowerment but minor impact.</p> <p>Adult being left alone at home, unable to leave where there is no distress or intent to cause harm</p> | <p>Risk Indicators:</p> <ul style="list-style-type: none"> Prolonged intimidation. Denial of Human Rights. Vicious, personalised verbal attacks. Intentional restriction of personal choice or opinion. Incident caused by Person in a Position of Trust. Criminal act is suspected <p>For example: Family member denying a person's right to express their views and wishes which impacts on their wellbeing.</p> <p>Treatment from any person which undermines dignity and damages self-esteem.</p> |

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|-------------------------------|--|
| REFER TO ACTIONS BELOW | RAISE SAFEGUARDING CONCERN WITH CUSTOMER ACCESS SERVICE |
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- Actions to be considered at each stage:**
- Criminal acts must be reported to the police dial 101 or 999 in an emergency
 - Input from Mediation services
 - Information for service users detailing expected standards of conduct
 - Use of behaviour chart
 - Staff training re de-escalation
 - Referral to Adult Social Care for assessment/carers assessment
 - Contact with other services e.g. mental health services
 - Signpost adult at risk to care and support service
 - Awareness training in this complex area
 - Referral to Lancashire Wellbeing service
 - Neighbourhood policing team
 - Housing Association
 - Refer to Domestic Abuse Services for early intervention and support
 - Refer to specific guidance on "Service User to Service User incidents" – Appendix 4

FINANCIAL OR MATERIAL ABUSE

This can include, but is not exhaustive to: Theft; fraud; scams (e.g. telephone, post, and internet); coercion; misuse of finances on someone’s behalf; falsifying financial records.

Also consider domestic abuse

| <p>Low risk No harm Isolated incident NOT SAFEGUARDING</p> | <p>Medium risk Some harm or risk of harm POSSIBLE SAFEGUARDING <i>Gather more information to inform decision making and next steps.</i></p> | <p>Medium to High risk Some or significant harm or risk of harm SAFEGUARDING</p> |
|--|--|---|
| <p>Risk Indicators:</p> <ul style="list-style-type: none"> No or minor harm has occurred. Isolated incident – no or minor harm and minimal impact to the person. Resolved with a proportionate approach taken to reduce a reoccurrence. Internal policies and procedures are MCA and Care Act compliant. Robust recording is in place. Relevant and appropriate risk assessments/action plan in place. Not caused by a Person in a Position of Trust. Risks can be managed by current professional oversight or Universal Services. <p>For example: Incident of staff personally benefiting from the support they offer in a way that does not involve the actual abuse of money.</p> <p>Unwanted cold calling/door step visits.</p> | <p>Risk Indicators:</p> <ul style="list-style-type: none"> Repeated incidents/patterns of similar safeguarding concerns. Risk can/cannot be managed appropriately with current professional oversight or universal services. Incident not caused by Person in a Position of Trust. Incident impacts on person's wellbeing or causes distress. Risk of escalation. <p>For example: Adult not routinely involved in decisions about how their money is spent or kept safe.</p> <p>Failure by relatives to pay care fees/charges where no harm occurs and adult receives personal allowance or has access to other personal monies.</p> | <p>Risk Indicators:</p> <ul style="list-style-type: none"> Significant impact on person's wellbeing. Restricted access to personal finances, property and/or possessions. Incident caused by Person in a Position of Trust. Criminal act is suspected <p>For example: Personal finances removed from adult's control without legal authority.</p> <p>Fraud/exploitation relating to benefits, income, property or legal documents.</p> |
| <p>REFER TO ACTIONS BELOW</p> | <p>RAISE SAFEGUARDING CONCERN WITH CUSTOMER ACCESS SERVICE</p> | |
| <p>Actions to be considered at each stage:</p> | | |
| <ul style="list-style-type: none"> Criminal acts must be reported to the police dial 101 or 999 in an emergency Review own financial policies and procedures Ensure policies and procedures are in line with the Mental Capacity Act 2005 Code of Practice document Re-visit code of conduct policy with staff Training re professional boundaries Report to Lancashire County Council trading standards - www.lancashire.gov.uk/tradingstandards Referral to Adult Social Care for MCA Assessment/Safeguarding Adult Finance Team Neighbourhood Policing Team Contact Office of the Public Guardian – LPA Department for Work and Pensions – Appointee for benefits Refer to Domestic Abuse Services for early intervention and support | | |

