

West Berkshire Council Safeguarding Adults Policy and Procedure

Reference: *
Version No: 4.1
Issue Date: April 2017

Document Control

Document Ref:		Date Created:	April 2015
Version:	4.1	Date Modified:	April 2017
Revision due	April 2018		
Author:	Sue Brain	Sign & Date:	April 2017
Head of Service:	Andrea King	Sign & Date:	April 2017
Equality Impact Assessment: (EIA)	Date undertaken:		
	Issues (if any):		

Change History

Version	Date	Description	Change ID
4.1	March 2017	Updated – reviewed and updated to align to new service structure Section 9 - Allegations against Persons in a Position of Trust <i>new References to CareDirector introduced</i>	
3.2	August 2016	Updated August 2016, update to formatting and Appendix 1	
3.1	April 2016	Updated	
3.0	April 2015	Revised Safeguarding procedure issued to incorporate Care Act requirements. This replaces all previous local safeguarding procedures	

Related Documents

Reference	Title	Tier
	Berkshire Multi-Agency Safeguarding Adults policy and procedure	



Contents

1.	Purpose and Aims.....	3
2.	Scope.....	4
3.	Principles	4
4.	Risk Management.....	5
5.	Duties and Definitions.....	5
6.	Radicalisation	8
7.	Pressure Ulcers	8
8.	Information sharing and co-operation	8
9.	Allegations against Persons in a Position of Trust (PIPOT).....	9
10.	Legislation	9
11.	Roles and Responsibilities	10
12.	Procedures.....	12
13.	Concern.....	12
14.	Making Safeguarding Personal.....	15
15.	Section 42 Enquiry.....	17
16.	Enquiries	18
17.	Closure of S42 Enquiry	19
18.	Case Conference	20
19.	Out of County Placements	20
20.	Safeguarding Adult Reviews.....	21
21.	Audit	21
	Appendices	23

Statement of Commitment

West Berkshire District Council is committed to ensuring all its residents and visitors to the District have the right to live their lives free from abuse and neglect regardless of their personal circumstances. It is committed to promoting and protecting an individual's human rights, independence and wellbeing and ensuring that people are treated with dignity and respect. However the Council recognises that for some people those rights are more difficult to uphold because they have greater challenges to overcome, for example old age, disability or mental health problems. The Safeguarding Adults process is one of the measures put in place to help achieve that commitment.

The Council recognises that safeguarding adults can best be achieved by working in partnership with other agencies and individuals, and by always putting the person at risk of, or experiencing, abuse or neglect at the heart of the solution; ensuring their wishes are central to any course of action taken as a result of any concerns raised.

1. Purpose and Aims

- 1.1. The purpose of this policy and procedure is to support staff to respond and act appropriately to all concerns of abuse or neglect they may encounter and to create a consistent response across the council. This policy and procedure sets out roles and responsibilities in order that staff understand what they should do to respond effectively. This response will be guided by legislation, statutory guidance e.g. Care Act 2014 statutory guidance published March 2016, Pan Berkshire Multi Agency Safeguarding Policy and Procedures and the principles of adult safeguarding as defined by the Department of Health guidance issued in May 2011 and which remain central to an adult safeguarding approach.
- 1.2. The overarching aims of adult safeguarding processes are to:
 - Stop abuse or neglect wherever possible
 - Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
 - Safeguard adults in a way that supports them in making choices and having control about how they want to live
 - Promote an approach that concentrates on improving life for the adults concerned
 - Provide information and support in accessible ways to help people understand the different types of abuse, how to raise a concern about the safety and wellbeing of an adult and address what has caused the abuse or neglect
- 1.3. It is important to appreciate that procedures do not safeguard people; good practice does. This policy and procedure is designed to provide a framework for staff to respond accordingly to concerns raised about abuse, not provide a definitive set of resolutions. All adults have a unique set of circumstances and wishes which will shape a resolution to their particular issues.

2. Scope

2.1. This policy and procedure applies directly to all operational staff within:

- Safeguarding Adults Team located in the **Prevention and Safeguarding Service**
- Adult Social Care Operational Teams: Maximising Independence (MI) Team, West Locality Team, East Locality Team, Central Locality Team, the Review Team, the Sensory Needs Team and the Specialist Mental Health Team
- All West Berkshire Council employees, involved in the direct provision of Adult Social Care.

2.2. Other employees of the Council will be expected to be familiar with this policy and procedure in order to understand the Council's responsibilities towards adults in the District who may be at risk of or experiencing abuse and neglect, and their role in discharging those responsibilities.

3. Principles

3.1. The 6 core principles underpinning safeguarding apply to all sectors and settings. They are designed to inform the way professionals and others work with adults who are subject to the safeguarding process. Those principles are:

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

3.2. These principles must be translated into outcomes for the individual in order for them to have any value. The Council is committed to making safeguarding personal and will demonstrate this by:

- Adopting a person centred approach by including/involving the person in the process. For some people this may mean ensuring they have adequate representation either through independent advocacy or family/friends, if necessary. The Local Authority has a duty to make an advocate available where suitable representation cannot be identified.
- Identifying the outcomes that the individual wants
- Taking account of diversity, lifestyles and beliefs
- Recognising and building on strengths

- Minimising factors that impair capacity
- Involving others (with consent) – carers/advocates
- Helping the individual to weigh up risks and solutions
- Respecting choices and an individual's right to revise those choices
- Facilitating a community approach to resolution from all relevant partners and providers

4. Risk Management

4.1. Safeguarding is fundamentally managing risk about the safety and wellbeing of an adult in line with the 6 principles detailed above. The aim of risk management is:

- To promote, and thereby support, inclusive decision making as a collaborative and empowering process, which takes full account of the individual's perspective and views of primary carers;
- To enable and support the positive management of risks where this is fully endorsed by the multi-agency partners as having positive outcomes;
- To promote the adoption by all staff of 'defensible decisions' rather than 'defensive actions'.

4.2. Effective risk management strategies identify risks and provide an action or means of mitigation against each identified risk, and have a mechanism in place for early escalation if the mitigation is no longer viable. Contingency arrangements should always be part of risk management. Risk assessments and risk management should take a holistic approach and adult social care teams should ensure that they have a system in place that enable early identification and assessment of risk through timely information sharing and targeted multi-agency intervention

5. Duties and Definitions

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted, including where appropriate having regard to their views, wishes, feelings and beliefs in deciding any action.

Department of Health. (March 2016) *Care and Support Statutory Guidance (Care Act 2014)* HM Govt Dept. of Health

5.1. The Care Act 2014 requires that all Local Authorities 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 (SAB)**, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
- **carry out Safeguarding Adults Reviews** when someone with care and support needs dies 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. S42 of the Care Act specifically requires that where a Local Authority has reasonable cause to suspect that an adult (persons of 18 and over) in its area:
 - Has needs for care or support, whether or not the Local Authority is meeting them
 - And
 - Is experiencing or is at risk of abuse or neglect
 - And
 - As a result of those needs is unable to protect him or herself from the abuse or risk of it

5.2. It must make, or cause to make, whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adults case (whether under this Part or otherwise), and if so, what and by whom.

5.3. It is important to note that for Local Authority safeguarding duties to apply, the level of need of a particular individual is not relevant and the adult does not have to have **eligible** needs for care and support, or be receiving any particular service from the Local Authority. Therefore for clarity, within the scope of this definition are:

- All adults who meet the above criteria regardless of their mental capacity to make decisions about their own safety or other decisions relating to safeguarding processes and activities:
- Adults who manage their own care and support through personal or health budgets:
- Adults whose needs for care and support have not been assessed as eligible or which have been assessed as below the level of eligibility for support;
- Adults who fund their own care and support;

5.4. Adults in custodial settings i.e. prisons and approved premises are **outside the scope** of this policy. Prison Governors and National Offender Management Services have responsibility for these arrangements.

5.5. In order to discharge our duties appropriately it is critical that professionals work with the adult to promote their wellbeing in their particular safeguarding arrangements. Professionals must establish with the adult what safe means to them and how that can best be achieved. Professionals should not be advocating safety measures that do not take account of an individual's wellbeing. Wellbeing is specifically defined within S1 of the Care Act 2014. All enquiries should be person led and outcome focused.

- 5.6. The Care Act 2014 defines 10 categories of abuse; however, it is expected that Local Authorities will not limit their view of what constitutes abuse and neglect for the purposes of safeguarding.

Those 10 categories are:

Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, unlawful or inappropriate use of restraint or inappropriate sanctions

Domestic Violence – including psychological, physical, sexual, financial, emotional abuse, so called honour based violence, forced marriage, coercion and controlling behaviours within an intimate relationship. The practice of Female Genital Mutilation (FGM) is unlawful in the UK as is taking girls who are British nationals or permanent residents in the UK abroad for the purposes of practicing FGM.

Sexual Abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting. This category will also include exploitative situations, contexts and relationships in which an adult at risk receives something as a result of them performing or participating in sexual acts.

Psychological Abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, 'mate crimes' or unreasonable and unjustified withdrawal of services or supportive networks.

Financial Abuse – including theft, fraud, internet scamming, coercion in relation to an adults financial affairs or arrangements including in connections with wills, property, inheritance or financial transactions or the misuse or misappropriation of property, possessions or benefits

Modern Slavery – including slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of servitude, abuse and inhumane treatment

Discriminatory Abuse – including forms of harassment, slurs or similar treatment because of race, religion, gender, gender identity, age, disability or sexual orientation. This strand includes any crime committed where it is believed to have been motivated by hostility or prejudice based on a persons perceived disability, race, religion, sexual orientation or transgender. Those crimes are considered to be hate crimes and recorded as such.

Organisational Abuse - including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example or in relation to care provided in someone's own home. This may range from one off incidents to ongoing ill treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and Acts of Omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of life sustaining items such as medication, adequate nutrition and heating

Self Neglect – covering a wide range of behaviour; neglecting to care for one's own personal hygiene, health or surroundings and includes behaviour such as chronic disorganisation and compulsive hoarding.

