Quality Compliance Systems
an RLDatix company

Safeguarding Toolkit 2024

Safeguarding Toolkit Contents

Six Principles of Adult Safeguarding

The Care Act sets out the following principles that should underpin the safeguarding of adults.

Empowerment

People are supported and encouraged to make their own decisions and informed consent.

"I am asked what I want as the outcomes from the safeguarding process and this directly inform what happens."

Prevention

It is better to take action before harm occurs.

"I receive clear and simple information about what abuse is. I know how to recognise the signs, and I know what I can do to seek help."

Proportionality

The least intrusive response appropriate to the risk presented.

"I am sure that the professionals will work in my interest and they will only get involved as much as is necessary."

Protection

Support and representation for those in greatest need.

"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

Partnership

Services offer local solutions through working closely with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

Accountability

Accountability and transparency in delivering safeguarding.

"I understand the role of everyone involved in my life and so do they."

Did you know? The Care Act Safeguarding definition and applies to an adult who:

- Has needs for care and support (whether or not a funding 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 himself or herself against the abuse or neglect or the risk of it.

Here at QCS we have recognised that there is a vast difference between both Local Authorities and Providers when it comes to guidance on Safeguarding, This in turn leads to frustrations and conflict when trying to manage what can potentially be a very difficult and emotional situation.

Whilst all of the different organisations process' are embedded in Best Practice and the principles of "Making Safeguarding Personal" they sometimes lack the structure and guidance to enable Social Care Practitioners (That's You) to make an informed decision.

We have taken some of the best tools and combined them in to this easy to use pack of Editable Flow Charts and Forms.

Keeping the Best Records: Who did what?

Safeguarding / Contact Log Sheet Please complete for each alert					
Date	**Unique ID**	**Brief Description Safeguarding or Discussion**	**Date / Time**	**CQC Notified**	**Follow Up Actions**

DoLs Team Contact Log Sheet Please complete for each alert					
Date	**Unique ID**	**Brief Description Safeguarding or Discussion**	**Date / Time**	**CQC Notified**	**Follow Up Actions**

Physical Intervention Log Sheet

Please complete for each incident and referenced to incident form numbers

Incident form ref:	Date	Length of Physical Intervention			Type of Physical Intervention	Reason	Actions as a result of intervention
		Start	End	Mins			

CQC Notifications Log Sheet Please complete for each Notification					
Date	**Unique ID**	**Brief Description Safeguarding or Discussion**	**Date / Time**	**CQC Notified**	**Follow Up Actions**

DBS Referral Log Sheet Please complete for each Referral			
Date	**Unique ID**	**Brief Description Safeguarding or Discussion**	**Follow Up Actions**

Medication Error / Incident Log Sheet Please complete for each issue				
Date	**Brief Description**	**Date / Time**	**CQC Ref**	**Follow Up Actions**

Categories of Abuse

Self Neglect

This covers a wide range of behaviour, but it can be broadly defined as neglecting to care for one's personal hygiene, health, or surroundings. An example of self-neglect is behaviour such as hoarding.

Domestic Violence and Abuse

Domestic violence and abuse is "any incident of threatening behaviors, violence or abuse between adults who are or have been in a relationship together, or between family members, regardless of gender or sexuality". It also includes honour based violence.

Domestic abuse isn't always physical. Coercive control is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Discriminatory

Discrimination is abuse on grounds of race, gender and gender identity, disability, sexual orientation, religion, and forms of harassment, slurs or similar treatment.

Physical

This includes hitting, slapping, pushing, kicking, restraint, and misuse of medication. It also includes unauthorised restaint and inappropriate sanctions.

Sexual

This includes 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.

Financial or Material

This includes theft, fraud, internet scamming, and coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions. It can also include the misuse or misappropriation of property, possessions, or benefits. This includes ignoring medical or physical care needs and failing to provide access to appropriate health social care or educational services. It also includes the withdrawing of the necessities of life, including medication, adequate nutrition, and heating.

Emotional or Psychological

This includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation, gaslighting, or withdrawal from services or supportive networks.

Modern Slavery

Modern Slavery includes slavery, human trafficking, forced labour and domestic servitude.

Traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

There are other types of abuse and harm that are relevant to safeguarding adults

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 one's own home. This may range from one off incidents to on-going 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 or acts of Omission

Ignoring medical emotional or physical care needs failure to provide access to appropriate health, care and support or educational services the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Cyber Bullying

Cyber bullying occurs when someone repeatedly makes fun of another person online, or repeatedly picks on another person through emails or text messages. It can also involve using online forums with the intention of harming, damaging, humiliating, or isolating another person. It includes various different types of bullying, including racist bullying, homophobic bullying, or bullying related to special education needs and disabilities. The main difference is that, instead of the perpetrator carrying out the bullying face-to-face, they use technology as a means to do it.

Forced Marriage

This is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. The Anti-Social Behaviour, Crime and Policing Act 2014 make it a criminal offence to force someone to marry.

Mate Crime

A "mate crime" is when "vulnerable people are befriending by members of the community who go on to exploit and take advantage of them". It may not be an illegal act, but it still has a negative effect on the individual. A mate crime is carried out by someone the adult knows, and it often happens in private. In recent years there have been a number of Serious Care Reviews relating to people with a learning disability who were seriously harmed, or even murdered, by people who purported to be their friend.

Radicalisation

The aim of radicalisation is to inspire new recruits, embed extreme views and persuade vulnerable individuals to the legitimacy of a cause. This may be direct through a relationship, or through social media.

County Lines

County lines is a form of criminal exploitation where urban gangs persuade, coerce or force children and young people to store drugs and money and/or transport them to suburban areas, market towns and coastal towns.

Cuckooing

Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation. It takes the name from cuckoos who take over the nests of other birds. There are different types of cuckooing:

- Using the property to deal, store or take drugs
- Using the property to sex work
- Taking over the property as a place for them to live
- Taking over the property to financially abuse the tenant

Accident / Incident Report Form

Tick		Accident Form		Incident Form	Form No.	

