Knowsley Council

Guidance: Criteria for Reporting a Safeguarding Adults Concern

May 2019

Version 5

Contents

Introduction

This Guidance was originally produced by a Task and Finish Group appointed by the Knowsley Safeguarding Adults Board following a Report published by the Health & Social Care Information Centre in September 2013 which indicated that Knowsley had higher than average safeguarding referral rates compared with councils of similar size. It has been updated regularly since that date.

In order to ensure the safety of those at highest risk of abuse and neglect it is important that the criteria for reporting is set at the right level. The aim of this Guidance is to assist organisations providing or commissioning services for adults across Knowsley, in deciding when to initiate Safeguarding Adults Procedures. The Guidance should be read in conjunction with Knowsley's Multi-agency Safeguarding Adults Procedures. It is the responsibility of managers in organisations to ensure that their staff are familiar with the Procedures and with this Guidance.

This Guidance includes definitions of an adult with care and support needs (adult at risk), abuse and significant impact **at Section 1.** If the criteria set out in these definitions are not met then there is no requirement to raise a Safeguarding Concern. Information about Making Safeguarding Personal is contained in **Section 2**.

The Group considered seven areas where greater clarity is needed about when to report a safeguarding concern:

- Falls Section 3
- Incidents between adults at risk Section 4
- Nutrition and hydration Section 5
- Pressure area care Section 6
- Missed Home Care visit Section 7
- Medication errors Section 8
- Provider-led enquiries (Care Concerns) Section 9

Each of these Sections includes information about the specific issue. For each section there is a quick reference one-page guide or 'Easy Guidance' - contained in the Appendices.

This document is intended to offer guidance to managers in making decisions but it is acknowledged that at times there may be incidents where decision-making is not straightforward and professional judgement is required. In all cases ensure that the reasons for the decision are recorded.

If in doubt report a Safeguarding Concern to the Knowsley Multi-agency Safeguarding Hub (MASH) by completing the on-line form on the Council website https://forms.knowsley.gov.uk/AdultSafeguarding or ring for advice **Tel: 0151 443 2600,** the professionals based in the Multi-agency Safeguarding Hub (MASH) will then decide how to proceed.

1.0 Definitions

Clarity of definition is essential in ensuring Safeguarding Adults Procedures address concerns about the population they are intended to serve. Knowsley's multi-agency Safeguarding Adults Policy defines an **Adult with care and support needs (referred to as an 'adult at risk' within this Guidance), Abuse** and **Significant Impact** as follows:

1.1 Adult with care and support needs – adult at risk

An 'adult with care and support needs' is someone aged 18 or over who:

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

(Care Act 2014)

There is no requirement to use protective services for people outside of this definition.

1.2 Abuse

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

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

Abuse or neglect can be unintentional; however, the primary focus must still be how to safeguard the adult. What is important is the impact on the person and whether the abuse might be repeated. In assessing the impact on the person this should be from their own perspective, or that of their representative.

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

1.3 Significant Impact

If a concern meets the criteria: 'is this person an adult with care and support needs (adult at risk)' and 'is abuse/neglect alleged', a referral is accepted. In order to assess whether a referral meets the criteria for Safeguarding Adults Procedures, a judgement needs to needs to be made as to whether the concern has had, or is likely to have, a 'significant impact' on the adult. It is important that the adult is spoken to about how *they* perceive the impact of the risk/incident.

Significant impact is not defined within the Care Act Guidance so a judgement will need to be made which takes into account the nature of any harm caused and the views of the person or their representative. For further discussion of 'significant impact' please refer to Social Care Institute for Excellence guidance at:

http://www.scie.org.uk/care-act-2014/assessment-and-eligibility/eligibility/what-does-significant-mean.asp

All safeguarding concerns need to be assessed against the definitions above, i.e. is the person an adult at risk, is the impact/potential impact significant and is there a concern that the person is subject to abuse or neglect, including self-neglect.

If these three definitions (1.1, 1.2 and 1.3) are fulfilled then the criteria for safeguarding are met.

Note: The Care Act introduces **self neglect** as a category of abuse**;** this covers a wide range of behaviour including neglecting to attend to personal care, health or environment. When there is a concern that self neglect may have a **significant impact** on the person *and* interventions have been offered without success, a Safeguarding Concern should be reported. Organisations should refer to the **Multi-agency Risk Assessment and Management process** which is included in the Appendices of the Multi-agency Safeguarding Adults Policy and Procedures, for further information.

2.0 Making Safeguarding Personal

The Care Act Guidance enshrines in law the principle of 'Making Safeguarding Personal' which involves asking the person at risk what they would like to happen. When a provider manager raises a safeguarding Concern about a person using the service and that person has capacity to state their views, then the manager should ask them what they want to happen and should record this on the Safeguarding Concern Form.

Relationships and involving people from the beginning are more important than following a process; previously safeguarding has been driven by policy and practice rather than by what the person wants. **All safeguarding concerns must be reported to the local authority whether or not the person wants an enquiry to be carried out; the professionals in the Multi-agency Safeguarding Hub (MASH) will then assess the individual's wants and needs and how to proceed.**

3.0 Guidance for responding to Falls

3.1 Facts about falls in the older population

Fall rates rise with age - for people over 65 years of age, 50% of those living in institutions and 66% living in nursing homes will fall at least once a year.

40% of nursing home admissions result from falls and instability.

People with dementia are known to have increased falls risk. The fact that they are more physically able but mentally impaired means that EMI (Elderly Mentally Ill) units are predictably the highest risk area for falls.

Statistics from Louise Allan (Newcastle) Falls in Dementia, say that a person with dementia is 3 times more likely to fall once in a Care Facility, if they have altered gait

/mobility problems 8-10 times more likely and if the diagnosis is dementia with lewy bodies up to 20 times more likely to fall than the average person at home.
People with dementia recover less well after a fall than those without dementia.

People who wake during the night to use the toilet are at particular risk.

3.2 The consequences of older people falling

The quality of life of an older person can be significantly reduced following a fall. The effects include:

- Physical injury (50% of those who fall will show measures of increased dependency in the months following attendance at Accident and Emergency; 75% will fall again within a few weeks or months; only 50% of those hospitalised will be alive 12 months later)
- Increased social isolation
- Increased problems with activities of daily living
- Increasing tendency to depression and mental health problems
- Increasing physical and emotional dependence.

3.3 Falls in care homes and day services

Many slips, trips and falls are preventable. Injuries arising from a fall can be reduced by prior intervention. Post fall assessment, review and remedial action can reduce the likelihood of further falls. It is important that service users who have fallen and those who may be at risk from falling in the future have regular reviews of reversible risk factors**.**

3.4 Falls Risk Assessment

Therefore, there needs to be a shared understanding that falls happen and it is not possible to prevent all falls. It is essential that on admission to a care service, a falls risk assessment is undertaken. The person using the service should be supported to make decisions about how they may reduce their risk of falling. The Care Plan must reflect the outcome of the falls assessment and should be shared with the person and their relatives.

Where there are concerns about a service user's capacity to understand the risk and implications of falling, capacity must be assessed under the Mental Capacity Act and if needed a best interest decision made to maintain the service user's safety. The outcome of this assessment must be recorded in the person's care plan.

Where a person falls and a falls risk assessment is in place which has been followed, then it is not necessary to report the incident as a Safeguarding Concern.

This guidance endorses the current advice given to care services by the Falls Nurse that there should be one single document which contains evidence of:

1) the factors contributing to any falls risk
2) actions taken to reduce the risk

3) actions yet to be carried out
4) a statement predicting the risk of future falls – this should be based on the evidence collated and **must be discussed with the family from the outset.**

This information should appear in one document so that in the event of an enquiry of a fall the investigator can see evidence of action taken to address risk without having to trawl through daily reports and other documents to find information. (See **Appendix 2 -** Example of Falls Evidence Document)

Risk Assessment Tools are available for care homes from Knowsley's Falls Nurse. **(**See **Appendix 2)**. The Falls Nurse is available for advice and consultation but it is **not** the role of this Nurse to complete assessments; this is the responsibility of the care provider. It is expected that the Tools made available by the Falls Nurse will be adopted across the Knowsley homes in order to evidence Falls Prevention work and thereby avoid the need for safeguarding referrals.