NEGLECT & ACTS OF OMISSION

This can include, but is not exhaustive to: Ignoring or failing to respond to medical, emotional or physical needs; failure to provide appropriate care; failure to follow care plan or health advice; failure to comply with a Do Not Attempt Resuscitation (DNAR); failure to provide access to essential services; failure to follow health and safety legislation

Also consider domestic abuse

| <p style="text-align: center;">Low risk No harm Isolated incident NOT SAFEGUARDING</p> | <p style="text-align: center;">Medium risk Some harm or risk of harm POSSIBLE SAFEGUARDING <i>Gather more information to inform decision making and next steps.</i></p> | <p style="text-align: center;">Medium to High risk Some or significant harm or risk of harm SAFEGUARDING</p> |
|---|--|--|
| <p>Risk Indicators:</p> <ul style="list-style-type: none"> No or minor harm has occurred. Isolated incident – no or minor harm and minimal impact to the person. Resolved with a proportionate approach taken to reduce a reoccurrence. Internal policies and procedures are MCA and Care Act compliant. Robust recording is in place. Relevant and appropriate risk assessments/action plan in place. <p>For example: Appropriate care plan in place; care needs not fully met but no harm or distress occurs.</p> <p>Issues or complaints around an adult's admission and/or discharge from Hospital where no harm has occurred.</p> | <p>Risk Indicators:</p> <ul style="list-style-type: none"> Repeated incidents/patterns of similar safeguarding concerns. Carer breakdown. Risk can/cannot be managed appropriately with current professional oversight or universal services. Risk of escalation. Health and wellbeing compromised. <p>For example: Repeated health appointments missed due to unmet needs. Occasionally not having access to aids to independence e.g. services or equipment.</p> | <p>Risk Indicators:</p> <ul style="list-style-type: none"> Gross Neglect. Continued failure to adhere with care plan. Lack of action resulting in serious injury or death. Care plans not reflective of individuals' current needs leading to risk of significant harm. Criminal act is suspected <p>For example: Ongoing lack of care to the extent that health and wellbeing deteriorate significantly resulting in, e.g. dehydration, malnutrition, loss of independence. Missed, late or failed visit/s where the provider has failed to take appropriate action in a timely manner and there is risk of/or significant harm has occurred.</p> |
| <p>REFER TO ACTIONS BELOW</p> | <p>RAISE SAFEGUARDING CONCERN WITH CUSTOMER ACCESS SERVICE</p> | |

Actions to be considered at each stage:

- Criminal acts must be reported to the police dial 101 or 999 in an emergency
- Contact the ward to discuss concerns relating to an unsatisfactory hospital admission and/or discharge,
- Raise formal complaint with the hospital
- Review of internal staffing arrangements
- Consider any quality issues within your organisation
- Staff training re importance of fluid and nutrition
- Request resources in the LCFT hydration toolkit - hydration@lancashirecare.nhs.uk
- Staff training re dignity in care
- Access dignity in care resources from the Social Care Institute for Excellence - <http://www.scie.org.uk/>
- Monitoring visits for a specified period
- Staff mentoring
- Referral to District Nursing Team, Occupational or Physiotherapy or Adult Social Care
- Refer to Domestic Abuse Services for early intervention and support

