Cheshire East Guidance on reporting a Safeguarding Adults Concern

Purpose

This guidance is to support in the decision making process when concerns are raised in regards to an adult at risk. This will ensure that all referrals are routed to the appropriate pathway and should provide a consistent approach when dealing with safeguarding concerns. Safeguarding concerns must always be taken very seriously and acted upon appropriately. Professionals should work with adults at risk to establish what being safe means to them and how best this can be achieved. It is paramount that the individual's wellbeing is taken account of at all times. This guide will aid individuals in a clearer understanding of what constitutes abuse and where concerns should be directed to. It should be used in conjunction with the North West Safeguarding Adults Policy and local safeguarding procedures Policies and procedures (stopadultabuse.org.uk).

Who is it for?

The guide should be used by:

- Social workers/lead officers receiving incoming concerns
- Partner agencies and Providers when deciding whether to raise a concern

Factors to consider

- Whether or not harm was caused and the seriousness of the harm or abuse
- The consequences and impact of the harm on the individual and their views
- The individual's mental capacity
- If the concern is about a risk of harm or abuse consider the risk factors in the context of positive risk taking

- How often has it actually occurred/or the frequency of the risk of abuse or harm occurring.
- The number of adults at risk exposed to the harm or abuse or to the risk of harm and abuse
- The likelihood of the abuse or harm re-occurring
- Whether or not duress or coercion is/may be an influence.
- Whether or not the incident is one of a pattern or trend in respect of the adult at risk, the person causing the harm, the location of the abuse or the nature of the abuse. Consider whether it is indicating a systemic abuse issue.
- The relationship between the adult at risk and the person alleged to be causing the harm. Does it involve a person in a position of trust?

The Care Act guidance states that Safeguarding is not a substitute for:

- Providers' responsibilities to provide safe and high quality care and support
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action
- The core duties of the Police to prevent and detect crime and protect life and property

1/ Safeguarding Concerns

Safeguarding concerns **must** be raised (as safeguarding duties apply) where there is **reasonable cause to suspect** that an adult in the Cheshire East area (whether or not an ordinary resident):

- **a)** Has needs for care and support (whether or not the authority is meeting any of those needs),
- **b)** Is experiencing, or is at risk of, abuse or neglect, and
- **c)** As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The referrer **only needs to have reasonable cause to suspect that a) and (b) above apply** in deciding whether to refer a safeguarding concern to Cheshire East local authority (please see Quick Guide in understanding what constitutes a safeguarding concern and flowchart in appendix one).

In respect of '**reasonable cause to suspect'**, consideration must be given as to what supports the view that the person is at risk and why the referrer is concerned.

In terms of **part (a)**, the adult at risk does not have to have an active care and support plan to receive safeguarding support nor do they need to meet the minimum eligibility criteria. It is purely that the person has needs for care and support, which should arise from, or be related to a physical or mental impairment or illness. They do not have to have a diagnosis. The term' needs for care and support' is not precisely defined within legislation but an adult with care and support needs may be:

- an older person
- a person with a physical disability, a learning difficulty or a sensory impairment
- someone with mental health needs
- a person with a long-term health condition
- someone who misuses substances or alcohol to the extent it affects their ability to manage daily living tasks.

In terms of **part (b),** the Care Act statutory guidance states that local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered. Abuse may consist of a single or repeated act. The guidance states that defining abuse is complex but it can involve an intentional, reckless, deliberate or dishonest act by the perpetrator.

There are ten types of abuse listed in the Care Act guidance: neglect, self neglect, domestic violence, discriminatory, physical, psychological, organisational, modern slavery, sexual and financial. However these are not exhaustive and other forms of abuse such as radicalisation and exploitation must be considered.

Abuse or neglect can be unintentional; however the primary focus must still be how to safeguard an adult at risk. What is important is the harm done, impact on the person and whether the abuse may be repeated (also see factors on first page). When assessing impact, level of harm and likelihood of harm please refer to appendix two which will help in understanding what may constitute abuse and/or neglect and what may constitute poor quality in care practice.

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Self Neglect

The Care Act introduced self neglect as a category of abuse; this covers a wide range of behaviours including neglecting to care for one's personal hygiene, health, or surroundings and includes behavior such as hoarding (Self-Neglect Guides). Assessment of the situation should be taken on a case by case basis. Not all cases will prompt a section 42(2) enquiry and some individuals can be supported via assessment and care & support planning where support to meet their eligible needs will enable them to achieve their outcomes. When assessing whether it should come under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a stage when they are no longer able to do this, without external support. For instance, if it has reached the stage that the individual needs support from the complex safeguarding forum (Complex Safeguarding Policy) then this should be via the safeguarding pathway. Instigating safeguarding ensures that partners co-operate and share information and that an assessment of need can be undertaken even without consent where it is felt it is necessary.

Self-Harm

Self-harm is different to self-neglect as self-harm is the deliberate act of injuring oneself whereas self-neglect is a lack of self-care that threatens personal health and safety. NICE (2022) refer to the term self-harm as any act of self-poisoning or self-injury carried out by a person, irrespective of the apparent purpose of the act (NICE Self-Harm Quality Standard). This commonly involves self-poisoning with medication or self-injury by cutting. Concerns of self-harm, therefore, do not come under the definition of a safeguarding concern (unless there are other additional factors such as self-neglect concerns) and instead if there are concerns that a person is self-harming frequently and there is a significant risk of accidental death, then they should be referred to mental health services for an assessment.