6. Radicalisation

- 6.1. Radicalisation is not defined as a category of abuse above but is recognised to be comparable to other forms of exploitation, such as grooming and child sexual exploitation. The aim of radicalisation is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. This may be direct through a relationship, or more typically through social media.
- 6.2. Prevent is part of the Governments counter terrorism strategy CONTEST and aims to provide support and re-direction to vulnerable individuals at risk of being groomed into terrorist activity before any crimes are committed.
- 6.3. More information about the mechanisms set up to respond to the challenges of radicalisation and the Prevent process in West Berkshire can be found here in **Appendix 1**

7. Pressure Ulcers

- 7.1. An integrated pressure ulcer pathway had been developed aimed to support frontline staff in their local decision making to determine if a pressure ulcer is a sign of neglect. If a pressure ulcer is believed to have been caused by neglect it is reported as an adult safeguarding concern. There is a Berkshire Safeguarding Adults and Pressure Ulcer Protocol to support staff in deciding whether to report as a safeguarding concern. The pathway and protocol can be found at **Appendix 2**
- 7.2. Further guidance relating to thresholds and criteria is available in the Safeguarding Adults Board Thresholds document.

8. Information sharing and co-operation

- 8.1. The Care Act 2014 expects organisations to co-operate. Co-operation between organisations that take a broad community approach to establishing safeguarding arrangements, working together on prevention strategies and awareness raising also supports the aims and objectives of Health and Wellbeing Boards and the Community Safety Partnership. Local authorities and partner organisations should co-operate in order to deliver effective safeguarding, both at strategic level and in individual cases, where they may need to ask one another to take specific action in that case.
- 8.2. S6 of the Care Act describes a general duty to cooperate between the Local Authority and other organisations providing care and support. If an organisation is refusing to share information, the organisation conducting the enquiry can escalate to the Safeguarding Adults Board (SAB) to consider using powers conferred on it by virtue of S45 of the Care Act 2014, which puts an obligation on organisations to comply with a request for information in order that the SAB can perform its duties.

- 8.3. Sharing the right information, at the right time with the right people, is fundamental to good safeguarding practice, but it has been highlighted as a difficult area of practice. The Care Act 2014 Section 45 'supply of information' duty covers the responsibilities of others to comply with requests for information as detailed above. Sharing information between organisations as part of day-to-day safeguarding practice should also be undertaken in accordance with the Data Protection Act 1998.
- 8.4. Berkshire has a joint Information Sharing Protocol guiding this topic. This can be accessed via this link [Berkshire Safeguarding Adults policy and procedure](#)

9. Allegations against Persons in a Position of Trust (PIPOT)

- 9.1. The Care Act 2014 updated guidance published in March 2016 gives clarity around the expectations of organisations to manage allegations of abuse against employees or associated professionals. This includes ensuring procedures are in place to notify the Local Authority Designated Officer (LADO) for safeguarding children if the allegations made against an employee bring into doubt their suitability for working with children or young people, **and** it is known they undertake activities with those groups, even if it is not within the scope of the activities they undertake with their employer.
- 9.2. The SAB is currently developing a framework and guidance for Allegations against Persons in a Position of Trust for partners and Providers (as at March 2017). This framework and guidance should be on the SAB website once fully developed and agreed by the Board.
- 9.3. Where an allegation is made against a member of West Berkshire Local Authority staff providing services to adults at risk, please refer to the following guidance documents as relevant and appropriate to the circumstances: Disciplinary Policy, Corporate Code of Conduct, Personal and Professional Boundaries guidance, Home Care Handbook. The Safeguarding Adults Team should be made aware of any allegation of this nature made. Consideration is currently being given to the development of policy guidance for adults in line with the LADO responsibilities for children. This policy will be updated appropriately if those developments progress.
- 9.4. For allegations against West Berkshire Local Authority staff who may work or volunteer with children please follow the following policy guidance http://proceduresonline.com/berks/west_berk/p_alleg_against_staff.html

10. Legislation

- 10.1. These safeguarding procedures are written with reference to all relevant legislation including specifically The Mental Capacity Act 2005 (MCA) including Deprivation of Liberty Safeguards, Human Rights Act 1998 (HRA) and more recently the Care Act 2014. This is not an exhaustive list and it is acknowledged other legislation is in existence which safeguarding adults processes must take account of and which provides remedies and responses to safeguarding issues.

- 10.2. The HRA (1998) and the MCA (2005) are central to working with the person's subject of the safeguarding process. These safeguarding procedures are based on the presumption of capacity unless it is demonstrated otherwise. The consideration of capacity is critical to good safeguarding processes, including situations in which fluctuating or situational capacity may be defining features
- 10.3. Due consideration must be given to all relevant Articles of the HRA (1998) particularly Articles 3, (prohibition on torture, inhumane and degrading treatment) 5 (Right to Liberty) and 8 (Right to private and family life) when determining responses.
- 10.4. It is important that when applying safeguarding procedures, all staff are mindful of the relevant legislation and seek advice and guidance from WBC Legal Services where appropriate.

11. Roles and Responsibilities

11.1. The Head of Prevention and Safeguarding is responsible for reviewing and updating the procedures in consultation with relevant managers in Adult Social Care and Prevention and Safeguarding and in accordance with published timescales and ensuring that an up to date version of the procedures and accompanying forms are available on the Social Care Online Policy System.

11.2. Safeguarding Team

Staff in this team will:

- Provide advice and guidance to operational teams, other professionals, organisations and members of the public about how and when concerns should be reported.
- Provide advice and guidance to operational teams, other professionals, organisations and members of the public about how the Council meets its statutory obligations as lead coordinator of local safeguarding activity.
- Quality Assure the Council's approach to safeguarding in relation to risk evaluation and management, ensure this is documented adequately and comprehensively through its recording systems
- Lead and respond to any reports of organisational abuse, complex cases or those whose ordinary residence is not considered to be West Berkshire.
- Lead on raising awareness of the Council's safeguarding activity and responsibilities via the safeguarding adults forums
- Ensure that West Berkshire Council procedures are understood and followed by its staff
- Provide management information on safeguarding activity on a quarterly basis and/or as required.

11.3. Operational Teams

- Operational teams include the following: Locality Teams, Maximising Independence (MI) Team, Review Team, Sensory Needs Team and the Specialist Mental Health Team
- Staff in these teams will respond to concerns raised by members of the public or other professionals

- Staff will respond to and lead on any reports of abuse with clients who are on, or have been on their case load in accordance with these policies and procedures, making sure they know the wishes and desired outcomes of the person subject to a safeguarding intervention, that individuals are safe, assessing need and risk, facilitating a multi agency response where required and recording activity in a timely and appropriate way.
- Team Managers/Locality Managers will take responsibility for the day to day management of any safeguarding concerns that come to their team, for ensuring that the procedures are followed correctly and concluded when appropriate, ensuring that individual safeguarding meetings are arranged, S42 decisions are properly documented and for ensuring that all staff are supported to meet the requirements of the procedures.
- Service Managers in Adult Social Care take responsibility for ensuring their teams and Team Managers are well supported, are familiar with the policies and procedures and are capable of discharging the Local Authority's safeguarding duties.

11.4. All Local Authority Staff

- Are required to familiarise themselves with this policy and procedure and respond accordingly to any concern or incident of abuse they become aware of in the course of their work.

12. Procedures

- 12.1. The procedures set out the actions to be taken in West Berkshire Council and the roles and responsibilities of staff within those stages

13. Concern

Timescale: Immediate – actions must be completed within 24 hours of a concern being received into the Local Authority.

- 13.1. Concerns may be raised with the Local Authority through a variety of sources and in a variety of formats. Members of the public or organisations may complete a web alert, contact by telephone or email their concerns. All concerns about the safety and wellbeing of an adult with care and support needs must be taken seriously.
- 13.2. If the concern relates to an emergency, whoever receives the concern initially should ensure that necessary action is taken to contain that emergency and secure the safety of the person subject to the concern. E.g. an ambulance has been called, Police have been alerted etc
- 13.3. In a situation where the allegation is from an adult to another person of sexual abuse or there is suspicion that sexual abuse has occurred or there is a suspected case of physical injury that has caused harm to an adult constituting an assault, actual or grievous bodily harm, the police should be notified and concerns discussed with them immediately. It is important that relevant information is shared at an early stage to ensure the response is both proportionate and sensitive and takes account of the victim's wishes.
- 13.4. Concerns may be received by the Operational Teams or the Safeguarding Team. In most cases, where an Operational Team receive a concern they are asked to direct those to the Safeguarding Team. Where immediate emergency action has been required, actions taken should be notified to the Safeguarding Team together with details of the concern.
- 13.5. If an obvious safeguarding concern is identified by an Adult Social Care practitioner during the course of their normal work, that worker is required to complete and record the concern, including making and justifying a decision whether or not to go to a S42 enquiry. This decision should be made within 24 hours and the concern form closed accordingly. That worker should then notify the safeguarding team by email including the client name, CareDirector Reference number and date raised. Where there is doubt about the appropriateness of raising a concern this should be discussed with the safeguarding team before recording the concern.

See flow chart in Appendix 3

- 13.6. All concerns received by the Safeguarding Team will be triaged. The triage process will determine the perceived level of risk, whether further action or assessment is required and whether that action or assessment will be carried out under the safeguarding framework.

13.7. As part of the triage process the following will be considered:

- Is anyone in immediate danger (this may already have been dealt with – please see above)
- Is there evidence that the person subject of the concern is a person in need of care and support?
- Is there evidence or indicators of risk of abuse or self neglect that could seriously harm the individual?
- What are the risk factors impacting on the person's ability to protect themselves against the risk of abuse or self neglect?
- Is there any indication of the desired outcomes and/or wishes of the person subject of the concern?

13.8. A risk matrix tool is used to support decision making, and all concerns raised, will be considered within the context of the risk matrix tool, unless it is clear the criteria for a safeguarding response is not met. For example the adult has no care and support needs or the situation reported is not considered abusive and/or harmful, either in respect of the 10 defined categories or more generally.