Where a person sustains an injury due to a fall and there is a concern that a risk assessment is not in place or was not followed, then this must be reported as a Safeguarding Concern because this amounts to neglect on the part of the care provider.

3.5 'Unwitnessed' Falls/Unexplained injury

There has been an expectation that care providers should make Safeguarding Concerns in respect of all 'unwitnessed falls'. However, this broad approach is not helpful, nor is the use of the term 'unwitnessed fall' - if a fall is unwitnessed how can it be determined that the person fell? Could it be possible that they were pushed or knocked over by someone else? In some circumstances it may be presumed that the person fell, for example, if they are found on the floor in their room and no one else is around; but each individual incident needs to be considered according to the unique factors of the case.

On occasions 'unwitnessed falls' have been reported as Safeguarding Concerns even when the person has stated that they fell; if there is a risk assessment in place which has been followed then it is not necessary to complete a Safeguarding Concern, the person has explained what happened and abuse or neglect is not likely to have occurred.

In this context it is more helpful to use the term 'unexplained injury' rather than 'unwitnessed fall'. In circumstances where a person has sustained an injury the manager on duty should use judgement based on the evidence available to determine what may have happened. If the person has an injury, other than a minor injury, which cannot be explained then this should be referred as a Safeguarding Concern.

Where a person has repeat unexplained injuries then a Safeguarding Concern should be raised.

Providers are required to report to CQC any serious injuries to people who use the service (Regulation 18).

3.6 Seeking medical advice following a fall

Every fall may not require GP or Hospital involvement, this will depend on the nature of the injury, the experience of staff in the care service and whether there is a trained Nurse on site, expectation of family etc. If no injury is apparent, there is no observed change in function and actions and observations have been recorded, then a GP or Hospital review may not be necessary. This decision will be made by the manager or clinician on duty based on the individual circumstances of the case.

Where the person has sustained a head injury a medical assessment should always be arranged as a matter of urgency. The following definition of head injury can be found in '**Head Injury. A guide for patients and carers.'** ***Brain and Spine Foundation 2013:***

What is head injury?
A head injury is a blow to the head from a force outside the body, like an accident, fall or attack. When the brain is damaged by such an event, this is called a traumatic brain injury (TBI).
What are the symptoms?
The symptoms and effects of head injury can vary widely, depending on the level of injury and which part of the brain, if any, is injured. ***They can range from a bump or bruise on the head to loss of consciousness.***

3.7 Falls in Hospitals

Falls in hospitals require a different response; Hospital Trusts have their own governance arrangements in relation to patient safety, including falls, and should follow their own procedures.

3.8 Summary of when to report a Safeguarding Concern following a fall

It is important to remember that a Safeguarding Concern must be reported where there is a concern about possible abuse or neglect *by another person* and not because there is a general concern about a person's safety.

Where a person sustains an injury due to a fall, and there is a concern that an appropriate risk assessment was not in place or was not followed, this must be reported as a Safeguarding Concern. The key factor is that the person has experienced *avoidable* harm.

Where a person has an injury, other than a very minor injury, which is unexplained this must be reported as a Safeguarding Concern.

Where a person has sustained an injury which has resulted in a change in function and appropriate medical attention has not been sought, this must be reported as a Safeguarding Concern.

If in doubt raise a Safeguarding Concern, the professionals based in the Multi-agency Safeguarding Hub (MASH) will then decide how to proceed.

See Easy Guidance at **Appendix 1** and Falls Evidence Document/Falls Pathway /Template Action Plan/Triggers at **Appendix 2**.

4.0 Incidents between adults at risk

There may be times when the behaviour of an adult at risk towards another is abusive. Any person at risk of abuse from another is in need of protection. In deciding how to manage such incidents it is important to consider whether the incident has had a significant impact on the adult at risk and if so, whether this amounts to a crime requiring the involvement of the Police.

4.1 Prevention

Prevention is always the preferred option and service providers should plan the care and support they offer so that opportunities for incidents between people using the service are minimised. People using services such as day centres, care homes and supported housing have the right to be supported in a safe environment; abuse by another adult at risk is just as harmful as abuse by anyone else.

Good practice would indicate that when people are meaningfully engaged in activities which they enjoy then the likelihood of incidents occurring is reduced.

Services should plan via an assessment of needs and risks how best to support individuals. Early intervention with service users who challenge is important in order to prevent any escalation of behaviours. Individuals with known behavioural management problems should have their needs identified and measures put in place to properly support them and maximise their quality of life; records should include a history of the person's behaviours.

Where behaviour problems are identified services should ensure that staff have access to specialised training. It is important that individual care plans/support plans are properly implemented by staff to ensure that any potential for abusive behaviour is managed appropriately and risks are minimised.

4.2 Response

In deciding the appropriate response when an incident has occurred, a risk assessment should be carried out. Factors to consider will include:

- The vulnerability and capacity of the individuals involved
- The nature and extent of the abuse – has the concern had a significant impact on the adult at risk?
- Whether it is a 'one-off' or a repeat incident
- The impact on the individual and their independence
- The risk of repeated or increasingly serious acts
- Whether the incident amounts to a crime
- The views of the person or their representative

Risk assessment is the process of evaluating these factors to aid decision-making, which is **risk management.**

A key factor in the deciding how to respond is whether there has been a significant impact on the person. This requires careful person centred assessment and, if

appropriate, consultation with them and the people close to them. The impact of an incident should be assessed from the point of view of the adult at risk, or their representative. Impact can range from no effect to serious physical injury or emotional distress which damages the person's quality of life.

If it was an isolated incident and has not had a significant impact on the adult at risk then there is no requirement to raise a Safeguarding Concern. Nor is there a need to report such incidents through the Provider-led enquiry (Care Concern) process. It is the responsibility of the provider Manager to ensure that a risk assessment is in place to ensure the immediate safety of all users of the service and to review the support of the individuals involved in the incident.

4.3 When to report a Safeguarding Concern in respect of an incident between Adults at risk

When an incident has had a significant impact on an individual's wellbeing, a Safeguarding Concern must be reported to the Knowsley Multi-agency Safeguarding Hub (MASH). **Any serious sexual or physical assault will require the involvement of police.**

Where there are *repeat* low-impact incidents between people using a service, *or* when any individual is not satisfied with the way an incident has been managed, then a Safeguarding Concern must be raised.

Where the person causing the harm is also an adult at risk, agencies must be careful not to overlook their duty of care to them. A re-assessment of need must be carried out and the care or support plan should ensure that safeguards are in place to prevent repeat incidents.

'the needs of the person causing harm must be taken into account at the Strategy Meeting and appropriate steps taken to ensure the person is dealt with fairly and provided with adequate support. In cases where this person is also an adult at risk, it may be necessary to convene a separate meeting to discuss their needs' (Knowsley Multi-agency Safeguarding Procedures)

See Easy Guidance at **Appendix 3**, Tool for responding to incidents between adults at risk at **Appendix 4** and Examples at **Appendix 5.**

5.0 Responding to concerns about nutrition and hydration

Although there is no doubt that many care services provide people with well-balanced meals and the support they need to enjoy their food, it is also known that some people in care services and in the community are failing to thrive because of poor nutrition and hydration with serious consequences. The provision of poor nutritional care within care homes, hospitals and a person's own home has been frequently highlighted in recent years. 37% of those admitted to care homes and 45% of those admitted to nursing homes are malnourished.

Surveys of older people admitted to Hospital suggest around a third are dehydrated and a fifth have developed acute kidney injury. Causes of insufficient fluid intake in Care Home residents are mainly reduced sense of thirst, low mood, functional dependence and frailty, cognitive impairment, fear of incontinence, inadequate staffing levels and inadequate systems to monitor and promote intake.

Chronic dehydration is associated with risk of pressure ulcers, constipation, urinary infections and incontinence, kidney disease including acute kidney injury, heart disease, low blood pressure, poorly controlled diabetes, cognitive impairment including delirium, falls and poor oral health, heightening risk of pneumonia. This results in premature mortality, longer inpatient stays and more costly and complex health and social care needs.