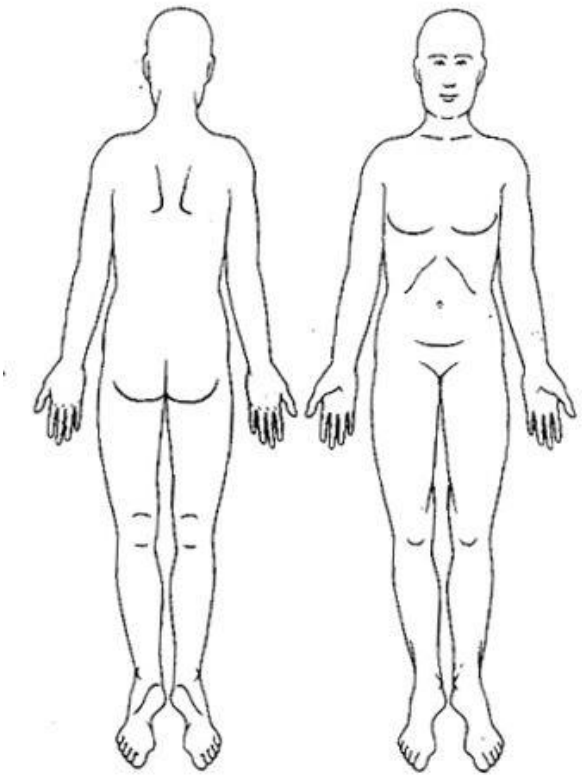
	Fall Observed		Verbal Aggression		Near Miss
	Fall Suspected		Physical Aggression		Medication Error
	Moving & Handling		Self Harm		Safeguarding
			Bruises / Cuts / Marks		Physical Intervention

Other Please Specify			
Date		Time	
Service		Location	

Names	Service User / Staff / Visitor / Public	Role	Contact if applicable

Description of events prior to the event	Started		Ended	

Description of event: What happened during, afterwards and any actions taken

Description of any Damage	Post Event Body Map	Time	
	Comments e.g. Colour, Size, Skin tear, Bruise, Graze, Highlight any existing marks.		
Description of any injuries: Action / First Aid			

Immediate Actions Taken	Yes	No	N/A
Accident Book completed			
Accident Book completed			
Medication Name Used			
Dosage			
Time Given			
Approved By			
Advice Given by GP / 111 / Pharmacy			
Date		Time	

Form Completed by			
Sign		Date	

Management DeBrief	Name	Sign

Management DeBrief	Yes	No	N/A
Was the service user accompanied?			
If accompanied, By whom?			
Was the accompanying person acting in line with P&P, Training?			
Was equipment provided for the process' resulting in the accident / incident?			
Was personal protective equipment being worn?			
Management Review: Employees or Other: Non Service User Only			
Should the person have been on the premises?			
Were they carrying out normal duties?			
Were they acting in line with policies, procedures and training?			
Was personal protective equipment provided for the work?			
Was personal protective equipment being worn?			
Is the employee able to continue to work? Date resumed?			
Management Review: Medication Incident Only			
Was the service user harmed as a result of the incident?			
Error by:	**Service User**	**GP / Pharmacy**	**Staff**	**Other:**	
Was the person acting in line with policies, procedures and training?			
Was the service user supported appropriately during and post incident?			
Was the person who carried out the error supported appropriately post incident?			

Investigation summary / Discussion	
What worked well (Evaluation & Analysis)	**What shortcomings were identified**
Management Investigation Comments / Recommendations	

Actions	Yes	No	N/A	Actions	Yes	No	N/A
Regulator				Family / Advocate			
LA / Safeguarding				Reg Provider			
RIDDOR				Senior Manager			
Infection Control				Care plan Review			
Insurers				Risk Assessment			
Other							
Managers Signature				Date			

Physical Intervention Form (To be used in addition to Accident / Incident form)						
Service User Name						
Physical Intervention Technique						
In line with Behaviour Support Plan						
Time Physical Intervention started				Duration		
Time Physical Intervention Ended						

Name of people involved	Role	Sign	Date	Training in date	Yes	No

Who was supporting the individual	
What was the activity	
If unsupported where were staff	
Who else was in the area	
What the area busy, noisy etc	

Describe the actual Physical Intervention incident inc Rationale for intervention
What Techniques did staff use to avoid Physical Intervention
What support was given to the individual during the Physical intervention
What support was given to the individual post Physical intervention
What Monitoring has been put in place post Physical Intervention

Completed by		**Time completed:**	
Signed:		**Date:**	

The 5 Key Principles of the Mental Capacity Act

There are five key principles that form the basis of the Act. These principles are of such importance that they are set out at the start, before the legal test to determine if a person lacks mental capacity.

The 4th and 5th principles apply only when a person has been assessed to not have mental capacity for the decision in question. Whilst it is not a principle of the Act, it is key to remember that mental capacity is time and decision specific.

In terms of making safeguarding personal an assessment of capacity is required and where appropriate a best interest decision made. We have included these tools following this section.

Presumption of Capacity

The first and most important principle is the presumption of capacity. This means it is assumed that everyone has capacity until proved otherwise. A lack of capacity should not automatically be assumed simply based on a person's age, appearance, condition or behaviour. Similarly, just because a person has lacked capacity to make a previous decision, this does not necessarily mean they cannot make the decision in question. For example, a lack of capacity to manage finances, does not mean a person lacks capacity to decide where they want to live.

Support to make a decision

The supported decision principle requires that all practical steps should be taken, to help the person make the decision themselves before treating them as unable to make the decision. This means in practice it is important to consider how and when the person is being asked to make the decision. Is there a time of day when they are more alert? What is the most appropriate way to communicate with them? Have they been provided with all the relevant information? Can location have an effect? Do they need assistance from someone? Often, we can wrongly think a person does not have capacity, simply because we have not taken the time or effort to explain it in a way they can understand.

Suggest that at times an alternative person to describe or discuss the decision is helpful

The service user may respond positively

Ability to make unwise decisions

The third principle states a person is not to be treated as unable to make a decision, merely because they make an unwise decision. This is where the focus of assessing a person's capacity needs to be based on how the person makes the decision, rather than the decision they make. In effect, the decision itself should be irrelevant. If we base our assessment of capacity on the decision, then we are applying our own or society's beliefs and values to the decision, not the person's.