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Domestic Abuse

Where an individual has care and support needs arising from, or related to an ongoing physical or mental impairment or illness , then a safeguarding concern must be reported if the individual is at risk of/experiencing abuse or neglect. For those individuals who do not have care and support needs or have a temporary physical health injury not requiring ongoing care and support after hospital discharge, then they can be referred/signposted to the Domestic Abuse Hub and the Police notified as necessary. For further guidance please see Domestic Abuse and Safeguarding .

Carers and Safeguarding

Where a carer experiences intentional or unintentional harm from the adult they are supporting, it is important that they are listened to and their wellbeing is looked at under the carers assessment in order to find ways of support that the risk of abuse can be removed or mitigated. There may be occasions where a safeguarding enquiry is required and other agencies are involved. Please see link Carers and safeguarding and useful information attached.

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Falls

There needs to be a shared understanding that falls happen and it is not possible to prevent all falls. Where individuals are at risk of falls and/or have fallen then a falls risk assessment is undertaken. This should be completed in conjunction with the individual and an agreed, shared plan in place. Where there are concerns about an individual's mental capacity to understand the risk and implications of falling, capacity must be assessed under the Mental Capacity Act and if needed

a best interest decision made to maintain the service user's safety. All assessments and outcomes must be recorded in the person's care folder.

When a fall should be reported via safeguarding (a concern about possible abuse/neglect by another person and not because there is a general concern about a person's safety**)**:

- Where a person sustains an injury due to fall and there is concern that a risk assessment is not in place or was not followed, then this must be reported as a safeguarding concern because the person has experienced avoidable harm and amounts to neglect on the part of the care provider
- Where a person has sustained an injury which has resulted in a change of function **and** appropriate medical attention has not been sought, this must be reported as a safeguarding concern
- Where a person has an unexplained injury, other than a very minor injury, this must be reported as a safeguarding concern.

When a fall is not a safeguarding concern (accidental falls where a risk assessment is in place and followed**):**

- When a person is found on the floor, is not injured and appropriate risk assessment is in place and has been followed
- A fall is witnessed and appropriate risk assessment is in place and has been followed
- A person states they have fallen and have the capacity to understand what has happened.

There has been some understanding from providers that they should report all **unwitnessed falls** as safeguarding concerns but this should not be the case; it should be based on professional judgement assessing the circumstances of the event. Therefore for example, if a person has an 'unwitnessed fall' where they stated they fell and explained what happened and a risk assessment is in place which has been followed then it is likely that abuse/neglect has not occurred.

However for all unwitnessed falls, specific post fall neurological clinical monitoring should be undertaken. There is guidance linked to NICE (The National Institute for Health and Care Excellence) and NPSA (National Patient Safety Agency).

In circumstances where a person has sustained an injury the manager on duty should use judgement based on the evidence available to determine what may have happened. If the person has an injury, other than a minor injury, which cannot be explained than this should be referred as a safeguarding concern. If in doubt, raise a safeguarding concern.

To note, providers must consider their responsibilities to report under **RIDDOR** as well as considering if a fall is a safeguarding concern or a care concern. For example where a fall has arisen out of or in connection with a work activity and results in a specified injury such as

- A service user falls in the lounge area, there is previous history of fall incidents, but reasonably practicable measures to reduce the risks have not been put in place.
- A service user falls out of bed, is injured and taken to hospital. The assessment identified the need for bedrails but they, or other preventative measures, had not been provided.

Reporting injuries, diseases and dangerous occurrences in health and social care: Guidance for employers (hse.gov.uk)

When to report a safeguarding concern about pressure area care

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

A safeguarding concern should be raised when a failure to provide adequate care has resulted in a person developing a pressure ulcer; this would include circumstances such as; failure to seek specialist advice, appropriate equipment not provided in a timely manner and care plan/repositioning charts not in situ. The safeguarding adults protocol advises that the safeguarding decision guide is completed by a qualified nurse (immediately or within 48 hours of identifying the pressure ulcer) and a safeguarding concern is raised when there is a score of 15 or above. However this should not replace professional judgement. A copy of the completed decision tool should be sent alongside the safeguarding concern and a copy should be kept on the person's file. If a safeguarding concern is not required, the decision tool should be retained on the person's file. Please see the guidance via this link: [Safeguarding adults protocol: pressure ulcers and raising a safeguarding concern - GOV.UK (www.gov.uk)]

Skin damage that is established to be as a result of incontinence and/or moisture alone should not be recorded in the notes as a pressure ulcer but should be referred to as a moisture lesion to distinguish it, and recorded separately. However, this might be as a result of neglect or poor oversight and thus, it should be explored not ignored. The National Wound Care Strategy Programme offers clear advice to health and care practitioners about the fundamentals of evidence informed care for people who have or are at risk of developing pressure ulcers. The documents below highlight a pathway of care promoting early risk identification. [Pressure Ulcer Recommendations and Clinical Pathway]
NHS Improvement 'Pressure Ulcers: Revised definition and Measurement':
https://www.england.nhs.uk/pressure-ulcers-revised-definition-and-measurement-framework/

To note, there are national requirements to report pressure ulcers. All category 3 and 4 ulcers that meet the criteria under the Patient Safety Incident Response Framework [PSIRF] need to be reported, this new approach is a change in health

from the Serious Incident Framework [2015] and a significant step towards establishing a safety management system across the NHS.
https://www.england.nhs.uk/publication/patient-safety-incident-response-framework-and-supporting-guidance