| ORGANISATIONAL ABUSE This can include, but is not exhaustive to: 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 legislation (e.g.); Mental Capacity Act | | |
|---|--|--|
| Low risk No harm Isolated incident NOT SAFEGUARDING | Medium risk Some harm or risk of harm POSSIBLE SAFEGUARDING <i>Gather more information to inform decision making and next steps.</i> | Medium to High risk Some or significant harm or risk of harm SAFEGUARDING |
| <p>Risk Indicators:</p> <ul style="list-style-type: none"> No or minor harm has occurred. Isolated incident – no or minor harm and minimal impact to the person. Resolved with a proportionate approach taken to reduce a reoccurrence. Internal policies and procedures are MCA and Care Act compliant. Relevant and appropriate risk assessments/action plan in place. Good leadership/management can be demonstrated. <p>For example: Short term lack of stimulation or opportunities for people to engage in meaningful social and leisure activities and where no harm occurs.</p> | <p>Risk Indicators:</p> <ul style="list-style-type: none"> Repeated incidents/patterns of similar safeguarding concerns. Risk can/cannot be managed appropriately with current professional oversight or universal services. Unsafe and unhygienic living environments. Risk of escalation. Health and wellbeing of multiple service users compromised. <p>For example: Care planning documentation not person centred.</p> <p>Denying adult at risk access to professional support and services such as advocacy.</p> | <p>Risk Indicators:</p> <ul style="list-style-type: none"> Widespread, consistent ill treatment. Intentionally or knowingly failing to adhere to Mental Capacity Act. Rigid or inflexible routines leading to service user's dignity being undermined. Punitive responses to challenging behaviours. Criminal act is suspected <p>For example: Lack of privacy during support with intimate care needs.</p> <p>Failure to refer disclosure of abuse.</p> <p>Staff misusing their position of power over service users.</p> |
| <p>Staffing:</p> <p>One off incident of low staffing due to unpredictable circumstances, despite management efforts to address. No harm caused.</p> | <p>More than one incident of low staffing levels, no contingency plans in place. No harm caused.</p> | <p>Single or repeated incident of low staffing resulting in harm to one or more persons.</p> <p>Low staffing levels which result in serious injury or death to one or more persons.</p> |
| REFER TO ACTIONS BELOW | RAISE SAFEGUARDING CONCERN WITH CUSTOMER ACCESS SERVICE | |
| <p>Actions to be considered at each stage:</p> <ul style="list-style-type: none"> Criminal acts must be reported to the police dial 101 or 999 in an emergency Staff training re person centred practice Consider any quality issues within your organisation Consider if there are concerns with clinical competencies of registered nurse(s) Consultation sessions with service users and relatives Promoting Self Advocacy Service with service users Review and refresh the approach to activities Staff training re Mental Capacity Act Staffing Contingency planning/strategy Request review of individual service users Staff training re dignity in care Access dignity in care resources from the Social Care Institute for Excellence - http://www.scie.org.uk/ Review internal policies and procedures including complaints procedure Mentoring and additional support for staff Ensure policies and procedures are in line with the Mental Capacity Act 2005 Code of Practice document Reporting to relevant registration bodies e.g. DBS, NMC, HCPC & CQC | | |

| DISCRIMINATORY ABUSE This can include, but is not exhaustive to: Harassment /slurs rooted in discrimination of protected characteristics; failure to respond to equality and diversity needs; so called honour based violence; hate crime; radicalisation; Female Genital Mutilation (FGM). Also consider domestic abuse | | |
|--|--|---|
| Low risk No harm Isolated incident NOT SAFEGUARDING | Medium risk Some harm or risk of harm POSSIBLE SAFEGUARDING <i>Gather more information to inform decision making and next steps.</i> | Medium to High risk Some or significant harm or risk of harm SAFEGUARDING |
| <p>Risk Indicators:</p> <ul style="list-style-type: none"> No or minor harm has occurred. Isolated incident – no or minor harm and minimal impact to the person. Resolved with a proportionate approach taken to reduce a reoccurrence. Internal policies and procedures are MCA and Care Act compliant. Robust recording is in place. Relevant and appropriate risk assessments/action plan in place. Incident not caused by a Person in a Position of Trust. Risks can be managed by current professional oversight or universal services. <p>For example: Isolated incident when an inappropriate prejudicial remark is made to an adult and no distress is caused.</p> <p>Care planning fails to address an adult’s culture and diversity needs for a short period.</p> | <p>Risk Indicators:</p> <ul style="list-style-type: none"> Repeated incidents/patterns of similar safeguarding concerns. Risk can/cannot be managed appropriately with current professional oversight or universal services. Risk of escalation. Incident not caused by Person in a Position of Trust. <p>For example: Recurring taunts motivated by prejudicial attitudes with no significant harm.</p> <p>Service provision does not respect equality and diversity principles.</p> | <p>Risk Indicators:</p> <ul style="list-style-type: none"> Humiliation or threats. Harm motivated by prejudice. Recurring failure to meet specific needs associated with culture and diversity. Incident caused by Person in a Position of Trust. Criminal act is suspected <p>For example: Compelling a person to participate in activities inappropriate to their faith or beliefs.</p> <p>Movement or threat to move into a place of exploitation or take part in activities against their will.</p> <p>Repeated teasing by Person in a Position of Trust which causes distress.</p> |
| REFER TO ACTIONS BELOW | RAISE SAFEGUARDING CONCERN WITH CUSTOMER ACCESS SERVICE | |
| Actions to be considered at each stage: | | |
| <ul style="list-style-type: none"> Criminal acts must be reported to the police dial 101 or 999 in an emergency Education around use of language and conduct Information available for service users detailing standards of behaviour Review Equality & Diversity policies Staff training re Equality & Diversity Discussions with relevant Police Unit e.g., Community Cohesion, PREVENT, CHANNEL Equality Act 2010: guidance - GOV.UK Refer to Domestic Abuse Services for early intervention and support | | |

