

WE ARE **SANDWELL!**



DRAFT **Safeguarding Decision Support Tool**



Section 1: Initial Considerations

1.1 Introduction

Due to the scale and varying needs of adults at risk, it is crucial that all agencies working with adults at risk are involved in the prevention of abuse. However, identifying when safeguarding referrals should be made is not always clear cut.

In order to give some clarity to when a referral should be raised with Sandwell's Safeguarding Adult Team, the following safeguarding referral "Decision Support Tool" has been compiled. This guidance is directed at Sandwell Metropolitan Borough Council Adult Social Care practitioners, partner agencies and any other professionals with safeguarding concerns. It aims to ensure adult protection issues and concerns are reported and investigated at the appropriate level. This guidance is not a substitute for professional judgment, but should be used to assist decision making and to support professional judgement.

1.2 Local Authority Responsibilities

The Care Act 2014 makes it a legal requirement for local authorities to make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and, if so, by whom. 'Making Safeguarding Personal' is shifting the focus of adult safeguarding work towards a person-centred approach and working towards outcomes that the person wants to help them manage the risk of abuse and/or neglect.



1.3 The Care Act 2014

The Care Act 2014 states that six key principles should underpin all Adult Safeguarding work, these are:

Empowerment – Personalisation and the presumption of person-led decisions and informed consent. “I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

Prevention – It is better to act before harm occurs. “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

Proportionality – The most proportionate and least intrusive response appropriate to the risk presented. “I am sure that the professionals will work for my best interests, and they will only get involved as much as needed.”

Protection – Support and representation for those in greatest need. “I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able.”

Partnership – Local solutions through services working 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 to get the best result for me.”

Accountability – Accountability and transparency in delivering safeguarding. “I understand the role of everyone involved in my life.”



1.4 Safeguarding Referral or a Quality Concern?

This guidance explains the decision-making process about whether a referral regarding an adult, who appears to be at risk of harm or is being harmed, is progressed through the safeguarding adult's procedures, or whether the procedure for reporting of poor practice is followed.

Please use this guidance when considering if an incident requires a Safeguarding Adults referral or if it falls out of the multi-agency procedures and requires action from the service where the concern or incident occurred. Consider:

- Was harm caused, and how serious was the harm or abuse/risk of harm or abuse – the consequence/impact
- How often has it actually, or the risk of abuse or harm occurred – history/context
- How many adults at risk were exposed or could have been exposed to the harm or abuse – vital interest or potential institutional abuse
- What is the likelihood of the abuse or harm reoccurring? – frequency

1.5 What is poor practice and what is abuse or neglect?

The difference between poor practice and neglect is much contested. If a person is totally dependent on others' assistance to meet basic needs, continual 'poor practice' can lead to serious harm or death.

Useful elements in deciding if poor practice has occurred, which does not require a safeguarding adults' response, are to ascertain if the concern:

- is a 'one off' incident to one individual
- resulted in no harm
- indicated a need for a defined action

Incidents which indicate that poor practice is impacting on more than one adult, or that poor practice is recurring and is not a "one off", must result in Safeguarding Adults procedures being initiated as these incidents can be good indicators of more widespread, institutional abuse.



Thresholds Matrix

BRAG Ratings

Initial Risk Assessment – Priority of Progression

Blue	Red	Amber	Green
Isolated Incident Not safeguarding No harm – low risk Quality of Care Concerns	SAFEGUARDING Harm caused- medium to high/ complex risk A safeguarding adult's referral MUST be made		Possibly safeguarding Possible harm – some risks
Level 1- Not Safeguarding - Information received does not indicate a need for any further investigation or assessment - Information recorded but no further action taken (Referrals relating to Quality Concerns will be monitored by The Safeguarding Team and Quality and Safety Team within commissioning. Guidance is in place for this pathway)	Level 4 - High to Complex Risk - Immediate and serious safeguarding concern requiring action - Response required as soon as possible, but within 4 hours - Police, social care & ICB teams notified immediately of the priority of the case	Level 3 - Medium to High Risk - Significant concerns but no immediate urgent action required to safeguard - Response required as soon as possible, but within one working day	Level 2 - Low to Medium Risk - Concerns raised about an adult at risk but no indication of significant harm or neglect; further information or signposting may be required - Response required as soon as possible, but within three working days