13.9. In most cases, it is expected the person who receives the concern will make initial contact with the person who is subject of that concern unless there is an overriding reason, usually for the purposes of safety or if communication difficulties exist, not to. The purpose of contact is to ensure they are aware of the concern raised and to establish what they may want as an outcome of any intervention. It is therefore important consent is considered and obtained where possible. If consent is not obtained, clarity should be sought as to why and the reasons documented.

13.10. West Berkshire Domestic Abuse Policy and West Berkshire At Risk Pathway will be referred to as appropriate during the triage process. Relevant legislation and other policy will also be considered at this stage. The triage form will document the rationale behind the decisions taken.

13.11. Triage concerns will be allocated in the following manner:

- **Assessed as not meeting the criteria for the safeguarding framework;** those concerns may be directed to an operational team for information and signposting or consideration of any ongoing Adult Social Care intervention or directed to an external agency as a referral or for ongoing support.
- **Assessed as safeguarding and requiring processing under the safeguarding framework but not requiring any further action;** following initial review and contact with the person subject of the concern and/or the individual or organisation who raised the concern, those concerns may be directed to an operational team for information and signposting or consideration of any ongoing Adult Social Care intervention, or directed to an external agency who may be supporting the individual already (e.g. Swanswell or A2 Dominion) or directed to the Care Quality team for information.
- **Assessed as safeguarding and requiring processing under the safeguarding framework and requiring further enquiry;** those concerns will be directed to an operational team or retained by the safeguarding team (dependant on criteria) to undertake a S42 enquiry. If required the Safeguarding

Team will ensure the CQC are aware of any relevant concerns raised in relation to a regulated service.

See flow chart in Appendix 3

- 13.12. The triage form and all relevant safeguarding documentation and recording in relation to concerns will be completed by the Safeguarding Team and uploaded to CareDirector for future reference, unless the Adult Social Care practitioner has identified and recorded the concern during the course of their normal work (see 1.6).
- 13.13. Where there is any information that suggests children have been involved either as perpetrators or simply present in an unsafe environment, Child Protection Services must be notified without delay.
- 13.14. Where possible, practical and relevant, information gathered in relation to carers will be collated and documented through the triage process.
- 13.15. For the purposes of clarity the following documentation will be completed by the Safeguarding Adults team (unless S1.6 applies):
- In all cases a triage form will be completed and uploaded to CareDirector.
 - For those allocated as not meeting the criteria for the safeguarding framework, a record of the concern will be made on significant events within CareDirector.
 - For those assessed as safeguarding and requiring processing under the safeguarding framework, but not requiring any further action, a Concern Form will be completed and uploaded to CareDirector. This will be closed and the document will explain why a S42 enquiry is not required.
 - For those assessed as safeguarding and requiring processing under the safeguarding framework and requiring further enquiry, a Concern Form will be completed and uploaded to CareDirector. An email will be sent to the operational team that the referral will be sent to with an instruction to open a S42 Enquiry Form.

See appendix 4: CareDirector Concerns reporting procedure

- 13.16. Once a safeguarding enquiry has been allocated to an operational team, that team will be responsible for completing and uploading all subsequent documentation that relates to the case and uploading it to CareDirector
- 13.17. The allocation criteria agreed for allocating a safeguarding case to any operational team is set out below:
- For any person that has a case which is currently open, active or closed under review to an operational team; any safeguarding matter they may have that requires enquiries to be made, the case will be sent to that operational team for action. In most cases that will be the locality team pertinent to their home address or GP surgery.
 - For any person that is unknown to the Council or has a case that is closed in its entirety because, for example, they are not receiving a service; any safeguarding matter they may have that requires enquiries to be made, the case will be sent to the locality team pertinent to their home address or GP surgery for action.
 - A person already known to, and being worked with, the Sensory Needs Team, will be referred to that team for the S42 enquiry to be undertaken

- For any person who is currently in hospital and discloses a safeguarding concern; the case will be sent to the Maximising Independence (MI) Team. Where a person is discharged from hospital but a S42 enquiry, started by the MI team, remains uncompleted, the manager of the MI team must discuss the case with the manager of the pertinent locality or other operational team and agree whether the case should be transferred to that team or retained in the MI team until the enquiry is completed. Any decision to transfer will be dependent upon how complex the enquiry is, how long it may take to complete, whether resolution to the matter is best met through one team or the other. Any transfer of an enquiry must be planned, properly explained to the person central to the enquiry and the decision fully documented.
- The Specialist Mental Health Team will take complex mental health safeguarding S42 enquiries. The decision of whether a case sits with the specialist team or other operational team will be established at concern stage. Where agreement cannot be reached about the appropriate team to manage a case, it will be referred to the Principal Social Worker or Head of Service for a decision. In other cases, the Specialist Mental Health Team will support other operational teams with any mental health safeguarding case where their expertise may be helpful to achieve a positive outcome.
- Out of County and cases of Organisational abuse will remain with the safeguarding team.

14. Making Safeguarding Personal

- 14.1. This national initiative supported by ADASS, with principles core to the ethos of the Care Act 2014, sees safeguarding shift from a process of “doing to” to “doing with” an individual. This means it is critical that the voice of the person who is the subject of the safeguarding process’ is not lost within the activities, paperwork and reporting that ensue when a Concern is raised and a S42 Enquiry commences.
- 14.2. It is critical that the views of the person subject of the S42 Enquiry are taken fully into account when determining what action should be taken and the outcomes from the safeguarding intervention they would like to see. The allocated officer should review information already provided as part of the safeguarding process to see whether the person subject to the S42 Enquiry has indicated as a preferred outcome.
- 14.3. Where this information has not been gathered because it is indicated that the person subject to the Enquiry either lacks the capacity to engage with the process or has significant communication difficulties, it will be necessary to support the individual to express their views and wishes either by arranging for an appropriate friend or relative to be their representative or arranging for an advocate to take up this role. If a person has a relative or friend willing to act for them but they express a preference for an independent advocate, their wishes should be respected. **This must be done at the earliest opportunity.**
- 14.4. Please refer to the Independent Advocate Guidance dated March 2015 for details of how to access the service.

14.5. The views and wishes of the person subject to the Enquiry **must** be considered central to the safeguarding process. If their desired outcome is not realistic, undue influence is suspected or it is considered that there is a matter of public interest or a wider risk to others which to resolve will require action they do not desire, the individual worker and the representative or advocate must support the person to understand why action, contrary to their wishes, must be taken. In short if an adult refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, in general their wishes should be respected. However there are a number of circumstances where staff can reasonably override such a decision including:

- The adult lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the MCA. This should include whether the person is genuinely and independently able to understand, retain and weigh information relevant to the decision, or whether they are being prevented from doing so because of coercion and/or the undue influence of others. This should also include consideration of a person's executive ability to plan and carry out decisions e.g. capacity to carry out decisions in real time and not just in the abstract undertaken in unreal settings such as an assessment.
- Emergency or life threatening situations may warrant the sharing of relevant information with the emergency services without consent
- Other people, are, or may be at risk, including children
- Sharing the information could prevent a serious crime
- A crime has been committed
- The risk meets the criteria for a multi agency risk assessment meeting and disclosure is required in order for the Local Authority to carry out its legal obligations in terms of safeguarding duties
- Staff are implicated and disciplinary action needs to be taken
- There is a court order or other legal authority for taking action without consent.

14.6. If a decision is taken to override a persons expressed wishes for any of the reasons cited above, it is critical to keep a careful record of the decision making process, including any mental capacity assessments undertaken to support the decision. Staff should seek advice from their line manager before overriding the adult's decision. In the event of an emergency situation where a decision to override a person's expressed wish needs to be taken quickly, management guidance should be sought where possible, or the advice of WBC Legal Services if management is not available. In the unlikely event no guidance can be obtained and a decision is made, actions taken to obtain such advice should be clearly recorded.

14.7. At the close of a S42 Enquiry the views of the person subject to that enquiry in relation to their experience of the safeguarding process will be captured and recorded as part of our statutory reporting requirements.

15. Section 42 Enquiry

Timescale: The S42 Enquiry Form should be opened at the time an allocation at triage is made. Typically this will be on the same day a Concern Form is closed.

- 15.1. There are two parts to the S42 Enquiry Form; Part A – Initial Response and Part B – Actions Taken and Final Outcome. Part A will be opened on the day a request that a S42 Enquiry is required is made. Part A is likely to be completed and closed on the same day, or very soon thereafter, as it is opened. Part B will be completed as the case is concluded and will allow for the reporting of conclusions and outcomes. Full enquiries, strategy meetings, interviews etc will all take place after the closure of Part A but before the opening of Part B.
- 15.2. A member of the safeguarding team should be nominated as a secondary allocation on RAISE by the operational team when opening up a S42 Enquiry Form.
- 15.3. The allocated worker will be required to gather more information and evidence to assess the level of risk to the individual, their capacity to understand relevant issues and their ability to make decisions about them.
- 15.4. The worker will also consider who else may need to be consulted and/or informed about the enquiry. This may include: Carer, District Nurse, CPN, GP, Voluntary Organisations, Consultants, Police, Housing, Care Provider, Internal Legal Services etc.
- 15.5. Where a care provider is involved, consideration should be given to the management of that organisation being notified immediately (if they have not raised the concern themselves) to enable them to take appropriate action e.g. suspending staff about whom allegations have been made. **Please refer to the section in this policy document entitled Allegations against Persons in a Position of Trust.**
- 15.6. Consideration must be given to actions which may compromise a criminal investigation. Close communication with the Police should ensure actions taken will not compromise an investigation or contaminate evidence. It is imperative that early consultation with the police should take place if there is any suspicion that a criminal offence has been or may have been committed - failure to do so may result in the loss of/contamination of vital evidence.
- 15.7. In addition to those alleged criminal activities identified at concern stage where police should be called immediately, any allegation or suspected cases of cruelty (such as ill treatment or neglect), organised or institutional abuse or allegations or suspicions of financial abuse should also be discussed with the police at the earliest possible opportunity. It should be agreed at the earliest opportunity which agency will take the lead in any enquiry. In matters of possible crime it is likely the Police will take the lead in the first instance.
- 15.8. If the alleged perpetrator is a person who also has care and support needs and lacks the capacity to understand the significance of events and actions, they are entitled to the support of an Independent Mental Capacity Advocate (IMCA) through the safeguarding process. This is separate to their right to have an 'appropriate adult' support them in interview under the provisions of the Police and Criminal Evidence Act 1984 Code of Practice. This is also separate to the decision to

provide general advocacy support under the Care Act 2014 to the person subject of the concern who is the subject of the concern, although one person may support both of these roles.