When to report a safeguarding concern about medication

The National Patient Safety Agency (NPSA) define a medication error as an error in the process of prescribing, dispensing, preparing, administering, monitoring or providing medicine advice, regardless of whether any harm occurred. Therefore in terms of whether a medication error needs to be reported as a safeguarding, the provider needs to decide if a medication error as defined above has occurred and in addition if there is evidence of significant impact upon or significant harm to the individual subject of the error . Otherwise the error should be reported and recorded in accordance with medication and management of incidents policies and procedures (see also NICE guidance) and consideration of reporting a care concern (see page 15). Medication incidents have a number of causes, such as lack of knowledge, failure to adhere to system and protocols, interruptions, staff competency, poor handwriting and instruction, poor communication, lack of training or basic human error. Different examples of what could be considered under safeguarding are:

- Adverse effects causing significant harm due to wrong medication being administered
- Malicious intent to cause harm
- People left without pain relief resulting in a prolonged period of pain
- Use of medication to control behaviour or restrict an individual
- Same drug being omitted repeatedly
- Same carer repeatedly failing to administer medication appropriately

A safeguarding concern should always be raised when medication has been administered covertly without appropriate due consideration to the Mental Capacity Act 2005, best interest decision process and consent. Please refer to Covert Medication Guidance on NICE Covert medicines administration

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Where there are systemic failings which leads to repeated medication errors, a safeguarding concern should be raised under organisational abuse. Where an error is due to external factors or services e.g. pharmacy error, mismanagement by family, hospital discharge, GP prescribing etc., there is an obligation on all services to identify the failing and ensure the issue is addressed. This can be done through contacting the appropriate services to support a resolution such as the GP, Patient Safety, Social Worker, family members etc.

When reporting a safeguarding concern or a care concern, the provider needs to ensure that there is the specific detail of the medication error such as name of medication, dose, timings, administration, storage of prescribed dose and error, impact on person and actions taken including if medical attention was sought.

The MOCH Team are available to support care homes with medication management and their contact details are: Cheshire.moch@cheshireandmerseyside.nhs.uk. A useful link is below to access Caring for Care Home Guidance Sheets (e.g. sheet 3 explains missed doses and displays critical medicines list) and an Interactive Guide to principles of Safe Medication Administration in a Care Home Setting Cheshire Formulary (cheshireformulary.nhs.uk)

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Actions-Reporting a Safeguarding Concern

If the criteria for a safeguarding concern is met (section 1 page 3) then a safeguarding concern must be raised, see link for access to electronic form Safeguarding Adults at risk (cheshireeast.gov.uk). You should always use your professional judgement, bearing in mind the circumstances presented, and seek advice from your line manager. The Care Act Guidance enshrines in law the principle of **Making Safeguarding Personal**, which involves asking the adult at risk their outcomes of what they would like to happen (if safe to do so) and this should be recorded on the first account form. **All safeguarding concerns must be reported to the Local Authority regardless of whether the person has consented to this; the Local Authority will then assess how to proceed forward taking into account the person's wishes and the circumstances of the concern.**

It is acknowledged that at times there may be incidents where decision making is not straight forward. If after using your professional judgement, there is a decision not to progress the safeguarding concern, then the reasons for the decisions and actions agreed are recorded.

IF IN DOUBT REPORT A SAFEGUARDING CONCERN TO CHESHIRE EAST ADULT SOCIAL CARE CONTACT TEAM TEL: 0300 123 5010, OUT OF HOURS 0300 123 5022. IF YOU REQUIRE PROFESSIONAL ADVICE, PLEASE TELEPHONE THE ADULT SAFEGUARDING PROVIDER TEAM ON 01270 686213 ABOUT YOUR CONCERN.

Receipt of the safeguarding concern

The front line teams will assess and screen the incoming safeguarding concern and gather information as required under the duty S42(1) considering S42 (1a and b) alongside the third criteria under S42(1c) of the Care Act (2014) with the

referrer. The Local Authority will make a decision as to whether a S42(2) safeguarding enquiry duty applies i.e. If the individual involved is an adult at risk and meets the S42 criteria. If the S42(2) enquiry duty applies, the Local Authority then must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action (if any) should be taken in the adult's case and, if so, what and by whom.

To assist decision making, there needs to be transparency in the application of the Mental Capacity Act 2005 and reference to the wellbeing duty and the six safeguarding principles: Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability. In judgement of 'reasonable cause to suspect', consider whether this is a lawful interference in to the person's private family life. This links with the principle of proportionality; the least intrusive response appropriate to the risk presented.

Other factors to be considered are:

- Does the adult have capacity to consent to what has occurred, but if so did they do so under duress or undue influence? Were they coerced? Does the concern affect others?
- What outcomes matter to the person? If the person is declining support, how can risk be managed or mitigated? (Making Safeguarding Personal does not mean walking away from someone who is suffering from abuse or neglect but who is reluctant to accept support). How can a relationship be created?
- Is there evidence of willful neglect?
- Are there abuse concerns or was it an accident or complaint?

For example:

Mrs Smith lives in a care home; she has fallen over and broke her hip. She was able to recall what happened and the home have plans to place in regards to mobility and risk assessment, however, she has still fallen. This will be classed as an accident; it still needs looking into as to what happened but because there was no evidence of poor care or a

deliberate act of harm/omission, the home manager will be expected to follow up.

It would be safeguarding if the following had happened.

Mrs Smith lives in a care home. She expresses that she was handled roughly by a carer and as a result she slipped and fell. She is badly bruised but no fractures. This will be classed as safeguarding and enquiries will be lead by the Local Authority.