Type of Abuse	Isolated incident Not safeguarding No harm – low risk Quality of Care Concerns	Possibly safeguarding Possible harm – some risks	SAFEGUARDING Harm caused- medium to high/ complex risk A safeguarding adult’s referral MUST be made		
1.1 Physical Abuse	Managed via provider service internal process and procedures	Safeguarding alert or managed via provider service internal process and procedures	Medium Risk Relevant Social Work Teams/Quality Teams/Signposting	High Risk Safeguarding Team	Critical/ Complex Risk Safeguarding Team/ Safeguarding Adult Review
Can include (but not limited to): • Assault • Hitting • Slapping • Pushing • Misuse of medication • Restraint • FGM • Inappropriate physical restrictions or handling processes • Domestic Abuse	• Minor one-off incident causing no harm, e.g. friction mark on skin due to ill-fitting hoist sling (Follow Quality of Care Concerns) • Minor events that still meet criteria for ‘incident notification’ • Dispute between people with no harm, quickly resolved and risk assessment in place • Bruising caused by family carer due to poor lifting and handling technique. No harm intended. Immediately resolved when given correct advice/equipment	• Inexplicable minor marking found where there is no clear explanation as to how the injury occurred • Isolated incident involving person on person • Unwanted physical contact from ‘informal’ carer with no harm and quickly resolved • Repeated incidents of bruising caused by carer despite receiving up to date advice/equipment • Repeated falls of adult at risk despite advice/guidance to prevent –minor injury occurs	• Inexplicable marking or lesions, cuts or grip marks on more than one occasion, or to more than one individual • Assault • Repeated falls of adult at risk despite preventative advice re needs given- harm, distress and injury occurs (where it requires a review)	• Physical restraint undertaken outside of a specific care plan, or not proportionate to the risk • Withholding of food, drinks or aids to independence • Inexplicable injuries	• Physical assaults – injury, death • Grievous bodily harm/ assault with or without a weapon, leading to irreversible damage or death • Any potential criminal act against an adult at risk

Type of abuse	Isolated incident Not safeguarding No harm – low risk Quality of Care Concerns	Possibly safeguarding Possible harm – some risks	SAFEGUARDING Harm caused- medium to high/ complex risk A safeguarding adult’s referral MUST be made		
1.2 Medication	Managed via provider service internal process and procedures	Safeguarding alert or managed via provider service internal process and procedures	Medium Risk Relevant Social Work Teams/Quality Teams/Signposting	High Risk Adult Safeguarding Team	Critical/ Complex Risk Adult Safeguarding Team/ Safeguarding Adult Review
	Adult does not receive prescribed medication, missed or wrong dose. No harm occurs (Follow Quality of Care Concerns)	Recurring incidents of missed medication or administration errors in relation to one person that caused no harm	Recurrent missed medication or administration errors that affect more than one adult and/or result in harm (where it requires a review)	- Deliberate maladministration of medicines, e.g. sedation - Covert administration without proper medical supervision or outside the Mental Capacity Act	Pattern of recurring administration errors or an incident of deliberate maladministration that results in ill-health or death

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	Quality of Care Concerns				
2. Financial/ Material Can include (but not limited to): • Theft • Fraud • Scams (e.g. telephone, post, online, romance) • Coercion and control • Misuse of finances on someone's behalf • Incorrect recording	Managed via provider service internal process and procedures	Safeguarding alert or managed via provider service internal process and procedures	Medium Risk Relevant Social Work Teams/Quality Teams/Signposting	High Risk Adult Safeguarding Team	Critical/ Complex Risk Adult Safeguarding Team
	• Inadequate financial records • Isolated incident of staff personally benefiting from the support they offer people in a way that does not involve the actual abuse of money • E.g. accrue 'reward points' on their own store loyalty cards when shopping when the adult has capacity to know what has happened and has agreed.	• Adult not routinely involved in decisions about how their money is spent or kept safe. Capacity in this respect is not properly considered • Staff personally benefit from the support they the person, e.g. accrue 'reward points' on their own store loyalty cards when shopping. Adult lacks capacity • Failure by relative to pay care fees/charges where no harm occurs, but receives personal allowance or has access to other personal monies • Unwanted cold calling/door stop visits	• Adult's monies kept in a joint bank account, unclear arrangements for equitable sharing of capital and interest • Adult denied access to their own funds or possessions. • Failure by relative to pay care fees/charges and adult at risk experiences distress or harm through having no personal allowance or risk of eviction/termination of service	• Misuse/ misappropriation of property, possessions or benefits by a person in a position of trust or control • Personal finances removed from adult's control without legal authority	• Fraud/ exploitation relating to benefits, income, property or will • Theft • Doorstep crimes