16. Enquiries

Timescale: This will very much depend on the nature and circumstance of the alleged abuse or neglect. There is a recognition that the safeguarding process is not linear and may go in multiple directions before reaching a conclusion. Notwithstanding this, there is an expectation that enquiries should conclude within a reasonable timeframe but that implementation of any protection plan agreed may take longer. However, implementation should not hold up a conclusion and outcome.

- 16.1. The enquiry activity will vary dependent upon the matter that has been raised as a concern.
- 16.2. The purpose of an enquiry is to establish the facts, identify the risk, determine the views and wishes of the person subject of the enquiry, formulate a plan with all concerned to reduce the risk, taking all relevant views and facts into account and in some cases supporting the individual to obtain justice.
- 16.3. The worker making those enquiries will review information gathered, the views of the person subject to the enquiry, risk analysis undertaken and immediate actions taken to determine what else needs to occur.
- 16.4. Where more than one agency is involved in the case or a matter is complex, a Strategy Meeting or a series of Strategy Discussions **may** take place. A Strategy Meeting should include those whose presence is essential to make decisions about the formulation of a Protection Plan or the implementation of safeguarding actions. This will include the person subject to the enquiry or their representative or advocate in most cases. Families may also be invited to attend for a portion of the meeting where this is considered useful. It is suggested that where they are invited to attend, they attend at the end of the professionals meeting unless they are the nominated representative of the individual in the safeguarding process.
- 16.5. Strategy Discussions, where they occur, should take place with those agencies and individuals who are able to contribute to successful outcomes.
- 16.6. It is typically the responsibility of the operational team undertaking the enquiry to arrange and chair any Strategy Meeting and to co-ordinate any Strategy Discussions. In certain circumstances the safeguarding team may support the operational team by chairing the strategy meeting. This may be, for example, where a case raises a series of complex situations, may compromise existing client, family and team relationships or may raise a conflict of interest. Support of this nature, provided by the safeguarding team, will be determined on a case by case basis and early negotiation to agree the level of support that can be given should be initiated by the operational team. It is expected that the line manager of the allocated worker will support them with direct advice and guidance and using the supervision framework. Workers undertaking an enquiry should have attended all

the West Berkshire Council safeguarding training, including Level 3 safeguarding training that includes chairing meetings as part of the course content

16.7. There are a variety of templates on CareDirector and as word documents on the Intranet that will support those tasked with investigating the concern. Those templates are guides and will not be suitable for every enquiry undertaken. Workers will use their discretion about which tools to use. Templates currently include:

- Record of Safeguarding Adult Meeting
- S42 Enquiry Strategy
- S42 Enquiry Report
- S42 Protection Plan and Outcome Document

This is not planned to be an exhaustive list and new templates will be added as they are identified and designed.

16.8. Where a Strategy Meeting takes place the relevant template **must** be completed as a record of that intervention, for the purposes of an accurate audit trail.

16.9. Sometimes an external agency may be asked to investigate an element of the safeguarding concern and provide a report to the Local Authority worker who holds the S42 enquiry, as part of the enquiry process. This may include for example health partners, providers etc. It must be noted that the Local Authority retain responsibility for the enquiry, the recording of that enquiry on CareDirector and any actions taken as a result of that enquiry. This responsibility cannot be delegated to any other agency.

17. Closure of S42 Enquiry

Timescale: This will be dependent on the completion of the Enquiry process. Implementation should not hold up a conclusion and outcome.

17.1. This will be at the point an enquiry has come to a set of conclusions and outcomes. In some cases this may include a protection plan which has been implemented or is in the process of being implemented, but it may not be appropriate or relevant in all cases. Family group conferences may also be an option to be explored where it is considered to be an appropriate disposal.

17.2. Part B of the S42 Enquiry Form should be completed at this stage. Part B requires the worker to reflect on the outcomes desired by the person subject of the enquiry and captured in Part A. They must ascertain with the person and/or their advocate or representative whether those outcomes have been met. This must be recorded.

17.3. Continued monitoring either of a protection plan where one exists, or the situation for the person subject to the enquiry, will be through normal case management processes and not through the safeguarding framework. Part B must be completed once all enquiries and plans have been established, agreed and implementation of said plans either completed or in progress.

- 17.4. Feedback forms will be sent to the person at the centre of the safeguarding enquiry after closure. These forms will be sent by the Adult Safeguarding team and the request to close a S42 enquiry will prompt the sending of these documents.
- 17.5. There are 2 feedback forms, one of which is an easy read version. Both should be sent with a standard letter which advises the recipient to choose the form that they would prefer to use. They need only return one. A stamped addressed envelope will be included with the forms.
- 17.6. All returned forms will go to the Safeguarding Adult team. The question responses will be input into a pre set Survey Monkey programme which will be reviewed regularly by the team. Routine sharing of anonymised data gathered will be shared with ASC teams quarterly. Corporate reporting for 2017/18 will include the survey results.
- 17.7. Every form sent will have an identifier, which will be their CareDirector number, entered as a footer at the bottom of each form and as a reference on the letter . The purpose of the identifier is to ensure that if further abuse is disclosed or poor treatment as part of the feedback process this can be followed up. The letter will clearly state why there is an identifier and its purpose.

18. Case Conference

Timescale: As soon after the close of an enquiry as practicable and possible.

- 18.1. At the close of a case it may be helpful to hold a Case Conference. This will not be relevant in all circumstances and for all cases. It may be particularly helpful where a case has involved multiple perpetrators or multiple victims and/or multiple agencies have been involved in managing risk or supporting a person to exercise their rights.
- 18.2. A conference gives an opportunity for all those involved to understand the situation that occurred more fully and gain closure where this is possible. To that end it is expected this meeting will involve the person subject of the enquiry and their family or representatives.
- 18.3. This co-ordinated meeting will be organised and managed by the operational team who completed the enquiries.
- 18.4. The decision to hold a conference will be considered on a case by case basis. That this has been considered and the rationale applied when determining whether a conference should be held or not must be recorded on CareDirector.

19. Out of County Placements

- 19.1. Where abuse occurs to a West Berkshire funded client placed out of County ADASS protocol requires that the authority where the abuse occurs will have responsibility for co-ordinating any S42 Enquiries and subsequent protection plans or actions.
- 19.2. West Berkshire Council, as the placing authority will have a responsibility to engage with the safeguarding process and has a continuing duty of care to the person. This

will require the relevant operational team to engage with any safeguarding process out of County.

- 19.3. The Team Manager or Service Manager of the relevant operational team would be required to act as the liaison officer for the purposes of ongoing safeguarding activity in relation to their service user.
- 19.4. Where concerns are raised about abuse which has allegedly occurred in West Berkshire to a person funded and placed by another authority, the Safeguarding Team in West Berkshire will take the lead in any relevant S42 Enquiry. Operational teams may be required to provide information or support the enquiry where relevant and appropriate.
- 19.5. The Safeguarding Team will ensure all relevant personnel from the placing authority are kept informed of updates and are invited to meetings where relevant. It is expected that the placing authority will exercise its duty of care to their service user during and after any safeguarding procedures.

20. Safeguarding Adult Reviews

- 20.1. The Care Act 2014 requires local Safeguarding Adult Boards to undertake a Safeguarding Adult Review (SAR) when an adult in its area dies or suffers permanent harm or would have died save for an intervention, as a result of abuse or neglect, whether known or suspected, and there is a concern that partner agencies could have worked more effectively to protect the adult. The purpose of the review is to promote learning from the case and to prevent future deaths or harm occurring.
- 20.2. West Berkshire is part of the West of Berkshire Safeguarding Adults Partnership Board which comprises partners across the Local Authority areas of Wokingham, Reading and West Berkshire.
- 20.3. Any case that meets the criteria of a SAR will be presented to a SAR panel in a set format for consideration. The SAR panel is a multi agency panel made up of Board members who consider each case and will agree the type of review process that will promote learning and prevent future deaths or serious harm occurring in the future.
- 20.4. The Safeguarding Team is responsible for preparing and presenting relevant cases to the SAR panel for consideration. They may also take a lead, or participate in reviews across the three localities.

21. Audit

- 21.1. The Safeguarding Team will routinely audit a sample of cases from closed S42 for the purposes of quality assuring the safeguarding response. This is in addition to the scrutiny that occurs when the request to close a safeguarding case is made.
- 21.2. The audits focus on timeliness of response, appropriateness of response and whether the case management has adhered to the principles of empowerment, proportionality, protection and partnership. Consideration of the appropriate

application of the MCA 2005 will be included within the subsection of empowerment.

- 21.3. The outcome of those audits will be shared with the relevant team manager with an expectation they will be discussed with the worker who managed the case.
- 21.4. The outcome of those audits will be shared anonymously at a 6 monthly peer review session with Reading and Wokingham. The results will feed into an overall report presented to the SAB to give the Board assurance of quality across the three areas.