Best interest

The fourth principle requires that if a decision is made (or an act done) on behalf of a person who does not have mental capacity, then it must be made (done) in their best interest. There is no specific answer as to what is in a person's best interest, as every decision is unique to the person and circumstances involved. Unfortunately, there is no legal definition of best interest. There is, however, a procedure set out in s.4 of the Mental Capacity Act which should be followed and will assist when making a best interest decision.

Least restrictive

Finally, if a decision is made (or an act done) on behalf of a person who does not have mental capacity, it should ideally be the least restrictive option of the person's rights and freedoms. Other less restrictive options should be considered and applied if at all possible.

Mental Capacity Assessment	MCA 1

Guidance: You are completing this form because you were uncertain if the person identified below had mental capacity to make a particular decision or that you had information that led you to believe this person did not have the mental capacity to make a particular decision.

Name of Service User	
Name of Assessor	

Please list the names and status of anyone who assisted with this document

Name	Status	Signature

The Decision	Description of the decision to be made by the service user

The Assessment	Give a brief summary of assessment

Determining Impairment or Disturbance of Mind or Brain	Stage 1
Guidance: Every adult should be assumed to have the capacity to make a decision unless it is proved that they lack capacity. An assumption about someone's capacity cannot be made merely on the basis of a Service Users age or appearance, condition or aspect of his or her behaviour.	
Question One: Is there an impairment of, or disturbance in the functioning of the Service Users mind or brain?	**Response** ☐ **Yes** ☐ **No**
(For example, symptoms of alcohol or drug use, delirium, concussion following head injury, conditions associated with some forms of mental illness, dementia, significant learning disability, long term effects of brain damage, confusion, drowsiness or loss of consciousness due to a physical or medical condition)	
Comments:	
If you have answered YES to Question 1, PROCEED TO STAGE 2	
If you have answered **NO** to the above, there is no such impairment or disturbance and thus **THE SERVICE USER CANNOT LACK CAPACITY** within the meaning of the Mental Capacity Act 2005. Sign / Date this form, record the outcome within the Service User records and **PROCEED NO FURTHER WITH CAPACITY ASSESSMENT.**	
Signature	**Date**

Assessment	Stage 2

Having determined impairment or disturbance (Stage 1) and given consideration to the ease, location and timing, relevance of information communicated, the communication method used and others involvement, you now need to complete your assessment and form your opinion as to whether the impairment or disturbance is sufficient that the Service User lacks the capacity to make this particular decision at this moment in time

Question Two: Do you consider the Service User able to understand the information relevant to the decision and that this information has been provided in a way that the service user is most probably able to understand?

Response

☐ **Yes** ☐ **No**

(For example, symptoms of alcohol or drug use, delirium, concussion following head injury, conditions associated with some forms of mental illness, dementia, significant learning disability, long term effects of brain damage, confusion, drowsiness or loss of consciousness due to a physical or medical condition)

Comments:

Question Three: Do you consider the Service User able to retain the information for long enough to use it in order to make a choice or an effective decision?

Response

☐ **Yes** ☐ **No**

Comments:

Question Four: Do you consider the Service User able to use or weigh that information as part of the process of making the decision?

Response

☐ **Yes** ☐ **No**

Comments:

Question Five: Do you consider the Service User able to communicate their decision?	**Response** ☐ **Yes** ☐ **No**

Comments:

If you have answered **YES** consistently to **Q2** to **Q5,** the Service User is considered on the balance of probability, to have the capacity to make this particular decision at this time.

Sign / Date this form and record the outcome within the Service User records and **PROCEED NO FURTHER WITH THIS CAPACITY ASSESSMENT.**

If you have answered **NO** to any of the questions, proceed to **Question Six.**

Question Six: Overall, do you consider on the balance of probability, that the impairment or disturbance as identified in STAGE 1 is sufficient that the Service User lacks the capacity to make this particular decision?	**Response** ☐ **Yes** ☐ **No**

Comments:

On the balance of probability, the Service User lacks capacity to make this decision at this particular time.

Sign and Date this form and proceed to consider "Best Interests"

Signature		**Date**	

Best Interest Decision Assessment			MCA 2
Name of Service User			
Name of Assessor			
Signature		**Date**	

Please list the names and status of anyone who assisted with this document

Name	Status	Signature

The Decision	Description of the decision to be made by the service user

The Assessment	Give a brief summary of meeting outcome

Determining Impairment or Disturbance of Mind or Brain	Part 1
Guidance: Every adult should be assumed to have the capacity to make a decision unless it is proved that they lack capacity. An assumption about someone's capacity cannot be made merely on the basis of a Service Users age or appearance, condition or aspect of his or her behaviour.	
Has the service user been determined as lacking capacity to make this particular decision at this moment in time?	**Response** ☐ **Yes** ☐ **No**
Comments:	
If you have answered YES to the above, proceed to part 2	
If you have answered **NO,** Identify decision(s) to be made and complete capacity assessment **MCA 1.**	

Determining Best Interests	Part 2
All steps and decisions taken for someone who lacks capacity must be taken in their best interests.	
Question One: Avoid Discrimination: Have you avoided making assumptions merely on the basis of the Service Users age, appearance, condition or behaviour?	**Response** ☐ **Yes** ☐ **No**
Comments:	
Question Two: Relevant Circumstances: Have you identified all the things the Service User would have taken into account making the decision for themselves?	**Response** ☐ **Yes** ☐ **No**
Comments:	
Question Three: Regaining Capacity: Have you considered if the Service User is likely to have capacity at some date in the future and if the decision can be delayed until that time?	**Response** ☐ **Yes** ☐ **No**
Comments:	
Question Four: Encourage Participation: Have you done whatever is possible to permit and encourage the Service User to take part in making the decision?	**Response** ☐ **Yes** ☐ **No**
Comments:	

Question Five: Special Considerations: Where the decision relates to life sustaining treatment, have you ensured that the decision has not been motivated in any way, by a desire to bring about their death?	**Response** ☐ Yes ☐ No
Comments:	