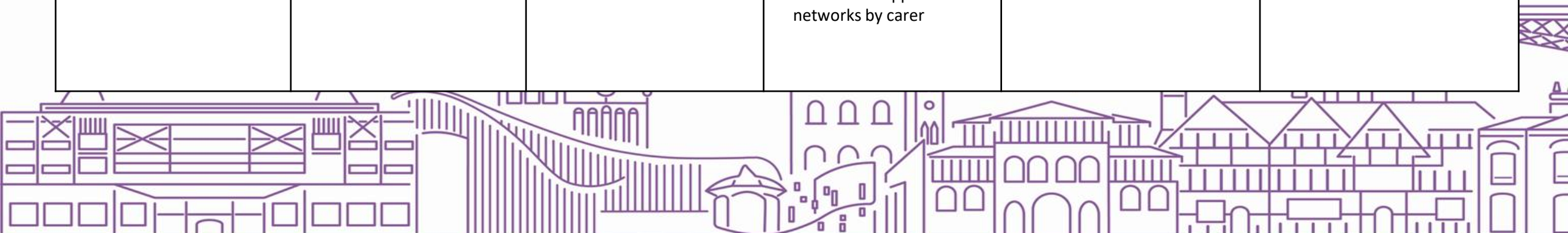
Type of abuse	Isolated incident Not safeguarding No harm – low risk Quality of Care Concerns	Possibly safeguarding Possible harm – some risks	SAFEGUARDING Harm caused- medium to high/complex risk A safeguarding adult's referral MUST be made		
3. Sexual Can include (but not limited to): • Inappropriate touching • Indecent exposure • Sexual grooming • Sexual harassment • Sexual teasing or innuendo • Subject to pornography or witness to sexual acts • Non-consensual sexual activity • Rape	Managed via provider service internal process and procedures	Safeguarding alert or managed via provider service internal process and procedures	Medium Risk Relevant Social Work Teams/Quality Teams/Signposting	High Risk Adult Safeguarding Team	Critical/ Complex Risk Adult Safeguarding Team/ Safeguarding Adult Review
	• Isolated incident when an inappropriate sexualised remark is made to an adult with capacity and no long-term distress is caused	• Isolated incident of low level, unwanted sexualised attention/touching directed at one adult by another, whether or not capacity exists. No harm or long-term distress • Two people who lack capacity engaged in a sexual activity or relationship. No long-term distress to either	• Verbal and gestured sexualised teasing • Sexualised attention between two people where one lacks capacity to consent	• Recurrent sexualised touching or isolated/ recurring masturbation by another person without consent • Sexual harassment, e.g. unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature	• Attempted penetration by any means, whether or not it occurs within a relationship, without consent • Sexualised attention in a relationship between staff and person • Sex in a relationship characterised by authority, inequality or exploitation, e.g. staff and person • Sex without consent/rape • Voyeurism • Being made to look at pornographic material against will/where valid consent cannot be given • Being made to participate in a sexual act against will/where valid consent cannot be given • Trafficking an adult at risk for sexual exploitation

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	Quality of Care Concerns				
4.1 Neglect and acts of omission Can include (but not limited to): - Ignoring or failing to respond to medical, emotional or physical needs - Failure to provide appropriate care - Failure to follow care plan or health advice - Withholding necessities of life - Failure to provide access to essential services - Failure to follow health and safety legislation	Managed via provider service internal process and procedures	Safeguarding alert or managed via provider service internal process and procedures	Medium Risk Relevant Social Work Teams/Quality Teams/Signposting	High Risk Adult Safeguarding Team	Critical/ Complex Risk Adult Safeguarding Team/ Safeguarding Adult Review
	- Isolated missed home care visit where no harm occurs - Adult is not assisted with a meal/drink on one occasion and no harm occurs - Inappropriate hospital discharge where no harm occurs - Inadequate care that causes discomfort but no harm	- Inadequacies in care provision that lead to discomfort or inconvenience and no significant harm occurs, e.g. being left wet occasionally - Occasionally not having access to aids to independence. N.B. If regular may be restraint - Adult at risk living with family carer who is failing with caring duties - Temporary environment restrictions, but action to resolve is in place - Occasional inadequacies in care from informal carers. No significant harm	- Recurrent missed home care visits where risk of harm escalates, or one missed visit where harm occurs - Poor transfers between services, e.g. hospital discharge without adequate planning, and harm occurs - Inappropriate or incomplete DNAR (Do Not Attempt Resuscitation) - Carers consistently failing to provide care despite advice/guidance	Ongoing lack of care to the extent that health and wellbeing deteriorate significantly, e.g. dehydration, malnutrition, compromised skin integrity, loss of independence or confidence	- Failure to arrange access to life saving services or medical care - Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk - Gross neglect resulting in serious injury or death
4.2 Pressure Ulcers	One person one pressure ulcer of low grade (grade 1 or 2).	Pressure ulcers multiple grade 2s	Pressure ulcers grade 3 or 4.	Mismanagement of pressure ulcer grade 3 or 4 by professionals / paid carers.	Serious injury or death as a result of consequences of avoidable pressure ulcer development e.g. septicaemia