Where the Local Authority causes a provider/partner to undertake an enquiry, then terms of reference will be given in respect of completing the enquiry and the enquiry report. Please refer to the enquiry guidance on Guidance on Care providers undertaking an internal Safeguarding Enquiry.

In addition to the safeguarding enquiry, consideration will also need to be given by the provider and the local authority as to whether an assessment or a review of the individual's support plan is required.

There may be instances where a safeguarding concern is reported that has been resolved such as a one off scam where action has been taken already by Trading Standards and the Police. If there is no longer a risk of abuse or neglect then the S42(2) enquiry duty is not triggered/met. In such instances, checks will need to be made on receipt of the concern that no further action/enquiry is needed and again the six safeguarding principles should be considered. If no action is needed, then the concern can be closed down with evidence of decision making.

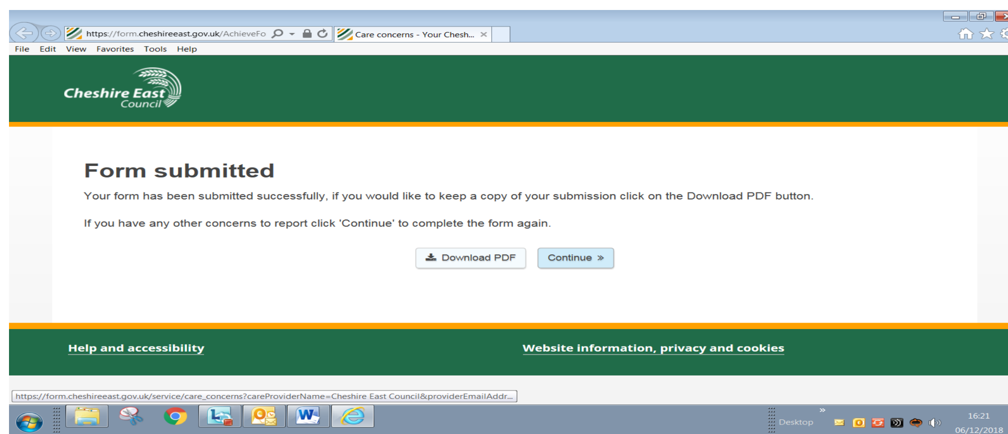
Local authorities do have the power to undertake discretionary safeguarding enquiries ('other safeguarding' enquiries) where they believe it is proportionate to do so, and it will enable the person's wellbeing to be promoted, as well as supporting a preventative agenda; for example, where a carer is a significant risk of harm from the person they care for.
If the concern does not require an enquiry, alternative pathways will be considered such as:

- Assessment (S9/S10 Care Act 2014) and support planning
- Case management
- Complaints
- Contracts/quality in care concern requiring action by provider
- Safeguarding adults review
- Information and advice
- Signpost and/or referral to another Partner

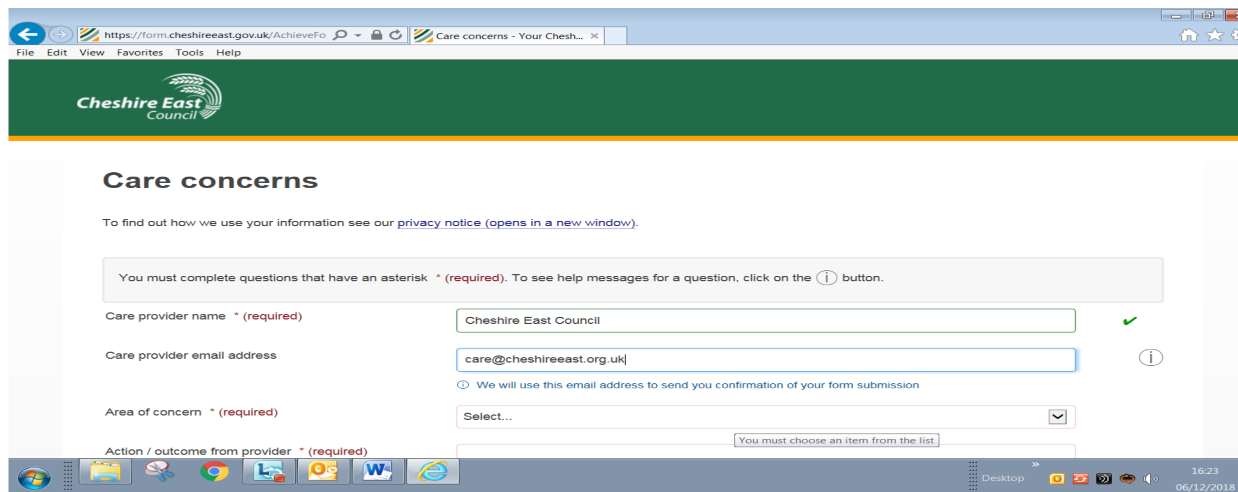
2/ Care Concerns

There will be occasions when it is appropriate for provider agencies to respond to incidents of poor quality in care practice without the need to initiate a safeguarding concern and safeguarding procedures. Poor practice will always require a response because if not challenged it can result in a further deterioration in standards leading to longer term difficulties; in many instances the Provider Manager will be the appropriate person to take remedial action.
On receiving information about an incident and/or concern, the Provider Manager should determine whether a safeguarding concern needs to be raised or whether it is a concern about poor quality in care practice. In making the decision the Manager should consider if the concern meets the criteria in section one. If it does then a safeguarding concern needs to be raised.