Question Six: The Persons Wishes: Has consideration been given to the Service Users past and present wishes and feelings, beliefs and values, that would be likely to influence this decision?	**Response** ☐ Yes ☐ No
Comments:	

Question Seven: Written Statements: Have you considered any written statement made by the person when they had capacity?	**Response** ☐ Yes ☐ No
Comments:	

Question Eight: Consult Others: Have you where practicable and appropriate, consulted and taken into account the views of others including those engaged in caring for the Service User, relatives and friends, persons previously named by the Service User, Attorney under a Lasting or Enduring Power of Attorney or Deputy of the Court of Protection?	**Response** ☐ Yes ☐ No
Comments:	

Question Nine: IMCA: If the decision relates to serious medical treatment or changes to accommodation and there is no one identified in Q8, you must consider instructing an Independent Mental Capacity Advocate and receive a report from an IMCA. See IMCA referral document for relevant guidance regarding referral to the IMCA service	**Response** ☐ Yes ☐ No

Comments:	
Question Ten: Avoid Restricting Rights: Has consideration been given to the least restrictive option for the service user	**Response** ☐ Yes ☐ No
Comments:	
Question Eleven: Other Considerations: Have you considered factors such as emotional bonds, family obligations that the person would be likely to consider if they were making the decision?	**Response** ☐ Yes ☐ No
Comments:	
Question Twelve: Having considered all the relevant circumstances, what decision/ action do you intend to take whilst acting in the Best Interests of the Service User?	**Response** ☐ Yes ☐ No
Comments:	
Signature	**Date**

Best Interest Checklist

This Best Interest Form checklist can only be used once an assessment of capacity has been carried out and it has been agreed that the person lacks capacity.

The person acting as The Decision Maker is responsible for assessing the capacity of the relevant person and for making the decision based on Best Practice Principles.

The following people must be consulted when determining someone's best interests:

- Anyone named by the person as someone to be consulted on the matter in question.
- Anyone engaged in caring for the person.
- Anyone with an interest in their welfare including close relatives.
- Anyone who has a lasting Power of Attorney by the person.
- Any deputy appointed for the person by the Court of Protection.

A referral to the Independent Mental Capacity Advocate (IMCA) service should be made whenever a person who lacks mental capacity has no appropriate family members or friends to represent them in making a decision about:

A) Serious medical Treatment or

B) Long term care and Health moves (More than 28 days in hospital / 8 weeks in a care home), or

C) Residential or Nursing care home reviews.

Signature		**Date**	
The Decision	Description of the decision to be made by the service user		

Q1	Has the person been assessed as lacking capacity to make this decision?		**Yes** **No**

If Yes Give the date and answer Q2 if No a capacity assessment must be completed first.

Actions taken, Who was consulted & Dates	Information obtained

Q2	Does the person have a Lasting Power of Attorney or a Court Appointed Deputy who has the authority to make this decision?		**Yes** **No**

If Yes Give the date and answer Q2 if No a capacity assessment must be completed first.

Actions taken, Who was consulted & Dates	Information obtained

Q3	If the decision under consideration is for medical treatment, has the person made an advance decision to refuse this treatment?		**Yes** **No**

If yes, the Advanced Decision is legally binding if valid, If no proceed to Q4

Actions taken, Who was consulted & Dates	Information obtained

Q4	Is it likely the person will regain capacity in relation to the decision in question?		**Yes** **No**

If yes, go to q5 . If no, proceed to Q6 and Q7.

Actions taken, Who was consulted & Dates	Information obtained

Q5	Can the decision wait until the person regains capacity?		**Yes** **No**

If yes and it is reasonable to wait then you must do so. If no, Proceed to Q6, Q7

Actions taken, Who was consulted & Dates	Information obtained

Q6	Has the person been helped to participate in the decision-making process as fully as possible?	**Yes** **No**

If yes, proceed to Q7. If No then this step must be taken.

Actions taken, Who was consulted & Dates	Information obtained

Q7	Please record all relevant information about the persons wishes and beliefs in relation to this decision	**Yes** **No**

In particular, record any relevant statements made when he/she had capacity.

Decision Reached	Alternatives considered / rejected

I confirm that I have understood & reviewed this checklist in respect of the above-named person & the decision has been made in accordance with the guidance in Chapter 5 / MCA Code of Practice.

Decision Maker		**Sign**	
Contact Details		**Date**	

Safeguarding Investigation Report

Service			
Allegation / Issue			
Name of Person / Service / Other (Subject to investigation)			
Contact Details		**Date**	
Name of Complainant (if appropriate)			
Date Initial Concern raised			

Service	
Allegation / Issue	

Introduction

Include summary of initial concerns raised and consider:

- Historical issues, concerns and previous allegations
- Location of alleged abuse
- Type of alleged abuse
- Seriousness of alleged abuse - size of bruise, number of bruises
- Who is alleged perpetrator?
- Are the risks to the service user likely to continue?
- Is anyone else at risk - other service users, members of the public, staff?

Background to Investigation

Background Include chronology / timeline of significant events leading up to and after alleged incident and consider:

- Date of Concern
- First contact made with service user
- Date of referral to Safeguarding - if appropriate / necessary
- Date of referral to police - if appropriate / necessary
- Date of medical examination- if appropriate / necessary
- Date of strategy meeting - if appropriate

Investigation / Methodology Process

Include summary of investigation and consider:

- What tasks were undertaken to gain evidence?
- Who was interviewed and who did the interviewing?
- Was any other information gathered from other sources- family members, other staff members etc…?
- What recording has been checked?
- Include where any paper copies of interview notes etc are stored

Witness Details

Action taken to address the risks identified by the referral

Possible actions to consider:

- Increased support services
- Review of care / support plan / risk assessments
- Increased monitoring and supervision
- Change in way finances are being managed
- Removal of alleged perpetrator
- Increased training for staff
- Provision of alternative support services
- Moved to a place of safety
- Provision or changes to equipment
- Referral to other services for assessment
- Robust risk assessment
- Disciplinary procedures / suspension of a staff member

What are the views of the Vulnerable Adult and/or their representatives?