You can read the safeguarding adults protocol for pressure ulcers from DHSC [here](#).

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5.Organisational Can include (but not limited to): • Failure to follow health and safety legislation • Neglect or overall poor practice • Ill treatment • Failure to adhere to care or health advice • Failure to respond to whistleblowing issues • Failure to adhere to legislation (eg) MCA / MHA issues	Managed via provider service internal process and procedures	Safeguarding alert or managed via provider service internal process and procedures	Medium Risk Relevant Social Work Teams/Quality Teams/Signposting	High Risk Adult Safeguarding Team	Critical/Complex Risk Adult Safeguarding Team/ Safeguarding Adult Review
	• Lack of stimulation or opportunities for people to engage in meaningful social and leisure activities and where no harm occurs • Lack of person-centred approach where person is not given sufficient voice or involved in the running of the service • Service design where groups of people living together are inappropriate • One off incident of low staffing due to unpredictable circumstances, despite management efforts to address. No harm caused	• Denial of individuality and opportunities for person to make informed choices and take responsible risks • Care planning documentation not person centred • Denying adult at risk access to professional support and services, such as advocacy. • More than one incident of low staffing levels, no contingencies in place. No harm caused • Poor or outmoded care practice – no harm occurs.	• Rigid or inflexible routines • Person’s dignity is undermined, e.g. lack of privacy during support with intimate care needs, shared clothing, underclothing, dentures etc. • Failure to whistle blow on serious issues when internal procedures to highlight issues are exhausted	• Ill-treatment of one or more adults as risk, such as unsafe manual handling • Failure to report, monitor or improve bad care practices • Unsafe and unhygienic living environments • Failure to support an adult at risk to access health and/or care treatments • Punitive responses to challenging behaviours • Repeated incidents of low staffing resulting in harm to more than one person • Failure to refer disclosure of abuse • Inappropriate or incomplete DNAR (Do Not Attempt Resuscitation) • Incident of low staffing resulted resulting in harm to more than one person	• Staff misusing their position of power over person • Over-medication and/or inappropriate restraint used to manage behaviour. Widespread, consistent ill treatment • Low staffing levels which result in serious injury or death to more than one person • Stark or spartan living environments causing sensory deprivation. • Intentionally or knowingly failing to adhere to Mental Capacity Act e.g. unauthorised Deprivation of Liberty Safeguards (DoLS)

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	Managed via provider service internal process and procedures	Safeguarding alert or managed via provider service internal process and procedures	Medium Risk Relevant Social Work Teams/Quality Teams/Signposting	High Risk Adult Safeguarding Team	Critical/Complex Risk Adult Safeguarding Team/ Safeguarding Adult Review
6. Psychological <i>Can include (but not limited to):</i> - Domestic abuse - Threats of harm or abandonment - Deprivation of contact - Humiliation - Harassment - Control - Intimidation - Coercion - Verbal abuse - Isolation - Radicalisation	- Isolated incident where adult is spoken to in a rude or other inappropriate way, respect is undermined, but no distress is caused - Isolated incident whereby threats occur e.g. intimidation harassment but no harm or long term distress occurs	- The occasional withholding of information to disempower - Recurrent incidents of adult being spoken to discourteously - Incidents occur e.g. of abandonment, verbal abuse, online bullying etc. but no long term distress is caused	- Occasional taunts or verbal outbursts which cause distress - Treatment that undermines dignity and damages esteem - Denying or failing to recognise an adult's choice or opinion - Frequent verbal outbursts to an adult at risk - Deliberate withdrawal of services or supportive networks by carer	- Humiliation - Emotional blackmail, e.g. threats of abandonment or harm - Frequent and frightening verbal outbursts to an adult at risk	- Denial of basic human rights or civil liberties, overriding advance directive, forced marriage - Prolonged intimidation - Producing and distributing inappropriate photos via any social media means - Vicious/personalised verbal attacks - Forced Marriage of an adult at risk