If after considering the nature and seriousness of harm (appendix two) the concern is more a quality in care practice issue than abuse, then the Provider should complete the care concern form (appendix three). The Provider should summarise the incident (including impact of harm, capacity/views) and the actions put in place for the individual and staff. As part of the actions, the provider may feel that it is necessary to request an assessment or a review from the appropriate social work team. All care concerns are to be completed on this form (if you have multiple concerns to submit, then fill in each concern individually, and press continue to complete multiple returns). The recording needs to be detailed enough to gain a sufficient and accurate picture of the incident, for example, a medication concern will need to detail the name/dose/frequency of the medication. The form asks for the person's details; please note this is the **adult at risk's name** and not the name of the person filling in the form.



Pressing continue takes you back to this screen, where your provider name and email address will be automatically completed



To access the form, please use and open this link:

https://digital-core.cheshireeast.gov.uk/w/webpage/request?form=report_a_care_concern

The provider may find it helpful to use the form in appendix four to document individual concerns as they happen which will then aid the completion of the electronic return. Once the form has been submitted, there is an option to print a pdf copy and an email notification is sent with a reference number to evidence an audit trail. It is important to cross reference and record in the individual's care folder that care concern incidents have occurred so that there is an individual record and professionals who visit are aware of these incidents.

The care concern returns are monitored in terms of themes and patterns via a monthly meeting. CQC do not attend this meeting but they do receive a summary of the key points. As part of the thematic analysis, returns will be looked at individually and further information/actions may be required from the provider. If the provider manager is unsure as to whether a concern should be safeguarding rather than a care concern, then please contact the adult safeguarding provider team for advice before submitting to ensure that concerns of a safeguarding nature are not missed and the

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appropriate action is taken. It is the provider's responsibility to seek advice if unsure. The team can be contacted via telephone on 01270 686213 or email: Adultsafeguardingproviderteam@cheshireeast.gov.uk

If it becomes apparent from the returns, that a provider has not reported any care concerns for over three months (and there have been no safeguarding concerns reported) then an email may be sent to the provider to ask for the reason as to why there have been no submissions. If a valid reason is not given and the pattern of non-reporting continues then CQC will be informed. One reason for no submissions is when a new Manager has started and is unaware of the process; therefore, it is important that providers inform their new staff of the process. The local authority needs to be notified when there is a change in management as they can offer support and guidance where necessary.

Not every concern/incident involving a service user requires a provider-led concern or a safeguarding concern to be reported. The provider does not need to report accidents, illness or any natural events through this process.
Certain accidents/incidents need to be reported by law under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (**RIDDOR**). The following are reportable if they arise out of or in connection with work

1) The death of any person, whether or not they are at work. It is not reportable if a service user commits suicide.
2) Accidents which result in an employee sustaining a specified injury, being absent from work or unable to do their normal duties for more than seven days.
3) **Accidents which result in a person not at work (e.g., a patient, service user, visitor) suffering an injury and being taken directly to a hospital for treatment**.
4) An employee or self-employed person is diagnosed with a specified occupational disease.
5) An employee or self-employed person receives a diagnosis of cancer attributed to an occupational exposure to carcinogens
6) An employee or self-employed person receives a diagnosis of a disease attributed to an occupational exposure to a biological agent. One example would be a nurse contracts active pulmonary TB after nursing a patient with the condition.

7) Specified dangerous occurrences, which may not result in a reportable injury, but have the potential to do significant harm. Examples include, when an employee is injured by sharps known to be contaminated with a blood borne virus, e.g. hepatitis B or C or HIV. Another example is the failure of a lifting device e.g. patient hoist.

N.B Some incidents, particularly those under point 3 where a service user is involved, may still also need to be reported to the local authority via a safeguarding or care concern. Examples of this include:

- A patient is scalded by hot bath water and taken to hospital for treatment. The patient was vulnerable and adequate precautions were not taken.
- A service user sustains a fractured arm when their arm becomes trapped in a bed rail.

More guidance on how to report can be found here: How to report under RIDDOR - HSE

NHS Providers

Low level incidents in NHS services require a different response. Health Trusts are statutory Organisations and have their own governance arrangements in relation to patient safety, dignity and respect. There is no expectation that NHS Trusts will report low level incidents through the provider led concern process, they should follow their own procedures. Individuals who come across low level incidents will need to report them to the respective safeguarding leads within the NHS. Health and Social Care Leads will work together to share data on low level incidents and analyse key themes and trends across the footprint of Cheshire East. This is open to on-going review.

Useful link: What might 'good' look like for Health and Social Care Commissioners and Providers
https://www.local.gov.uk/sites/default/files/documents/25.27%20-%20CHIP%20Making%20Safeguarding%20Personal%3B%20What%20might%20%E2%80%98good%E2%80%99%20look%20like%20f.-2.pdf

Acknowledgement to Knowsley's guidance: Criteria for reporting a safeguarding adults concern.

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Appendix One Decision on raising a safeguarding concern flowchart

Are you concerned that an adult is at risk of or is experiencing abuse or neglect and what types? Have you had a conversation with the adult about the concerns and sought their views and wishes? *
Are there any immediate risks to the adult or to others?
Have you discussed and agreed next steps with the adult?
Have you provided advice, information or signposted the adult?

a) Does the adult have needs for care and support (whether or not the authority is meeting any of those needs) and b) Is the adult experiencing, or at risk of, abuse or neglect? Section42(1) (a) & (b) Care Act 2014

YES

If you have reasonable cause to suspect that the adult meets the criteria (a) and (b) have you discussed with the adult about raising a safeguarding concern? Does the adult wish to raise their own concerns? Do they need support to do this?