Consider:

- Do they feel safe
- What impact has the alleged abuse had on them
- Do they consent to proceed – If not has MCA been followed
- Do they agree with the actions taken
- Do they agree with their risk assessment
- What insight do they have into their personal vulnerability and risks
- What support / outcome do they want

Investigating officers Findings

This should cover:

- A summary of findings and observations for each specific allegation / issue of concern investigated, cross-referencing any documentation where needed
- What evidence do you have and why do you feel the evidence points to this?
- Feedback from Funding Authority
- Feedback from Police
- Feedback from CQC

Investigating officers recommended outcome of the investigation

This may cover:

- For each concern / allegation investigated an overall opinion based 'on the balance of probabilities' on whether there is evidence to support allegations made
- Record if the outcome is - substantiated, inconclusive, partially substantiated or unsubstantiated and explain your reasons for this conclusion

Report Distribution

This should cover:

Who received copies of the investigation report, State the reason and date sent.

Investigating Officer Signature	
Date	

Appendices	
Name	**Status**

Remember to consider if there are any wider concerns that may require additional separate actions or reporting such as referral to the Disclosure and Barring Service.

Lessons Learned Template

Lessons Learnt					
Attendee List and Role					
Name	**Role**	**Name**	**Role**	**Name**	**Role**
Summary of Incident Being Reviewed (Description and Feelings)					
What worked well (Evaluation & Analysis)					
What shortcomings were identified (Conclusion)					

Lessons Learnt Action Plan		By Who	By When	Review Date
Issue Identified	**Action Required to Resolve**			
Management Comments / Sign Off				
Signature		**Date**		

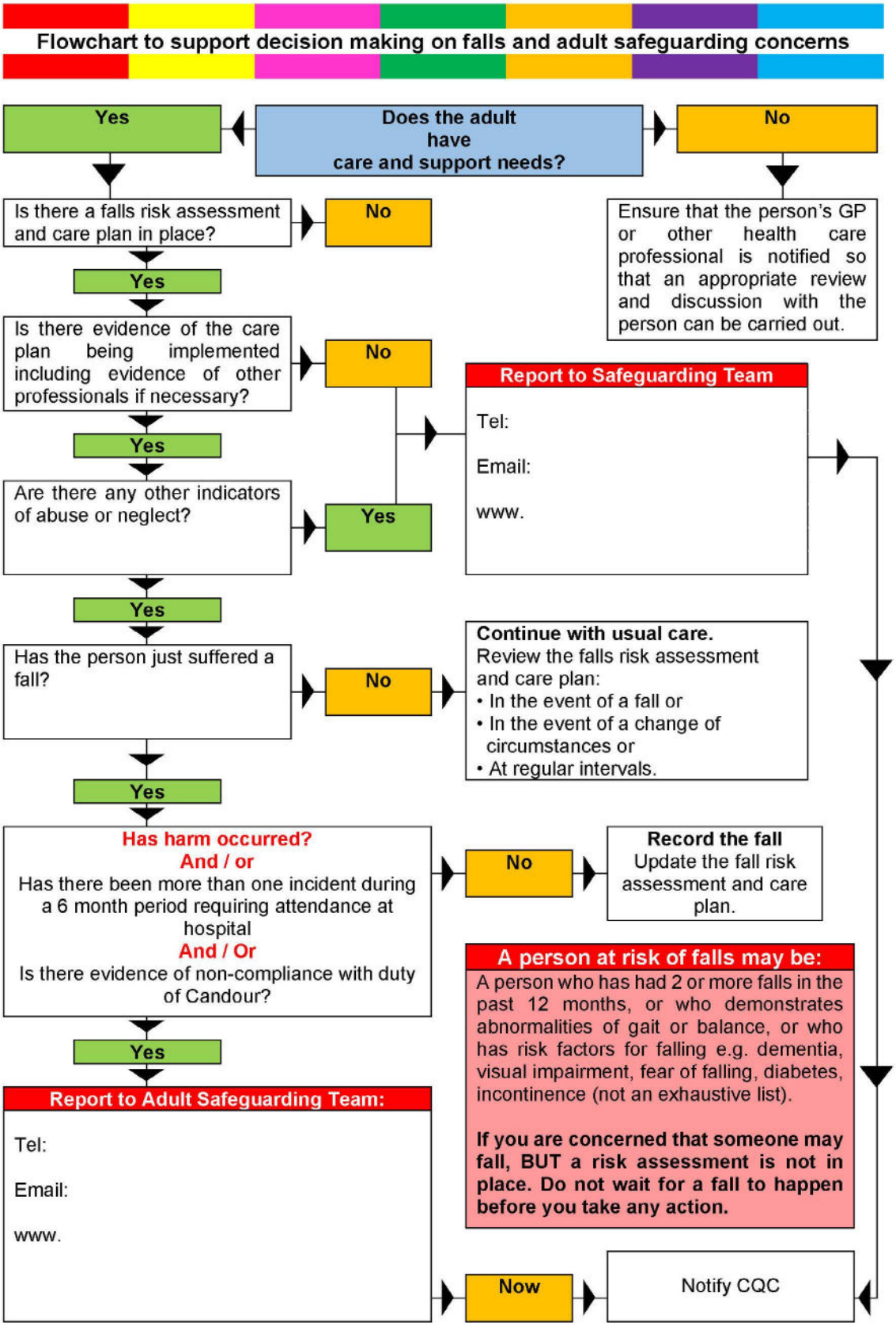
A Guide to Falls and Raising a Concern

Probably NOT a Safeguarding concern
An isolated or multiple incidence where no significant harm has occurred, there is no evidence of abuse or neglect and where a risk assessment and care plan are in place
An isolated or multiple incidence where no significant harm has occurred, where no abuse or neglect has been identified and where action is being taken to minimise further risk which is demonstrated by plan.
An isolated incident requiring attendance at hospital and no other form of abuse or neglect is suspected.
The risk could not have been anticipated or there is a risk assessment in place, the person is able to give an explanation for the fall which does not indicate abuse or neglect; and post fall observations are followed.