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	Quality of Care Concerns				
7.Discriminatory Can include (but not limited to): - Harassment/ slurs rooted in discrimination of protected characteristics - Failure to respond to equality and diversity needs - FGM - Honour based violence - Hate crime - Radicalisation	Managed via provider service internal process and procedures	Safeguarding alert or managed via provider service internal process and procedures	Medium Risk Relevant Social Work Teams/Quality Teams/Signposting	High Risk Adult Safeguarding Team	Critical/Complex Risk Adult Safeguarding Team/ Safeguarding Adult Review
	- Isolated incident when an inappropriate prejudicial remark is made to an adult and no long term distress is caused - Care planning fails to address an adult's diversity and associated needs for a short period	Isolated incident of teasing motivated by prejudicial attitudes – person to person	- Recurring taunts - Recurring failure to meet/attempt to meet specific needs associated with diversity - Teasing by person in position of trust	- Denial of civil liberties, e.g. voting, making a complaint - Humiliation or threats. - Denial of an individual's appropriate diet, access to take part in activities related to their faith or beliefs, or not using the individual's chosen name - Making an adult at risk partake in activities inappropriate to their faith or beliefs	- Hate crime resulting in injury/emergency medical treatment/fear for life - Hate crime resulting in serious injury or attempted murder, and honour based violence - Exploitation of an adult at risk for recruitment or radicalisation into terrorist related activity - Female genital mutilation of an adult at risk - Honour based violence

The Sandwell Adult Social Care Culture Strategy outlines the expectations and vision for culturally sensitive care and support. Read it [here](#).

Type of abuse	Isolated incident Not safeguarding No harm – low risk	Possibly safeguarding Possible harm – some risks	SAFEGUARDING Harm caused- medium to high/complex risk A safeguarding adult’s referral MUST be made		
	Quality of Care Concerns				
8. Self-Neglect Can include (but not limited to): • Hoarding • Self- neglect of personal hygiene/ nutrition/ hydration causing harm or risk to health • Self- neglect causing risk to others	Managed via provider service internal process and procedures	Safeguarding alert or managed via provider service internal process and procedures	Medium Risk Relevant Social Work Teams/Quality Teams/Signposting	High Risk Adult Safeguarding Team	Critical/Complex Risk Adult Safeguarding Team/ Safeguarding Adult Review
	• Self-care causing some concern-no sign of harm or distress • Property neglected but all services work • Some evidence of hoarding-no impact on health/safety	• Some signs of disengagement with professionals • Property neglected-evidence of hoarding beginning to impact on health/ safety • Lack of essential amenities • No access to support services	• Refusal of health/ medical treatment • High level of clutter/ hoarding • Insanitary conditions • Disengagement with professionals • High risk to safety • Refer to West Midlands Self neglect guidance/Hoarding pathway • Refer to VARM and Risk Surgery	• Lack of self-care resulting in deterioration of health & wellbeing • Environmental a danger to self and others • Behaviour poses risk to self and others • Repeat referrals • Refer to West Midlands Self neglect guidance/Hoarding pathway • Refer to VARM and Risk Surgery	• Life is in danger without intervention • Significant substance misuse • Imminent danger to self/ others due to risk of fire/ harm in property • Multiple concerns from other agencies • Refer to West Midlands Self neglect guidance/Hoarding pathway • Refer to VARM and Risk Surgery

An in-person visit must be made to discuss care and support options with the person – a telephone call is not a proportionate response.

Read the West Midlands Self Neglect Guidance [here](#).
Find out more about the Sandwell Hoarding Improvement Partnership (including useful resources) [here](#).

Find out more about the Vulnerable Adults Risk Management (VARM) Process [here](#).
Find out more about Sandwell’s Risk Surgeries (including how to refer) [here](#).

Read the Safeguarding Vulnerable Dependent Drinkers guide [here](#).