Date for Review: April 2018

Appendices

Appendix 1 – Prevent Referral document

Appendix 2 – Safeguarding Adult pressure ulcer protocol

Appendix 3 – Flow chart Safeguarding

Appendix 4 – Adults CareDirector Concerns recording



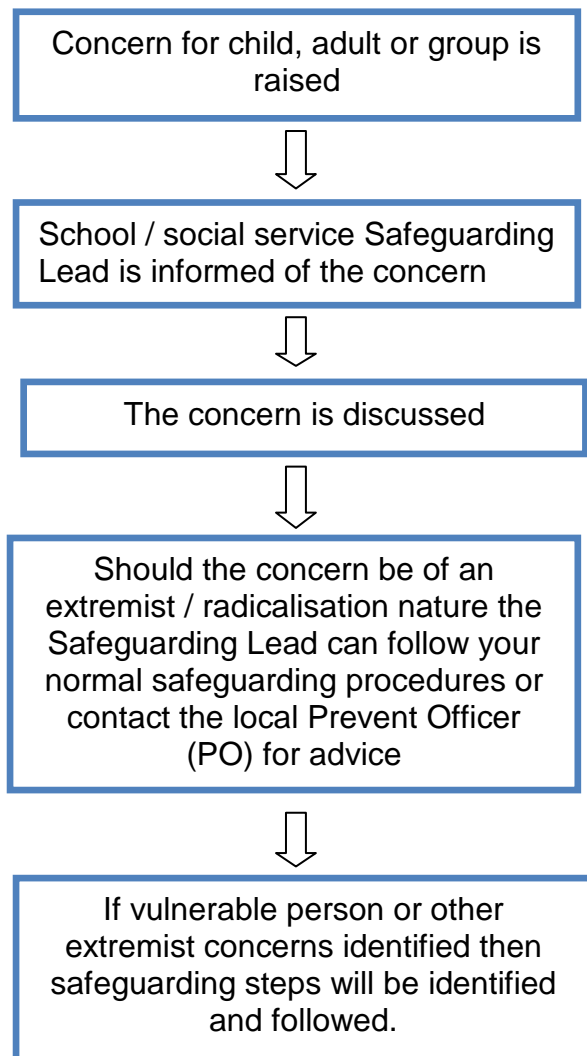
Prevent “Safeguarding” Referral Pathway



Prevent – To stop people supporting terrorism or becoming a terrorist.

It is a multi agency approach to support individuals in a proportionate manner.

Below is a Referral pathway flowchart that you may wish to adopt:



Referral may then be made to Channel if deemed necessary;

Channel is an early intervention scheme that supports people who are at the risk of radicalisation and provides practical support tailored to individual needs. It is a multi-agency approach which allows the individual to gain support from a variety of different services.

Preferred referral pathway

Email your concern to
prevent@thamesvalley.pnn.police.uk

Contact your Local Authority Lead

Susan Powell
 Susan.powell@westberks.gov.uk

For assistance with the Channel Process:

Shaun Greenough
 Shaun.Greenough@thamesvalley.pnn.police.uk

Alternative referral pathways:

All referrals to the Police are made and managed in confidence, however some individuals may wish to make a referral indirectly to the Police and below are other available referral pathways.

To the generic Prevent Email box:

Email concerns to prevent@thamesvalley.pnn.police.uk .

This information will then be passed to the best person to deal with the information.

To your Local Police Neighbourhood Team:

Contact your local police neighbourhood team; they will be able to help you deal with a referral and give you the right support needed.

To your local Police Schools Liaison Officer (Secondary/Academy schools):

Each school has a Schools Liaison Officer; these individuals are also able to help support any referrals or concerns you may have.

Multi Agency Safeguarding Hub (MASH):

The aim of the MASH is to improve the way agencies work together to protect vulnerable persons(children and adults) from harm, neglect and abuse. This hub combines individuals from the Police, Health and Social Care (soon to include Education and Housing) and Mental Health. This multi-agency hub will assess referrals and link in as appropriate with Prevent to provide support.

Other Pathways to Consider:

101:

This is the non-emergency phone line to the Police

999:

999 calls should only be made in an emergency when there is an urgent case only; this means direct threat to the protection of life and property.

Anti Terrorist Hotline:

0800 789 321

www.gov.uk/report-suspicious-activity-to-mi5

Report online terrorism:

www.gov.uk/report-terrorism

Appendix 2

Safeguarding Adults and Pressure Ulcer Protocol: Deciding whether to refer to the Safeguarding Adults Procedures

Pathway flow charts and decision tool
in the appendix for printing

Safeguarding Adults and Pressure Ulcer Protocol: Deciding whether to refer to the Safeguarding Adults Procedures

1.0 Aim of Protocol and Introduction

- 1.1 The government's statement on safeguarding (2013) advises that distinctions need to be drawn between where there are concerns about the quality of the service provided and where there are safeguarding concerns¹.
- 1.2 This is a multi-agency protocol including decision guide which aims to support decisions about appropriate responses to pressure ulcer care and whether concerns need to be referred into the local authority as a safeguarding concern.
- 1.3 The protocol provides guidance for staff² in all sectors who are concerned that a pressure ulcer may have arisen as a result of poor practice, neglect/abuse or act of omission and therefore have to decide whether to make a referral via the Pan Berkshire policy and procedures³. A pathway and flow diagram outlining the key elements of the protocol can be found in Appendix 51 and 5.2.
- 1.4 From a governance perspective each organisation will be responsible for ensuring that the protocol is used appropriately and monitor and review the use of the protocol.
- 1.5 Neglect is a form of abuse which involves the deliberate withholding OR unintentional failure to provide appropriate and adequate care and support, where this has resulted in, or is highly likely to result in, significant preventable skin damage.
- 1.6 Skin damage has a number of causes, some relating to the individual person, such as poor medical condition and others relating to external factors such as poor care, ineffective Multi-Disciplinary Team working, lack of appropriate resources, including equipment and staffing. **It is recognised that not all skin damage can be prevented and therefore the risk factors in each case should be reviewed on an individual basis before a safeguarding referral is considered.** All cases of actual or suspected neglect should be referred through the safeguarding procedures.
- 1.7 ***Cases of single category/grade 1 and 2 pressure ulcers must be considered as requiring early intervention to prevent further damage. If there are concerns regarding poor practice, an appropriate escalation must be considered, i.e. raising a clinical incident.***
- 1.8 The person should be referred to Safeguarding through local arrangements if there is:-

¹ Statement of Government Policy on Adult Safeguarding May 2013

² The term staff is used to refer to employees from all sectors.

³ Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse – SCIE report 39-2011

- Significant skin damage (i.e. Category/ grade 3 or 4, unstageable ulceration or multiple grade 2)

and

- There are reasonable grounds to suspect that it was preventable or
- Inadequate measures taken to prevent development of pressure ulcer⁴, or inadequate evidence to demonstrate the above

- 1.9 Significant skin damage in the case of a pressure ulcer is indicated by 2 or more pressure ulcers of category/grade 2 or 1 or more category/grade 3 or 4, as defined by the European Pressure Ulcer Advisory Panel (EPUAP) classification system.
- 1.10 This protocol should be applied to pressure ulcers reported by anyone including carers, relatives and patients, as any tissue damage no matter who reports it should be investigated.
- 1.11 Where concerns are raised regarding skin damage there is a need to decide whether a safeguarding referral might be indicated as well as completing a clinical incident form. A Patient's consent should be attempted, information should also be gathered from family and patient, to obtain a history of the problem. It is good practice to contact former care providers for information if the person's care has recently been transferred, and seek clarification about the cause of the damage.
- 1.12 Any category/grade 2 and above pressure ulcer MUST be reported as a clinical incident according to local clinical governance procedures. There are also requirements for providers to report category/grade 3 or 4 to the appropriate governing body, CCG (for NHS) and CQC (for Care homes) Please check the requirements criteria for reporting and learning for your own organisations.
- 1.13 Any category/grade 3 or 4 pressure ulcer identified within 72 hours of admission to a unit or service must be escalated and reported to the previous care provider as a clinical incident.
- 1.14 Staff should also refer to:
- their own organisation's policies and procedures on pressure ulcers
 - other relevant local and national guidelines, protocols and policies e.g. NICE Guidance, incident reporting policies.

⁴ With reference to the NICE guideline 29 and local policies

2.0 Assessment Guidance

- 2.1 This is a multi- agency protocol which provides guidance for staff⁵ who are concerned that a pressure ulcer may have arisen as a result of poor practice or neglect/abuse and therefore have to decide whether to make a referral via the PAN Berkshire Safeguarding Policy and Procedures⁶. The following provides guidance on whether to refer as a Safeguarding concern.
- 2.2 Assessment of the wound and completion of the decision guide must be completed by the first qualified member of staff who is a practicing registered nurse (RN), with experience in wound management. **This does not have to be a Tissue Viability Nurse.**
- 2.3 This outcome of the decision guide must be documented on the report form in Appendix 5.3 or locally agreed referral form. If further advice/support is needed with regards to making the decision to refer to the local authority, the Safeguarding Adults leads within the Local Authority or provider organisation should be contacted.
- 2.4 The safeguarding decision guide should be completed immediately or as soon as reasonably possible following identification of the pressure ulcer of concern. In exceptional circumstances this timescale may be extended but the reasons for extension must be documented.
- 2.5 Where the patient has been transferred into the care of the organisation with significant skin damage it may not be possible to complete the decision guide without additional information. As far as reasonably possible contact should be made with the transferring organisation to ascertain if the decision guide has been completed; if not, it should be completed jointly or an agreement about which agency should complete it. The decision form/tool should be completed by all providers for inherited or developed pressure ulcers appendix 5.3a is record and should be completed for all inherited and developed pressure ulcers. In the event of this not being agreed or any concerns a referral to safeguarding should be made to assess any unmet need or for Local authority /social care to obtain a providers response.
- 2.6 Following this, a decision should be made whether to make a safeguarding referral to Social Services in line with local referral arrangements.
- 2.7 where a decision to refer is made to safeguarding Authority Safeguarding team should request that the provider to complete a Root Cause Analysis (RCA) or provide a response record to support the care and treatment decision making to evidence good safe appropriate care. In cases where the reported concern is from a third party the RCA/ report should be completed by the provider where the concern has allegedly occurred and the provider responsible for care at that time. *Guidance on what the RCA should consider is available in Appendix 5.5. This should be completed by a Senior Manager at the provider such as, Ward Manager or Residential/Nursing Home manager.*

2.8 In cases open to District Nursing Services or NHS Hospitals the development of a category 3 or 4 will trigger the Serious Incident Requiring Investigation (SIRI) process in line with the local policies e.g. pressure ulcer or risk management policies⁷.

2.9 SIRI processes will only look at the care delivered by NHS service; if the individual was receiving additional care through a residential or private homecare provider they should provide their own report/ RCA at the request of the LA under safeguarding.