Report as a Safeguarding Concern
The adult has experienced avoidable harm.
Any fall where abuse, neglect or omission of care is suspected.
The adult has repeated unexplained injuries as a result of falls.
Where medication has not been given on time resulting in a fall and injury.
Staff are involved, they are not receiving training in falls management and / or not adhering to the falls policy & protocols following a fall or where supervision levels are insufficient to ensure safety.
Where environmental hazards, such as poor lighting or clutter, result in a fall and injury.
Where bedrails are used but where they are not prescribed, where the least restrictive option was not considered.
There is no evidence of the care plan being reviewed and updated following a fall or a change of circumstance.

If you have any doubts or want to clarify your actions – Speak Out and Ask

Falls Flow Chart



Pressure Ulcers & Safeguarding

Who is most likely to get a pressure ulcer?

Anyone is potentially at risk of developing a pressure ulcer, but some factors make it more likely.

- Limited mobility or being unable to change position without help.
- A loss of feeling in part of the body.
- Previous pressure damage.
- Poor nutrition and hydration.
- Moisture to the skin (incontinence).
- A significant cognitive impairment.

How does a pressure ulcer occur?

A pressure ulcer happens when an area of skin and the tissues underneath it are damaged by being under sustained pressure so the blood supply is reduced. They tend to occur when people spend long periods in a bed or chair.

Safeguarding Response

Staff must refer to the GOV.UK - Safeguarding Adults Protocol: Pressure Ulcers and Raising a Safeguarding Concern This provides a framework to help you decide when a pressure ulcer may need a safeguarding enquiry. You should complete the adult safeguarding decision guide. Pressure ulcers also require a clinical investigation.

Keep upto date with your local safeguarding reporting protocols

You should also follow this guidance:

National Wound Care Strategy: https://www.nationalwoundcarestrategy.net/pressure-ulcer/

Safeguarding Adults Protocol: Pressure Ulcers and Raising a Safeguarding Concern: https://www.gov.uk/government/publications/pressure-ulcers-how-to-safeguard-adults/safeguarding-adults-protocol-pressure-ulcers-and-raising-a-safeguarding-concern#safeguarding-concern-assessment-guidance

Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline: https://internationalguideline.com/

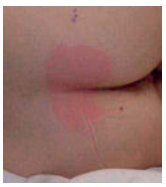
The aSSKINg Framework: https://www.nationalwoundcarestrategy.net/wp-content/uploads/2023/10/The-aSSKINg-Framework.pdf

National Wound Care Strategy: https://www.nationalwoundcarestrategy.net/wp-content/uploads/2024/02/NWCSP-PU-Clinical-Recommendations-and-pathway-final-24.10.23.pdf

PURPOSE T: https://ctru.leeds.ac.uk/purpose/purpose-t/

Pressure Ulcer Classification (EPUAP)

Category 1



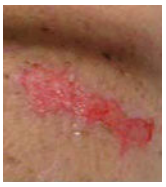
Intact skin - In lighter skin tones, this presents as non-blanchable redness of a localised area usually over a bony prominence.

Darkly pigmented skin may not have visible blanching, but its colour may differ from the surrounding area.

The area may be painful, firm, soft, warmer, or cooler as compared to adjacent tissue.

Category 1 may be difficult to detect in individuals with dark skin tones. May indicate "at risk" individuals (a sign of risk).

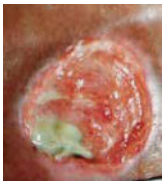
Category 2



Partial thickness loss of dermis presenting as a shallow open ulcer with a red/pink wound bed, without slough.

May also present as an intact or open/ruptured serum-filled blister or as a shiny or dry shallow ulcer without slough or bruising.

Category 3 – Report to Safeguarding



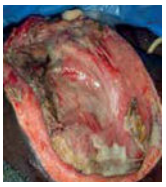
Full thickness tissue loss. Subcutaneous fat may be visible, but bone, tendon or muscle are not exposed.

Slough or necrosis may be present.

May include undermining and tunnelling. The depth of a Category 3 pressure ulcer varies by anatomical location. The bridge of the nose, ear etc do not have subcutaneous tissue and Category 3 ulcers can be shallow. In contrast, areas of significant adiposity can develop extremely deep Category 3 pressure ulcers.

Bone/tendon is not visible or directly palpable.

Category 4



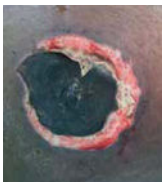
Full thickness tissue loss with exposed bone (or directly palpable), tendon.

Often include undermining and tunneling.

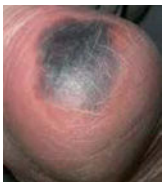
The depth varies by anatomical location (bridge of the nose, ear, occiput and malleolus do not have (adipose) subcutaneous tissue and grade 4 ulcers can be shallow.

Category 4 ulcers can extend into the muscle and/or supporting structures (eg fascia, tendon or joint capsule).

* Images taken from (p198) - https://static1.squarespace.com/static/6479484083027f25a6246fcb/t/6553d3440e18d57a550c4e7e/1699992399539/CPG2019edition-digital-Nov2023version.pdf



Pressure ulcers where the skin is broken but the wound bed is not visible due to slough or necrosis (formally referred to as 'unstageable') should initially be recorded as Category 3 pressure ulcers but immediately re-categorised and re-recorded in the service user's records if debridement reveals Category 4 pressure ulceration.



Deep tissue injuries (DTIs) should not be reported as pressure ulcers unless they result in broken skin or they fail to resolve and it is evident on palpation that there is deep tissue damage present, at which point, they should immediately be categorised and reported. However, the skin change must be recorded within the care plan and preventative care delivered.

Device-related pressure ulcers (DRPU): These result from the use of devices for diagnostic or therapeutic purposes. They should be categorized and the presence of the device noted.

* Images taken from (p198) - https://static1.squarespace.com/static/6479484083027f25a6246fcb/t/6553d3440e18d57a550c4e7e/1699992399539/CPG2019edition-digital-Nov2023version.pdf

Safeguarding Medication Errors

Under the Care Act 2014, Providers have a legal responsibility to raise safeguarding concerns where there is a suspicion that abuse of a vulnerable adult has occurred. Our Medication Policies are all built around Legal requirements and Best Practice Guidelines.