Type of abuse	Isolated incident Not safeguarding No harm – low risk	Possibly safeguarding Possible harm – some risks	SAFEGUARDING Harm caused- medium to high/complex risk A safeguarding adult's referral MUST be made		
	Quality of Care Concerns				
9.1 Modern Slavery/Exploitation	Managed via provider service internal process and procedures	Safeguarding alert or managed via provider service internal process and procedures	Medium Risk Relevant Social Work Teams/Quality Teams/Signposting	High Risk Adult Safeguarding Team	Critical/Complex Risk Adult Safeguarding Team/ Safeguarding Adult Review
Can include (but not limited to): - Trafficking - Forced marriage - Denial of access to health or social care in the context of slavery - Sexual exploitation	All concerns about modern slavery are deemed to be of a level requiring consultation	All concerns about modern slavery are deemed to be of a level requiring consultation	- Under control of another e.g. dealer, pimp, gang master - Unable to access medical treatment - Uninhabitable living conditions/low wages	- Numerous addresses to avoid detection - Lives at place of work - Not in possession of ID or passport	- Living in unsuitable conditions (e.g. car, shed, lock up) - Risk of fatality or serious injury due to work conditions - No freedom/unable to leave - Wages used to cover debts - Forced marriage
9.2 Cuckooing/Home Takeover	- One off or occasional incident of nuisance to others, when drinking at home with acquaintances - Adult is given drink or drugs to comply with others using their home	- Regular disturbance or nuisance to neighbours, caused by acquaintances visiting address - Peer pressure to drink or use drugs in their own home	Pressured to allow drinking or drug using acquaintances into address to drink or use drugs	- Home is frequently invaded by other drinkers or drug users - Threats or intimidation if entrance is refused by the adult	Adult is coerced to allow home address to be used for cultivation of cannabis or preparation, or packaging, or storage of other substances

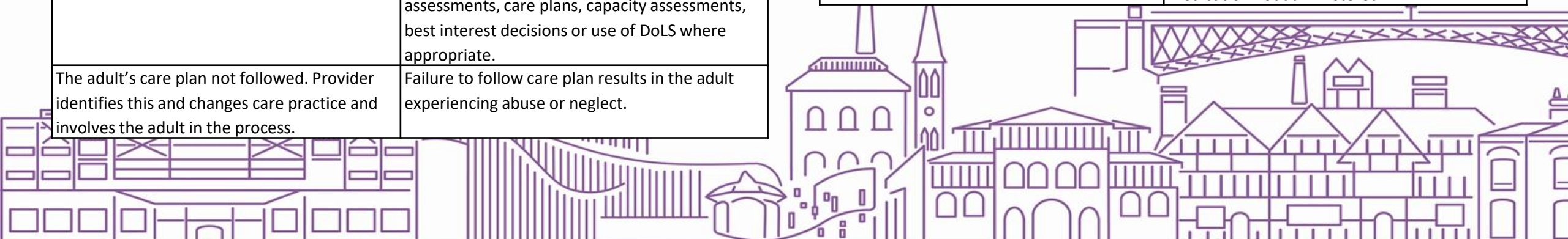
Type of abuse	Isolated incident Not safeguarding No harm – low risk	Possibly safeguarding Possible harm – some risks	SAFEGUARDING Harm caused- medium to high/complex risk A safeguarding adult's referral MUST be made		
	Quality of Care Concerns				
10. Domestic Abuse [NB – If children present in house, refer to MASH] Can include (but not limited to): - Physical - Sexual - Financial - Psychological - Stalking - FGM - Honour based violence	Managed via provider service internal process and procedures	Safeguarding alert or managed via provider service internal process and procedures	Medium Risk Relevant Social Work Teams/Quality Teams/Signposting	High Risk Adult Safeguarding Team	Critical/Complex Risk Adult Safeguarding Team/ Safeguarding Adult Review
	- Isolated report of abuse- low level threat - Adult has capacity and no vulnerabilities identified Refer to Domestic Abuse Services for early intervention and support	- Ongoing reports and/ or incidents of domestic abuse - Adult not accessing support services but adequate protective factors Refer to Domestic Abuse Services for early intervention and support	- Instances where care needs have changed/developed and review is needed - Complex family dynamics - Underlying medical conditions impacting behaviour of Adult where care and support is needed. (e.g. Mental Health conditions, Dementia) Consider MARAC	- Adult assessed as not having capacity - Adult subjected to severe controlling behaviour e.g. financial/ locked in property/ withholding of medical treatment/ deliberately isolated - Assault-physical or sexual causing serious harm - Frequent reports of verbal and physical assaults - Adult subjected to controlling behaviour - Adult subjected to stalking/harassment Consider MARAC	- Adult subjected to violent assault(s) - Threats to kill - Rape - Female Genital Mutilation - Honour Based Abuse and/ or Forced Marriage Consider MARAC