For social care staff, only a basic knowledge of nutritional care is necessary in order to tackle malnutrition. Services need to ensure that people at risk are routinely screened and have access to a choice of food that:

- is adequate in amount and of good quality
- is well prepared in a safe environment
- meets any specific dietary, cultural and religious requirements
- is provided in an environment conducive to eating

Malnutrition can be caused or worsened by conditions relating to older age, so a diet rich in essential nutrients is vital to ensure the right nutritional care is provided.

It is important to ensure that drinks and fresh water are freely available and that people are given the time, help and encouragement they need to eat and drink.

5.1 Nutritional screening and care planning

Routine nutritional screening (e.g. MUST screening) should be carried out on admission to services and at regular intervals. Any concerns highlighted must be acted upon and timely referrals made to community health professionals. Daily food and fluid intake must be recorded for those who are identified at risk.

There is a need to ensure that people are given the time, help and encouragement they need to take the food and drink provided. Care plans should reflect each individual's nutritional needs. Personal aids, special diets, food and fluid consistencies, special equipment and how individuals need to be seated should all be included in the care plan.

Good practice indicates that staff are trained in the benefits of good nutrition and hydration. Staff should be trained in special dietary requirements, including people with diabetes, dementia, and chronic illness, those with wounds or with swallowing difficulties and specifically in the particular dietary requirements of their service users.

A person’s nutritional care requirements should include support to maintain oral hygiene and checks on the condition of mouth, teeth and dentures.

5.2 When to report a Safeguarding Concern about poor nutrition and hydration

There is a need to distinguish between concerns about the *quality* of care provided and care that is *neglectful*. For example, where a person is not given a meal or drink or is not provided with support to eat or drink and this happens just once then it is not necessary to raise a safeguarding concern as this is unlikely to have a significant impact. The service provider should refer to the Provider-led enquiry process (See Section 8.0 of this Guidance). However, if there is a failure to provide nutrition and hydration to an on more than one occasion then a safeguarding concern must be reported as this indicates neglectful practice and may have a significant impact on the person.

Most people with dementia lose weight in the later stages of the illness and sometimes this is unavoidable, even with good nutritional support. Where a person loses weight and the care plan has been followed, food/fluid charts completed and specialist advice sought, then a safeguarding Concern will not be required. However, if there is no evidence of monitoring or action taken in relation to weight loss then a safeguarding concern must be reported.

The key indicator for raising a safeguarding concern is that the concern has had, or is likely to have, a significant impact and that the harm was avoidable.

See Easy Guidance for responding to concerns about nutrition and hydration at **Appendix 6.**

6.0 Responding to Pressure ulcers

Pressure ulcers are caused when an area of skin and the tissue below are damaged as a result of being placed under continuous pressure sufficient to impair blood supply. Typically they occur in a person confined to bed or a chair due to illness or frailty and as a result are sometimes referred to as 'bedsores', or 'pressure sores'. Pressure ulcers usually start with skin discoloration, and if left untreated, can develop into extensive wounds which can become very deep and infected; in the worst cases they can be life threatening.

People who have difficulty moving and are unable to change position easily while seated or in bed are at risk of developing pressure ulcers**.** The use of seating or beds which are not specifically designed to provide pressure relief can cause pressure ulcers. As pressure ulcers can arise in a number of ways, interventions for prevention and treatment need to be applicable across a wide range of settings including community and care services.

When an individual develops a pressure ulcer it is important that an assessment of their individual circumstances is undertaken taking into account their medical condition, prognosis, any underlying skin conditions, food and fluid intake and the person's views about their care or treatment. This assessment, together with the grading of the pressure ulcers, should determine whether a safeguarding concern should be reported.

Healthcare professionals use several grading systems to describe the severity of pressure ulcers. The higher the grade, the more severe the injury to the skin and underlying tissue.

Grade one
A grade one pressure ulcer is the most superficial type of ulcer. The affected area of skin appears discoloured – it is red in white people, and purple or blue in people with darker-coloured skin. The skin remains intact, but it may hurt or itch.
Grade two
In grade two pressure ulcers, some of the outer surface of the skin (the epidermis) or the deeper layer of skin (the dermis) is damaged, leading to skin loss. The ulcer looks like an open wound or a blister.
Grade three
In grade three pressure ulcers, skin loss occurs throughout the entire thickness of the skin. The underlying tissue is also damaged, although the underlying muscle and bone are not. The ulcer appears as a deep, cavity-like wound.
Grade four
A grade four pressure ulcer is the most severe type of pressure ulcer. The skin is severely damaged and the surrounding tissue begins to die. The underlying muscles or bone may also be damaged. Grade four pressure ulcers have a high risk of developing a life-threatening infection.
(NHS Choices 2012)

NHS Guidelines require that any Grade 3 or 4 pressure ulcer must be reported to the commissioners and subject to Root Cause Analysis enquiry by a health professional. This may also extend to Grade 2 pressure ulcers if there are particular concerns regarding cause.

6.1 Prevention

Pressure ulcers can occur in any environment and with appropriate management and care can be avoided in most cases.

Where a person is identified as being at risk of developing skin problems because they have difficulty moving or changing position, it is important to evaluate their clinical condition and carry out a pressure ulcer risk assessment using a recognised tool (for example, the Waterlow assessment tool) and the results documented in the person's care records. Any identified need should be recorded in the care plan with the required actions. Risk assessment should be ongoing and is the responsibility of the registered health care professionals working with the person.

Prevention checklist:

- All staff delivering care receive training on how to prevent pressure ulcers and how to identify the early stages
- All service users receiving care are assessed on the risk of developing pressure ulcers using an appropriate risk assessment tool such as Waterlow, Braden, or Walsall

- All service users receiving care are assessed for their nutritional needs using an appropriate risk assessment such as MUST nutritional screening tool
- All service users at risk of developing pressure ulcers are assessed for appropriate pressure relieving equipment and it is provided promptly
- All service users receiving care have a manual handling assessment undertaken
- Key people caring for service users either within hospital, community, care homes or domiciliary care must be sufficiently trained in pressure area care to identify when a pressure area is developing/deteriorating
- Timely referrals for those needing prompt support are made to community health professionals
- All service users receiving care have a body map completed to identify and monitor any pressure ulcers
- Organisations must regularly review the care provided to service users to manage pressure ulcer care and develop risk management and action plans.

When present, pressure ulcers require monitoring and appropriate treatment in order to prevent unnecessary pain and suffering for the person concerned.

Organisations should follow their local and national guidance on prevention and management of pressure ulcers.

6.2 When to report a Safeguarding Concern about pressure area care

Pressure ulcers are not always due to poor care and neglect, so each individual case should be considered independently, taking into account the person's medical condition, prognosis and any underlying skin conditions. The person's mental capacity to agree to their care must also be assessed. Records should be kept of the person's compliance with their care plan as well as any best interest decision, where the person lacks capacity.

A safeguarding concern should be raised when a failure to provide adequate care has resulted in a person developing a pressure ulcer; this would include the following circumstances:

- a person identified as being at risk develops a pressure ulcer and a care plan is not in place or has not been followed
- appropriate equipment is not provided in a timely way
- staff are not trained in using equipment
- staff are not trained in manual handling
- repositioning charts not used or are not completed
- specialist advice has not been sought
- care plans and records are not clear and concise and up to date

The key issue is whether the development of a pressure ulcer was *avoidable,* if so a Safeguarding Concern must be raised.

7.0 Missed Home Care visits

If a Home Care agency misses a home visit and this has a significant impact on the person then a safeguarding concern must be reported.

Where a visit is missed on one occasion and this has no impact there is no need to raise a safeguarding concern. However, missed visits that do not have a serious impact on the person's health and wellbeing still need to be addressed. A discussion needs to take place between the person involved, or their representative, a manager from the care agency, and the social worker, so that the agency can respond and take action to ensure that this does not happen again. The process of resolving the problems should be recorded.