2.10 The local authority need to decide/agree post Root Cause Analysis/SIRI, if a full Strategy Meeting or virtual (telephone) Strategy Meeting needs to be convened to agree findings, decide on safeguarding outcome and any actions.

3.0 Initial history taking and safeguarding decision guide completion

The assessment must consider six key questions:

3.1 The six questions together indicate a safeguarding decision guide score (use Appendix 5.3a to record your score and decision appendix 5.3b gives further guidance to consider as to how to conduct the decision guide process).

3.2 The threshold for referral is 15 or above.

However this should not replace professional judgement.

3.3 This score should be used to help inform decision making regarding escalation of safeguarding concerns related to the potential of neglectful care/management resulting in the pressure ulceration.

3.4 It is **not** a tool to risk assess for the development of pressure damage.

⁵ The term staff is used to refer to employees from all sectors.

⁶ Ibid

⁷ NHS England (London Region) Principles of Best Practice in Safeguarding and Pressure Ulcer reporting-2014

3.5 Consent for photographic evidence needs to be sought as per local policy. Photographic evidence to support the report needs to be provided wherever possible.

Photographic evidence is best practice however in the absence of this body maps must be used to record skin damage and can be used as evidence if necessary at a later date. If two workers observed the skin damage they must both sign a body map (Appendix 5.4)

3.6 When the protocol has been completed even when there is no indication that a safeguarding alert needs to be raised the tool should be stored in the patient's notes. An downloadable form is available see end of policy for word version

4.0 Kennedy Ulcers

4.1 The skin is the largest organ of the body, and is subject to failure like an organ is when the body is dying. This is described as a Kennedy ulcer. Kennedy ulcers are

rarer pressure ulcers that some individuals develop during the last hours of life. They are usually shaped like a pear, butterfly or horseshoe, and are located on the coccyx or sacrum area. The ulcers are a variety of colours including red, yellow or black and are sudden in onset, typically deteriorate rapidly, and usually indicate that death is imminent.

4.2 Pressure ulcers that develop in patients who have terminal illness or are the end of life should be assessed and staged as pressure ulcers

4.3 A Kennedy ulcer would be deemed 'unavoidable' or a lapse in care as it occurs as part of the dying process. It is expected though, that the usual investigation in line with local policies and procedures are followed to ensure best practice. The investigation must be recorded.

Acknowledgements/References

These guidelines have been developed with reference to:

Newcastle Safeguarding Adults Board: Safeguarding Adults and Skin Damage Protocol: Deciding whether to refer to the Newcastle Safeguarding Adults Procedures (23rd April 2009)

Lewisham Primary Care Trust, London Borough of Lewisham , University Hospital

- Lewisham. Joint Protocol for Determining Neglect in the Development of a Pressure Ulcer(30th November 2007)
http://www.haringey.gov.uk/sites/haringeygovuk/files/haringey_ccg_pressure_ulcer_protocol_june_2015.pdf (accessed 02.03.17)

Lambeth and Southwark Safeguarding Adults Partnership Boards: Safeguarding Adults and Skin Damage Protocol: Deciding whether to refer to the Safeguarding Adults Procedures Acute Trusts Subgroup (September 2009)

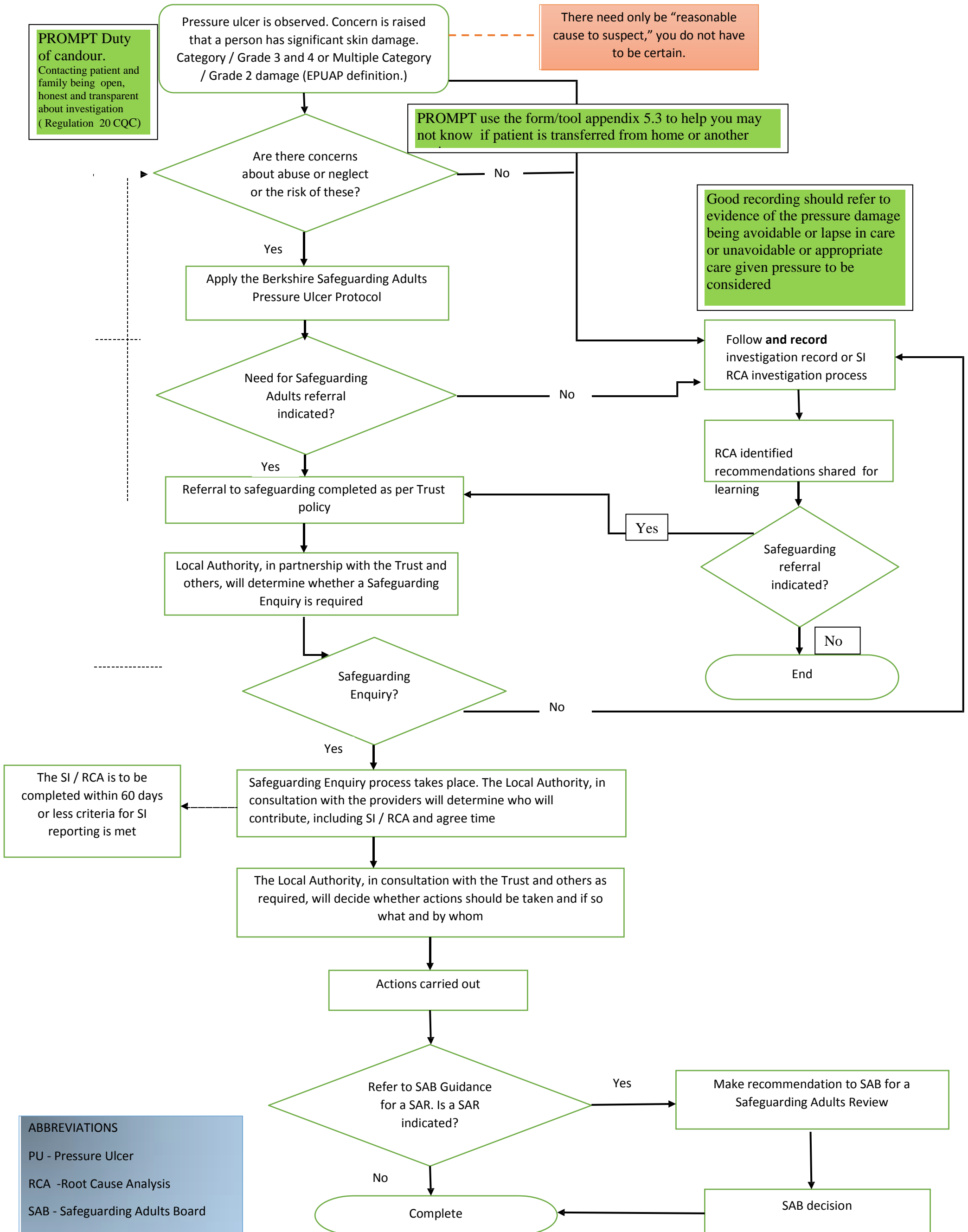
- Department of Health (2003) Essence of care service user focused benchmarks for clinical governance April 2003
- National Institute for Health and Clinical Excellence (2005) Guidance for the prevention and treatment of pressure ulcers September 2005
- "Mental Capacity Act 2005 Code of Practice"

Accessible online:

<http://guidance.nice.org.uk/CG29>

- European pressure ulcer advisory panel Pressure Ulcer Treatment Guidelines (2014)
<http://www.epuap.org/gltreatment.html>
- Skin Changes at Life's End: Final Consensus Statement
<http://www.epuap.org/gltreatment.html>

Appendix 5.1– Decision Pathway – Pressure Ulcers and safeguarding Adults (A3 format)



PROMPT Duty of candour.
 Contacting patient and family being open, honest and transparent about investigation (Regulation 20 CQC)

There need only be "reasonable cause to suspect," you do not have to be certain.

PROMPT use the form/tool appendix 5.3 to help you may not know if patient is transferred from home or another

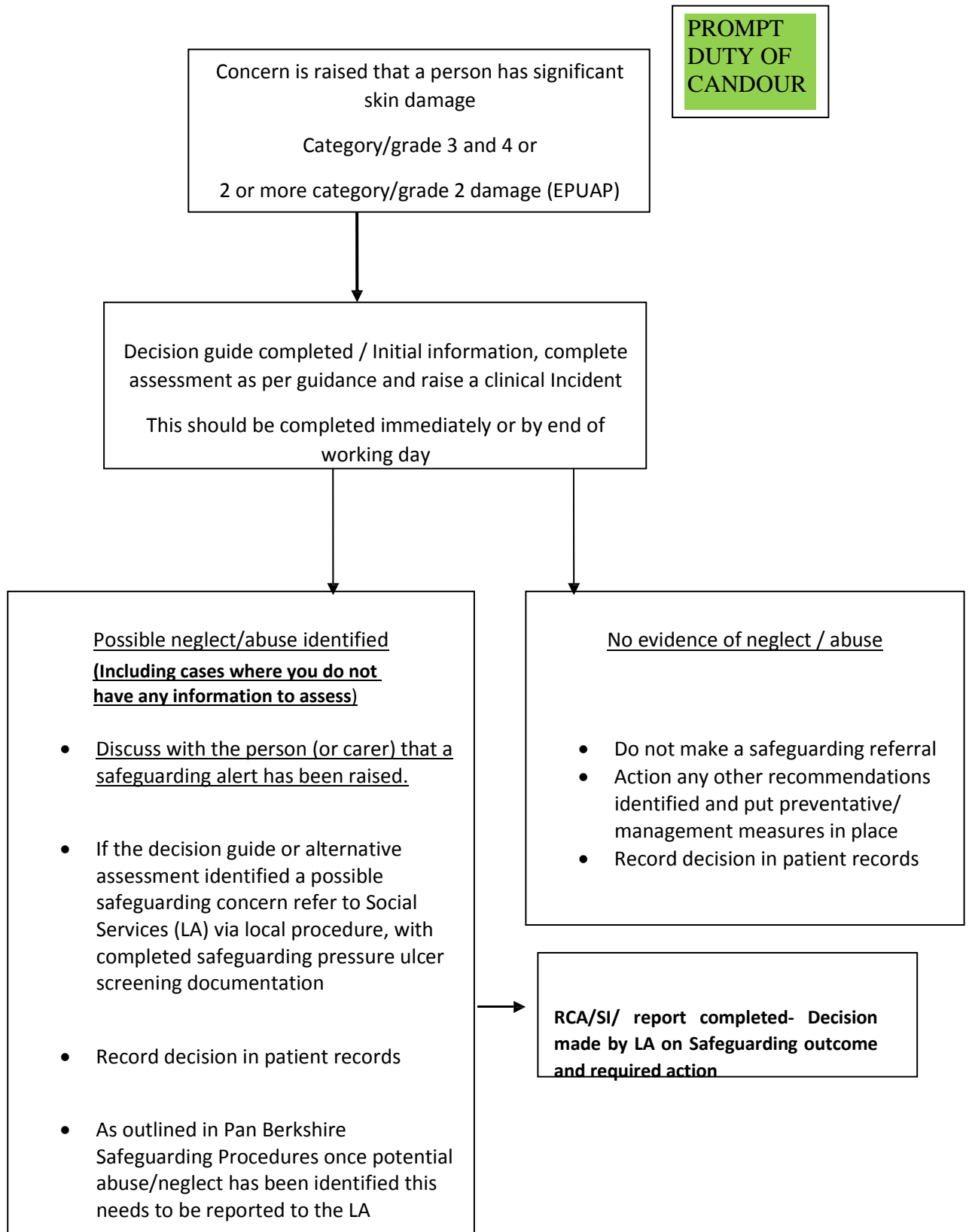
Good recording should refer to evidence of the pressure damage being avoidable or lapse in care or unavoidable or appropriate care given pressure to be considered