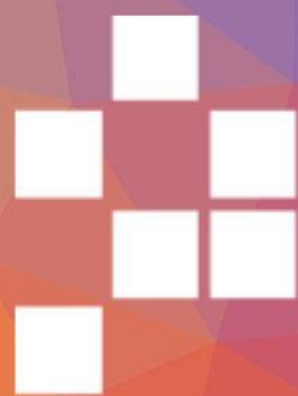
Find Sandwell Council's Domestic Abuse information for professionals [here](#).
Refer to Black Country Women's Aid Domestic Abuse Service [here](#).
Find information for professionals from Ask Marc (Domestic Abuse support for men) [here](#).
Find information about the Sandwell Sanctuary Scheme [here](#).
Find support for male victims of Domestic Abuse from Mankind [here](#).

NOTE: The Care Act 2014 has introduced the requirement to record additional categories of abuse such as FGM, modern slavery, self-neglect and Domestic Abuse. However, the types of harm perpetrated within these categories may fall within several sections of the matrix above and as such should not be seen as needing to occur separately before a safeguarding alert is made.

Quality of Care	Safeguarding Concern
Information should be made available to agencies responsible for commissioning and regulating the service. The service will respond to the issue using their own incident management processes.	Information should be shared with agencies responsible for commissioning and regulating the services. Safeguarding concerns should be raised with the Local Authority. The service remains responsible for ensuring the safety of an individual adult and others using the service.
Assessed need not documented in care plan e.g. Management of behaviour or liquid diet due to swallowing difficulties. Provider identifies this and addresses it before any harm occurs.	Failure to specify in care plan how an assessed need must be met and inappropriate action, or inaction, results in injury e.g. The adult experiences pain or choking.
An adult falls and injury occurs. Appropriate medical intervention sought and given, and existing falls risk assessment and care plan reviewed. A capacity assessment is in place if there is reason to be concerned that the adult does not have capacity to assess the risks to themselves. Appropriate aids and equipment to reduce falls are provided. Appropriate referrals to community health professionals are in place.	An adult falls and injury occurs. No specific assessment of falls risk in place, no appropriate medical intervention sought or given, and no plan made to review the care plan. The service does not have in place a falls prevention strategy, staff have not had training. The adult does not have the capacity to assess the risks to themselves, and no assessment of capacity has been undertaken. Restrictions or restraints are used and not reflected in risk assessments, care plans, capacity assessments, best interest decisions or use of DoLS where appropriate.
The adult's care plan not followed. Provider identifies this and changes care practice and involves the adult in the process.	Failure to follow care plan results in the adult experiencing abuse or neglect.

Quality of Care	Safeguarding Concern
An adult does not receive necessary help to eat or drink on one occasion, or the food offered by the care provider is poor-quality and unappetising.	Care provider continues to offer poor quality or unappetising food or culturally unacceptable food, or nutritionally inadequate or there are recurring events in which an adult(s) does not receive the necessary help to eat or drink. The adult experienced hunger, dehydration or constipation.
Incontinence needs not met on one occasion. No harm appeared to have occurred.	Recurring event or is happening to more than one adult. The adult suffered abuse or neglect e.g. loss of dignity and self-confidence, pressure ulcer development.
An adult does not receive their medication on one occasion, or a 'documentation' error occurs on one occasion. The adult's doctor or pharmacist was contacted for advice regarding the impact of the error.	Medication error on one or more occasions that caused the adult(s) to suffer or likely to cause impact to health condition, due to the nature of the medication e.g. Insulin for a diabetic. Recurring event or happening to more than one person. Adult(s) experienced abuse or neglect e.g. pain, health deterioration, side effects.
An adult is discharged from hospital without adequate planning.	Discharge planning procedures not followed, and adult suffers as a result, or recurring event e.g. increased risks, no care provision, information not communicated to care provider, medication not administered.





Sandwell

Metropolitan Borough Council