| MODERN SLAVERY This can include, but is not exhaustive to: Trafficking; forced marriage; denial of access to health or social care in the context of slavery; debt bondage – being forced to work to pay off debts that realistically they never will be able to | | |
|---|--|---|
| Low risk No harm Isolated incident NOT SAFEGUARDING | Medium risk Some harm or risk of harm POSSIBLE SAFEGUARDING <i>Gather more information to inform decision making and next steps.</i> | Medium to High risk Some or significant harm or risk of harm SAFEGUARDING |
| <p>Risk Indicators:</p> <p>Where there is harm or risk of harm move directly to 'Red'</p> | <p>Risk Indicators:</p> <p>Where there is harm or risk of harm move directly to 'Red'</p> | <p>Risk Indicators</p> <ul style="list-style-type: none"> • Found living in poor conditions alone/with others – believed under duress. • Identification documents held by another person, who is controlling the individual. • Fear of law enforcers. • Criminal act is suspected <p>For example: Working within an area of criminality (sex work, cannabis cultivation, fraud, theft etc.) with the combination of additional factors such as residing in overcrowded conditions and no control over own finances.</p> <p>Arrived in the area to work in an expected area of employment but forced into other position.</p> |
| REFER TO ACTIONS BELOW | | RAISE SAFEGUARDING CONCERN WITH CUSTOMER ACCESS SERVICE |
| <p>Other actions to consider:</p> <ul style="list-style-type: none"> • Criminal acts must be reported to the police dial 101 or 999 in an emergency • Refer to Government guidance and reporting procedures – "Duty to Notify" https://www.gov.uk/government/publications/modern-slavery-duty-to-notify | | |

| DOMESTIC ABUSE | | |
|--|--|---|
| This can include, but is not exhaustive to: Physical; sexual; financial; psychological/emotional; stalking; coercive/controlling behaviour; Female Genital Mutilation; honour based violence | | |
| <p style="text-align: center;">Low risk No harm Isolated incident NOT SAFEGUARDING</p> | <p style="text-align: center;">Medium risk Some harm or risk of harm POSSIBLE SAFEGUARDING <i>Gather more information to inform decision making and next steps.</i></p> | <p style="text-align: center;">Medium to High risk Some or significant harm or risk of harm SAFEGUARDING</p> |
| <p>Risk Indicators:</p> <ul style="list-style-type: none"> No harm has occurred. Adult has capacity and no vulnerabilities identified. Robust assessment has been undertaken and links to domestic abuse support services made. <p>For example: Accessing support of Domestic Abuse services. Contact with perpetrator has ceased.</p> | <p>Risk Indicators:</p> <p>Where there is harm or risk of harm move directly to 'Red.'</p> | <p>Risk Indicators:</p> <ul style="list-style-type: none"> Harm has occurred or there remains risk of harm. Continues to reside with or have contact with the perpetrator. Escalation of concern for safety. Criminal act is suspected <p>For example: Physical evidence of abuse such as bruising, cuts, broken bones. Recurring Patterns of verbal and physical abuse. Fear of outside intervention, has become isolated – not seeing friends and family. Disengagement from domestic abuse and or other support services.</p> |
| REFER TO ACTIONS BELOW | | RAISE SAFEGUARDING CONCERN WITH CUSTOMER ACCESS SERVICE |
| Actions to be considered at each stage: | | |
| <ul style="list-style-type: none"> Criminal acts must be reported to the police dial 101 or 999 in an emergency When children present, always make a referral to children's social care via the Customer Access Service 03001236720 Refer to Domestic Abuse Services for early intervention and support Consider relevance of Clare's Law Consider providing staff training to increase awareness of the nature, patterns and the complexity of domestic abuse | | |

| SELF-NEGLECT | | |
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| This can include, but is not exhaustive to: Hoarding; self- neglect of personal hygiene/ nutrition/ hydration causing harm or risk to health; self- neglect causing risk to others | | |
| <p style="text-align: center;">Low risk No harm Isolated incident NOT SAFEGUARDING</p> | <p style="text-align: center;">Medium risk Some harm or risk of harm POSSIBLE SAFEGUARDING <i>Gather more information to inform decision making and next steps.</i></p> | <p style="text-align: center;">Medium to High risk Some or significant harm or risk of harm SAFEGUARDING</p> |
| <p>Multi-agency partners all have statutory duties and responsibilities in respect of self-neglect. Individual agency policy, guidance and procedures should be followed.</p> <p>Separate policy, procedure and guidance is in development and will be available on the LSAB website.</p> <p>Where there are significant concerns and risk of harm regarding self-neglect a referral should be made to the Customer Access Service on 0300 123 6720 for involvement of Adult Social Care services in multi-disciplinary responses.</p> | | |