The SI / RCA is to be completed within 60 days or less criteria for SI reporting is met

- ABBREVIATIONS**
- PU - Pressure Ulcer
 - RCA -Root Cause Analysis
 - SAB - Safeguarding Adults Board
 - SAR – Safeguarding Adults Review
 - SI - Serious Incident

Appendix 5.2

Decision flow chart – When to refer to Safeguarding Adult Procedures



PRINTABLE VERSION OF THE FORM 5.3a



Appendix 5.docx

Appendix 5.3: Adult Safeguarding Decision Guide for patients with pressure ulcers
If the score is 15 or over refer for Safeguarding by sending this form with your safeguarding referral (Haringey. CCG pressure ulcer protocol June 2015)

<p>The threshold for referral is 15 or above. However this should not replace professional judgement and recording in relation to cases that come into your service.</p>
<p>Patient has been transferred into the care of the organisation with significant damage and it was not possible to ascertain any information or jointly assess using the decision guide Referral to safeguarding adults has been made by Date</p>
<p>A decision guide or information to support the decision guide has been shared across the providers between(insert names and agencies) and based on this information select option below</p> <p>A) No Safeguarding referral has been made to the LA</p> <p>B) The previous care provider has confirmed they have made a safeguarding referral</p>

Patient name **Patient No**

	Risk Category	Level of Concern	Score	Evidence
1	Has there been an unexpected deterioration in the patient's skin integrity from the last opportunity to assess?	Progressive onset / deterioration of skin integrity	5	
		Sudden onset / deterioration of skin integrity	0	
2	Has there been a recent change in their/clinical condition that could have contributed to skin damage? e.g. infection, pyrexia, anaemia, end of life care (Skin Changes at Life End	Change in condition contributing to skin damage	0	
		No change in condition that could contribute to skin damage	5	
3	Was there a pressure ulcer risk assessment or reassessment with appropriate pressure ulcer care plan in place and documented? In line with each organisations policy and guidance If this is a new pressure ulcer an appropriate pressure ulcer care plan would not be in place. A risk assessment would be	Current risk assessment and care plan carried out by health care professional and documented appropriate to patient needs	0	State date of assessment risk tool used score/ risk level
		Risk assessment carried out and care plan in place documented but not reviewed as person needs have changed	5	What elements of care plan are in place
		No or incomplete risk assessment and /or care plan carried out	15	What elements would have been expected to be in place but were not THIS IS SAFEGUARDING
4	Is there a concern that the Pressure Ulcer developed as a result of the informal carer wilfully ignoring or preventing access to care or services	No /Not Applicable	0	
		Yes	15	
5	Is the level of damage to the skin inconsistent with the patient's risk status for pressure ulcer development? e.g low risk category /grade3 or 4 pressure ulcer	Skin damage less severe than patient risk assessment suggests is proportional	0	
		Skin damage more severe than patient's risk assessment	10	

		suggests is proportional		
6	Answer (a) if your patient has capacity to consent to every element of the care plan Answer (b) if your patient has been assessed as not having capacity to consent to any part of the care plan or some capacity to consent to some but not all.			
a	Was the patient compliant with the care plan having received information regarding the risk of non-compliance and documented they been explained	Patient not compliant with care plan	0	
		Patient compliant with some aspect of care plan but not all	3	
		Patient compliant with care plan or not given information to enable them to make an informed choice.	5	
b	Was appropriate care undertaken in the patient's best interests, following the best interests checklist in the Mental Capacity Act Code of Practice? (supported by documentation, e.g. capacity and best interest statements and record of care delivered)	Documentation of care being undertaken in patient best interest	0	
		No documentation of care being undertaken in the patients best interest	10	
Total				

Completed by

Date

Circle Decision below

Safeguarding Referral

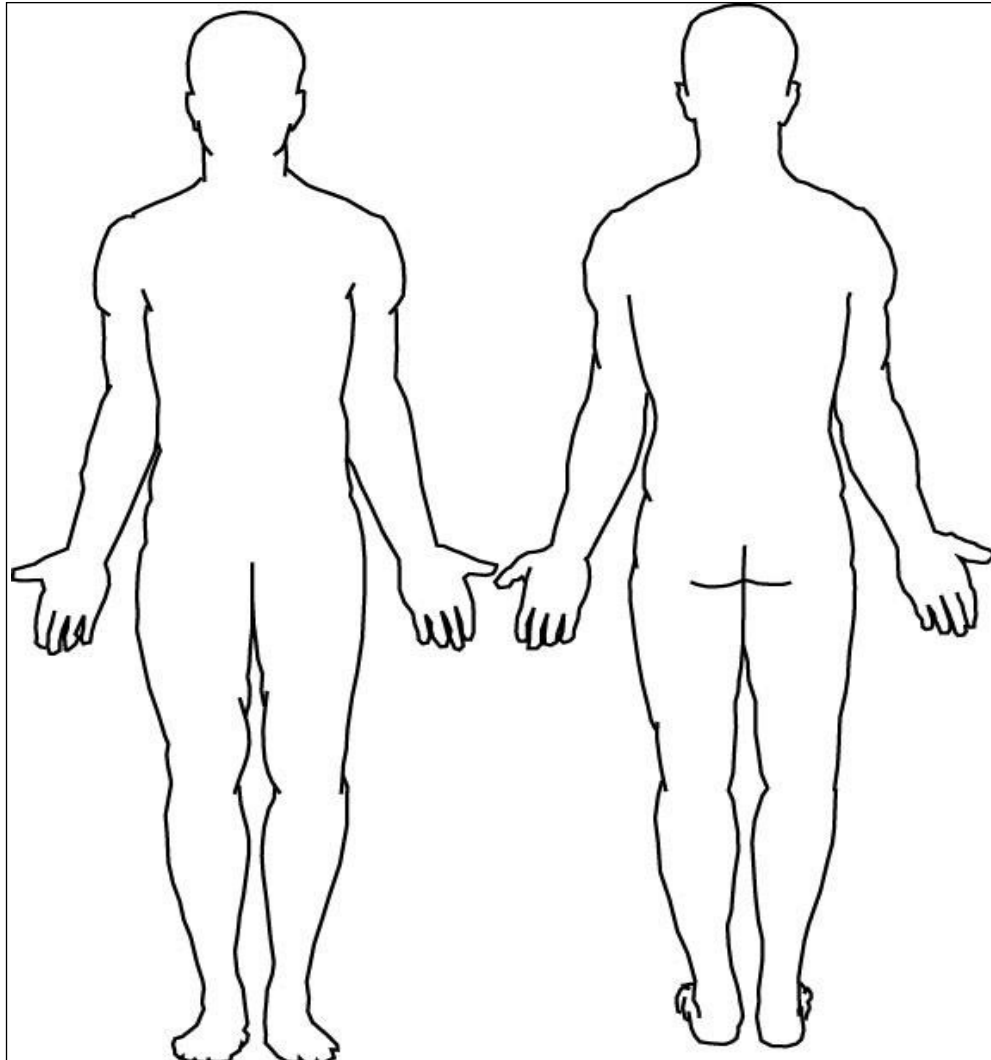
Not for Safeguarding Referral

Six question to support the guide tool.

1. Has there been an unexpected deterioration in the patient's skin integrity from the last opportunity to assess?
 2. Has there been a recent change in their clinical condition that could have contributed to skin damage? e.g. infection, pyrexia, anaemia, end of life care (Skin Changes at Life End), critical illness
 3. Was there a pressure ulcer risk assessment or reassessment with appropriate pressure ulcer care plan in place and documented? In line with each organisations policy and guidance
 4. Is there a concern that the Pressure Ulcer developed as a result of the carer wilfully ignoring or preventing access to care or services
 5. Is the level of damage to skin inconsistent with the patient's risk status for pressure ulcer development? e.g. low risk –Category/ grade 3 or 4 pressure ulcer
 6. Answer (a) if your patient has capacity to consent to every element of the care plan
Answer (b) if your patient has been assessed as not having capacity to consent to any of the care plan or some capacity to consent to some but not all of the care plan
- a) Was the patient compliant with the care plan having received information regarding the risks of non-compliance?
- b) Was appropriate care undertaken in the patient's best interests, following the best interests checklist in the Mental Capacity Act Code of Practice? (supported by documentation, e.g. capacity and best interest statements and record of care delivered).