Repeat missed visits to an individual, whether or not this has a significant impact occurs, must be raised as a safeguarding concern as this indicates neglectful care which may lead to harm.

8.0 Responding to Medication errors

The Care Quality Commission (CQC) sets essential standards of quality and safety for regulating health and social care providers including standards for the management of medicines. Therefore, Health and Social care providers must have clear procedures in place regarding the prescribing, dispensing, administration, storage and documentation of medicines, including arrangements for reporting adverse events, adverse drug reactions, incidents, errors and near misses relating to medicines.

8.1 What is a medication error?

While most medicines are used in a safe and effective way, medication errors are one of the most common causes of patient harm, accounting for 20%-30% of reportable incidents in NHS organisations (CQC). A medication error is defined as an error in the process of prescribing, dispensing, preparing, administering, monitoring, storing and providing medicines advice, regardless of whether it has had a significant impact. Errors may result in an incident, an adverse event or a 'near miss'; causes of medication errors include:

- lack of knowledge
- failure to follow systems and protocols
- inadequate level of staff competence/training
- poor communication including written or verbal instructions

It is therefore essential that all organisations providing care have clear procedures on managing medicines and provide appropriate training for relevant staff.

Where an error in administering medication occurs, or where a person has not been given their prescribed medication, the Manager needs to consider how to respond to the incident; the response will depend on whether the error has had a significant impact on the person. If in doubt, the Manager should seek immediate advice from a qualified health professional.

If no impact then the Manager should report the incident through the Provider-led enquiry (care concern) process. Refer to **Section 8** of this Guidance.

8.2 When to report a Safeguarding Concern about a medication error

A safeguarding issue in relation to managing medicines could include the deliberate withholding of medication with no medical reason; the incorrect use of medication for reasons other than the benefit of the person; a deliberate attempt to harm through use of a medicine; unintentional harm due to incorrect medication or dose being given; unintentional harm due to failure to administer prescribed medication.

Where an error in administering medication occurs, or where a person has not been given their prescribed medication, and this has a significant impact on the person then a Safeguarding Concern must be raised.

A *repeat* medication error, even if there has been no significant impact, must be reported as a Safeguarding Concern as repeat incidents may indicate that safe systems are not in place.

9.0 Guidance for initiating Provider-led Concerns (Care Concerns) when poor practice is identified

The Safeguarding Adults Board has recognised that there will be occasions when it is appropriate for provider agencies to respond to incidents of poor practice without the need to initiate multi-agency Safeguarding Procedures. Poor practice will always require a response because if not challenged it can result in a further deterioration in standards leading to longer-term difficulties; in many instances the Provider Manager will be the appropriate person to take remedial action. This guidance outlines those circumstances in which the Provider Service should take responsibility for responding to incidents of poor practice without the need to raise a Safeguarding Concern.

9.1 Responding to incidents in provider services

On receiving information about an incident the provider Manager should determine whether it is appropriate for the concern to be dealt with under Safeguarding Procedures as a Safeguarding Concern, or as a concern about poor care. See Flow Chart at **Appendix 9**. In making the decision the Manager should consider the nature and seriousness of the incident/concern by reference to the examples set out at **Appendix 11.**

Provider Managers will be expected to identify and investigate low level concerns, that is, situations in which the standard of care provided has fallen short of that expected but has not had a significant impact on the person.

In circumstances where there has been no significant impact the Provider should complete the **Provider-led Concern Form** and email it securely to Knowsley Adult Social Care Services at adultsocialcare@knowsley.gov.uk, who will forward it to the Safeguarding Adults Unit. The Provider will then initiate an enquiry.

9.2 Provider-led enquiries

The main purpose of identifying an incident of poor care is to rectify any deficiency immediately, understand why care was compromised and put in place measures to ensure that the risk of any repetition is minimised.

To support this process and to ensure that there is a full enquiry and any lessons learnt, the Provider Service should complete the **Provider Enquiry Report** which must then be returned by email to Knowsley Adult Social Care Services at adultsocialcare@knowsley.gov.uk within fourteen days of reporting the Provider-led Concern. It will be the responsibility of the Provider Service to complete this document and ensure that it is forwarded to the email address on the form using a secure email system within the timescale outlined. If there is likely to be a delay please contact the Safeguarding Adults Unit to discuss this. **Tel: 0151 443 4888.**

9.3 Monitoring Arrangements

All Provider-led enquiry reports will be subject to quality assurance and there will be arrangements to ensure that any lessons learnt are shared across providers through the Care Partnership Forum.

9.4 NHS providers

Low level incidents in NHS services require a different response; Health Trusts are statutory organisations and have their own governance arrangements in relation to patient safety, dignity and respect. There is no expectation that NHS Trusts will report low level incidents through the Provider-led Concern process, they should follow their own procedures.

9.5 When to report a Safeguarding Concern (provider services)

Some incidents/issues should **not** be investigated by the provider and should always be referred as a Safeguarding Concern for a multi-agency enquiry. These include:

- Physical assault
- Sexual assault
- Financial abuse
- Wilful neglect
- Any act/omission which has resulted in physical injury or harm
- Any allegation of harm that constitutes a criminal offence

A Safeguarding Concern should be raised when there are *repeat* low level concerns as it is recognised that in some cases it is the *repetition* of minor actions or omissions that collectively will amount to abuse.

Determining whether or not abuse has taken place is not always a straightforward matter, particularly when the concerns relate to neglect. A judgement will be required about whether an act or an act of omission has caused a significant impact.

If you are unsure whether a particular incident/issue should be addressed by a Provider-led Concern or a Safeguarding Concern please contact the Knowsley Multi-agency Safeguarding Hub for advice. **Tel: 0151 443 2600**.

References:

Falls Risk Assessment Tools provided by Rob Leeper Falls Nurse Assessor, Community Health Services, 5 Boroughs Partnership NHS Foundation Trust

Falls: assessment and prevention of falls in older people *NICE Clinical Guideline 161 Issued: June 2013* www.guidance.nice.org.uk/cg161

Managing Falls in Care Homes *Bexley Primary Care NHS Trust*

South West Safeguarding Adults Thresholds Guidance March 2011 *Association of Directors of Adult Social Services (ADASS) Safeguarding Adults Network* www.adass.org.uk

Knowsley's Safeguarding Policy is the North West Safeguarding Adults Policy available using the following link on the council website https://www.knowsley.gov.uk/knowsleycouncil/media/Documents/North-West-Safeguarding-Adults-Policy.pdf

Care Act 2014 Care and Support Statutory Guidance on Adult Safeguarding https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1

Nutritional Care and Older People *Social Care Institute for Excellence (SCIE) 2009* Available on SCIE website at:
http://www.scie.org.uk/publications/ataglance/ataglance03.asp

Close to Home Inquiry: an inquiry into older people and human rights in home care *Equality and Human Rights Commission (EHRC) 2011.* Available on EHRC website at:
www.equalityhumanrights.com/homecareinquiry

Pressure ulcers: prevention and management of pressure ulcers *NICE Clinical Guideline 179 Issued: April 2014.* Available on NICE website at:
http://www.nice.org.uk/guidance/cg179/chapter/introduction

Managing medicines in Care Homes NICE Guidelines (SC1) Issued March 2014 Available on NICE website at:
https://www.nice.org.uk/guidance/sc1

Knowsley Multi-agency Risk Assessment and Management process
https://www.knowsley.gov.uk/knowsleycouncil/media/Knowsley-Media/Multi-Agency-Risk-Assessment-Guidance-(MARAM)-updated-2018.pdf

Appendix 1

Criteria for raising a Safeguarding Concern in respect of a fall

Easy Guidance

When should a fall be reported through safeguarding procedures?