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 on any action'.

Raising a safeguarding concern following a medication error

A medication error that leads to actual harm or death

Some examples of errors which must be considered for raising a safeguarding concern: A medication error that leads to actual harm or death: Some examples (not exhaustive)

- People left without pain relief resulting in a prolonged period of pain.
- Significant deterioration in physical or mental wellbeing due to missed medication.
- Significant emotional distress
- Elongation of an illness due to medication not being given.
- Adverse effects causing significant harm due to wrong medication being administered.

Any medication error requiring medical intervention

Some examples (not exhaustive)

- Attendance at A&E
- The need for an urgent review by health profession such as district nurse, GP or Tele-med consultation as a result of the error causing harm.

The medication error was a deliberate act

Some examples (not exhaustive)

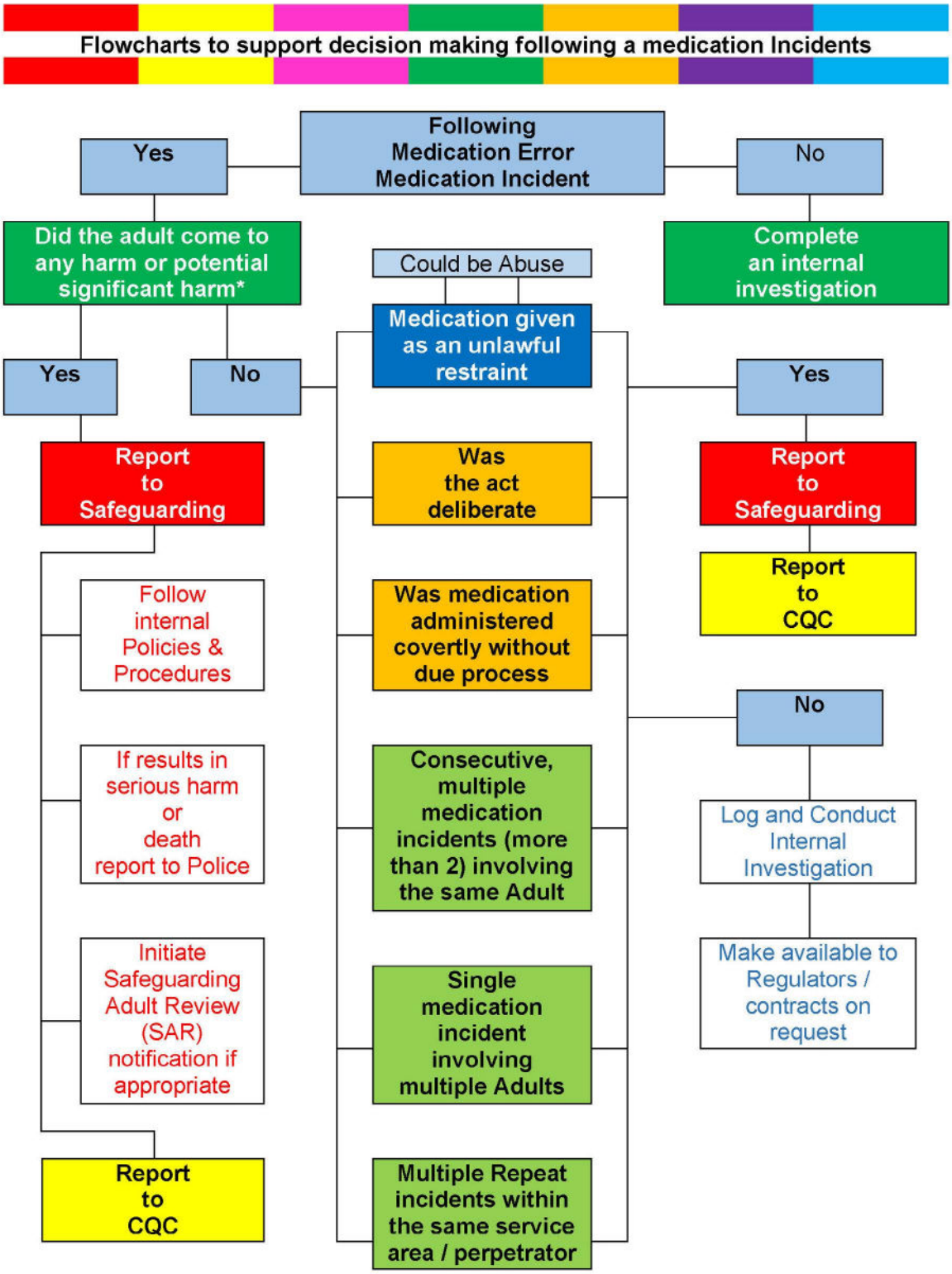
- Malicious intent to cause harm.
- Inappropriate use of PRN medication (also known as 'as required' medication).
- Use of medication to control behaviour or restrict an individual.

The medication error is part of a pattern or culture

This could be same drug, same carer / vulnerable person. Some examples (not exhaustive)

- Same drug being omitted repeatedly.
- Same carer repeatedly failing to administer medication appropriately.
- Same individual being affected by the medication error regardless level of harm.