Does the adult want a safeguarding concern to be raised?

YES raise a safeguarding concern

NO

However raising a safeguarding concern may be justified e.g. where there is vital risk to the person or others, where there is a public interest issue, or where a best interest decision needs to be made (where adult lacks capacity to make the decision). Then proceed to raise safeguarding concern. Record rational for decision making.

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Can you seek advice from others inside or outside of your organisation including the Local Authority? If the outcomes of these discussions give you reasonable cause to suspect s42(1) (a) & (b) – raise a safeguarding concern.

If you have enough reasonable cause to suspect (b) but you are still unsure about (a), raise an adult safeguarding concern. The local authority information gathering responses, under s42(1) will help to make a decision.

YES raise a safeguarding concern

NO

If the concerns are not (a) and (b) what further support, advice/ information /signposting can you offer the adult?

*There may be circumstances where the safety of the adult or yourself prevents this from happening. If you have concerns but it is not possible to have conversations with the adult, then if in doubt, continue with the process and raise a safeguarding concern.

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Appendix Two How to use the table

The following table illustrates examples of circumstances which can be managed by reporting a provider-led low level incident and those which should be reported as a safeguarding concern; please note this is not an exhaustive list of every concern.

Area of concern	Provider-led Concern Poor practice which requires actions by a provider organisation	Safeguarding Concern Possible abuse which requires reporting as such, and the instigation of Safeguarding procedures
1.Failure to provide assistance with food/ drink **NEGLECT**	Person does not receive necessary help to have a drink/meal. If this happens once and a reasonable explanation is given e.g. unplanned staffing problem, emergency occurring elsewhere in the home, dealt with under staff disciplinary procedures.	Person does not receive necessary help to have drink/meal and this is a **recurring event**, or is happening to more than one person or harm occurs. This constitutes neglectful practice, may be evidence of organisational abuse and would prompt reporting of a safeguarding concern. Harm: malnutrition, dehydration, constipation, tissue viability problems
2.Failure to provide assistance to maintain continence **NEGLECT**	Person does not receive necessary help to get to toilet to maintain continence or have appropriate assistance such as changed incontinence aids If this happens once, no significant harm occurs and a reasonable explanation is given e.g. unplanned staffing problem, emergency occurring elsewhere in the home, dealt with under staff disciplinary procedures.	Person does not receive necessary help to get to toilet to maintain continence and this is a recurring event, or is happening to more than one person, one or more people experience harm or repeated failures make this likely to happen. This constitutes neglectful practice, may be evidence of organisational abuse and would prompt reporting of a safeguarding concern. Harm: pain, constipation, loss of dignity, humiliation, skin problems.

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Area of concern	Provider-led Concern Poor practice which requires actions by a provider organisation	Safeguarding Concern Possible abuse which requires reporting as such, and the instigation of Safeguarding procedures
3. Failure to seek assessment re pressure area prevention and management **NEGLECT**	Person known to be susceptible to pressure ulcers has not been formally assessed with respect to pressure area management but no discernible harm has arisen. This may need to be dealt with under disciplinary procedures. **NOTE: ALL category 3 and 4 pressure ulcers must be reported to the person's CCG to allow consideration of whether they developed in the course of NHS-funded care to make it nationally reportable as a Serious Incident on the Strategic Executive Information System (StEIS).**	*A safeguarding concern should be raised when a failure to provide adequate care has resulted in a person developing a pressure ulcer indicated through the completion of the safeguarding decision guide by a qualified nurse where there is a score of 15 or above or a clinician makes a professional judgement that there is cause for concern. Examples of inadequate care may include: failure to seek specialist advice, appropriate equipment not provided in a timely manner and care plan/repositioning charts not in situ* **NOTE: All category 3 and 4 ulcers that meet the criteria under the Patient Safety Incident Response Framework [PSIRF] need to be reported via the PSIRF process, which has oversight from the ICB and NHSE.**
4. Medication not given or given wrong medication **PHYSICAL**	Person does not receive medication as prescribed/error in administration on one occasion but no significant harm occurs. Internal enquiry should be undertaken, possible disciplinary action depending on severity of situation including type of medication.	Person does not receive medication as a recurring event, or it is happening to more than one person. One or more people experience harm, or repeated failures make this likely to happen. Neglectful practice, regulatory breach, breach of professional code of conduct if nursing care provided. Dependant on degree of harm, possible criminal offence. Reported as a safeguarding concern. Harm: pain not controlled, risk to health, avoidable symptoms.

Area of concern	Provider-led Concern Poor practice which requires actions by a provider organisation	Safeguarding Concern Possible abuse which requires reporting as such, and the instigation of Safeguarding procedures
5.Moving and handling procedures not followed **PHYSICAL**	Appropriate moving and handling procedures not followed, or staff not trained to use the required equipment but person does not experience significant harm. Provider acknowledges departure from procedures and inappropriate practice and deals with this appropriately under disciplinary procedures. **Note: Where a fall has occurred and this was not due to poor care practice, this should be reported in providers own fall records and will be reviewed as part of the quality assurance process**	One or more people experience harm through failure to follow correct moving and handling procedures or frequent failure to follow moving & handling procedures make this likely to happen. Neglectful practice – reported as a safeguarding concern. Harm: Injuries such as falls and fractures, skin damage, lack of dignity, loss of confidence for the person. Note: The management of unwitnessed falls to be monitored.
6. Failure to provide support to maintain mobility **NEGLECT**	Person not given recommended assistance to maintain mobility on one occasion and no significant harm occurs and a reasonable explanation is given e.g. unexpected staffing issue, emergency occurring elsewhere in the home, for which no contingency could reasonably be expected. **Note: Where a fall has occurred and this was not due to poor care practice, this should be reported in providers own fall records and will be reviewed as part of the quality assurance process.**	Recurring event, or is happening to more than one person resulting in reduced mobility. One or more people experience harm, or repeated failures make this likely to happen. Harm: loss of mobility, confidence and independence.