- Where a person sustains an injury due to a fall, and there is a concern that an appropriate risk assessment was not in place or was not followed, this must be reported as a Safeguarding Concern. The key factor is that the person has experienced *avoidable* harm

- Where a person has sustained an injury which has resulted in a change in function and appropriate medical attention has *not* been sought, this must be reported as a Safeguarding Concern

- Where a person has an unexplained injury, other than a very minor injury, this must be reported as a Safeguarding Concern

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

- A Concern does not need to be raised when a person is found on the floor, is not injured and appropriate risk assessment is in place and has been followed

- A Concern does not need to be reported when a fall is witnessed and appropriate risk assessment is in place and has been followed

- A Safeguarding Concern does not need to be reported when the person has capacity to understand what happened and states that they fell

Note: The criteria for Safeguarding is met when the fall has had a significant impact on the person and there is a concern about possible abuse or neglect *by another person* (or the person themselves in cases of self neglect*).* Accidental falls do *not* meet the criteria for Safeguarding when a risk assessment is in place and has been followed.

This document is intended to offer guidance to managers in making decisions but it is acknowledged that at times there may be incidents where decision-making is not straightforward and professional judgement is required. In all cases ensure that the reasons for the decision are recorded.

If in doubt raise a Safeguarding Concern, the professionals based in the Multi-agency Safeguarding Hub (MASH) will then decide how to proceed.

Appendix 2

Falls Assessment Tools

Example of Falls Evidence Document

Re: Doris S 20/08/28

Triggers for Falls

Vascular Dementia (established)
Previous #NOF (March 12)
Mobility problems (uses Zimmer Frame under supervision)
Diabetes Type 2 with probable associated neuropathy/ vascular issues
Continence problems
General frailty BMI 20 / weight 50 Kg
History of recent repeated Chest infections
History of 3 x unwitnessed falls in her bedroom – she will get out of bed during the night without asking for help and will be unlikely to use Zimmer Frame appropriately when alone.

Actions Completed

GP asked to review night time medication as most predictable time for incidents to occur – reviewed and no further intervention suitable.
Low rise bed in place, plus crash mat / bleep mat.
Most frequent possible checks made at night time.
Options Health Assessment done.
Falls Team asked for advice / responded on 14/02/13.
Walking aid assessment done and no other walking aid suitable.
Communication with the family about risks and actions already completed.

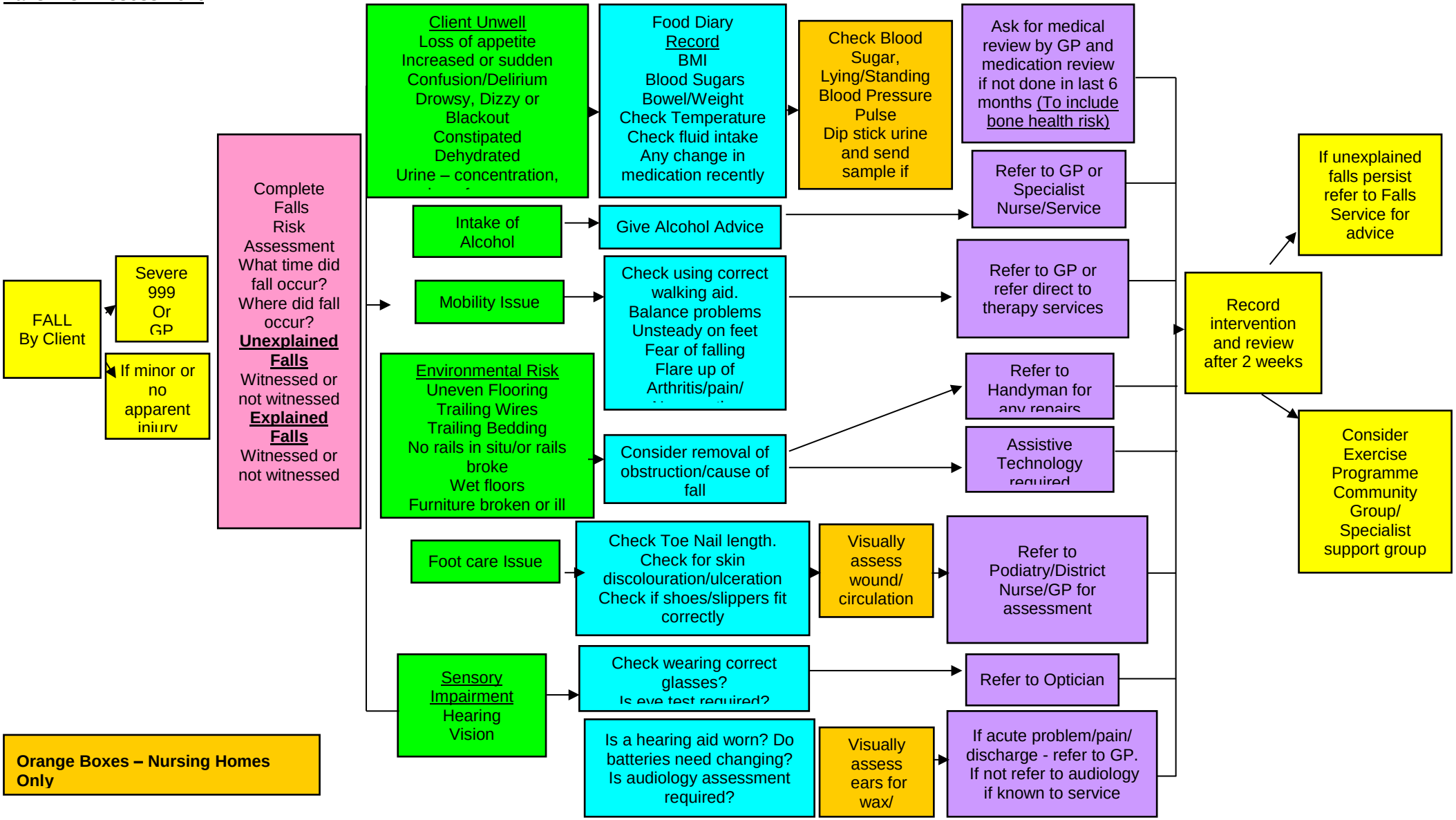
Actions to do

Update Family on advice from the Falls Team.
Highlight the risks, real and potential for the future and whether there is any need to ask for re-assessment of need / placement.
Ask for repeat lying / standing BP from Options team on next visit as BP low on 14/02/13.

Statement

As detailed above Doris does have a very high risk of falls and despite all the above actions it is evident that she will be likely to have further falls in the future.