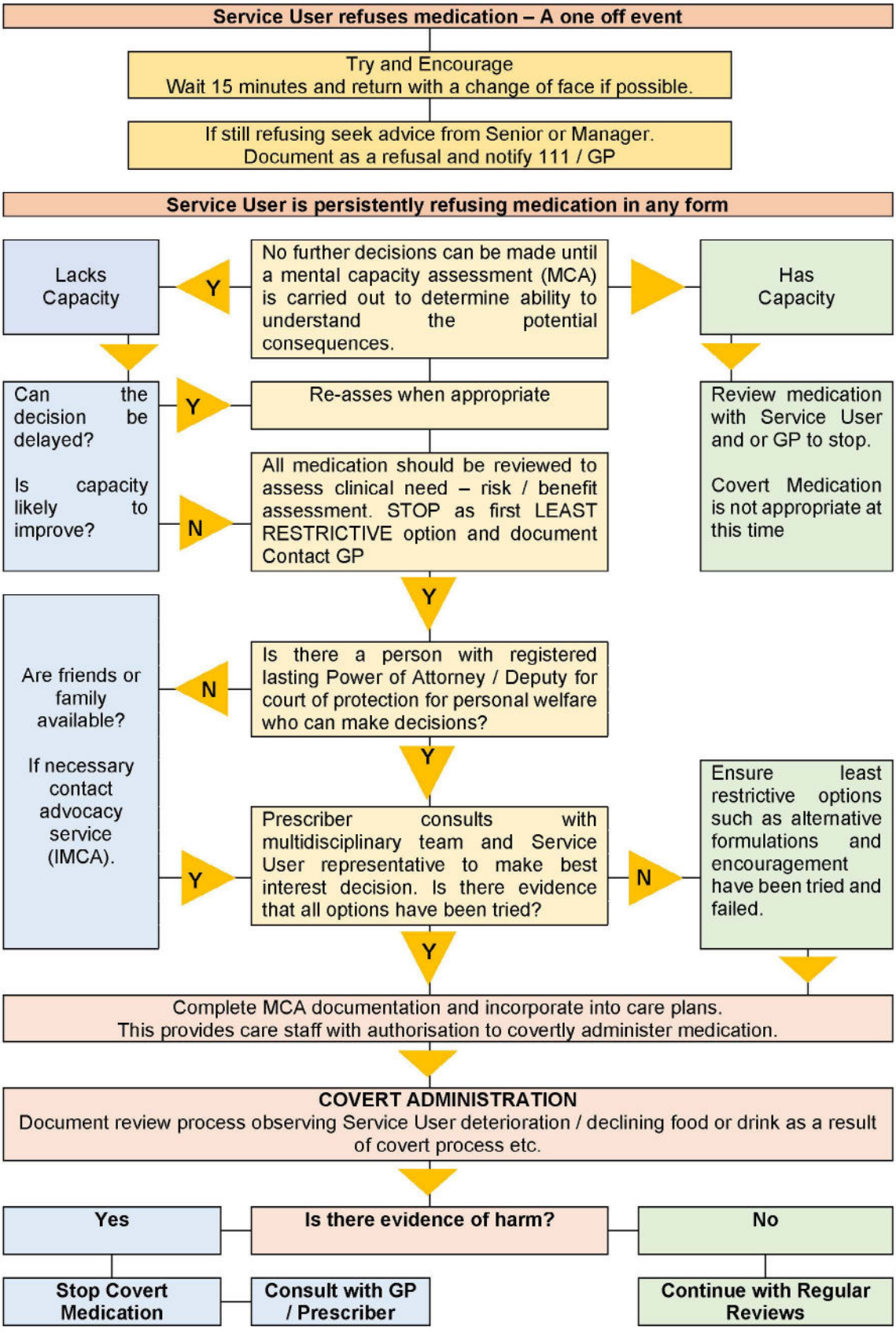
Medication Error Flowchart



Key: Types of Abuse					
	Physical		Neglect & Acts of Omissions		Organisational

***Significant Harm**: Is defined as: death or impairment to health which results in a permanent increase to a person's care and support needs.

Refusing Medication



Raising Concerns, Freedom to Speak Up and Whistleblowing

What concerns must you report?

- If you think someone is at risk of harm
- If you think someone has been harmed or abused
- If you think someone's health has been put in danger either because of something that has been done or because something hasn't been done
- Damage has been caused to the environment
- An employer fails to follow the law (e.g. not having the correct insurance)

When must you report?

- You must report any concerns straight away

What must you do if no action is taken?

- You must follow our Raising Concerns, Freedom to Speak Up and Whistleblowing Policy and Procedure
- If you have spoken to your line manager and no action has been taken, you must go to the person named below so that action can be taken
- If someone is in immediate danger, you must contact the Police on 999

What must you do if you do feel you cannot tell your line manager?

If you can't tell the nominated person within your organisation, you can contact the following for advice:

- Whistleblowing Helpline for NHS and Social Care on 08000 724 725
- You can also call the independent whistleblowing charity Public Concern at Work for free and confidential advice on 020 7404 6609

Reporting your concerns

If you have followed our policy and do not feel you can talk about your concerns within our organisation, you can contact the Care Quality Commission:

- Call on: 03000 616161
- Email: enquiries@cqc.org.uk
- Write: CQC National Correspondence Citygate Gallowgate Newcastle upon Tyne NE1 4PA
- Report online at: www.cqc.org.uk/GiveFeedback

Who to speak to - remember, doing nothing is not an option

If you are unable to speak to your line manager, or you are still concerned, you can report your concerns to;

Safeguarding Lead Name:

Telephone Number:

Email Address:

Safeguarding is Everybody's Reponsibility

Abuse is when someone does or says things to another person to hurt, upset or make them frightened. Adult abuse is wrong and can happen to anyone who is over 18 years of age. Abuse can happen anywhere and can be committed by anyone.

There are different types of abuse:

- Physical
- Psychological and Emotional
- Financial and Material
- Neglect and Acts of Omission
- Sexual Abuse
- Organisational Abuse
- Discriminatory Abuse
- Domestic Violence and Abuse
- Mate Crime
- Self-neglect
- Modern Slavery and Human Trafficking

Our Safeguarding Culture

We believe that it is always unacceptable for anyone to experience abuse of any kind, and we recognise that we have a responsibility to safeguard and promote the welfare of individuals that we provide care and support for. We aim to provide services that do not discriminate because of disability, age, gender, sexual orientation, race, religion, culture, or lifestyle. We will support our individuals to express their wishes and make their own decisions to the best of their ability, recognising that such self-determination may well involve risk.

We will work with individuals and others involved in their circle of support, to ensure they receive the care, support and protection they may require; that they are listened to and treated with respect (including their property, possessions and personal information); and that they are treated with compassion and dignity.

We have zero-tolerance towards any type of abuse and will ensure that all our staff recognise and know how to respond, escalate, and report any concerns. We will promote a culture where everyone feels they can speak out, with managers who will listen and respond.

Download your free Annual Accident and Incidents Analysis now