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Area of concern	Provider-led Concern Poor practice which requires actions by a provider organisation	Safeguarding Concern Possible abuse which requires reporting as such, and the instigation of Safeguarding procedures
7. Failure to provide medical care **NEGLECT**	The person is in pain or otherwise in need of **medical care** such as dental, optical, audiology assessment, foot care or therapy does not on one occasion receive required medical attention in a timely manner. The person does not suffer significant harm and a reasonable explanation is given e.g. unexpected staffing problem.	Person is provided with an evidently inferior medical service or no service, Or this is a recurring event, or is happening to more than one person. One or more people experience harm, or repeated failures make this likely to happen. Harm: pain, distress, deterioration in health
8. Inappropriate comments or attitude from staff **PSYCHOLOGICAL**	Person is spoken to in a rude, insulting, humiliating or other inappropriate way by a member of staff. They are not distressed and this is an isolated incident. Provider takes appropriate action, to the satisfaction of the person involved.	Person is frequently spoken to in a rude, insulting, humiliating or other inappropriate way or it happens to more than one person, harm occurs to one or more people. Regime in a care home doesn't respect people's dignity and staff frequently use derogatory terms and are abusive to residents. Regulatory breach – report as a safeguarding concern. Harm: demoralisation, psychological distress, loss of self-esteem

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Area of concern	Provider-led Concern Poor practice which requires actions by a provider organisation	Safeguarding Concern Possible abuse which requires reporting as such, and the instigation of Safeguarding procedures
9.Significant need not addressed in Care Plan **NEGLECT**	Person does not have within their **Care Plan**/Service Delivery Plan/Treatment Plan a section which addresses a significant assessed need, for example: • Management of behaviour to protect self or others. • Liquid diet because of swallowing difficulty. • Bed rails to prevent falls and injuries but no significant harm occurs. • Cultural needs such as dietary needs.	Failure to specify in a patient/client's Plan how a significant need must be met. Inappropriate action or inaction related to this results in harm such as *injury, choking etc.* This is a recurring event, or is happening to more than one person. One or more people experience harm, or repeated failures make this likely to happen. Report as a safeguarding concern.
10.Care/support Plan not followed **NEGLECT**	Person's needs are specified in Treatment or **Care/Support Plan**. Plan not followed on one occasion, need not met as specified but no significant harm occurs and a reasonable explanation can be given such as unexpected staffing issue .	Failure to address a need specified in a persons Plan results in harm. This is especially serious if it is a recurring event or is happening to more than one person. Report as a safeguarding concern.

Area of concern	Provider-led Concern Poor practice which requires actions by a provider organisation	Safeguarding Concern Possible abuse which requires reporting as such, and the instigation of Safeguarding procedures
11. Failure to respond to person's mental health needs **NEGLECT**	Person known to mental health services is identified as being at risk. Previous risk assessment identifies same day response is required. Response is not made that day but no significant harm occurs and a reasonable explanation is given .	Person is known to be high risk, a timely response is not made and harm occurs. Report a safeguarding concern. Harm: physical injury, emotional distress, death
12. Person deprived of liberty without referral for Deprivation of Liberty Safeguards **PSYCHOLOGICAL**	Person has been formally assessed under the Mental Capacity Act and lacks **capacity** to make specific decisions/recognise dangers. Steps taken to protect them are not the 'least restrictive'. No significant harm has occurred. **Action: provider manager to take appropriate action. Care Provider to review care plan and consider least restrictive options. Contact DOLS Team if necessary. Application for Deprivation of Liberty Safeguard authorisation may be required.**	Restraint (bed rails, locked doors, medication etc. may be being used) and it is thought that the level of restraint may amount to deprivation of liberty. An application has not been made for a Deprivation of Liberty Authorisation/decisions have not been made in the person's best interests/it is possible that there is unauthorised deprivation of liberty. Report a safeguarding concern. Harm: Loss of liberty and freedom of movement, emotional distress

Area of concern	Provider-led Concern Poor practice which requires actions by a provider organisation	Safeguarding Concern Possible abuse which requires reporting as such, and the instigation of Safeguarding procedures
13. Inappropriate discharge from mental health ward **NEGLECT**	Person is **discharged** from hospital without adequate discharge planning involving assessment for care/therapeutic services, procedures not followed but no significant harm occurs	Person is discharged without adequate discharge planning, procedures not followed and experiences harm as a consequence. Harm: care not provided resulting in risks and/or deterioration in health and confidence; avoidable re-admission. Report as a safeguarding concern.
14. Domiciliary care visit missed **NEGLECT**	Person does not receive a scheduled domiciliary care visit on one occasion and no other contact is made to check on their well-being, but no significant harm occurs and a reasonable explanation is given. Provider deals with this appropriately through internal enquiry, to the satisfaction of person involved.	Person does not receive scheduled domiciliary care visit(s) and no other contact is made to check on their well-being resulting in harm or potentially serious risk to the person. Report as a safeguarding concern.
15. Service user to service user Incident **PHYSICAL**	One service user verbally abuses or 'taps' or pushes another service user but has left no mark or bruise, victim is not intimidated and significant harm has not occurred. There is a clear and documented history and diagnosis to support the person's behaviour and there is no history of recent repeated episodes which might indicate a failure of appropriate care planning.	Predictable and preventable (by staff) incident between two service users where an injury requiring medical attention is required. Or this is a recurring event, or is happening to more than one person. One or more people experience harm, or repeated failures make this likely to happen. Report a safeguarding concern. Inform Police if it amounts to a crime. Any incident involving a concern in regards to sexual abuse must be treated as safeguarding. Harm: physical injury, psychological distress