Falls Risk Assessment



Template Action Plan

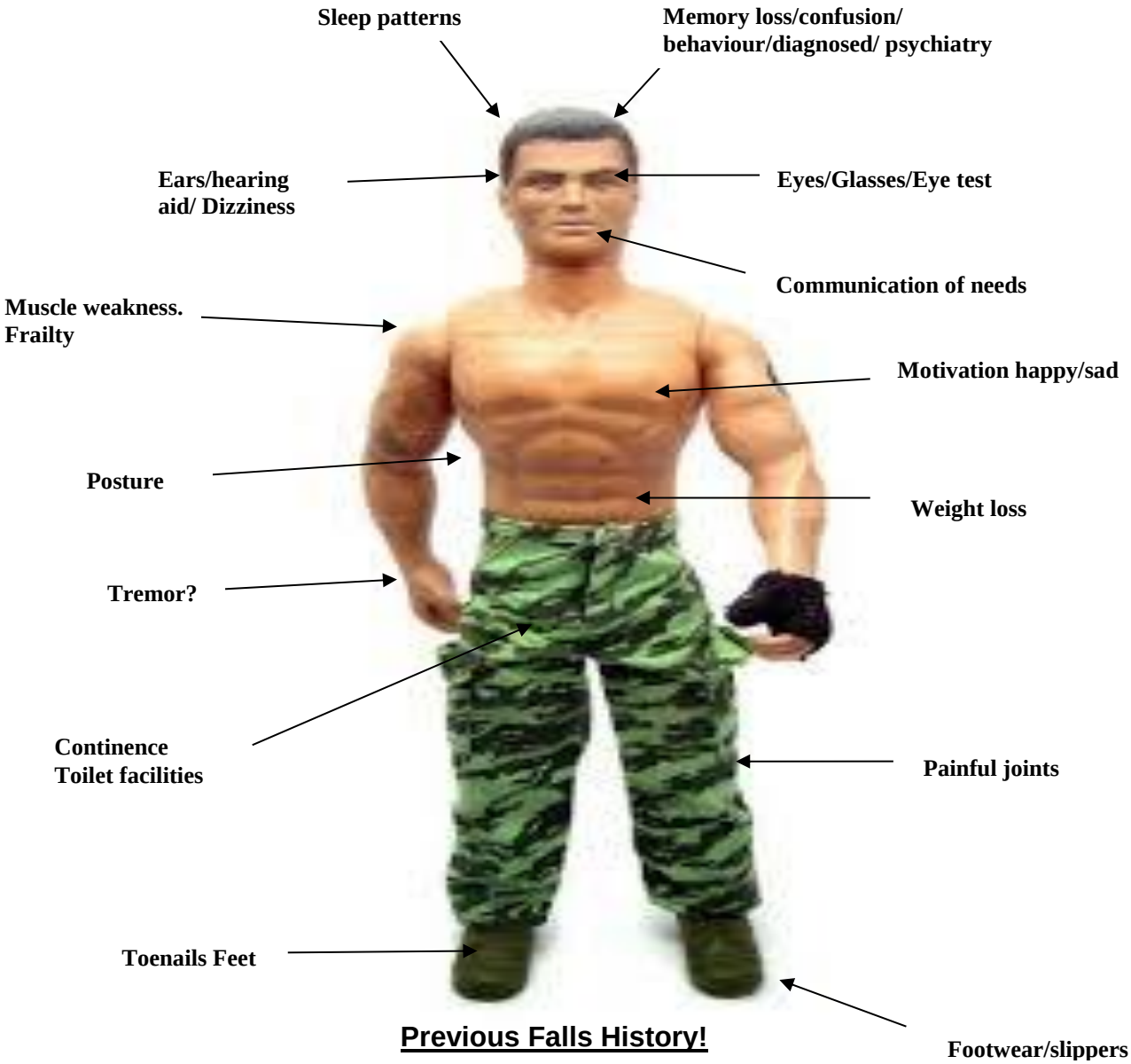
Name of resident	Time & Date of Fall	Location of fall	Witness/1st on scene	Explained/Un-explained	Injury Received

Reason for fall (Refer to Green column pathway)	Action Taken (Refer to Blue column pathway)	Action Taken (Refer to Orange column pathway)	Referral (Refer to Lilac column pathway)	Risk Assessment Review (Date)	Action Plan Review undertaken (Date)

Full Name …….. Signed …… Date .....……
Designation ……..

Knowsley Care Homes only.

TRIGGERS FOR FALLS RISK 1



Previous Falls History!

ALSO CONSIDER:

Diagnosis
Medications
Bone Health
Illness/Infections
Environment
Walking aid ?appropriate /used

PATIENT DETAILS:
DATE: **REVIEW DATE:**

TRIGGERS FOR FALLS RISK 2

ACTIONS COMPLETED

ACTIONS TO DO

THINGS TO CONSIDER

MAKE A STATEMENT ABOUT THEIR FUTURE RISKS

Appendix 3

Criteria for raising a Safeguarding Concern in respect incidents between adults at risk

Easy Guidance

When should an incident be reported through safeguarding procedures?

- When any person has been harmed during an incident complete the on-line Safeguarding Concern Form at: https://forms.knowsley.gov.uk/AdultSafeguarding.
  Any serious sexual or physical assault will require the involvement of police.

- Where there are *repeat* low impact incidents (incidents where no harm has been caused), *or* when any individual is not satisfied with the way an incident has been managed by the provider, then a Safeguarding Concern must be raised.

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

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

- When an incident was a 'one-off' and there has been no significant impact on any individual (from *their* point of view) it is not necessary to raise a Safeguarding Concern.

- It is not necessary to report such incidents through the Provider-led enquiry (Care Concern) process *unless* there was some failing on the part of the service.

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

This document is intended to offer guidance to managers in making decisions but it is acknowledged that at times there may be incidents where decision-making is not straightforward and professional judgement is required. In all cases ensure that the reasons for the decision are recorded.

If in doubt contact the Knowsley Multi-agency Safeguarding Hub (MASH) Tel: 0151 443 2600 who will advise on how to proceed.

Appendix 4

Tool for responding to incidents between adults at risk

Criteria Informing Reporting	Criteria Informing the Managers Decision (Note: all actions must be recorded)
Low level concerns Where there are sufficient concerns to take action but there is no evidence of "Significant impact" (see below). All staff are responsible and accountable and must ensure that their concerns are recorded, brought to the notice of a senior manager in the service and action agreed. Any action must be followed up and recorded in the person's plan.	• Action taken by provider • Care plan/action plan/support plan* amended • Review Meeting – care plan/action plan/support plan* amended
Safeguarding concerns Where "Significant impact" has occurred or an unacceptable degree of risk is present. If in doubt apply the 'Significant impact' definition, i.e. ill treatment (including sexual abuse and forms of ill treatment that are not physical) that result in the impairment of or an avoidable deterioration in physical or mental health, and the impairment of physical, emotional, social or behavioural development. Complete the on-line Safeguarding Referral Form at: https://forms.knowsley.gov.uk/AdultSafeguarding Or call the Knowsley Multi-agency Safeguarding Hub (MASH) for advice. Tel: **0151 443 2600**	• Action taken by provider • Care plan/action plan/support plan* amended • Review meeting - care plan /action plan/support plan * amended Safeguarding Adults Concern - contact Knowsley Multi-agency Safeguarding Hub (MASH) • Strategy Discussion - multi-agency response • Strategy Meeting - multi-agency enquiry • Safeguarding Plan agreed • Safeguarding Plan reviewed within 6 months
	* Reflects different terminology used within different agencies

Note: This tool is intended to support good practice in ensuring that abuse by another service user is seen as just as harmful as that perpetrated by anyone else. It should be used to support the decision-making process but discretion and sound judgements will always be required of Managers and in some cases more than one response may be called for. If in doubt report a Safeguarding Concern to the Knowsley Multi-agency Safeguarding Hub (MASH).

Appendix 5

Examples - incidents between adults at risk

No.	Incident	Action	Impact
1	Two men with a learning disability argue and one calls the other an offensive name. They usually get on well and neither shows any distress following the altercation; there are no difficulties between them following the incident. The provider is able to advise and support appropriately.	Provider action	Low
2	A similar incident to above involving two women without capacity. Having been sworn at for picking up the wrong handbag, one spits at the other. Neither recalls the specific incident afterwards nor do they show any distress. The provider takes action to keep the women apart and neither family is concerned.	Provider action	Low
3	A man with mental health issues is placed in a supported living house. He has physically assaulted co-residents in a previous placement and is intimidating towards other tenants in his new home, but there have not been any incidents.	Provider action	Medium
4	An older man without capacity has started to make sexually inappropriate remarks to other service users and staff are concerned that this is a repetition of earlier behaviour patterns which led to a serious incident.	Safeguarding Concern Refer to Knowsley Multi-agency Safeguarding Hub (MASH)	Medium/ potential for High
5	An older man without capacity physically attacks another resident causing him to fall and require hospital admission.	Safeguarding Concern Refer to Knowsley Multi-agency Safeguarding Hub (MASH)	High

Appendix 6

Nutrition and hydration - Criteria for raising a Safeguarding Concern

Easy Guidance

When should a Safeguarding Concern be reported?

If there is a failure to provide nutrition and hydration to an adult at risk on more than one occasion, then a Safeguarding Concern must be raised as this indicates neglectful practice which is likely to have a significant impact.

Where a person loses weight or is showing signs of dehydration and a care plan is not in place or has not been followed, food/fluid charts have not been completed and specialist advice has not been sought, then a Safeguarding Concern must be reported.

The key indicator for raising a Safeguarding Concern is that harm has occurred (or is likely to occur) and that the harm was *avoidable.*

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

Where a person is not given a meal or drink, or is not provided with support to eat or drink, and this happens just once then it is not necessary to make a safeguarding Concern. This is because a one-off incident is not likely to have a significant impact. The service provider should refer through the Provider-led enquiry process (See Section 4.2 of this Guidance).