Appendix 5.4: Body map

Body maps must be used to record skin damage and can be applied as evidence if necessary at a later date. If two workers observed the skin damage they should both sign the body map.



Name of assessing nurse (PRINT)			
Job Title		Signature	
Name of second assessor (PRINT)			
Job Title		Signature	

Patient Name:

Patient

No:.....

Appendix 5.5: GUIDANCE FOR USE IN ROOT CAUSE ANALYSIS

History

- Include any factors associated with the person's behaviour that should be taken into consideration

Medical history

- Does the person have a Long Term condition which may impact on skin integrity; such as Rheumatoid Arthritis
- Is the person receiving palliative care?
- Does the person have any mental health problems or cognitive impairment which might impact on skin integrity? e.g. dementia / depression

Monitoring of skin integrity

- Were there any barriers to monitoring or providing care eg access or domestic/social arrangements
- Should the illness, behaviour or disability of the person have reasonably required the monitoring of their skin integrity (where no monitoring has taken place prior to skin damage occurring)?
- Did the person refuse monitoring? If so, did the person have the mental capacity to refuse such monitoring?
- Were any further measures taken to assist understanding e.g. patient information, leaflets given, escalation to clinical specialist, ward leads, team leader, and senior nurses.
- If monitoring was agreed, was the frequency of monitoring appropriate for the condition as presented at the time?

Expert advice on skin integrity

- Was appropriate assistance sought? E.g. professional advice from a Community Nurse Clinical Lead or Tissue Viability Specialist Nurse
- Was advice provided? If so was it followed?

Care planning & implementation for management of skin integrity

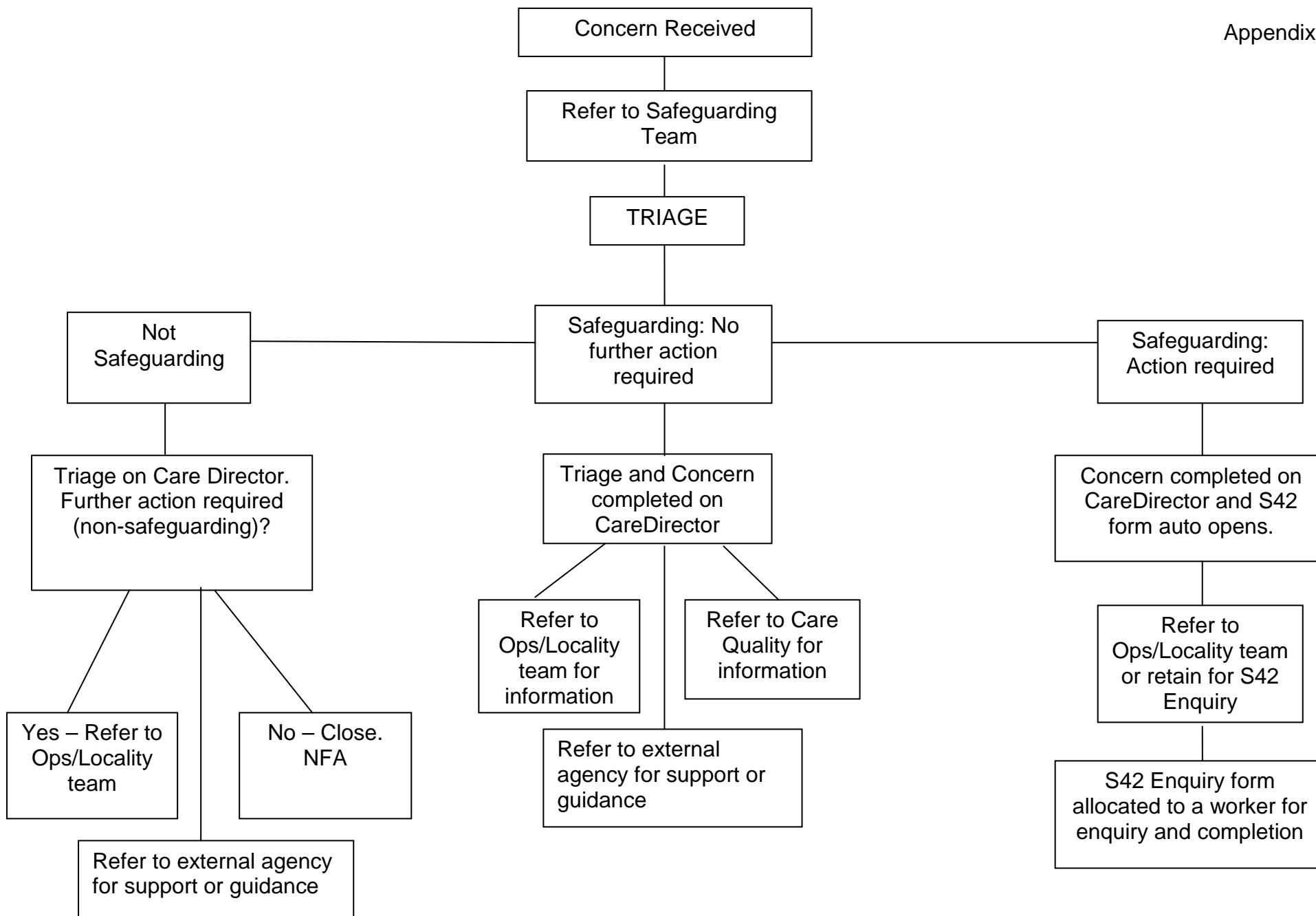
- Was a pressure ulcer risk assessment carried out and reviewed at appropriate intervals?
 - If expert advice was provided did this inform the care plan?
 - Were all of the actions on the care plan implemented? If not, what were the reasons for not adhering to the care plan? Were these documented?
- NB: If the person has been assessed as lacking capacity to consent to the care plan, has a best interest decision been made and care delivered in their best interests?
- Did the care plan include provision of specialist equipment?
 - Was the specialist equipment provided in a timely manner?
 - Was the specialist equipment used appropriately?
 - Was the care plan revised within appropriate time scales?

Care provided in general (hygiene, continence, hydration, nutrition, medications)

- Does the person have continence problems? If so are they being managed?
- Are skin hygiene needs being met? (including hair, nails and shaving)
- Has there been a deterioration in physical appearance?
- Are oral health care needs being met?
- Does the person look emaciated or dehydrated?
- Is there evidence of intake monitoring (food and fluids)?
- Has patient lost weight recently? If so, is person's weight being monitored?
- Are they receiving sedation? If so is the frequency and level of sedation appropriate?
- Do they have pain? If so has it been assessed? Is it being managed appropriately?

Other possible contributory factors

- Has there been a recent change (or changes) in care setting?
- Is there a history of falls? If so has this caused skin damage? Has the person been on the floor for extended periods?



Appendix 4 - West Berkshire Council Safeguarding Adults Care Director Concerns Recording Procedure

All concerns received by the Safeguarding Team will be triaged. The triage process will determine the perceived level of risk, whether further action or assessment is required and whether that action or assessment will be carried out under the safeguarding framework.

Triaged concerns will be allocated in the following manner

1. Assessed as not meeting the criteria for the safeguarding framework
2. Assessed as safeguarding and requiring processing under the safeguarding framework but not requiring any further action
3. Assessed as safeguarding and requiring processing under the safeguarding framework and requiring further enquiry

Each allocation will require a recording process on Care Director. In most cases the initial recording processes will be carried out by the Safeguarding Team as part of their initial functions. Adherence to these processes will ensure statutory reporting requirements are properly met and all information about incidents/events/concerns raised are available on Care Director.

Those recording processes are as follows:

1. Assessed as not meeting the criteria for the safeguarding framework

The Safeguarding Team will complete the triage section of the Safeguarding Concern document on Care Director. The document will be connected to the current open referral. Where an open referral does not currently exist, the Safeguarding Team will open one. The document will then be closed

2. Assessed as safeguarding and requiring processing under the safeguarding framework but not requiring any further action

The Safeguarding Team will complete the triage and concern section of the Safeguarding Concern document on Care Director. This form will be connected to the current open referral. Where an open referral does not currently exist, the Safeguarding Team will open one.

The Safeguarding Concern form will be closed detailing why it has been assessed as not requiring progression to a S42 enquiry. The Safeguarding Concern form should typically be open and closed on the same day.

The open referral will be closed when all documents are closed and uploaded appropriately, unless it was already open for a separate matter.

3. Assessed as safeguarding and requiring processing under the safeguarding framework and requiring further enquiry

The Safeguarding Team will complete the triage and concern section of the Safeguarding Concern document on Care Director. This form will be connected to the current open referral. Where an open referral does not currently exist, the Safeguarding Team will open one.

The concern form will be closed detailing that it has been assessed as requiring progression to a S42 enquiry and to which operational team the enquiry has been allocated to. The Safeguarding Concern form should typically be opened and closed on the same day.

Care Director will auto open a S42 enquiry form.

The safeguarding team will change the lead assessor to the relevant operational team.

Part A should be completed by the allocated team as soon as practicable and an end date entered. Part A does not need to be open whilst the enquiry takes place.

All safeguarding strategy meetings should be recorded on the appropriate Care Director documents. The strategy meeting minutes document is mandatory.

S42 Enquiry strategy, final report and protection plan templates can also be opened and used within Care Director for any safeguarding activity.

All case discussion, case notes, telephone notes etc. completed as part of the enquiry should be recorded within Care Director as an Activity with the Category: Safeguarding

Case Note Details	
Regarding *	Adult Test
Reason	
Start Date *	
Category	Safeguarding Adults
Sub-Category	Case Update
Priority	Normal
Activity Outcome	
Owner *	Samantha Whiffin
Key Team	
Route of Access to Services	

Part B of the S42 enquiry form can be completed once the enquiry has concluded to record outcomes. Part B will be opened and an end date added on the same day by the operational team to whom the enquiry was allocated.

The Safeguarding Team will then be notified of the closure request on their dashboard and will review the S42 enquiry and close where appropriate. Feedback forms to the client will then be sent as part of the closure process by the Safeguarding Team.

More information on the recording processes for Care Director is available on the intranet: **Adult Social Care Practice Guidance – Adult Documentation in Care Director.**