Area of concern	Provider-led Concern Poor practice which requires actions by a provider organisation	Safeguarding Concern Possible abuse which requires reporting as such, and the instigation of Safeguarding procedures
16. A vulnerable adult with unstable mental health makes allegations against staff or fellow patients/residents that appear unrealistic/false **PSYCHOLOGICAL**	Person is unwell and makes allegations that appear false, e.g. staff are trying to poison me with medication. There is clear documented evidence supported by assessment that the allegations are due to the person's mental health symptoms and no significant harm has occurred. That a Doctor and one other qualified professional responsible for the persons care are able to confirm this. ➢ That clear care plans are devised to reflect this issue. ➢ That the care plan indicates that the allegation/s is revisited when the person's mental health improves to the point where they have the capacity to clarify their allegations. ➢ That consideration of an advocate is made to facilitate the above ➢ That where appropriate family/carers are involved in this process	There is no clear evidence documented or otherwise of a mental health presentation that would support the view of a false allegation. That an historical allegation is made when a patient becomes well
17. Financial mismanagement **FINANCE**	Appropriate financial policy/procedures not followed, staff member does not complete persons financial records and/or receipts not kept but person does not experience significant harm. Provider acknowledges departure from procedures and poor practice and deals with this appropriately.	Failure to follow procedures on more than one occasion. Records found to be incomplete and no clear audit trail. Possible neglectful practice, financial abuse/ mismanagement, harm occurring. Report as a safeguarding concern. Any concern of theft must be treated as safeguarding.
18. A person who lacks capacity to make decisions regarding their safety is missing from a care home. **NEGLECT**	Staff become aware immediately that the person is missing and locate the person before they have left the grounds of the home.	The person leaves the grounds of the home and is found in the community. Report as a safeguarding concern. Potential for very serious harm; road accident, physical injury, distress.

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19. Unexplained bruising **PHYSICAL**	Staff become aware that the person has a bruise, the cause is unknown and significant harm has not occurred.	Predictable and preventable (by staff) incident where an injury requiring medical attention is required. Or this is a recurring event, or repeated failures make this likely to happen. Report a safeguarding concern. Harm: physical injury, skin damage, injuries such as falls and fractures, pain

Appendix Three

CARE CONCERN FORM

Care concerns

To find out how we use your information see our privacy notice (opens in a new window).

You must complete questions that have an asterisk * (required). To see help messages for a question, click on the (i) button.

Care provider name * (required)

Care provider email address

(i) We will use this email address to send you confirmation of your form submission

Area of concern * (required)

Select...

https://www.cheshireeast.gov.uk/ ...me from provider * (required)

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AREA OF CONCERN (PICK LIST ON CARE CONCERN FORM)

Area Of Concern
1.Failure to provide assistance with food/ drink
2.Failure to provide assistance to maintain continence
3. Failure to seek assessment re pressure area prevention and management
4. Medication not given or given wrong medication
5.Moving and handling procedures not followed
6. Failure to provide support to maintain mobility
7. Failure to provide medical care
8. Inappropriate comments or attitude from staff
9.Significant need not addressed in Care Plan
10.Care/support Plan not followed
11. Failure to respond to person's mental health needs
12. Person deprived of liberty without referral for Deprivation of Liberty Safeguards
13. Inappropriate discharge from hospital
14. Domiciliary care visit missed (home care providers only)
15. Abuse of a service user by another service user
16. A vulnerable adult with unstable mental health makes allegations against staff or fellow residents that appear unrealistic/false
17. Financial mismanagement
18. A person who lacks capacity to make decisions regarding their safety is missing from a care home
19. Unexplained bruising

Appendix Four

Care Concern Form

Please note that completion of this form is optional. Otherwise, print out or save a pdf copy of the electronic form

This form can be used by the Provider to document a care concern before submitting the concern electronically via the link in the guidance. These may be requested by Quality Assurance Officers or CQC Inspectors at the time of an Inspection/QA visit.

Name of Adult at Risk	**Date Form Completed:**
ID or Liquid Logic No. if known	**Adult at Risk Address if different from Provider Service Address**
Gender	
D.O.B.	
Name and Address of Provider	**Contact Tel No./e-mail address:**
	Is the adult at risk **CEC client** ☐ **Self-funding** ☐ **Other** ☐
Type of Provider (e.g. Nursing Home)	**Name and Role of person completing this form**
Is the adult at risk aware that this care concern form has been completed **Yes** ☐ **No** ☐	**Date of Incident** **Area of Concern (1 - 19), refer to framework**

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Description of Incident/care concern including name of individuals involved. (You must inform them if their names are included on this form) Please include what happened and the impact/harm on service user.
Action Plan (what action has been taken/or intended, learning points from this incident - include timescales and by whom)