Where a person loses weight or is dehydrated and the care plan *has* been followed, food/fluid charts completed and specialist advice sought, then a Safeguarding Concern need not be raised.

This document is intended to offer guidance to managers in making decisions but it is acknowledged that at times there may be incidents where decision-making is not straightforward and professional judgement is required. In all cases ensure that the reasons for the decision are recorded.

If in doubt contact the Knowsley Multi-agency Safeguarding Hub (MASH) Tel: 0151 443 2600 who will advise on how to proceed.

Appendix 7

Pressure areas - Criteria for raising a Safeguarding Concern

Easy Guidance

When should a safeguarding Concern be made?

A Safeguarding Concern should be reported when a failure to provide adequate care has resulted in a person developing a pressure ulcer.

A person identified as being at risk develops a pressure ulcer and a care plan is not in place or has not been followed.

A person identified as being at risk develops a pressure ulcer does not have appropriate equipment provided in a timely way or staff are not trained in using equipment.

A person identified as being at risk develops a pressure ulcer and repositioning charts not used or are not completed.

A person identified as being at risk develops a pressure ulcer and specialist advice has not been sought.

The key issue is whether the development of a pressure ulcer was *avoidable*, if so, a Safeguarding Concern must be reported.

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

A person has developed a pressure ulcer and a care plan is in place and has been followed, turning charts have been completed, necessary equipment is in place and staff are appropriately trained.

This document is intended to offer guidance to managers in making decisions but it is acknowledged that at times there may be incidents where decision-making is not straightforward and professional judgement is required. In all cases ensure that the reasons for the decision are recorded.

If in doubt contact the Knowsley Multi-agency Safeguarding Hub (MASH) Tel: 0151 443 2600 who will advise on how to proceed.

Appendix 8

Medication error - Criteria for reporting a Safeguarding Concern

Easy Guidance

When should a Safeguarding Concern be reported?

A safeguarding issue in relation to managing medicines could include the deliberate withholding of medication with no medical reason; the incorrect use of medication for reasons other than the benefit of the person; a deliberate attempt to harm through use of a medicine; unintentional harm due to incorrect medication or dose being given; unintentional harm due to failure to administer prescribed medication.

Where an error in administering medication results in harm to an adult at risk then a Safeguarding Concern must be reported.

Where a person has not been given their prescribed medication and this results in harm then a Safeguarding Concern must be raised.

A *repeat* medication error, even if the person has not been harmed, must be reported as a Safeguarding Concern as repeat incidents may indicate that safe systems are not in place.

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

Where an error in administering medication is made, no harm occurs and it is a 'one-off' incident the Manager should report the incident through the Provider-led Concern (care concern) process. Refer to **Section 9** of this Guidance.

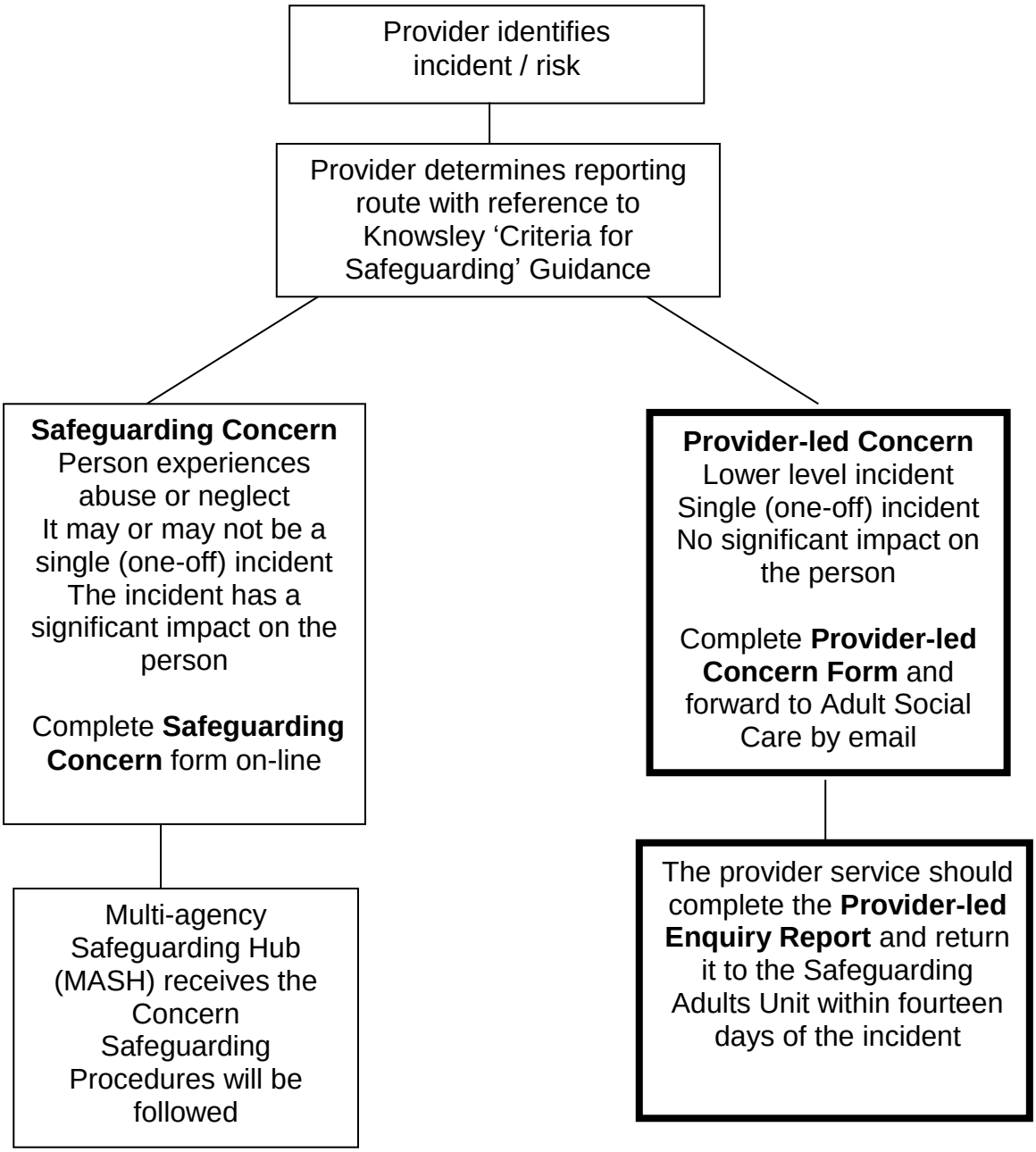
Where a person has not been given their prescribed medication, no harm occurs and it is a 'one-off' incident the Manager should report the incident through the Provider-led Concern process. Refer to **Section 9** of this Guidance.

This document is intended to offer guidance to managers in making decisions but it is acknowledged that at times there may be incidents where decision-making is not straightforward and professional judgement is required. In all cases ensure that the reasons for the decision are recorded.

If in doubt contact the Knowsley Multi-agency Safeguarding Hub (MASH) Tel: 0151 443 2600 who will advise on how to proceed.

Appendix 9

Safeguarding Concern/Provider-led Concern



Appendix 10

Guidance for initiating Provider-led Concerns (formerly Care Concerns)

Easy Guidance

1. Financial, Physical or Sexual Abuse **are always** Safeguarding Concerns and must be reported to the Knowsley Multi-agency Safeguarding Hub (MASH). The provider must not commence an enquiry as a police enquiry may be required.

2. Where a service user has been a victim of abuse by another service user, and there are sufficient concerns to take action but there no evidence of 'significant impact' please consult the guidance on responding to incidents between service users at **Section 4** of this Guidance. **Low level incidents between service users (incidents which have not resulted in significant impact) can be managed by the provider without the need to report as a Provider-led Concern to Knowsley Adult Social Care Services.** More serious incidents between service users which result in a service user being harmed, and/or the person or their representative is not satisfied with the way the incident has been managed, must be reported as Safeguarding Concerns. (*Repeat* low level incidents of abuse of a service user by another must be reported as Safeguarding Concerns.)