PRESSURE ULCERS; FALLS AND MEDICATION

| <p style="text-align: center;">Low risk No harm Isolated incident NOT SAFEGUARDING</p> | <p style="text-align: center;">Medium risk Some harm or risk of harm POSSIBLE SAFEGUARDING <i>Gather more information to inform decision making and next steps.</i></p> | <p style="text-align: center;">Medium to High risk Some or significant harm or risk of harm SAFEGUARDING</p> |
|---|---|---|
| PRESSURE ULCERS | | |
| <p>One person one pressure ulcer Grade 1 or 2 and all nursing and health advice and care is being followed.</p> | <p>One person with an escalation of pressure damage which may be due to mismanagement and may lead to serious harm and impact on an individual.</p> <p>Multiple individuals with grade 1 or 2 pressure damage which may be due to failure to seek health advice or failure to follow this advice.</p> | <p>One person, mismanagement by professionals/paid carers of any graded pressure ulcer resulting in significant harm and impact.</p> <p>One person, serious injury or death as a result of consequences of avoidable pressure ulcer development e.g. septicaemia.</p> |
| REFER TO ACTIONS BELOW | | RAISE SAFEGUARDING CONCERN WITH CUSTOMER ACCESS SERVICE |
| Actions to be considered at each stage: | | |
| <ul style="list-style-type: none"> • React to Red training • Advice & guidance from district nurses/Tissue Viability Service • Review pressure care and prevention procedures • Compliance with Mental Care Act legislation where pressure care prevention, care and treatment is refused. • Refer to Best Practice Guidance for Safeguarding Individuals with Pressure Ulceration - http://www.lancashiresafeguarding.org.uk/lancashire-safeguarding-adults/information-for-providers/good-practice.aspx | | |
| FALLS | | |
| <p>Fall – irrespective of whether witnessed or un-witnessed - where no injury or minor injury has occurred, risk assessments and action plans in place and being followed.</p> | | <p>Repeated falls despite preventative advice: - harm, distress and injury occurs.</p> <p>Fall as a result of advice and risk assessments not in place or not being followed and harm occurs.</p> |
| REFER TO ACTIONS BELOW | | RAISE SAFEGUARDING CONCERN WITH CUSTOMER ACCESS SERVICE |
| Actions to be considered at each stage: | | |
| <ul style="list-style-type: none"> • Refer to LSAB falls guidance – Appendix 2 • Review and update risk assessment • Complete environmental risk assessment • Referral to falls team • Arrange medication review • Discussion with nurse practitioner • Review frequency of monitoring checks • Review falls policy and procedure • Review staff training re moving and handling • Consider any quality issues within your organisation • Refer to Nice guidance - https://www.nice.org.uk/ | | |

| MEDICATION | | |
|--|---|--|
| <p>An individual does not receive prescribed medication (missed/wrong dose) – No harm occurs.</p> | <p>Recurring missed medication or administration errors in relation to one individual that caused no harm.</p> <p>Where an individual is being supported to self-medicate and medication errors arise, ensure all appropriate procedures in place for that individual have been followed.</p> | <p>Recurrent missed medication or administration errors that affect one or more individuals and/or result in harm.</p> <p>Deliberate maladministration of medicines (e.g. sedation).</p> <p>Covert administration without proper medical supervision or outside the Mental Capacity Act.</p> <p>Pattern of recurring administration errors or an incident of deliberate maladministration that results in ill-health or death.</p> |
| <p>REFER TO ACTIONS BELOW</p> | <p>RAISE SAFEGUARDING CONCERN WITH CUSTOMER ACCESS SERVICE</p> | |
| <p>Actions to be considered at each stage:</p> | | |
| <ul style="list-style-type: none"> • Refer to LSAB medication guidance – Appendix 3 • Seek medical advice • Contact the GP and/or pharmacy • Consider working with Pharmacy to carry out medication review • Review medication arrangements and procedures • Re-visit medication arrangements with staff | | |