3. Report through the Provider-led concern process when you identify an incident in which the care provided by *your* service has been compromised but the incident has not had a significant impact on the person. (Complete a **Provider-led Concern Form** and forward to Knowsley Adult Social Care Services. Complete a Provider Enquiry Report within 14 days and forward to adultsocialcare@knowsley.gov.uk A *repeat* incident of compromised care should be reported as a Safeguarding Concern.

4. **You cannot report an issue about/on behalf of another Agency** through the Provider-led Concern process; the key issue is that the agency themselves has recognised poor practice and is taking action.

5. Not every incident involving a service user requires a Provider-led Concern *or* a Safeguarding Concern to be reported. **You do not need to report** accidents, illness or any natural events through the Provider-led process.

6. You do not need to raise a Provider-led Concern or a Safeguarding Concern when a person's own behaviour has had a significant impact on him/herself and risk assessments have been followed.

This document is intended to offer guidance to managers in making decisions but it is acknowledged that at times there may be incidents where decision-making is not straightforward and professional judgement is required. In all cases ensure that the reasons for the decision are recorded.

If in doubt contact the Knowsley Multi-agency Safeguarding Hub (MASH) Tel: 0151 443 2600 who will advise on how to proceed.

Appendix 11

Guidance for initiating Provider-led Concerns - Examples

The following Guidance may be used to assist in distinguishing between poor practice i.e. failure to meet a service user's care needs, which should be managed by a provider agency and addressed as a Provider-led concern and abuse which should trigger the reporting of a Safeguarding Concern.

The following table illustrates ***examples*** of circumstances which can be managed by reporting a Provider-led Concern and those which should be reported as a Safeguarding Concern; please note this is *not* an exhaustive list.

Area of concern	*Provider-led Concern* Examples of poor practice which requires action by a provider organisation e.g. care home or domiciliary care manager	*Safeguarding Concern* Examples of possible abuse which requires reporting as such, and the instigation of Safeguarding procedures
1.Failure to provide assistance with food/ drink	Person does not receive necessary help to have a drink/meal. If this happens once and a reasonable explanation is given e.g. unplanned staffing problem, emergency occurring elsewhere in the home, dealt with under staff disciplinary procedures; would not be reported as a Safeguarding Concern.	Person does not receive necessary help to have drink/meal and this is a recurring event, or is happening to more than one person. This constitutes neglectful practice, may be evidence of institutional abuse and would prompt a safeguarding enquiry. Impact: malnutrition, dehydration, constipation, tissue viability problems.
2.Failure to provide assistance to maintain continence	Person does not receive necessary help to get to toilet to maintain continence or have appropriate assistance such as changed incontinence pads If this happens once and a reasonable explanation is given e.g. unplanned staffing problem, emergency occurring elsewhere in the home, dealt with under staff disciplinary procedures; would not be reported as a	Person does not receive necessary help to get to toilet to maintain continence and this is a recurring event, or is happening to more than one person – neglectful practice, may be evidence of institutional abuse and would prompt reporting of a Safeguarding Concern. Impact: pain, constipation, loss of dignity, humiliation, skin problems..

Area of concern	*Provider-led Concern* Examples of poor practice which requires action by a provider organisation e.g. care home or domiciliary care manager	*Safeguarding Concern* Examples of possible abuse which requires reporting as such, and the instigation of Safeguarding procedures
	Safeguarding Concern.	
3. Failure to seek assessment re pressure area management	Person known to be susceptible to pressure ulcers has not been formally assessed with respect to pressure area management but no discernible harm has arisen. Complete Provider-led Concern Form. This may need to be dealt with under disciplinary procedures.	Person is frail and has been admitted without appropriate risk assessment in respect of pressure area management (or plan not followed). Care provided with no reference to specialist advice re diet, care or equipment. Pressure damage occurs. Neglectful practice, breach of regulations and contract, possible organisational abuse. Safeguarding Concern should be reported. Impact: avoidable tissue viability problems.
4. Medication not administered	Person does not receive medication as prescribed on one occasion but no harm occurs. Internal enquiry should be undertaken, possible disciplinary action depending on severity of situation including type of medication.	Person does not receive medication as a recurring event, or it is happening to more than one person. Neglectful practice, regulatory breach, breach of professional code of conduct if nursing care provided. Dependant on degree of harm, possible criminal offence. reported as a Safeguarding Concern. Impact: pain not controlled, risk to health, avoidable symptoms.
5.Moving and handling procedures not followed	Appropriate moving and handling procedures not followed but person does not experience harm. Provider acknowledges departure from procedures and inappropriate practice	One or more people experience harm through failure to follow correct moving and handling procedures, or frequent failure to follow moving & handling procedures make

Area of concern	*Provider-led Concern* Examples of poor practice which requires action by a provider organisation e.g. care home or domiciliary care manager	*Safeguarding Concern* Examples of possible abuse which requires reporting as such, and the instigation of Safeguarding procedures
	and deals with this appropriately under disciplinary procedures (to the satisfaction of person involved).	this likely to happen. Neglectful practice – reported as a Safeguarding Concern. Impact: Injuries such as falls and fractures, skin damage, lack of dignity, loss of confidence for the person.
6. Failure to provide support to maintain mobility	Person not given recommended assistance to maintain mobility on one occasion.	Recurring event, or is happening to more than one person, resulting in reduced mobility. Impact: loss of mobility, confidence and independence.
7. Failure to provide medical care	An adult at risk is in pain or otherwise in need of **medical care** such as dental, optical, audiology assessment, foot care or therapy does not on one occasion receive required medical attention in a timely manner.	An adult at risk is provided with an evidently inferior medical service or no service. Impact: pain, distress, deterioration in health
8. Inappropriate comments from staff	Person is spoken to in a rude, insulting, humiliating or other inappropriate way by a member of staff. They are not distressed and this is an isolated incident. Provider takes appropriate action, to the satisfaction of the person involved.	Person is frequently spoken to in a rude, insulting, humiliating or other inappropriate way or it happens to more than one person. Regime in the home doesn't respect people's dignity and staff frequently use derogatory terms and are abusive to residents. Regulatory breach - report as a Safeguarding Concern. Impact: demoralisation, psychological distress, loss of self-esteem.
9. Significant need not addressed in Care Plan	Person does not have within their **Care Plan**/Service Delivery Plan/Treatment Plan a section which	Failure to specify in a patient/client's Plan how a significant need must be met. Inappropriate action or

Area of concern	*Provider-led Concern* Examples of poor practice which requires action by a provider organisation e.g. care home or domiciliary care manager	*Safeguarding Concern* Examples of possible abuse which requires reporting as such, and the instigation of Safeguarding procedures
	addresses a significant assessed need, for example: • Management of behaviour to protect self or others. • Liquid diet because of swallowing difficulty. • Cot sides to prevent falls and injuries but no harm occurs.	inaction related to this results in harm such as *injury, choking etc.* Report as a Safeguarding Concern.
10.Care Plan not followed	Person's needs are specified in Treatment or **Care Plan**. Plan not followed, need not met as specified but no harm occurs.	Failure to address a need specified in a person's Plan results in harm. This is especially serious if it is a recurring event or is happening to more than one person. Report as a Safeguarding Concern.
11. Domiciliary care visit missed	Person does not receive a scheduled domiciliary care visit and no other contact is made to check on their well-being, but no harm occurs. Provider deals with this appropriately through internal enquiry, to the satisfaction of person involved.	Person does not receive scheduled domiciliary care visit(s) and no other contact is made to check on their well-being resulting in harm or serious risk to the person. Report as a Safeguarding Concern.
12. A person who lacks capacity to make decisions regarding their personal safety is missing from a Care Home.	Staff become aware immediately that the person is missing and locate the person before they have left the grounds of the Home.	The person leaves the grounds of the Home and is found in the community. Report as a Safeguarding Concern. Potential for very serious impact: road accident, physical injury, distress.

What should I do if I am unsure?

If after considering this guidance you are still unsure as to whether you need to initiate the safeguarding process then you can discuss it with your Manager or Safeguarding Lead for your organisation; or contact the Knowsley Multi-agency Safeguarding Hub (MASH) for advice (Tel: 0151 443 2600).